



**New York City Administration for Children's Services Close to Home:
Plan for Non-Secure Placement
For Submission to New York State Office of Children and Family Services
June 26, 2012**

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Acronyms

ACS	New York City Administration for Children's Services
AIM	Advocate, Intervene, Mentor
APA	Agency Program Assistance
ATD	Alternative to Detention
ATP	Alternative to Placement
ATI	Alternatives to Incarceration
AWOL	Absent Without Leave
B2H	Bridges to Health
CASAC	Credentialed Alcohol and Substance Abuse Counselor
CCC	Citizens' Committee for Children
CCRS	Child Care Review Service
CHIPP	Children of Incarcerated Parents Program
CJC	Office of the Criminal Justice Coordinator
CPI	Community Partnership Initiative
CPP	Community Partnership Program
CSEU	Children's Services Education Unit
DCJS	New York State Division of Criminal Justice Services
DD	Developmentally Disabled
DMC	Disproportionate Minority Contact
DOE	New York City Department of Education
DOP	Department of Probation
DRSC	Dispositional Reform Steering Committee
DYFD	Division of Youth and Family Development
DYFJ	Division of Youth and Family Justice
ECHOES	Every Child Has an Opportunity to Excel and Succeed
ESP	Enhanced Supervision Program
FASP	Family Assessments and Service Plans
FCLS	Family Court Legal Services
FFT	Functional Family Therapy
GEMS	Girls Education & Mentoring Services
HHC	New York City Health and Hospitals Corporation
HHS	Connect Health and Human Services Connect
IEP	Individualized Education Plans
IOC	Improved Outcomes for Children
IPAS	Intensive Preventive and Aftercare Services
JDAI	Juvenile Detention Alternatives Initiative
JJAC	Juvenile Justice Advisory Committee
JJI	Juvenile Justice Initiative
JJPM	Juvenile Justice Planning and Measurement Unit
JJRDB	Juvenile Justice Research Data Base
JSA	James Satterwhite Academy
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
LSP	Limited Secure Placement
MIS	Management Information Systems
MST-PA	Multisystemic Therapy-Psychiatric Adaptation

MST-SA	Multisystemic Therapy – Substance Abuse Adaptation
MTFC	Multidimensional Treatment Foster Care
MYSI	Missouri Youth Services Institute
NBS	Neighborhood Based Services
NSP	Non-Secure Placement
OCFS	New York State Office of Children and Family Services
OCP	Office of Community Partnerships
OPCA	Office of Probation and Correctional Alternatives
OTDA	Office of Temporary and Disability Assistance
OTPS	Other Than Personal Services
PATH	Positive Alternative Towards Home
PD	Program Development
PEAK	Pathways to Excellence, Achievement and Knowledge
P&P	Policy and Procedures Unit
RFP	Request for Proposals
RRI	Relative Rate Indices
SCM	Safe Crisis Management
SDM	Structured Decision-Making
SPA	Service Planning Areas
SSPS	Statewide Services Payment System
TGNC	Transgender and Gender Non-Conforming
YLS	Youth Level of Service/Case Management Inventory

I. Introduction

A. Background

New York City is pleased to submit this plan to the New York State Office of Children and Family Services (OCFS) for the “Close to Home” juvenile justice reform initiative. The legislative framework for the initiative is set forth in Part G of Chapter 57 of the Laws of 2012.

The legislation requires New York City to submit to OCFS for approval a plan for implementing a Close to Home initiative. The Close to Home initiative, once approved, will transform our State’s juvenile justice system by authorizing the City to provide a continuum of services for adjudicated delinquent youth¹ and their families. Once the plan is approved, youth who have been adjudicated to be juvenile delinquents, and determined by a Family Court located within New York City to be in need of placement in other than a secure setting, will be placed into the custody of the New York City Administration for Children’s Services (ACS).

The City’s effort to implement the Close to Home initiative would not be possible without the strong foundation that has been built by OCFS. OCFS has been a leader in reducing New York State’s historical over-reliance on residential services for adjudicated youth and in bringing new models of care to the residential facilities that remain, including the well-regarded and researched Sanctuary and Missouri Models. OCFS has led New York in an unprecedented shift in thinking about the role that youth and families must play in the rehabilitation of our young people and the critical importance of community involvement with justice system involved youth. In addition, reducing the disproportionate representation of minorities and meeting the needs of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth in the juvenile justice system have become planning priorities for the State – issues that heretofore have not driven policy. ACS’s planning to implement the Close to Home initiative will also be

informed by the Brooklyn for Brooklyn initiative, which utilizes the Missouri model for youth from Brooklyn who require residential care.

Consistent with the State's efforts, New York City has spent the last several years developing and implementing unprecedented juvenile justice reforms. These include the creation of a risk assessment instrument (RAI), which gives Family Court-based stakeholders and judges scientifically-validated information about the risk level of individual youth to inform detention decisions. Through the development and use of the tool, the City has been able to target the use of detention more appropriately, so that more low-and medium-risk youth receive services in the community, while high-risk youth are more often served in detention facilities. The City also launched the Weekend Arraignment Initiative, which changed the juvenile arraignment schedule from five days per week to seven, enabling youth who pose a low risk to public safety to be released by the court on weekends and holidays. Additionally, Department of Probation (DOP) adjustments of youth have increased through targeted implementation of new processes. Finally, strong alternatives to placement programs have been introduced by ACS and DOP, including evidence-based options developed as part of ACS' Juvenile Justice Initiative (JJI) and DOP's evidence-informed Esperanza program. Length of stay in OCFS placements with provider agencies has been reduced safely as a result of ACS' collaboration with OCFS in the JJI Intensive Preventive and Aftercare Services (IPAS) program.

These targeted reforms have yielded results. Since full implementation of the detention RAI in 2006, detention utilization has been reduced by 28%. Through programs like JJI, efforts by DOP, and the implementation of other alternative programs, the City has reduced the number of its youth placed with OCFS by two-thirds, from 1,467 in 2005 to 544 in 2011. At the same time, and equally important, serious juvenile crime has declined. The number of youth whose

probation was revoked decreased by 26% between FY 2009 and 2011; the number of youth re-arrested for felonies while on probation decreased by 10% during that same period. Overall, juvenile arrests for major felonies have decreased by 22% since 2006.

B. New York City's Close to Home Vision

To begin providing non-secure and limited-secure residential services, the City is required to submit separate comprehensive plans for establishing and implementing Non-Secure Placement (NSP) and Limited Secure Placement (LSP), obtain public feedback to draft plans through various mechanisms, and secure the approval of New York State through OCFS. In an effort to ensure that the approval process proceeds in the best interests of the children and families that we serve together, OCFS and ACS have worked collaboratively as the City has developed its vision and plan. The City appreciates the time and effort that our partners at OCFS have committed to our joint endeavors.

The plan that follows describes NSP. The City will submit a separate plan for LSP, incorporating aspects of this plan, in 2013. Throughout this plan, the details required by the legislature are identified at the beginning of each section. The legislation mandates that the plan address many significant aspects of the City's expanded juvenile justice continuum. While those required items are addressed here, the City will continue its in-depth planning, with additional aspects developed separately or after this plan.

The City's plan supports Governor Cuomo's vision as delineated in the Close to Home legislation because it promotes public safety; is data-driven and accountable to youth and their families, the courts, stakeholders, and the community; prioritizes family and community involvement; is based on evidence-informed practices; emphasizes school achievement; and ensures effective reintegration services. Our vision is the product of research, priority-setting,

inter-agency discussions, provider proposals, and community input as to how the City's delinquent youth and their families may best be served while the City continues to protect public safety. The guiding principles are that risk and need must be appropriately assessed, that youth need the support of their families and communities to succeed, and that building upon the strengths of court-involved youth and their families in a community-based setting improves outcomes and reduces recidivism.

The goal of Close to Home is to improve outcomes for youth in the juvenile justice system. Recidivism rates will be reduced when youth, whether they are in the community or in residential care, are able to take advantage of local programs and opportunities, and when families are given tools to participate in their youth's rehabilitation. Under Close to Home, school success for these youth will also increase because all youth will attend and receive credits from City public schools. Those credits will automatically be accepted by the New York City Department of Education (DOE) schools they attend upon their release. Further, oversight of programs and facilities – by government, advocates, families, and communities – will be strengthened as a result of locating programs in the City. Youth also will be connected to a variety of activities and opportunities to develop vocational skills and engage in community service close to their homes, parks and schools as a result of this transition.

C. Close to Home Planning Process

To inform the planning of Close to Home, the City convened a group of stakeholders, then called the Dispositional Reform Steering Committee (DRSC or Committee), renamed the Juvenile Justice Advisory Committee (JJAC), in fall 2010. The group, which continues to meet regularly, is comprised of representatives from the Family Court, the Mayor's Office, the New York City Council (the City Council), the Law Department, The Legal Aid Society, the New

York City Police Department, the Administration for Children's Services, the Department of Probation, the Department of Education (DOE), the Office of the Criminal Justice Coordinator, the New York City Health and Hospitals Corporation (HHC), and members of the advocacy community. The group met for the past year to create a plan to improve the City's juvenile justice system, building on the City's previous juvenile justice successes.

Based on the work of its four subcommittees and with the assistance of the Annie E. Casey Foundation, the Committee produced a report entitled, "A New Vision for Juvenile Justice."² The report lays the framework for several aspects of the City's Close to Home plan: a new Structured Decision-Making process that combines state-of-the-art risk assessment with offense severity to guide DOP dispositional recommendations; an enriched continuum of community-based interventions to reduce the need for placement when the public's safety may be protected without placement; City-contracted residential placements that are local, smaller in size, and focused on rehabilitation both in placement and after a youth's transition home; and a continuum of educational options to be made available for youth in care, with credits earned toward high school graduation.

With these guiding principles in place, the City began the process of planning Close to Home programming. The Structured Decision-Making Grid, developed by DOP for use as a pre-dispositional assessment tool, is being finalized this spring. ACS issued a Negotiated Acquisition Solicitation for NSP,³ along with Quality Assurance Standards,⁴ on January 26, 2012, and has recommended NSP contract awards to eleven nonprofit organizations through that process.⁵ ACS and OCFS formed a workgroup, led by senior managers in both agencies, to discuss details of Close to Home implementation, and to afford the City an opportunity to learn from OCFS' substantial experience operating juvenile justice placement facilities. ACS, in

collaboration with DOE and OCFS, is now convening weekly meetings with the NSP nonprofit providers, to finalize business processes and quality assurance standards that will be used for implementation of the initiative.

The City has also solicited feedback from youth, parents, community-based providers, community residents, elected officials, city agencies, and others at community forums and public hearings.⁶ Each forum drew endorsements by elected officials, as well as questions from and dialogue with the community. Additional feedback was generated via the posting of the draft NSP plan on the ACS website and at the public hearings held by ACS in May 2012. Issues such as the potential roles of community members as mentors to youth in placement; the role of families in youth's rehabilitation; and planning for effective preventive and aftercare services have been raised and incorporated into this plan. Additional opportunity for public involvement in Close to Home implementation will be provided by the City, as outlined in more detail in the Stakeholder Engagement section below.

In recognition of the new opportunities and responsibilities created by Close to Home, ACS is in the process of developing a new division to meet the needs of City youth placed by the Family Court in non-secure and limited-secure placements. This new division, named the "Division of Youth and Family Development" (DYFD), will address all aspects required under the Close to Home legislation, and will also oversee ACS's existing intensive, evidence-based therapeutic interventions that improve family functioning and help youth to succeed in their homes, schools and communities (Juvenile Justice Initiative and Family Assessment Program). A copy of the DYFD organizational chart is attached as Appendix M.

II. New York City's Close to Home Plan

A. Effective Date and Acceptance of Youth

"...the proposed effective date of the plan and documentation of the district's readiness to begin accepting and appropriately serving juvenile delinquents under the plan...."

The City proposes that the effective date of this plan be September 1, 2012. All adjudicated youth placed by the NYC Family Court into NSP on or after September 1, 2012 will be placed into the custody of ACS.

Beginning in June 2012, ACS and OCFS will collaboratively conduct a case-by-case assessment to determine whether, and when, custody of youth should be transferred from OCFS care to ACS care. Transfers of these youth require court orders to change the legal custodial status of the young people from OCFS care to ACS care. The petitions, which need to be filed by OCFS, will request that court orders transferring youth from OCFS custody to ACS custody take effect between September 1, 2012 and December 1, 2012. The actual date requested will be determined on a case-by-case basis, in consultation with ACS DYFD senior staff, the current placement facility, and, when appropriate, an aftercare provider. ACS acknowledges that it is preferable to transfer as many youth as possible on or near September 1, 2012, in order to avoid school disruptions for youth. ACS will work with NSP providers to be ready to accept as many youth as possible on or near that date. ACS will draw upon internal staff with experience working with youth transitioning between residential settings to assist in the effective movement of youth to NSP from OCFS-operated and OCFS-contracted facilities. Staff will ensure that the transition is coordinated in a way that will support youth and their families in their continued rehabilitation and future success.

In 2009, ACS implemented a successful strategy for transitioning youth from residential programs to less restrictive levels of care with foster families in the community, to adulthood, or

home. ACS achieved success by partnering with families and other discharge resources, attorneys representing the youth, community-based organizations, and other key stakeholders. In January 2010, the residential census was approximately 2,000. At the start of January 2011, the residential census decreased to approximately 1,500. ACS will identify a team, including staff who worked on the residential care reduction, to provide support and technical assistance on targeted issues as youth are transitioned into ACS care.

The youth, the youth's family, and the attorney for the youth will be notified of the plan to change the youth's custody, and the proposed effective date of the change, as soon as it is determined. For youth whose custody will be transferred on or near September 1, 2012, the notification and subsequent filing of petitions will begin prior to September 1, 2012, so that orders transferring custody can be given effective dates of September 1, 2012. The transfer of custody to ACS of all City youth placed in NSP will be completed by December 2012.

B. Planning for the Transition of Youth from OCFS to ACS

While youth will move to ACS-contracted NSP facilities between September 1, 2012 and December 1, 2012, ACS began planning for the transition of youth with OCFS in May 2012. In June and July, ACS staff critical to assessing youth for NSP, and to managing their placements once they move, will be hired and trained. These staff will include senior leadership in DYFD; DYFD intake and assessment staff; and DYFD case coordination staff. As ACS has made NSP contract award recommendations, we are now aware of the beds available, and are familiarizing ourselves with programs' inclusionary and exclusionary criteria, as well as their areas of expertise.

ACS and OCFS have begun to meet on a regular basis to discuss youth currently in OCFS NSP. The agencies will continue to meet to exchange information necessary to determine

appropriate placements for youth who will be transferred in fall 2012 from facilities run or overseen by OCFS to facilities overseen by ACS. These discussions will concern youth in placement with provider agencies, as well as youth in state-operated NSPs. The discussions will include conversations about which youth are likely to remain in placement until September and which will be released before the effective date of the plan. Communication of updated lists as youth enter and leave the system – and accompanying conversations about anticipated release dates – will recur throughout the remainder of the spring, summer, and fall. These processes will ensure that ACS is kept fully up-to-date regarding which youth are expected to be transferred, and when, between September 1, 2012 and December 1, 2012.

Once both ACS and OCFS agree that a particular youth will be transferred to ACS custody on or after September 1, 2012, several steps will take place: 1) OCFS will prepare and submit to Family Court a petition to transfer custody of the youth from OCFS to ACS, effective on a date agreed upon by ACS and OCFS, and on notice to the youth, the youth's attorney, and the youth's parent or guardian and 2) ACS, with input from OCFS, will conduct an assessment to determine the most appropriate ACS NSP.

The assessment of youth to determine an appropriate NSP or aftercare service will begin soon after OCFS notifies the youth and family of the transfer of care and what to expect during the assessment and transfer process.⁷ ACS staff will interview the youth, parent (or other planning resource), and others who have had a role in the youth's placement (e.g., the current placement agency or state facility, the attorney for the youth, the Corporation Counsel, former probation officers, and presentment agency). For youth who are in provider agency placements through OCFS, information from JJI IPAS staff will form a critical component of the assessment as well. JJI IPAS staff have access to all court records from a youth's delinquency case and

other critical information about placement and discharge resources. As part of the assessment, ACS staff will review information known to ACS (child welfare, PINS, and juvenile justice records, for example), along with information from detention staff, particularly if the youth was in detention not long before the assessment. Finally, ACS will consult with the DOE on every case to determine an appropriate education plan for each youth.⁸

The information will be synthesized alongside an assessment tool that the City is currently developing in collaboration with the Vera Institute of Justice, to assess risk levels of youth and to determine appropriate placements. Whereas the assessment tool will be finalized over the course of the first year of Close to Home implementation and will be designed for use immediately following a court order for placement rather than during the placement period, an interim tool will also be developed with the assistance of the Vera Institute of Justice to help guide and inform placement decisions made during the transition.

In cases where continued placement in a non-secure placement facility is appropriate following the transfer of custody from OCFS to ACS, ACS will next determine whether it is possible and appropriate to have the youth remain at the facility in which he or she is currently placed. Youth will be able to remain at a facility if the facility maintains a NSP contract with ACS, and if ACS determines that the type of placement for which ACS has contracted is appropriate given the risks and needs of the youth.⁹

All of the youth in state-operated NSP facilities who are determined to be in need of continued placement will need to be moved to an ACS-contracted facility. It is possible, however, that some youth in OCFS custody with a provider agency placement will be able to remain physically in the same place, with a new ACS NSP program, and simply have their legal custody transferred from OCFS to ACS. ACS will strive for continuity of placement whenever

feasible and appropriate. In these cases, though the facilities may remain the same, the program itself, including frequency of family contacts and staff education and experience requirements, will likely change after the transition to ACS custody. ACS quality assurance standards under Close to Home will be different than what is expected of the agencies by OCFS, though the providers will still be bound by the foster care regulations.

If ACS determines that a transition to aftercare after ACS obtains custody of the youth is most appropriate, Placement and Permanency Unit staff will put an aftercare plan in place for the youth.¹⁰ ACS currently contracts for Functional Family Therapy (FFT) for aftercare for adjudicated delinquents. This contract will continue beyond September 1, 2012, to provide aftercare for Close to Home youth. FFT is an evidence-based, home-centered therapeutic service that has demonstrated positive results for youth and families as an aftercare service following a delinquency placement. The FFT therapist works directly with all members of a youth's family on both family dynamics and concrete needs. The average length of service of FFT is four months, at which point clinical goals are expected to be achieved.

The City plans to expand the continuum of aftercare services to include other clinical practices and community-based services. ACS has received feedback from stakeholders and participants at our community forums that a diverse set of aftercare service options for youth is critical to a successful juvenile justice system. ACS looks forward to adding community-based agencies to the continuum, both because they enrich the diversity of service offerings, and because they offer youth and families an opportunity to continue engagement after the youth's formal involvement with the juvenile justice system ends. Until a final decision as to aftercare procurement is determined by ACS, however, ACS will utilize for aftercare the FFT slots already

in place through JJI IPAS. More detail about aftercare may be found in the “Aftercare Services” section, later in this document.

ACS will assign a case manager, called a Placement and Permanency Specialist, from DYFD to all youth whose custody is transferred from OCFS to ACS – whether they are in placement or on aftercare status – as soon as it is determined that a transfer of custody will be requested in court.¹¹ The role of the Placement and Permanency Specialist, more fully described in the Case Coordination section of this document, is to ensure that the young person and his or her family receive necessary rehabilitative services during the youth’s time in placement and aftercare. The goal is to secure a positive outcome and ensure the youth’s compliance with terms of release when the youth returns to the community. For youth whose custody is transferred from OCFS to ACS as part of the Close to Home initiative, the ACS Placement and Permanency Specialist will have the responsibility to oversee the completion of all steps necessary to effectuate the transition from one agency to the other.

Once this plan is approved, OCFS will need to submit a petition to the Family Court as soon as it has been determined that the youth’s custody will be transferred from OCFS to ACS. While petitions will be submitted during the summer of 2012, the effective dates of the custody transfers will differ, depending on the unique circumstances of each youth. All effective dates must be between September 1, 2012 and December 1, 2012, as all youth in NSP must be in ACS custody by December 1, 2012. ACS will work diligently with OCFS, The Legal Aid Society and other attorneys for youth (when applicable), the Corporation Counsel, and the Office of Court Administration (as the representative of the Family Court), to ensure as smooth a process as possible for this substantial number of petitions.

C. Continuum of Services and Resource Availability

“...how the district will provide a continuum of evidence informed, high-quality community-based and residential programming that will protect community safety and provide appropriate services to youth, including the operation of non-secure and limited secure facilities, in sufficient capacity and in a manner designed to meet the needs of juvenile delinquents cared for under the initiative. Such programming shall be based on an analysis of recent placement trends of youth from within such district, including the number of youth who have been placed in the custody of the Office of Children and Family Services for placement in other than a secure facility....”

“...the readiness of the district to establish the initiative and the availability of all needed resources, including the location of services and availability of the providers that will provide all necessary services under the initiative including, but not limited to, residential, non-residential, educational, medical, substance abuse, mental health and after care services and community supervision....”

Once the City receives the authority to care for the City’s NSP youth, along with sufficient resources to meet their needs, DOP and ACS will implement the comprehensive continuum of juvenile justice programming described below.¹² The agencies will work together to ensure our communities’ safety and avoid over-reliance on out-of-home placements to address the needs of youth who have until now been placed in OCFS NSP. The agencies will work with providers and community-based organizations to build lasting connections so that these reforms support the communities in which services are located and sustain juvenile justice reforms.

All providers with which ACS contracts for services as part of the Close to Home initiative will implement programs that draw upon research and experience. A majority of the providers selected to provide residential services are planning to implement programs based on the Missouri approach. Other programs intend to use models that are based on other best practices and informed by proven outcomes. By September 1, 2012, every program will be required to develop a detailed program manual that includes a description of its program model, as well as descriptions of how the provider will comply with various aspects of the Quality Assurance Standards and other policies, including the DYFJ LGBTQ Policy. Throughout

summer 2012, ACS staff will work with the NSP providers to develop and finalize each manual. When programs begin accepting youth, ACS will use the program manuals to ensure that services provided and practices meet expectations.

1. Data Available Regarding Currently Placed Youth

New York State developed an extensive data profile about the City youth who were admitted to OCFS-operated non-secure and limited-secure facilities in 2010 based upon findings of juvenile delinquency. (Comparable information was not available for youth in OCFS-contracted provider agencies, but the data are believed to be representative of the overall New York City population of youth in placement.) ACS has utilized these data throughout the planning process to develop the continuum of services described in the plan. The following are some of the key data points that guided and informed ACS's non-secure placement and aftercare services decisions.

Of youth admitted to OCFS-operated NSPs in 2010, 37% were re-arrests or returns from AWOL; 33% were new admissions; and 30% were modifications of placement. Over half of the youth admitted to non-secure facilities in 2010 presented with substance abuse and mental health needs, both in new admissions and modifications of placement. Over 80% of youth require treatment for conduct/oppositional defiant disorders, and the girls admitted to NSP present with higher frequency of DSM-IV Axis 1 diagnoses than the boys.¹³ Sixty-four percent of new admissions to NSP were admitted for misdemeanor offenses, 14% for non-violent felony offenses and 19% for violent felony offenses. OCFS data reflect that only 10% of female new admissions were for violent offenses while 29% of the new admissions of males were for violent offenses.

2. Population Estimate

There are currently approximately 300 youth from the City in OCFS NSPs. This number includes youth in NSPs operated directly by OCFS and by private provider agencies. ACS will contract for approximately 300 NSP beds for the Close to Home initiative.¹⁴ ACS' determination regarding the number of NSP beds required is based in part on the significant drop in placements that has occurred in the City in recent years. The placement population has been reduced by over 60% in the past five years as a result of a variety of initiatives, including the introduction of robust, evidence-based Alternative to Placement (ATP) programs. Given uncertainty regarding future reductions in the number of youth in placement, ACS made a conservative estimate of the future census and decided to contract for nearly 300 NSP beds. ACS will closely monitor utilization and adjust capacity accordingly. ACS plans to work with NSP providers that have facilities which can accommodate more youth than they are contracting for to obtain operating licenses for those facilities that would enable the programs to increase capacity on a temporary basis to accommodate unanticipated increases in NSP census beyond system capacity.

The Close to Home initiative also includes the introduction of three new alternatives to placement (ATPs) for youth in the juvenile justice system provided by DOP and its contractors, expanding the overall number of ATPs by 65 slots. These programs are aimed at reducing unnecessary placements and recidivism, which in turn may have an impact on the number of youth needing residential placement. The City will closely monitor the numbers and make adjustments to residential and ATP capacity, as necessary.

Additionally, there are youth at home with community-based aftercare services in place. These services are provided to youth and families following an OCFS placement. As

described above, ACS is conducting an analysis of the aftercare population to determine a breakdown of slots and how to best procure appropriate services. The City will work with providers to ensure that necessary services are in place for all youth in 2012, including youth in NSP and aftercare from NSP. The City has made – and will continue to make -- contract awards based on this analysis.

3. New York's Current Work with Similar Populations

As noted above, youth in placement, and their families, have a variety of needs. Many youth have mental health disorders ranging from conduct disorders to psychotic disorders. Most have substance abuse histories and co-occurring disorders. Many youth have histories of being in the child welfare system.

The City has experience providing programming to the type of population it is preparing to receive. ACS is the City's provider of custodial services for youth, including family foster care, residential care, and detention services. For youth in juvenile justice placement and placement-bound youth, ACS operates two initiatives: the Juvenile Justice Initiative (JJI) ATP program and the JJI IPAS program.

The JJI ATP provides intensive, home-centered, evidence-based treatment in lieu of OCFS placement. The services include Multisystemic Therapy – Substance Abuse Adaptation (MST-SA), Multisystemic Therapy-Psychiatric Adaptation (MST-PA), FFT, and Multidimensional Treatment Foster Care (MTFC). Youth who receive JJI ATP services have mental health diagnoses similar to those among youth in placement, including conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, post-traumatic stress disorder, mood disorder, bipolar disorder, and various psychotic disorders. Youth served in the JJI ATP program have child welfare histories similar to placed youth: of the youth referred to the

JJI ATP Program, forty percent of the youth's families have active child welfare involvement with ACS, and an additional forty percent have had a history of child welfare involvement. Further, like placed youth, a majority of the youth served through this program present with substance abuse behaviors as well.

The JJI IPAS program provides case management, transitional services, and aftercare to City youth in private placement with OCFS' provider agencies. All privately placed youth are currently served by JJI IPAS. ACS and our contracted provider, Catholic Guardian Society and Home Bureau (CGSHB), oversee the private placements, in conjunction with OCFS.

Additionally, the agencies assist families with any barriers to release of the youth (e.g., housing assistance or outpatient mental health clinic appointments). Upon release, ACS oversees the provision of FFT to each family. The youth served by JJI IPAS present with similar diagnoses, substance abuse disorders, and child welfare backgrounds as the youth in JJI's ATP program and the youth in the OCFS non-secure placements.

The DOP, in turn, operates Esperanza, an alternative to placement program that provides intensive in-home family-focused therapeutic services, case management, and crisis management for placement-bound youth. Like JJI participants, Esperanza youth are similar to OCFS-placed youth in terms of their mental health diagnoses, substance abuse histories, histories of detention, and family strife.

In addition, the DOP's current highest level of intervention, the Enhanced Supervision Program (ESP), serves youth at risk of out of home placement who score as high-medium risk on the DOP's current risk assessment instrument. ESP officers work intensively with youth -- both individually and in group settings -- from a strengths-based perspective, and involve the family through parent workshops and other joint activities. Officers conduct most of their work with the

youth in community settings and emphasize well-matched referrals to address the factors that led to the delinquent behavior.

4. Residential Care

The DRSC provided recommendations about residential care through its final report. Building on its experience operating and overseeing residential settings for young people, ACS will incorporate the recommendations made by the Committee into the planning and implementation of NSP.

The Committee identified guiding principles to help the City identify the types of facilities that would be most effective in addressing the risks and needs of juvenile delinquent youth who require residential care:

- i. Residential care should be part of a continuum of care.
- ii. Facility management should be guided by a coherent approach and/or model of care that has a greater likelihood of achieving positive outcomes.
- iii. Comprehensive case management should support successful adjustment to residential care and reintegration to the community.
- iv. Family should be engaged and included in the treatment process, and aftercare should be planned from the point of admission and start as soon as youth can be safely released.
- v. Facilities should be located in or close to New York City.
- vi. Time spent in residential care should be used to pursue educational objectives, and educational gains should be built upon when youth return to the community.

- vii. Local communities should be engaged and involved with the youth and the facilities.
- viii. Youth, staff and local communities should be safe and focused on common objectives.
- ix. Facilities and programs should be culturally responsive.
- x. Outcomes should be measured on a regular basis, and data should be used to inform program changes.

These ten critical components, along with the data described earlier, served as the foundation for the development of ACS's Negotiated Acquisition Solicitation for residential care issued on January 26, 2012.

5. Planned Continuum

The City will build on its experience procuring and overseeing detention, residential foster care and juvenile justice placements, as well as alternatives to placement as it develops an enhanced continuum of options for adjudicated youth in need of community-based services or out-of-home placement.

The JJI ATP program, described above, will continue. The City also plans to add several gradations of probation supervisory levels, as well as new, state-of-the-art, community-based options for youth on probation, including:

- i. ECHOES – Every Child Has an Opportunity to Excel and Succeed - Probation will run this program citywide, though it will serve mostly Manhattan and South Bronx. ECHOES can serve 70 youth per year with a 12-month intervention.

- ii. AIM – Advocate, Intervene, Mentor. This program will be available in all boroughs and serve 100 youth per year with a 6 month intervention.
- iii. PEAK – Pathways to Excellence, Achievement and Knowledge. This will be available Citywide, but DOP is currently determining the areas of service. This program will serve 90 youth per year with a 6-month intervention.

All three of these community-based programs will provide high levels of supervision and support in a youth development framework to bolster youth resiliencies and prepare them for a productive and offense-free lifestyle in the community wherever possible. The referral process for these programs will begin prior to the disposition of a case. DOP may make a recommendation for an ATP, as indicated by the risk/offense-severity and needs profile of the youth. Once there is a recommendation for an ATP, the Court will order an Exploration of Alternatives. The Court can order an Exploration of Alternatives in situations in which DOP recommends out-of-home placement as well. The relevant documents will be sent to the agency intake/assessment units at DOP and ACS, and a discussion will ensue to determine which agency will take the lead in the case and commence the assessment/matching process. If the “lead” program is not suitable for the youth, other programs then will be explored. A final recommendation will be made to the Court at the conclusion of this process, which is not significantly different than what happens now between ACS/JJI and Esperanza.

ACS is currently procuring additional MTFC slots as well, to be used as a placement for adjudicated youth, when appropriate to the needs of the youth, their planning resources in the community, and the community’s safety. Already operated by ACS-contracted agencies, MTFC is an evidence-based foster care program, specifically designed for a violent juvenile offender

population. The outcomes for youth in MTFC have been studied extensively, and have demonstrated positive effects.

With regard to NSP, the City has recommended contract awards for the following new residential services, as a result of the NSP Negotiated Acquisition¹⁵.

- General NSP: 216 beds
- Youth with Serious Emotional Disturbance: 12 beds
- Youth with mental retardation, developmental delays, and/or developmental disabilities: 12 beds
- Youth with sexually abusive behaviors: 15 beds
- Youth who have been commercially sexually exploited: 6 beds
- Youth in need of treatment for substance misuse and co-occurring disorders: 18 beds
- Youth with fire setting behaviors: 4 beds

All programs, unless designated for a specialized population with developmental delays, must have the capability to serve youth with IQs of 71 and above, and should be able to accept youth with lower IQs on a case-by-case basis.¹⁶ All residential care programs must be designed so that youth live with others in their age group, gender (or gender identity where appropriate), and/or developmental stage, such as youth who are 12-14, 15-17, and 18-21 years of age.¹⁷

Additionally, all NSP facilities are required to utilize an evidence-based or evidence-informed model of behavior change. The majority of facilities are using the “Missouri Model,” a nationally-recognized model of juvenile justice facility operation that has demonstrated good outcomes for youth and has been replicated in other jurisdictions, including in Brooklyn by OCFS. The organizations operating these facilities have already travelled to Missouri to take

tours of existing “Missouri Model” facilities, and have begun the contracting process with the Missouri Youth Services Institute for start-up and ongoing consultation. Those not using this model have chosen other models. For example, Boys Town New York will use its own evidence-informed model. The Boys Town model, already used both in New York City’s non-secure detention and OCFS facilities, has been replicated in many other jurisdictions as well.

Currently, most placement options for court-involved youth are large, campus-style facilities outside of New York City. The vast majority of the residential beds that ACS has procured through the Negotiated Acquisition are significantly smaller, more home-like residential placements located within the City’s five boroughs. The addition of these residential services will not affect the availability of child welfare residential services. All of the non-secure placements for delinquent youth involve new contracts for new services.

While some of the new facilities will include specialized treatment beds to meet the specific needs of young people who need additional supports and services, all of the “general” beds will be expected to meet the complex social service needs of youth in NSP. Based on ACS’s experience operating residential care for youth in the child welfare system, ACS is aware that an over-specialized residential system often does not meet the needs of youth who require this level of care. More often than not, youth present with myriad, interrelated social service needs. For example, youth who have been commercially sexually exploited often present with mental health diagnoses and many self-medicate with illegal substances. Similarly, youth who are developmentally delayed often present with co-occurring mental health diagnoses, including some with sexually abusive behavior. An overspecialized system can pose problems for finding the right placement for youth and runs the risk of not meeting all the needs of individual youth in care. Thus, while specialized beds are available for youth with very targeted needs that cannot

safely be met without very specialized settings, ACS plans to best meet the needs of youth primarily through a well-resourced generalized system.

6. Full Continuum

The full continuum of post-adjudication services, from community-based options through NSP and as described above, is included in the chart below.

New York City Continuum of Juvenile Justice Interventions

				PEAK	AIM	ECHOES	JJI	Non-Secure Placement
ACD/CD	Probation Level 1	Probation Level 2	Probation Level 3	Description: Day and/or evening program for youth disconnected from school, followed by level of probation to be determined via assessment during transitional planning phase prior to completion of Day Treatment Average Duration: 4-6 mo. + probation Capacity: 45 slots	Description: An "advocate" from within the youth's own community who works w/ the youth several times per week. Followed by level of probation to be determined via assessment during transitional planning phase prior to completing AIM Average Duration: 4-6 months in AIM, 6-18 on probation Capacity: 50 slots	Description: Highly intensive level of probation (5 weekly contacts including Saturday work group; life coaching model) focused explicitly on promoting change in its participants so that they can fully participate in society and can forge a successful transition into adulthood Average Duration: 1 year Capacity: 70 slots	Description: In-home, evidence-based treatment modalities, including Functional Family Therapy, Multi-dimensional Treatment Foster Care & Multi Systemic Therapy, followed by level of probation to be determined via assessment during transitional planning phase prior to completion of JJI Average Duration: 6-12 months in JJI, 6-18 months probation Capacity: 200 slots	Description: Residential facilities for youth who have been placed into the custody of ACS by a Family Court judge as a disposition of their juvenile delinquency case. Services include youth care, education, social work and case management services, social skills instruction, access to mental health and substance use treatment, coordination of health care, and public safety measures.
Description: Adjournment in Contemplation of Dismissal/ Conditional Discharge Average Duration: 6 mos/1 yr Capacity: N/A	Description: Contact: 1 mtg per mo. for 1st 6 mo. plus referral to services as needed. Also 2 collateral and phone contacts per quarter. Home contacts as needed. Average Duration: 1 year or less Capacity: TBD	Description: Contact: 2 mtgs per mo. plus referral to services as needed. 6 add'l contacts per quarter (phone and field visits regarding case plan), including at least 1 home visit. Average Duration: 1 year Capacity: TBD	Description: Contact: Begins with 6 personal contacts and 8 collateral contacts per month. Contact levels gradually decrease over time. Possibility for added curricula TBD, plus referral to services as needed. Average Duration: 1-2 years Capacity: TBD					

At the far end of the continuum, both limited-secure and secure care placement options exist for the most serious offenders

D. Addressing Disproportionate Minority Placement

“...how the district will develop and implement local programs that seek to reduce the disproportionate placement of minority youth in residential programs in the juvenile justice system....”

ACS and the other City agencies involved in Close to Home are committed to reducing racial and ethnic disparities affecting youth of color in the juvenile justice system. Over the past year, key City agencies, the Family Court, The Legal Aid Society, community based organizations and advocates have worked with the Vera Institute of Justice and the W. Haywood Burns Institute to bring stakeholders together to collect and analyze data to reduce disparities on the front end of the juvenile justice system. Additionally, the City has recently launched the Young Men’s Initiative, a public-private venture led by Mayor Michael R. Bloomberg to launch new programs that address disparities faced by young men of color. While the City has accomplished many reform efforts that have already positively affected Disproportionate Minority Contact (DMC) with the juvenile justice system, we are committed to continuing to work for change.

The City has worked on several fronts to protect youth involved in the juvenile justice system from discrimination based on race or ethnicity, and to reduce unnecessary deepening of youths’ involvement. The City’s detention RAI helps to ensure that detention decisions are made objectively and without racial bias. The City has also worked to plan and implement a broad continuum of programs and services as alternatives to detention, providing multiple avenues to support families and to prevent confinement. These alternatives to detention include programs that provide curfew monitoring, education support, health and wellness support, extracurricular opportunities, life skills, legal education, employment, substance abuse services and service learning opportunities, among others. The City currently has three tiers of

community-based Alternative to Detention (ATD) programming whose main target population is youth who score as mid-risk on the RAI.

More recently, two new, more intensive ATDs have been developed, aimed at youth whose families need in-home support to enable the youth to remain at home. Way Home, a program launched by The New York Foundling Hospital in 2010, is a home-based treatment program designed to work with youth who have caregivers who are reluctant to allow the youth to return back home while a delinquency case is pending, or whose caregivers are not able to provide a viable home without social service support. Following a Family Team Conference, Way Home staff members provide Brief Strategic Family Therapy, an evidence-based therapy for youth involved in juvenile justice. The City also launched the Boys Town ATD, which provides for an assessment of the youth's risk and needs to be reported to the court followed by in-home family services to youth and their families using the Boys Town model.

The City has also put in place several initiatives and programs to help ensure objective decision-making and opportunities for youth to avoid placement at the conclusion of a delinquency case when safe to do so. As described above, DOP's Structured Decision-Making instrument will aim to ensure that dispositional recommendations to the court, including placement recommendations, are based on objective measures. ACS's JJI ATP program has provided effective evidence-based services to youth involved in the juvenile justice system and their families, and thereby has helped reduce re-arrest and placement of youth of color.

The efforts to reduce DMC as part of Close to Home will be built on this foundation. As indicated in the Quality Assurance Standards, discrimination will be treated as a violation of the City's Human Rights law, as well as the New York State Human Rights Law. In addition, New

York State Social Services regulations prohibit any act by ACS or provider staff that would be detrimental to any child in care.¹⁸

Once the NSP facilities and new alternatives to placement are up and running and the Structured Decision-Making grid is fully operational, ACS and DOP will follow a deliberate approach to researching, analyzing, and reducing racial and ethnic disparities by utilizing Relative Rate Indices (RRI) and other measures to assess service decisions and outcomes among black and Hispanic youth compared to white youth. The City will follow a data-driven approach to policy and practice change similar to approaches that have been utilized and proven effective by the Annie E. Casey Foundation in its Juvenile Detention Alternatives Initiative (JDAI), by the Burns Institute as part of JDAI and the Institute's independent work in a variety of jurisdictions, and by the Center for Children's Law and Policy as part of the MacArthur Foundation's Models for Change juvenile justice reform initiative, and Disproportionate Minority Contact Action Network.

ACS and DOP will collect data on key service decisions for Close to Home youth, made by their own staff and by contract providers, which are relevant to three major goals of DMC reduction: reduction of over-representation of youth of color; reduction of disparate treatment of youth of color (i.e., differential and harsher treatment of youth of color compared to white youth who are similarly situated); and reduction of deeper involvement and penetration of youth of color into the juvenile justice system (including, when data is available, analyzing racial disparities as they relate to recidivism.) ACS and DOP will collaborate with key stakeholders regarding DMC by sharing the data and then using it to determine if there are changes needed in policies or practices that would further the goal of reducing racial and ethnic disparities.

E. Culturally Competent Programming

“...how the district will develop and implement programming that is culturally competent to meet the diverse needs of the youth....”

ACS promotes and supports culturally competent practice as part of its commitment to the delivery of effective, rehabilitative juvenile justice services to children and families in New York City. Culture is a system of shared beliefs, customs, history, language, literature, traditions, laws, morals, music, shared values, and habits acquired by people as members of a group or society. It is the lens through which individuals view and assign meaning to themselves, one another, and the world at large. A culturally responsive agency integrates knowledge of a youth and family's culture and life experiences to engage them in a more meaningful way.

Many of the staff members at ACS and our contract provider agencies draw from their own personal and professional experiences to enhance their understanding of the children and families who interact with the juvenile justice system. Many of them reside within the communities that they serve as juvenile justice and child welfare professionals. Their respectful and effective response to youth and families of all racial and cultural backgrounds is a testament to the effort ACS has made to place cultural competence at the forefront of its work.

An example of this commitment is the ACS Taskforce on Racial Equity & Cultural Competence, which for several years has developed and implemented specific action steps to promote equitable outcomes for children and families of color while supporting the professional development and leadership of staff of color. The committee includes high ranking child welfare staff (for example, a deputy commissioner serves as co-chair), middle managers, contract

provider agency staff members, parent/parent advocates, and respected educators and advocates with ties to national organizations in racial equity and racial disproportionality work.

ACS currently uses a tool to monitor its child welfare contracted agencies' performance in a range of areas, including cultural competence. Developed in partnership with provider agencies, the questions evaluate how well agencies have engaged with families to understand their cultural backgrounds, traditions, customs, and beliefs in order to assess their needs and provide appropriate services. Questions review agencies' efforts to support or connect families to community resources in specific areas such as language needs, immigration services, care for LGBTQ youth, alternative medical practices, and cultural differences in child rearing and discipline, among others. ACS and contract provider agency staff are monitored and evaluated, and practice and policy expectations are reinforced to ensure that cultural competency is embedded into our work with children and families. Our efforts go beyond compliance, and create a framework by which a racial equity lens is defined, operationalized, and incorporated into key programming and quality improvement mechanisms. ACS expects to develop a similar cultural competence component of the Scorecard for its NSP settings.

Building on the work in detention and through feedback from the community, ACS expects to work closely with its NSP providers during program development to establish opportunities for ongoing culturally competent programming. ACS' Division of Youth and Family Justice (DYFJ) has made a significant commitment to providing culturally competent programming in its secure and non-secure detention settings, which lays the framework for the expectations ACS has of its NSP providers. A calendar of cultural activities celebrates cultures from the community, incorporating guest speakers, food and arts events into programming. ACS connects youth in non-secure detention with opportunities to attend special arts events in the

community, such as Alvin Ailey American Dance Theater and performances at the Carnegie Hall Cultural Institute. At the Bronx community forum, one youth quite eloquently said, "Find talent in youth and make a success out of them."

Having made considerable inroads in promoting and monitoring culturally competent service provision in its existing programs, ACS will draw on this experience to ensure that its service providers provide culturally competent care in NSP as well. ACS will require culturally competent practice in NSP through the Quality Assurance Standards. Through quality assurance activities, ACS will monitor and evaluate agencies contracted to provide NSP to ensure that they fully incorporate the principle and practice of cultural competence.

The Quality Assurance Standards require providers to operate programs with understanding and respect for community needs and cultures.¹⁹ They must provide culturally and linguistically competent services through staff who are representative of the communities served and fluent in the languages spoken by participating children and families.²⁰ Where the programs cannot hire bilingual/bicultural staff from each ethnic or cultural community they serve, they are expected to establish agreements with community-based organizations to supplement those skills. Every effort must be made to ensure adequate representation among provider agency board and staff of the ethnic groups in the client population, and staff must be educated in cultural and religious factors and practices of the populations served, with particular reference to ways in which culture or religion may affect treatment and services.

In addition, the Quality Assurance Standards also require that providers may not engage in or promote religious worship, instruction or proselytizing, or be influenced by or discriminate on the basis of religious affiliation.²¹ Staff training must equip workers with skills to deal positively and effectively with youth of diverse populations and help staff understand the needs,

cultures, and backgrounds of the youth in their care. Providers must establish programs and activities designed to foster the cultural (ethnic/religious/sexual) awareness and identity of youth in care,²² and to continue a seamless connection with their communities of origin.²³ ACS will evaluate providers' compliance with these requirements.

ACS will also ensure that its NSP service providers comply with OCFS regulations regarding cultural competency. For example, ACS will require NSPs to have written policies on religious observance, instruction and training,²⁴ and to provide access to services and clergy of his or her faith for each child, recognizing and respecting the religious wishes of the youth's parents and endeavoring to protect and preserve their religious faith.²⁵ Some youth who are placed with ACS will have strong relationships with their churches or other places of worship. By placing those youth in facilities closer to home, ACS and NSP providers will be able to leverage those relationships and keep positive ties intact. Providers will prepare menus with regard for cultural and religious background and the food habits of the children in care.²⁶ The agency and its NSP providers will comply with the regulatory preferences regarding placement of a Native American child.²⁷

Meeting the linguistic needs of youth in NSP and their families is also essential for effective service delivery. ACS will honor the Mayor's Executive Order regarding language access,²⁸ and will continue to comply with the agency's own Language Access Policy and Implementation Plan.²⁹ The plan provides for in-person and telephone interpreter services; translation of key documents into the nine languages identified as the most common language groups served by the agency; outreach to ensure that clients and staff know how to access translation services; and training of personnel about language, immigration and related issues. ACS requires providers to comply with this plan, and will work with providers to ensure

their compliance. Also, in keeping with the agency's strategic approach to enhancing language capacity and access, ACS will continue to identify and analyze emerging demographic and language trends in order to adjust our services as necessary to meet the needs of the community.³⁰ As we have in all other areas of programming, ACS will assist NSP providers in recruiting staff who speak languages predominantly spoken by youth and families whose primary language is not English.

F. LGBTQ and Gender Specific Programming and Policies

“...how the district will develop and implement gender specific programming and policies to meet the specialized needs of lesbian, gay, bisexual and transgender youth....”

1. LGBTQ

ACS is committed to providing all of its residents, youth, and families served by DYFD programs with a safe, healthy, affirming and discrimination-free environment. This includes youth who self-identify as LGBTQ and those who are perceived by others as LGBTQ. At a public hearing to solicit feedback on this plan, an LGBTQ advocate stated “there's a real opportunity to move away from a punitive model to one grounded in youth development principles. And the key principle is being able to provide an affirming space where youth, all youth, including LGBTQ youth can safely explore their identities and be supported and learn how to accept and affirm each other's differences.” When youth are placed in NSP, one of our goals is to take the opportunity to help young people appreciate and respect differences in sexuality and gender identity.

ACS has taken a number of important steps within the agency to ensure that it is following through on its commitment. ACS has designated an LGBTQ Coordinator to accept and follow-up on requests for resources, training and case-intervention/follow-up. ACS has provided training and resources to provider agencies and to offices within ACS, including the

Parent Support and Recruitment Office. The agency has distributed over 21,000 ACS LGBTQ Resource Guides and hundreds of posters to its borough offices, its contract agency staff, and the NYC Family Court Judges. The Coordinator has trained ACS agency staff and is available to answer LGBTQ-specific and LGBTQ-related questions.

ACS has also increased targeted recruitment to find and support foster families that have LGBTQ members or are LGBTQ-affirming. The agency's recruitment campaign, "Be Their Champion," which included posters specifically targeting LGBTQ-affirming and LGBT-identified families, received an Amplifier Award from GLAAD. The Parent Recruitment page of the ACS website now includes a prominent section that promotes the need for LGBTQ-affirming homes and refers people to the ACS Parent Recruitment Hotline. This Hotline asks every caller if they are interested in caring for an LGBTQ youth and Hotline staff can provide answers from prospective foster parents related to LGBTQ-affirming homes.

ACS issued "Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning Youth and their Families Involved with DYFJ" in July 2011.³¹ The policy provides direction to ACS and provider agency staff on being sensitive and inclusive to young people's sexual orientation and gender identity. This policy makes explicit the need for providers to address bias and meet the unique needs of LGBTQ youth and families. The policy also describes ACS' commitment to providing a safe and healthy setting for all youth in its facilities and programs and ACS' prohibition of discrimination and requirements associated with reporting violation of policy. The policy details guidance for providing services in a respectful, culturally competent, and affirming manner. The policy applies to all ACS staff and volunteers. Provider agency staff working directly with families are required to comply with the policy as well.

The policy further provides that staff, volunteers, and contracted providers may not impose personal, organizational or religious beliefs on LGBTQ youth and that such beliefs should in no way affect how individual needs of youth and families are met. All ACS staff and provider staff are required to participate in training on the ACS policy and attitudes, values and beliefs associated with LGBTQ issues. ACS's training academy developed a curriculum in consultation with an expert in LGBTQ issues and ACS will provide training to NSP provider staff. ACS will draw upon its experience developing and implementing this new policy as the agency becomes responsible for ensuring the safety, well-being, and permanency of young people in NSP. ACS will modify the policy to provide guidance and address expectations in providing services to LGBTQ youth in NSP.

All NSP providers were informed in the solicitation for NSP that they are required to follow the DYFJ LGBTQ policy.³² Additionally, ACS stated in the solicitation that proposals from providers who wish to operate programs specifically for LGBTQ youth, who may be at particularly high risk of physical and psychological harm, would be considered. The ACS quality assurance system will monitor provider adherence to the policy to ensure that the specialized needs of LGBTQ youth are being met.

The Quality Assurance Standards additionally prohibit discrimination, including discrimination based on an individual's actual or perceived sex; discrimination based on an individual's gender identity, self-image, appearance, behavior, or expression; or an individual's sexual orientation.³³ Also outlined in the Standards are expectations that the NSP provider will designate a staff person to be the LGBTQ point person to serve as a source of support to youth and as a resource to staff on LGBTQ issues. The staff person will provide training to other staff on these issues and participate in forums for education and information organized by ACS. The

staff person will work within the provider agency to identify placements for LGBTQ youth that are LGBTQ-friendly and affirming.

Transgender and Gender Non-Conforming youth (TGNC) encounter additional challenges distinct from those facing lesbian, gay, and bisexual youth. To address this need, ACS has received a grant from New Yorkers for Children to develop a TGNC Best Practice Guide. The agency has hired a consultant who has agreed to create a guide that will address issues including creating a trans-affirming environment, staff and peer bias, language (including language used in ACS forms and documents posted in facilities), culturally competent access and provision of medical and mental health care, name change, gender expression (dress and makeup), sleeping arrangements, and appropriate socialization and support opportunities. ACS anticipates that this important guide will serve not only as a resource within New York City, but also for the broader child welfare and juvenile justice fields. ACS will refer to this guide when making policy decisions related to residential care of youth identifying as transgender and gender non-conforming. Additionally, ACS will work closely with LGBTQ experts and advocates to determine effective measures of service provision to this population and for possible inclusion in the juvenile justice scorecard described in further detail later in this plan.

ACS is aware that OCFS has committed itself to reform work in this area, and ACS intends to incorporate OCFS's work and to partner with the State as much as possible to help all of our young people champion kindness and acceptance. We see this as a real opportunity for collaboration and for New York to be a leader on this issue.

2. Gender Specific Programming

ACS will work with providers to incorporate gender specific programming into program models. All providers will deliver psycho-educational programming and where appropriate, that

programming will utilize gender specific program models. In addition, recreational activities, life skills and all other services will incorporate gender specific programming, where possible, and when doing so will better engage youth. Examples of such program models include the Girls Education & Mentoring Services (GEMS) and fatherhood programs. Providers will continually assess the population and adapt programming to better engage the interests and needs of youth.

G. Stakeholder Input

“...how, throughout the initiative, the district will seek and receive on-going community and stakeholder input relating to the implementation and effectiveness of the initiative....”

The City is committed to receiving stakeholder and community input in the development, implementation, and execution of Close to Home. The City has worked and will continue to work intensively with juvenile justice stakeholders, including judges, advocates, attorneys for youth and for the City, elected officials, law enforcement, educators, community representatives, national experts in juvenile placement and in alternatives to placement, parents, youth, and others as we create and implement a realigned system. Through various means, the City has already demonstrated an openness to receiving stakeholder input from diverse sources including: parents, youth, elected officials of the New York State Assembly and Senate and the City Council, the ACS Commissioner’s Advisory Board, the DYFJ Advisory Board, ACS’ Community Partnership Program, the DRSC/JJAC, the juvenile justice community, the courts, and other City agencies, such as DOE and DOP.

1. Elected Officials

The City has sought and continues to actively seek the input of elected officials regarding major policy initiatives. City officials meet with State and City elected officials to hear directly from them regarding their constituents’ most pressing issues. Representatives of City agencies

routinely testify before the City Council, New York State Assembly, and New York State Senate. They answer questions and hear concerns from elected officials about policy issues affecting the City and the State and about current programs and those being developed at ACS that may be sources of interest. The City Council plays an oversight role for the agencies regarding its program and budget. DYFJ testifies routinely at public hearings of the City Council's Committee on Juvenile Justice on topics of significant interest to the City. For example, DYFJ recently testified regarding the Positive Alternative Towards Home (PATH) Program, as well as educational and cultural program offerings in detention.

Since Governor Cuomo introduced the Close to Home initiative, the City has reached out to, and met with, numerous elected officials, their staffs, and committee staff including the chairs of the Children and Family Services Committees for the Assembly and Senate, other key members of those committees, and other members interested in juvenile justice for the City's youth and their families. In addition, in February, Commissioner Richter testified before the joint public hearing of the New York State Assembly Ways and Means and Senate Finance Committees, along with the Assembly and Senate Human Services Budget Committees regarding the Close to Home initiative. ACS and DOP have reached out to and met with numerous members of the City Council regarding the proposal, including the Chairs of the Juvenile Justice, General Welfare and Fire Safety Committees. The City expects that throughout implementation and execution of Close to Home, we will be called upon to update the City Council, as well as key members of the State Assembly and Senate, including the Committees on Children and Family Services. These updates provide valuable input from elected officials who hear on an ongoing basis from their constituents.

2. Advisory Boards

Commissioner Richter has formed an Advisory Board to provide him and his Executive Team with feedback and input on ACS' initiatives and strategic direction. The Board represents a diverse group of experts including advocates for families, children and youth, current and former judges, academics involved in juvenile justice, funders, juvenile justice advocates, elected officials, staff from OCFS, parent advocates, and providers (see attached list). The Advisory Board meets on a quarterly basis. At its first meeting of 2012, Commissioner Richter briefed the Advisory Board on the then recently released Close to Home proposal from Governor Cuomo. He received important feedback from the Advisory Board regarding oversight, community engagement, and the kinds of services that should be available to youth in placement, among other topics. Members of the Advisory Board have been supportive of the Close to Home initiative and enthusiastic about sharing their ideas. The Commissioner will continue to meet with the Advisory Board to update members on the progress of the plan, implementation and execution, and to seek their input throughout the life of the project.

DYFJ has a separate Advisory Board that has played a key role since shortly after the Department of Juvenile Justice was merged into ACS to form DYFJ. The Board has consisted of leaders and experts in juvenile justice including elected officials, representatives of the judiciary, advocates for youth, members of local law enforcement, leaders of faith-based organizations district attorneys' office staff, funders, providers of non-secure detention services, other City agencies, and academic and research centers. The Advisory Board has been providing critical input to DYFJ during the integration into ACS. Members have also provided feedback on the City's Detention Reform Plan, which has helped to shape ACS' successes in reducing the use of detention, increasing the use of alternatives to detention and placement, and closing the Bridges

Detention Center (formerly “Spofford.”) When ACS developed our Detention Reform Action Plan Update, it was presented to the Advisory Board for its review and feedback.

ACS sought the advice of the Advisory Board in its plan to solicit input from the community regarding the development of the Close to Home plan and has incorporated its suggestions in this document. As implementation of Close to Home proceeds, the Advisory Board will be reconfigured and will become a joint DYFJ advisory board and its scope will change to reflect the addition of DYFD and the new continuum of juvenile justice services. As ACS embarks on providing relatively longer term residential services to youth in the coming year, we will take steps to ensure that the agency receives input from members of the public who are in a position to create viable pathways and opportunities for youth returning to their communities from placement (e.g., potential employers of youth, public colleges, and/or representatives from corporate entities), both through the Advisory Board and through other avenues.

3. Other Stakeholder Outreach

After the Governor released his proposal for Close to Home, the City held numerous meetings with juvenile justice stakeholders to hear their suggestions and concerns for a realigned juvenile justice system. City officials have met with leadership and staff from the Office of Court Administration, the Legal Aid Society, the Correctional Association of New York, Citizens’ Committee for Children (CCC), Alternatives to Incarceration (ATI) Coalition, the New York chapter of the Children’s Defense Fund, the New York Public Welfare Association, and the Council of Probation Administrators, to name just a few. Commissioner Richter presented at a forum hosted by The New School’s Center for New York City Affairs entitled, "Reimagining Juvenile Justice and Child Welfare for Teens, Families and Communities," where he presented

on the State and City vision for a realigned system. With over 200 juvenile justice leaders, advocates, researchers, community members, and providers in attendance, ACS received positive feedback on the proposal and heard about issues that audience members would want to see addressed in a plan developed by the City.

ACS and DOP will also maintain their active leadership of the JJAC, described in earlier sections, continuing to seek members' input as the plan and its implementation move forward.

4. Community Forums, Public Hearings and the Community Partnership Program

The development of the City's Close to Home plan has also been informed by community engagement processes at critical points in the initiative's development. This approach builds upon a more than decade-long partnership that ACS has with neighborhoods where the children and families we serve reside.

a. Community Forums and Public Hearings

During March and early April 2012, with the guidance of the ACS Office of Community Partnership (OCP) and DYFJ, and in partnership with the ACS Community Partnership Program (CPP), ACS convened five forums, one in each borough, to receive input directly from youth, parents, community members, community groups, and others. Many local providers attended, as did elected officials and other government agencies. Led by ACS Commissioner Ronald E. Richter, the DOE and the DOP joined ACS on the panels at each forum. ACS held the forums in the community district in each borough that experiences the most placements of juvenile delinquents out of the Family Courts.

ACS invited a broad cross-section of stakeholders, including CPP members, clergy, police, YMCA, foster parents, block associations, youth leaders and advocates, staff from DOP

and DOE, school-parent coordinators and parent associations, Housing Authority service providers and tenant groups, elected officials, parents and youth formerly involved with DYFJ, as well as foster care and preventive agency staff.

ACS conducted extensive outreach and advertising in order to get the word out to interested organizations and community members, which resulted in a large turnout. With support from the CPPs, staff from ACS's Community Partnerships distributed over 2,000 English flyers and 500 Spanish flyers throughout each borough, targeting churches, community centers, youth groups, and community-based organizations – many with which ACS' Community Partnership have long established relationships. Staff also made telephone calls, conducted street outreach and sent e-mails to invite community residents, elected officials, community boards, provider agencies, and other community leaders.

Over 150 people came to each forum in Brooklyn and Queens; approximately 100 people attended the forum in Manhattan; approximately 100 attended the Staten Island forum; and around 250 people attended the Bronx forum. Attendees received a handout that summarized the Close to Home proposal, described the process for planning and implementation, and posed a number of questions for thought and discussion. There was a Spanish interpreter available at each site to interpret for Spanish-speaking participants, a stenographer recorded the proceedings, and each session was moderated by a senior ACS manager. Anyone wishing to provide comments after the forum was encouraged to e-mail closetohome@acs.nyc.gov with their input.

Most participants were supportive of the goals of Close to Home. They were pleased that the proposal included efforts to engage parents in the rehabilitative process. Some young people who had been through the juvenile justice system stressed the importance of having structure in their lives while going through rehabilitation; they talked about their experience in placement in

private, non-profit settings, and how it provided this structure at the time. Several participants wanted to ensure that there will be efforts to meet the educational needs of the children, including youth with special needs. They expressed hope that when implemented, Close to Home will connect children to resources in the community, including skill building, mentoring and job opportunities. Comments from each of the forums were transcribed for ACS to review the specific comments and incorporate those ideas and suggestions into the plan.

These community dialogues helped inform this plan and will help guide subsequent phases of community involvement. During each forum, ACS asked for suggestions about how it should encourage ongoing input, particularly during the implementation phase. ACS is working to incorporate the suggestions, which will help it maintain the community's trust and cooperation.

Per the legislation, ACS posted the draft plan on its website with instructions for providing feedback. ACS also printed copies and made them available at our Office of Advocacy for the public to pick up and review. In order to seek public feedback, ACS scheduled two public hearings, (one was required by the legislation) to occur at least thirty days after release of the plan, and posted the dates, times and locations of the hearing on its website. Public notice of the hearings and public comment process also was published in The New York Times and New York Daily News. The hearings were held in downtown Brooklyn and lower Manhattan, one during the day and one during early evening hours.

b. Involvement of the Community Partnership Program (CPP)

ACS intends to involve its CPP in the development and implementation of Close to Home. In 2007, ACS launched the Community Partnership Initiative (CPI), which later was named the Community Partnership Program (CPP) in order to develop community-focused child

welfare practices. This followed the creation in 1999 of the Neighborhood Based Services (NBS) Unit, which implemented 25 Service Planning Areas (SPAs), also known as Neighborhood Networks. Both of these efforts were designed to ensure community input into ACS's child welfare strategies and to foster cooperation and coordination among providers within the same community. The CPIs have received funding by ACS to focus on concrete child welfare outcomes: safety, permanency, reunification, and well-being.

Today the CPI is known as the Community Partnership Program (CPP), which is managed by the ACS Office of Community Partnerships (OCP). Currently there are eleven funded CPPs throughout the five boroughs. These CPPs receive support and technical assistance from OCP. OCP's overarching purpose is to support the agency's goals by collaborating with its partners, convening individuals and groups around the agency's child welfare priorities, and educating the community about keeping children safe and supporting families. OCP's mission is to strengthen families and to ensure child safety and permanency, using a community collaboration model.

In order for ACS youth leaving NSP settings to transition into supportive communities that have adequate resources to reduce recidivism and achieve successful outcomes, the 11 CPPs and their membership must be an integral part of the work we do with our NSP providers. CPPs have an average of 30-40 members: ACS preventive and foster care agencies, grassroots organizations, clergy, community residents and others, who meet on a monthly basis. The CPPs each convene a minimum of five work groups: conferencing; recruitment and support; visiting; Head Start/Child Care and Preventive referrals; and linkage to local schools. Some have identified other local needs such as a mental health work group.

There are NSP facilities in the following Community Districts (CDs) that house a CPP: Highbridge, East New York, Stapleton, and Jamaica. ACS will expect providers that have NSP facilities in those districts to participate in the relevant CPP. The purpose of the involvement will be to receive feedback about the operation of the facility in the community and to encourage community involvement in the services offered by the NSP provider.

For the facilities in CDs that do not have a CPP, ACS will determine whether membership in a neighboring CPP would be appropriate and helpful to the operation of the NSP facility, and if so, mandate the providers' involvement. The OCP will also provide CPP contact information to all of the providers so that they can establish relationships with CPPs in neighborhoods to which the youth are returning, for the purpose of linking youth to services and community supports upon their return home.

c. Community Boards and Local Law Enforcement

Each NSP provider will also be required to interface with their local Community Boards and local police precincts prior to opening their facilities and on an ongoing basis. They will develop relationships with the precincts' Community Relations Officers to inform them of the facility and develop an ongoing process to maintain communication about how the officers can provide support to the providers when necessary. The Community Boards' Public Safety Committee is another avenue through which the providers can develop partnerships and maintain transparency with the community about their work.

d. NSP Facility Community Advisory Boards

ACS will require NSP providers to develop and operate Community Advisory Boards. These Boards will help maximize community involvement in and support for their NSP facilities. The Community Advisory Boards - to be comprised of representatives from local non-profits,

businesses, faith-based organizations and other interested community members -- will meet on a quarterly basis, at minimum, and will help to identify avenues for deepening connections between NSP facilities and their communities.

5. Office of Advocacy

ACS also engages with the community and consumers of its services through its Office of Advocacy. Staff in this office operate a helpline for parents, foster parents, children and other concerned parties who have concerns related to a child welfare. Common issues handled by this office include: clarification of child welfare procedures, ensuring families receive needed services toward permanency goals, and visitation concerns. The helpline is staffed by social workers who ensure that client concerns are heard and addressed. Staff work to achieve resolution for all parties. ACS anticipates employing helpline staff who can assist youth and families involved in Close to Home services, including NSP.

H. System Accountability

While not included in the Close to Home legislation, ACS recognizes the need to have strong oversight of the residential placement system to ensure accountability. ACS is developing plans for critical accountability mechanisms in addition to those outlined above and beyond what is required by the Close to Home legislation. First, ACS will develop an Independent Oversight Board, comprised of individuals from a range of backgrounds who are knowledgeable in the issues facing young people in residential care in connection with juvenile delinquency proceedings and committed to improved outcomes for youth, families, and communities. The Independent Oversight Board will be responsible for reviewing and reporting on conditions throughout the residential placement system. In addition to the Independent Oversight Board, ACS will develop an Office of Residential Care Advocacy, which will oversee all residential

placement facilities. The Office of Residential Care Advocacy will be responsible for responding to complaints and concerns of youth in City custody and their parents, identifying systemic issues and tracking data related to conditions of care.

I. Exploration of Disposition

“...how the local probation department will implement a comprehensive predisposition investigation process that includes, at least, the use of appropriate assessments to determine the cognitive, educational/vocational, and substance abuse needs of the youth and the use of a validated risk assessment instrument, approved by the office of children and family services....”

Through the collaborative planning process undertaken by the DRSC, and subject to OCFS approval, the DOP intends to begin using a combination of a validated risk and needs assessment instrument and a structured decision making model to guide its recommendations at the dispositional phase of delinquency cases and help inform judicial decision-making. As noted above, City officials have had significant success over the past five years introducing actuarially-based detention risk assessment into detention decision making, resulting in reduced detention rates and disproportionate minority confinement while maintaining public safety.

1. Risk and Needs Assessment Tool

In collaboration with the DRSC, DOP has chosen the Youth Level of Service/Case Management Inventory (YLS) for its pre-adjudication risk and needs assessment tool. The committee selected from among several nationally-validated risk and needs assessment tools to replace the DOP’s current instrument. The YLS is a validated instrument that helps probation officers, youth workers, psychologists, and social workers: 1) identify the youth’s major needs, strengths, barriers, and incentives; 2) select the most appropriate goals for him or her; and 3) produce an effective case management plan. In accordance with the Close to Home legislation,

DOP will work with OCFS to obtain approval necessary to begin using the YLS in spring 2012.³⁴

DOP selected the YLS based on a pilot test of several instruments. The YLS had the strongest independent research background, was rated consistently by internal users and other jurisdictions using the instrument as extremely user friendly, had a manageable number of items (42) that would not create an unrealistic workload, and produced risk assessment scores relatively similar to the city's RAI. Additionally, the YLS identified the same proportion of youth as high risk as the RAI, while the other instrument under the most serious consideration grouped more than 3 times as many youth as high risk. The other tool rated youth as having a high level of need in almost every area, while the YLS was able to pinpoint specific needs.

DOP is committed to using the YLS as a tool that will guide the correct level of supervision and service for youth based on the public safety risks they present and the level and types of needs identified. This information, in turn, will drive the structured decision making process described below.

2. Structured Decision-Making

Structured Decision-Making (SDM) is an objective process that uses both the youth's offense and the youth's measured risk of re-offending to determine appropriate supervision levels for DOP to recommend. The City has determined that this approach will ensure that dispositions are consistent, objective, and fair, and that youth receive the appropriate amount of supervision. SDM enhances public safety by focusing resources on youth at the highest risk of reoffending, whose current and prior offenses have been the most serious. Use of objective decision-making guides including the YLS and the SDM ensures that recommendations of placement are not based on the youth's treatment needs, attitudes or behavior while in court or

with the probation officer, all of which are factors that can sometimes cause low-risk youth to receive more intensive services than are warranted. Furthermore, use of objective tools reduces likelihood of racial bias or disparity in decision making.

NYC DOP Structured Decision-Making Grid

MOST SERIOUS CURRENT ARREST CHARGE	LIKELIHOOD OF RE-ARREST¹		
	HIGH	MEDIUM	LOW
CLASS I: A, B felonies (violent & non-violent), violent C felonies	Out of Home Placement (range of security options)	Out of Home Placement or Alternative to Placement	Alternative to Placement or Probation
CLASS II: Non-violent C felonies, violent D felonies	Out of Home Placement or Alternative to Placement	Alternative to Placement or Level 3 Probation	Level 1 or 2 Probation
CLASS III: Nonviolent D, All E felonies, misd assault and misd weapons possession	Alternative to Placement or Level 3 Probation	Level 2 Probation	Level 1 Probation or CD
CLASS IV: A misdemeanors except assault and weapons and all B misdemeanors²	Level 1 Probation or CD	ACD	ACD or short term one time consequence or Dismissal
<p>MANDATORY OVERRIDES:</p> <ol style="list-style-type: none"> 1. Must consider CD or ACD for youth with no unsealed priors. Decision is based on the circumstances of the case. 2. If case goes to trial, use finding offense. <p>DISCRETIONARY OVERRIDES: POs have discretion to recommend either a more or less restrictive option than the grid provides. However, all overrides - up or down - must be submitted with justification for approval by the PO's supervisor.</p>			

J. Intake Process

“...how the district will implement an intake process for youth placed in residential care that includes the use of appropriate assessments to determine the medical, dental, mental and behavioral health needs of the youth...”

Most youth will transition into NSP from City-run detention facilities. The Close to Home initiative presents the City with a unique opportunity to assess and plan for youth in City-contracted placement facilities based on ACS’s familiarity with the youth and experience caring for them in detention.

A DYFD Mobile Assessment Team comprised of four social workers and a director with a background in social work will be responsible for the intake process for youth placed in non-secure placement. ACS is working with the Vera Institute of Justice to design an assessment process that will effectively and efficiently match youth who have received dispositions of placement with appropriate residential services providers. ACS and Vera are meeting on a regular basis and will continue to do so throughout the summer to ensure that ACS will have an intake matching tool and assessment process in place on or before September 1, 2012.

The intake and assessment process will begin when ACS receives a Family Court order placing a youth with ACS. A Mobile Assessment Team member will review and assess the specific provisions of the court order, review relevant records, and conduct interviews with the youth being placed, along with his or her family members and other relevant resources prior to making placement recommendations.³⁵

While youth are in ACS secure and non-secure detention facilities, the City will assess and begin to provide for their medical, mental health and dental needs through contracted providers in detention. Detention case managers will also have progress reports and histories of any behavioral incidents. This information will be readily transferable to members of the ACS

mobile assessment team and later to NSP placement providers. In some cases, a youth may move to a placement operated by the same provider that operates the non-secure detention program where the youth has been residing.

The Mobile Assessment Team will also review the youth's progress reports and behavioral incidents with detention staff. Where assessments of health, dental or mental health needs are incomplete, or when the youth is in the community during the assessment process, the Mobile Assessment Team will ensure that youth get complete assessments and that relevant information learned from assessments is incorporated into the placement recommendation made by the team. The team will examine probation investigation reports and diagnostic assessments for issues like substance abuse or mental health needs. If any issues are identified that need further exploration, the assessment team will work to address them.

Youth in City detention attend DOE schools, as they will in most NSP placements. The Mobile Assessment Team will access education records through the DOE's centralized records systems, including IEPs for youth who have them. All youth will be evaluated for an appropriate school setting. For those youth entering NSP who were previously in detention, and will remain in District 79, there will be a continuity of records when the youth moves from detention to NSP.³⁶ For youth who attend other than DOE schools, their educational portfolios, completed coursework (assessments, writing sample, awards, recognitions, and certifications) will be sent by the principal to the receiving school, the student, and the family.³⁷

In consultation with the Confirm Unit, the Mobile Assessment Team will determine whether the youth is in foster care or has any other ACS involvement. The Confirm Unit was created to improve communication between the child welfare and juvenile/criminal justice systems when youth in foster care are arrested. Confirm staff identify these dual jurisdiction

youth and communicate with agencies responsible for planning to ensure that staff appear in court and understand the court process. The Mobile Assessment Team will use information about foster care or other ACS involvement to collect further information regarding the unique needs of each youth and work to find appropriate placements. Additionally, the Confirm Unit will notify the foster care provider agency, and ACS will follow up with the foster care agency, to ensure continuity in planning.³⁸

Mobile Assessment Team members will also have detailed knowledge of all non-secure placement programs. Once a Mobile Assessment Team member has gathered and synthesized relevant information regarding risk and needs, he or she will prepare a summary of needs. Next, the Mobile Assessment Team member will develop recommendations for placement with a specific provider, based on the youth's unique circumstances and upon the availability of beds.³⁹ This will include NSP service providers who can make specialized services available, as described in the Negotiated Acquisition Solicitation. Determination of the appropriate placement will be based on the premise that youth will be placed in the least restrictive setting consistent with their needs and with public safety.

Once a member of the Mobile Assessment Team has identified a recommended placement, he or she will convene a meeting of the youth, his or her family, and the youth's newly assigned ACS Placement and Permanency Specialist.⁴⁰ At the meeting, participants will review the needs identified and determine whether any additional needs have been overlooked. If any significant needs have been overlooked, the Mobile Assessment Team member will make appropriate adjustments to the needs summary. The assessment team member, the Placement and Permanency Specialist, the youth, and the youth's family will then explore the various options for the youth, discussing the geographic locations of the facilities, the programmatic

approach and the treatment modalities that are employed in each. The Mobile Assessment Team member facilitating the meeting will be able to answer questions the youth and his or her family may have regarding recommended placements.

Based upon this discussion, the Mobile Assessment Team staff member assigned to the case will finalize the placement determination. ACS staff will then contact the selected provider and arrangements will be made for transport of the youth. All the information gathered during the assessment process will be shared with the NSP provider by the youth's Placement and Permanency Specialist, whereupon the provider agency case planner will develop an appropriate treatment plan and ensure that it is carried out during the youth's placement.⁴¹

An NSP provider may not refuse to accept a youth into placement, but may request a review of the decision to place a youth in its care. In the first instance, the review will be conducted by the Director of Intake and Assessment. The Director's determination may be appealed to the Associate Commissioner and finally to the Deputy Commissioner. This review will be done expeditiously so as to ensure the safety of the youth, facilities, and community. A written procedure for these reviews will be finalized prior to NSP facilities receiving youth.

Assuming a volume of approximately 40 new intakes per month, each Mobile Assessment Team member will be expected to complete an average of 10 assessments per month. Based on these assumptions, ACS anticipates that the Mobile Assessment Team will be able to complete assessments and secure placement for all youth within relevant statutory time frames established in the Family Court Act and the Social Services Law.⁴² In the event that the Mobile Assessment Team is unable to complete an assessment and secure placement for a youth within the prescribed time frame, ACS will comply with notification requirements set forth in the Social Services Law.⁴³

K. Case Coordination Services, Permanency and Discharge Planning, and Aftercare

”.... how the district will provide case management services....”

“...how the district will engage in permanency and discharge planning for juvenile delinquents placed in its custody including, but not limited to, securing adequate housing and health insurance and education and employment, as appropriate....”

“...how the district will develop and implement a comprehensive after care program to provide services and supports for youth who have re-entered the community following a juvenile justice placement with the district....”

Case coordination will play a critical role in ensuring the success of a youth’s placement with a NSP provider. ACS will employ Placement and Permanency Specialists who will work closely with NSP programs and youth and their families to ensure the provision of appropriate services to each youth placed in the agency’s care and custody.⁴⁴ ACS Placement and Permanency Specialists will provide oversight from the time a youth enters care until the placement expires to help ensure: coordinated permanency planning; high quality clinical, educational and recreational services during placement; successful reintegration into the youth’s home, school and community; and adherence to release conditions.⁴⁵ To achieve and maintain this level of oversight, ACS Placement and Permanency Specialists will actively partner with the NSP and aftercare service providers, as well as directly engage the youth and discharge resource(s).

ACS is in the process of hiring an initial unit of 17 Placement and Permanency Specialists, to be divided into three groups, who will have responsibility for overseeing and coordinating care provided to youth in non-secure placement. Placement and Permanency Specialists will be required to have substantial professional expertise and experience related to the responsibilities of the position. The Placement and Permanency Specialists will be supervised

and evaluated by three Directors of Placement and Permanency, who will have supervisory experience and backgrounds in the fields of juvenile justice and/or child welfare. An Executive Director of Non-Secure Placement will oversee program operations. On average, ACS anticipates that Placement and Permanency Specialists will be responsible for caseloads of approximately 22, with a limited number of cases involving youth in aftercare. Each Director will oversee the work of no more than six Specialists.

1. Close to Home Transition

During the transition period described above, ACS Placement and Permanency Specialists will collaborate with ACS' Division of Family Court Legal Services (FCLS), OCFS case managers, and facility case planners assigned to youth currently placed in OCFS-operated NSPs and provider agency NSPs to help facilitate a smooth transition from OCFS non-secure placements to ACS NSPs.⁴⁶ ACS Placement and Permanency Specialists will also work closely with foster care agency case planners for all youth in foster care.⁴⁷

2. Unusual Incidents and Crisis Management

ACS Placement and Permanency Specialists will track and record unusual incidents reported by NSP providers and will be responsible for following up to ensure that the appropriate actions have been taken and documented.⁴⁸ Actions to be taken in response to an unusual incident will be determined based on details of the incident. Procedures for addressing incidents such as AWOLs, assaults, injuries, hospitalization of a youth, staff arrest, youth arrest, fires, major service disruptions and other events will be documented in the Quality Assurance Standards, the NSP provider manual, and NSP Case Coordination Goals and Guidelines. These procedures will be finalized with NSP providers during program development. When needed, ACS Placement and Permanency Specialists will request the assistance of a NSP liaison skilled

in crisis management and mediation to visit NSP agencies to support staff and/or counsel youth when an unusual incident has occurred. For example, in non-secure detention currently, liaisons are brought in to facilities when the “tone is high,” to help address tensions and bring order back to the facility.

ACS Placement and Permanency Specialists and the NSP liaison will be responsible for providing crisis management assistance to NSP case planners, aftercare service providers, youth, and their caregivers. Crisis management may take several forms, but generally will be required when a crisis involving the youth has occurred, such as a disturbance in the facility, an assault involving the youth, or a medical crisis. The ACS Placement and Permanency Specialists will be expected to be responsive to NSP providers during emergencies, and will collaborate with them to determine an appropriate response.

ACS will be ready and able to provide 24-hour responsiveness to NSP providers during emergencies. ACS already runs a 24-hour Children’s Center, Emergency Children’s Service and Juvenile Detention. The NSP liaison will be available to provide 24-hour crisis management assistance to provider agencies. Similar to juvenile detention, ACS non-secure placement management will be on-call 24-hours a day and will be available to provide emergency assistance to NSP provider agencies during a crisis. In addition, we have many partners, including Bellevue Adolescent Psychiatric Hospital, who are committed to helping our youth.

3. Youth Who Are Absent Without Leave (AWOL) from a Placement

Upon learning about a youth’s departure from a NSP facility without permission, a youth’s ACS Placement and Permanency Specialist will secure an ACS warrant and file a “Notice of AWOL” with the appropriate placing court(s).⁴⁹ The Placement and Permanency Specialist will coordinate with the NSP provider case planner to notify the relevant parties and

attempt to determine the youth's whereabouts.⁵⁰ If or when the youth is found and returned, ACS will withdraw the warrant and notify the placing court(s).

If a youth who departed without permission is arrested on a new charge, the ACS Placement and Permanency Specialist will issue a detainer warrant as necessary so that the youth will be returned to ACS custody or to the NSP provider upon release from detention or jail.

The Quality Assurance Standards outline the notification process when a youth becomes AWOL.⁵¹ The NSP provider will notify the ACS Placement and Permanency Specialist, the Court and OCFS in writing, immediately after learning of the AWOL. The NSP provider must also notify the parent/guardian as soon as possible, but no later than two hours after learning of the AWOL. Additionally, ACS will immediately notify in writing the Court and OCFS.

4. Emergencies

The ACS Placement and Permanency unit is responsible for ensuring continuity of care and safety during emergencies such as natural disasters.⁵² ACS staff will be available to NSP providers 24 hours per day, seven days per week, in the event of a disaster. Additionally, Placement and Permanency Specialists and their supervisors will work with agencies to develop readiness plans to respond to natural disasters.

All NSP providers will be required to develop and share with ACS disaster plans, which shall incorporate general disaster planning information; detail the procedures to be followed in caring for youth and families in the event of a disaster or emergency; and focus on planning and procedures for the continued care and supervision of all youth in the provider's care during and after the disaster or emergency. The disaster plan should also detail procedures for addressing situations including AWOL youth medical emergencies, injuries from restraint and emergency psychiatric care.

5. Restraints

ACS has developed detailed guidelines and procedures that NSP programs will be required to follow to address behavior of youth that presents a risk of physical injury to the youth or others, poses a substantial threat to the safety and order of the facility, or escape from the NSP facility or from custody and represents a danger to him or herself, or to others. Restraining youth for destruction of property is prohibited. A copy of the proposed NSP Safe Intervention Policy is attached as Appendix L.

Under the Safe Intervention Policy, subject to OCFS approval, NSP providers will be required to use Safe Crisis Management (SCM) upon accepting adjudicated youth under Close to Home, except for providers that operate campus and other settings that simultaneously serve youth in the juvenile justice and child welfare systems. Providers that already use another comprehensive approach to crisis intervention and behavior management that is approved by OCFS may continue to employ the alternative approach at their campuses or other settings that simultaneously serve youth in the juvenile justice and child welfare systems, provided that they comply with all relevant reporting requirements and develop a plan to transition to the use of SCM as they move facilities from campus settings into New York City.

SCM requires staff to make substantial efforts toward prevention, de-escalation, and non-physical intervention. Physical restraints are permitted only as a last resort after less intrusive alternatives have been attempted and failed or have been deemed inappropriate. SCM also requires use of the least amount of force and restriction when performing a restraint. Providers that use other restraint methods in campus settings will have to demonstrate similar principles to SCM regarding the least amount of force and restriction and a strong focus on prevention of physical restraints and de-escalation. A focus on developing de-escalation skills enables

providers to avoid injuries to youth and to staff and the emotional consequences to youth from the use of physical restraints. This is particularly important because many youth have histories of abuse and maltreatment by adults.

Staff must be trained in and practice de-escalation, just as they must practice physical intervention techniques, so that they are prepared to use them effectively in stressful situations.⁵³ Staff who have not received training as described in the NSP Safe Intervention Plan may not restrain youth.

NSP providers will be required to notify the Placement and Permanency Specialist assigned to a particular youth when a restraint is administered. The Placement and Permanency Specialist will participate in after action reviews and will meet with the youth and staff who conducted the restraint, and supervisors of the staff as needed.

6. Movement Between Facilities

The ACS Placement and Permanency Unit will be responsible for approving or disapproving moves between facilities – including lateral transfers from one NSP provider to another, as well as upward and downward modifications.⁵⁴ Approvals or disapprovals will be documented through plan amendments in Connections, the computer-based system of record for all youth in foster care and privately operated delinquency placements in New York State.⁵⁵

Before agreeing to take required steps to move a youth to a limited-secure setting, the ACS Placement and Permanency Specialist will conduct a case conference with the NSP provider. The youth and family or other discharge resource(s), foster care agency case planner, and attorney for the youth will be invited to provide input into this process. When a request for a modification is approved, if Family Court approval is needed to move the youth, the ACS Placement and Permanency Specialist will forward the appropriate documents to the ACS FCLS

Family Court Liaison to file a petition to stay, modify, set aside, vacate, or terminate the placement order. The ACS Placement and Permanency Specialist will notify the NSP provider of the hearing date.

If an emergency exists where a youth needs to be removed from a NSP facility for safety reasons immediately, the NSP provider will be required to notify a NSP liaison and the ACS Placement and Permanency Specialist that assistance is needed. Depending on the circumstances and the youth's behavior, NSP providers may be permitted to use "room isolation." All use of "room isolation" will adhere to the requirements of the regulations pertaining to room isolation,⁵⁶ including the design of the room, staff oversight of the youth while in the room, and the use of room isolation for the least amount of time needed to address the safety issue. If the NSP facility housing the youth does not have a designated space for "room isolation" and the circumstances require it, the NSP provider may call 911 to obtain emergency assistance. Calls to 911 may only be made in response to acute, dangerous behavior that does not abate using de-escalation techniques or room isolation. If, based on consultation with a Director of Placement and Permanency, the ACS Placement and Permanency Specialists and NSP provider agree that transfer of the youth to LSP is warranted, the ACS case manager, in collaboration with FCLS, will petition the Family Court for such a transfer.

7. Permanency, Transition and Discharge Planning

Permanency, transition and discharge planning require collaboration between ACS, the NSP provider, the youth, the youth's family or other discharge resource(s), the aftercare provider, the DOE, and any other agency (e.g., foster care agency) that will be providing services to the youth and family upon discharge. Based upon its experience overseeing residential care for youth in foster care and in the JJI IPAS program, ACS staff are aware that planning must

begin on day one of a youth's placement, and that youth cannot be rehabilitated without the involvement of -- and often commitment to change by -- the youth's family.

ACS Placement and Permanency Specialists will help ensure that NSP case planners engage families and other discharge resources immediately upon the youth's arrival in care, and that home visits begin as soon as safely possible once a youth is placed, consistent with an assessment of the family's capacity and the community's safety.⁵⁷ Similar to the JJI IPAS program, all NSP providers will be required to visit the home of the youth's discharge resource (biological family, foster family, kin, etc.) by day 30 of the placement to identify any barriers to release that exist in the home. The providers will use, and report back to the ACS Placement and Permanency Specialists, a checklist of issues to ensure a thorough review of potential issues has occurred. All NSP providers have on staff a "case planner" whose responsibility will be to interact with the family, address any barriers to release, provide assistance during home visits during the placement period if needed, and ensure a smooth transition home and into aftercare services. In ACS' experience operating JJI IPAS, housing is the issue that most frequently needs to be resolved to ensure a smooth transition home for the youth. NSP providers will be expected to have expertise in New York City's housing system, and they will be able to avail themselves of all resources within ACS that assist families with housing.

ACS Placement and Permanency Specialists will also monitor visits of the youth to their home. NSP providers will be required to notify Placement and Permanency Specialists of the dates and times of visits and the resources involved in the visits. NSP providers are also required to provide clinical services to families during home visits, as needed to assist with family dynamics and the reintegration of the youth into the family. ACS Placement and Permanency

Specialists will also approve youth eligibility determinations⁵⁸ to ensure access to services upon release from placement.

ACS Placement and Permanency Specialists will participate in family meetings to discuss youth in placement, including their adjustment and progress; medical and mental health updates, including decisions to prescribe or modify medications; permanency planning activities and goals; the success and quality of family visits; and any barriers to release or discharge.⁵⁹ ACS Placement and Permanency Specialists will work with NSP and aftercare service providers to resolve those barriers through coordinated efforts and referrals including, but not limited to barriers related to continuity of medical care through assistance in securing health insurance, when eligible. Finally, ACS Placement and Permanency Specialists will approve and disapprove the Family Assessments and Service Plans (FASP)⁶⁰ for all NSP-placed youth.

8. Entry or Reentry into Child Welfare Placements

With support from the Confirm Unit, ACS Placement and Permanency Specialists will be responsible for ensuring that all appropriate evaluations of a young person in care are completed and up to date to assist the NSP case planner with identifying an appropriate ACS child welfare placement if the youth does not have a suitable discharge resource.⁶¹ If necessary, the NSP case planner in conjunction with the appropriate ACS Division of Child Protection office, along with oversight by the ACS Placement and Permanency Specialist, will facilitate the youth's entry into a child welfare placement consistent with relevant State laws and regulations.⁶²

Any youth with an underlying child welfare placement in the custody of ACS (pursuant to Article 7, Article 10 or Article 10-C of the Family Court Act or Section 358-a of the Social Services Law) will continue to have a case planner from an ACS child welfare provider agency. Consistent with Improved Outcomes for Children (IOC), foster care case planning

responsibilities and foster care casework contacts requirements with regard to the youth and the family of that youth in NSP remain in place while that youth is in NSP. In addition to contact with the youth, the ACS child welfare provider agency must work collaboratively with the ACS Placement and Permanency Specialist to ensure family visitation, consistent with any orders issued by the Family Court concerning visitation.

The ACS child welfare provider agency must have an appropriate child welfare placement plan for the youth for when they leave the NSP facility. This ACS child welfare provider agency must coordinate and collaborate with the ACS Placement and Permanency Specialist to ensure that the child welfare placement plan does not need alteration during the course of the placement.⁶³ If during the placement, the ACS child welfare provider agency determines that they are no longer able to meet the youth's needs within their continuum of care, the ACS NSP Placement and Permanency Specialist will work with the Confirm Unit to assess if replacement is needed and, if necessary, assist with the re-placement process.

While in NSP, the ACS child welfare provider agency must continue to complete all necessary documentation in Connections related to the agency's role as case planner for the family. In addition, the agency must also complete any necessary court reports related to the child welfare case.

At or before thirty (30) days prior to release, the ACS Placement and Permanency Specialist will coordinate with the NSP case planner to conduct a special pre-release home assessment. This special assessment will have followed the assessment done by day 30 of the placement and any assistance the NSP provider gave to the family during the placement period to address barriers to release and prepare the family for the return of the youth. The special pre-release assessment is to ensure that no new issues have surfaced. For youth with an underlying

child welfare placement, the ACS Placement and Permanency Specialist, with support from the ACS Confirm Unit, will work with the ACS child welfare provider agency to ensure that the child welfare placement plan is in place and ready to receive the youth upon discharge from NSP.

For youth who will be entering a child welfare placement for the first time upon discharge from a NSP, the ACS Placement and Permanency Specialist will make best efforts to see that a child welfare placement has been identified sufficiently in advance so that a joint visit can occur including all individuals involved in planning for the placement, and that the youth and planning resource(s) can learn about and discuss the aftercare plan together.

9. Length of Stay and Waivers to Length of Stay Requests

For every youth in care, a target length of stay of seven months will be set on the first day of placement, which is based on the current system average. This is the system ACS and OCFS have successfully used for the past five years for City youth in OCFS private provider placements as part of the JJI IPAS program. Setting a target length of stay gives a timeframe by which certain goals, including youth behavior and transition planning, need to be achieved. While a target length of stay of seven months will be the overall goal, the decision to release an individual youth to the community will also be made in part based on the youth's progress while in placement. In general, youth who complete treatment goals and demonstrate readiness to return to the community and avoid future offending will likely have slightly shorter lengths of stay. Those who do not achieve treatment goals and have not demonstrated a readiness to lead a law abiding life will likely stay in placement longer.

If a NSP provider believes a stay longer than seven months is necessary, a written waiver must be submitted to the ACS Placement and Permanency Specialist. The NSP provider will be

required to state in the waiver the amount of additional time requested, the goal(s) that the youth needs to achieve in that timeframe, the services to be provided by the NSP to enable the youth to achieve the goal(s), and the reason that the goal(s) cannot be achieved in a community setting. Placement and Permanency Specialists will review waiver requests and recommend approval or disapproval to their supervisor. The decision will rest on the reasonableness of the request, the amount of time requested, whether the services to be provided during the extended stay in placement could be provided in the community, and whether there are any significant public safety issues present. The Placement and Permanency Specialists will engage in a discussion with the NSP provider prior to making a recommendation to their supervisors to ensure they have the correct facts and a full understanding of why the NSP provider is asking for a waiver.

Final approval or disapproval will be made by Directors of Placement and Permanency. Approvals and disapprovals will be documented through plan amendments in Connections. Where waiver requests are approved, ACS Placement and Permanency Specialists are responsible for monitoring the youth's ongoing behavior and the NSP provider's use of the additional time a youth is kept in placement.

10. Permanency and Extension of Placement Hearings

Permanency hearings are statutorily mandated hearings for youth in NSP.⁶⁴ At a permanency hearing, ACS and the NSP provider must provide information to the court and parties as to the steps taken to enable the youth to return to a permanent resource in the community.⁶⁵ Extension of placement hearings are held if ACS seeks to keep the youth in placement beyond the initial placement term. Once an extension of placement petition is filed and a hearing date is scheduled by the Court, ACS Placement and Permanency Specialists will provide the NSP provider with the first permanency hearing date and act as the liaison between

providers and FCLS attorneys. Placement and Permanency Specialists will assist in developing permanency plans, approve their submission to the court, and appear at permanency and extension of placement hearings, when necessary.⁶⁶ FCLS attorneys will present permanency hearings and extension of placement petitions before the Family Court judge.

11. Releases Out of State

For planned releases out of State, the ACS Placement and Permanency Specialist will coordinate with the NSP case planner to complete Interstate Compact for Juveniles documentation and oversee its timely submission. In addition, in appropriate cases, the ACS Placement and Permanency Specialist will coordinate with the NSP case planner to complete Interstate Compact on the Placement of Children documentation and oversee its timely submission.

12. Educational Planning

Placement and Permanency Specialists and NSP providers will be working together with both the DOE and the ACS education unit to plan for a youth's educational transition and aftercare.⁶⁷ During a youth's NSP stay, ACS Placement and Permanency Specialists and NSP providers will remain in communication with the youth's home school to keep them apprised of the services and programming youth are receiving and to update them on youths' academic progress. Prior to a youth's release, the ACS Placement and Permanency Specialist will ascertain the youth's educational plan from the NSP provider case planner. ACS Placement and Permanency Specialists will work with the NSP providers to ensure that they are proactive in educational transition planning and communication with DOE and the youths' home schools for every youth. The Negotiated Acquisition included specific requirements with respect to

education, and ACS is seeking NSP providers with expertise in educating young people involved in the juvenile justice system.⁶⁸

Placement and Permanency Specialists will help providers coordinate with the DOE and include the Committee on Special Education when appropriate.⁶⁹ The goal will be to ensure that necessary evaluations have been completed and submitted, meetings or reviews have occurred, that the current education provider is actively engaged in planning for the youth's education transition, and that appropriate school placements and transportation have been arranged for youth if needed upon discharge.

Based on the educational assessments and activities conducted prior to release, the ACS Placement and Permanency Specialist may use the youth's last home visit to escort the youth and family to the DOE Enrollment Center so that the youth and family can discuss their education options, provide the enrollment center with the required documents, and take whatever final steps are necessary to ensure that the youth is immediately re-enrolled in an appropriate school placement upon his or her re-entry. When there are unusual or special circumstances that prevent the parent from accompanying the youth to the enrollment office, the NSP case planner or ACS Placement and Permanency Specialist may act in the parent's place if the parent signs an authorization form.

13. Aftercare Services

Providing aftercare services is an essential part of the juvenile justice continuum. Aftercare and transition planning are critical in helping to prevent recidivism; stabilize youth within the family; improve family functioning; reduce truancy, substance misuse, curfew non-compliance and other teen-specific behaviors; and strengthen parenting skills. Connecting youth to appropriate and culturally-competent community resources is a theme that has been resonant

among community members and families throughout ACS's planning process. A formerly incarcerated young person at an ACS community forum in Brooklyn said that a community-based organization dramatically changed his life for the better; he encouraged ACS to provide funding for similar types of homegrown, community-based organizations. Bringing youth closer to home and closer to their families and communities are crucial to the success of this initiative.

ACS's plan for aftercare in this first year of the initiative consists of several phases. While the plan is nearly final now, some details will be finalized through the summer, and in no event later than August 1, 2012.

Starting on September 1, 2012, when this Plan takes effect, phase 1 of the aftercare plan will begin. In this phase, several of the NSP provider agencies will operate their own aftercare programs, for all youth exiting their programs. All of these programs have been vetted by ACS to ensure that they are appropriate to the NSP population and are either evidence-based or evidence-informed models. The NSP agencies – which include the larger programs, as well as the NSP provider operating most of the specialized beds – will provide either an evidence-based or evidence-informed program that is targeted at delinquent youth; has demonstrated, through data, positive outcomes for youth and families; and has been used successfully for at least the past several years for New York City youth exiting the OCFS voluntary agencies.

These programs will be part of the agencies' Close to Home contracts, and will be closely monitored by ACS' Program Development, initially, and eventually the Juvenile Justice Planning and Measurement unit. Exact quality assurance specifications are in development for these programs, but the scope of services that are required will be similar to what is required of a preventive program. Transitional work with the youth and family will begin early in the placement period, and will be aided by the fact that the same agency will be providing residential

and aftercare services. Coaching and clinical services during parent-youth visits will also start while the youth is in placement, and will be easily maintained during the time the youth is transitioning back to his/her home and community. Aside from the clinical model that is focused on ensuring a successful transition home for the youth, the programs will also be required to secure services for the parents, as necessary. ACS's experience operating the JJI IPAS program has demonstrated a need for housing services among parents of placed delinquent youth. The aftercare programs will be required to identify any barriers to release of the youth – including housing services – and address them in time for the youth to be released home. Other services that need to be in place upon discharge from placement, such as outpatient mental health clinic appointments, will also be done by the NSP/aftercare provider agency prior to discharge of the youth. Finally, the aftercare programs will be required to be in contact with the youths' schools to ensure successful transitions and appropriate school placements.

For the remaining agencies that will not be operating their own aftercare program in phase 1, ACS will utilize the Functional Family Therapy (FFT) slots currently used in JJI IPAS as aftercare. As these slots have been the aftercare program for nearly all New York City youth placed in voluntary agencies with OCFS for the past five years, there are more than sufficient FFT slots for all youth in need of this program for aftercare.

Catholic Guardian Society and Home Bureau (CGSHB) has been providing the FFT utilized in JJI IPAS since JJI IPAS' inception in 2007. OCFS has collaborated with ACS and CGSHB in monitoring the progress of youth while in these FFT slots since JJI IPAS' beginning and is fully familiar with the agency, service and outcomes. CGSHB has developed an expertise in the juvenile justice system and in the needs and risks of the privately placed population. Furthermore, FFT is an evidence-based model designed specifically to treat a juvenile delinquent

population living at home with family – a description that fits youth on aftercare following placement in a Close to Home facility. The model helps to repair any damage in the relationship between caregiver and youth, and then assists the family in helping the youth to change his or her behavior in a positive direction. Further, the model encourages youth to engage in “pro-social activities,” where the youth engages in activities, and makes friends, with appropriately behaving youth.

For any youth not eligible for FFT or the NSP provider agency’s aftercare program during this first phase, the NSP provider and ACS Placement and Permanency Specialist will work together to craft an appropriate alternate aftercare service plan for the youth and family. ACS will also draw upon its vast preventive network to provide services to youth who are ineligible for FFT.

Within the first year of the Close to Home initiative, ACS will shift to phase 2 of aftercare implementation. During this phase, the NSP providers operating their own aftercare programs will continue to do so, but the remaining aftercare slots will be procured via a Request for Proposals (“RFP”). Through this RFP, ACS will seek evidence-based and/or evidence-informed program models, and will also require that programs have strong community ties. ACS will select providers with experience working with adolescents involved in the juvenile justice system. New York City has a vast array of such providers qualified to provide such services.

While the exact number of slots to be procured has not yet been determined, because length of service varies by program model, ACS ensures that every youth returning to the community from NSP will have access to an aftercare slot in a program, either by a NSP provider or in a community-based program procured by ACS specifically for this purpose. ACS plans to issue this RFP during the summer of 2012.

While ACS has not yet determined the exact business process for including the aftercare provider in the planning process, lessons from JJI IPAS – which include the aftercare provider in weekly conference calls about placed youths – will serve as the starting point for the design of the system. In JJI IPAS, CGSHB is involved in transition planning for all youth coming to their FFT slots. CGSHB staff participate in planning calls from the beginning of each placement, and assist in solving barriers to release that exist in the community, such as ensuring that the parents or other discharge resources have adequate housing. CGSHB staff are also required to meet with the parents during the placement period, more often if the parents need to resolve many issues before the youth is brought back to their care, and less often if no barriers to release exist.

The business process for Close to Home NSP youth will be similar. While CGSHB is providing aftercare to NSP youth, CGSHB staff will be brought into activities and meetings to plan a youth's release. When the aftercare slots diversify, ACS will ensure that the aftercare plan for each youth is determined early in the placement period so that the designated aftercare service will be able to participate in discharge planning in much the same way CGSHB participates today. The transition will be particularly seamless for youth who receive aftercare services from the same agency at which they are placed.

ACS received feedback from the community and advocates about the importance of local, community-based organizations having a role in transition planning and aftercare. Ideally, youth and families are able to forge positive relationships with community providers, which can then form a support network for the youth and family beyond the placement term. In order to ensure that local community-based organizations have a role in the reintegration of youth into their communities, ACS plans to require some connection by the aftercare service providers to smaller community-based organizations, either through formal sub-contract agreements or more

informal linkages. Regardless of the vehicle used, ACS plans to require in all new aftercare contracts that a portion of the aftercare contract award be made available to the smaller community-based organizations, so that the smaller organizations have adequate resources to provide services to youth returning home from NSP. These smaller organizations will provide specialized, youth development-type services, such as mentoring, sports, tutoring, and arts and other recreation.

In addition to the procured aftercare slots, NSP and aftercare providers, in collaboration with ACS Placement and Permanency Specialists, will be required to seek targeted medical and/or mental health community-based services for youth who need such services to transition back to their homes and communities. These include, but are not limited to, specialized medical services, psychiatric treatment, specialized psychological therapy, and substance abuse treatment. Bridges to Health slots will also be used where warranted. In linking youth and families to these medical and/or mental health services, ACS' primary goal will be to help families establish ties to organizations that can continue to provide services beyond the placement expiration date, if needed by the family. Thus, NSP and aftercare providers will be required to develop expertise in matching families to local providers of these services.

ACS Placement and Permanency Specialists will be responsible for supervising youth during the period of aftercare until the end of the placement term, to help ensure successful reintegration into their home communities or neighborhoods and families or other discharge resources.⁷⁰ Supervision by the ACS Placement and Permanency Specialist during the aftercare period will include regular face-to-face contacts with the youth in their homes, at an ACS borough office, or another mutually agreed-upon location. ACS Placement and Permanency Specialists will also convene regularly scheduled conference calls with aftercare providers to

discuss youth receiving therapeutic aftercare services in their communities. The agenda for these calls will include a discussion of treatment goals, clinical progress, school and pro-social activity attendance, safety concerns, treatment barriers, and any existing or anticipated service needs upon aftercare completion or placement expiration.

Prior to the start of aftercare, the ACS Placement and Permanency Specialist will determine the appropriate level of initial supervision for the youth. At minimum, all youth will be required to have face-to-face contact with their Placement and Permanency Specialist once per week for the first six weeks of aftercare. In certain cases, based on an assessment of the safety risks and social service needs of the youth, the face-to-face contact requirements will be increased. This determination will be made on a case-by-case basis, in collaboration with the NSP provider, the aftercare provider, the Permanency and Placement Specialist and the Director of Placement and Permanency. All reporting requirements set for the youth will be shared, in writing, with the youth, the parent(s) or guardian(s), and the attorney for the youth.

An ACS Placement and Permanency Specialist will also make contact with the youth's community school to ensure that academic credits have been transferred appropriately and are reflected in the youth's school transcript.⁷¹ ACS Placement and Permanency Specialists and NSP providers will provide focused attention to youth's school attendance and academic status while youth are on aftercare. ACS Placement and Permanency Specialists and NSP providers will be collaboratively planning with both the DOE and the ACS education unit for transition and aftercare. Again, ACS has experience in all of these activities, particularly through the JJI IPAS program.

14. Revocations

Under the guidance of a Placement and Permanency Director, ACS Placement and Permanency Specialists will make decisions about whether to remove a youth from the community and return the youth to out of home care (“revocate” the youth) when he or she has engaged in serious misconduct or has been arrested and/or found guilty of having committed a serious offense. The decision about whether to revocate will be made in consultation with ACS and aftercare staff on the managerial level and will be based on an assessment of the severity of the youth’s behavior. ACS will have an internal hearing process, similar to an administrative hearing, to assure that revocations are consistent with ACS procedure and practices. Prior to the decision to revocate, efforts will be made to engage the youth, family, ACS Placement and Permanency Specialist, and aftercare provider to develop a plan to prevent revocation.

L. Program and Policy Development and Implementation

“...how the district will develop and implement programs and policies to ensure program safety and that youth receive appropriate services based on their needs, including, but not limited to, educational, behavioral, mental health and substance abuse services in accordance with individualized treatment plans developed for each youth...”

1. Program and Policy Development

ACS Policy and Procedures Unit (P&P) is responsible for drafting all policies and procedures for ACS. P&P will write all policies related to NSP programs, revise existing juvenile justice and foster care policies to include NSP youth, and will work with other relevant ACS divisions and provider agencies to draft new policies, as needed. All new policies and revised policies that are being drafted by P&P will be consistent with State law and regulations.

The ACS Office of Program Development (PD) works with provider agencies to ensure that all new programs are implemented successfully and are in compliance with applicable regulations, standards, and policies. Program development work with NSPs will occur in three

phases: 1) while preliminary awards are being finalized; 2) once contracts begin but prior to youth being placed; and 3) once youth are placed until the agency is transferred to the monitoring unit.

During the first phase of development, PD staff will review agency program proposals to gain familiarity with the program being proposed and to ensure that the proposed plan is in compliance with the Quality Assurance Standards and other related policies and regulations, including applicable OCFS regulations. PD staff will also conduct site visits to each proposed site during this time to evaluate each facility for compliance with the Quality Assurance Standards and ACS policies. During this time ACS will update the Quality Assurance Standards and finalize any other necessary policies.

Once contracts are finalized, PD staff will meet regularly with provider agencies to establish and begin work on their implementation plans. PD staff will coordinate training for provider agency staff on all required systems (e.g., Connections) and any other ACS or OCFS required trainings. PD staff will monitor the agency's progress toward implementation of the new program by confirming that all staff is qualified under the Standards and that new staff has completed all required training, in accordance with all regulations, standards and policies, before youth are placed in their care.

PD will also make additional site visits to approve needed facility improvements. To promote the safety and security of youth and staff in non-secure placement facilities as well as public safety, ACS intends to require providers to have the following at all of their NSP facilities: video cameras for the common areas of all placement facilities; alarmed windows and doors; and delayed exit doors.

PD will work with NSP providers to ensure compliance with the Quality Assurance Standards as well. A number of the Quality Assurance Standards address safety, treatment needs, and individualized treatment planning. The Standards require that NSP providers provide services to their target populations that will ensure the safety of children and address the needs of the target group.⁷² Providers must develop treatment plans to meet the needs of each youth.⁷³ The treatment plan will be built on the youth's strengths and at the same time set clear rules, expectations, and limits to manage behavior, while ensuring the safety of all youth in the facility and other community members. PD will provide technical assistance for providers' development and documentation of comprehensive and individualized treatment plans and programs to be compliant with ACS and OCFS standards, policies, and regulations.

The Standards require that services begin as early as possible to provide the greatest benefit and most timely resolution of presenting needs.⁷⁴ Numerous standards address health, safety, fire prevention, and disaster planning.⁷⁵ NSPs are required to follow a family service philosophy, beginning discharge and permanency planning upon a youth's arrival.⁷⁶ Each placement must create a FASP,⁷⁷ involving family, discharge resources, youth, and others in planning length of stay, addressing treatment needs, and community reintegration. Youth and family also will be invited to attend monthly treatment team meetings.⁷⁸

In addition, the Standards detail required educational assessment and planning, address the options NSP facilities have for providing academics and school programming, require special education planning as needed, and set forth requirements for regular, detailed communication with the school and parent or caretaker about the youth's education.⁷⁹ The Standards also set forth detailed requirements for mental health and substance abuse screening, assessment,

supportive services and continuity of care.⁸⁰ PD will work with providers to ensure that they follow the Standards as they develop their programs and begin to implement them.

As youth are placed with NSPs, PD will continue to provide technical assistance and will monitor programs through data analysis and case record reviews. As part of its oversight, PD will monitor service implementation including ensuring that all programs, performance measurement, contract, fiscal, and other issues are identified and resolved. This process will entail observations during site visits, database reports, and staff interviews and feedback. PD will also monitor program operation and service delivery, and help the provider to establish linkages with ACS support systems.

PD's regular monitoring and technical assistance will involve guiding and supporting NSP staff in the vital function of identifying safety and risk issues for the youth in the provider's care; identifying interventions that can reduce and eliminate such risks; identifying barriers to those interventions; and helping providers create plans for maintaining safety.

2. Medical and Mental Health Care for Youth

NSP providers will be responsible for providing access to a continuum of care to meet the full range of health needs of youth. Youth will be served through participation in community-based health coalitions, consortia, networks and other linkages. NSP providers will provide adequate and appropriate physical and mental health care and treatment to youth, consistent with generally accepted professional standards. NSP providers will develop mechanisms to coordinate and plan with youths' community health care providers to ensure continuity of care upon the youth's placement. Appendix S provides a detailed description of each NSP provider's current plans regarding medical and mental health services. PD is working with each provider and in collaboration with OCFS to further develop these plans to ensure that every program is

able to meet the full range of youth's medical and mental health care needs when the program becomes operational.

NSP providers are required to make every effort to ensure that training incorporates and encourages the participation of community-based service providers, such as local hospitals, mental health providers, family support programs, and drug treatment centers to help promote access to a continuum of care that will meet the individual needs of each youth. Additionally, NSP provider staff will be trained about the B2H Waiver program and the B2H referral process. NSP providers will ensure that youth receive initial medical examinations⁸¹ and ongoing assessments of medical needs, and that they have access to a full range of specialty, sub-specialty, dental, and hospital services. Specialty medical services will include HIV specialized programs, pediatric AIDS specialists, infectious disease specialists, and maternity and mother/child service providers.

Medical services must be provided with hospitals and specialty networks or through primary care physicians affiliated with hospital networks. Where medical services are not available within the community served by an NSP provider, the NSP provider may establish linkages with health providers outside the community to ensure the availability of those services. NSP providers will work to ensure that youth who have pre-existing relationships with specialty health care providers continue to receive services from those providers while in placement. Plans for the care of chronically ill youth will be confirmed with each provider before youth with such illnesses are placed into their facilities. If special medical services are required for particular youth, NSP providers will be expected to arrange for such services if they are not able to provide them via onsite medical staff. Additionally, NSP providers are required to utilize medical personnel that are familiar with issues pertaining to LGBTQ youth for any self-

identifying LGBTQ youth. Details concerning the medical services procured or provided by each NSP provider will be included in each of the providers' program manuals.

NSP providers will provide age- and developmentally-appropriate mental health screenings, using validated instruments conducted by a qualified mental health professional, for all youth within 30 days of placement and as needed thereafter. The mental health screening will include, at minimum: current mental status; history of present illness; current medications and response to them; history of treatment with medications and response, including allergies; social history; substance abuse history; interviews of parents or guardians; a review of prior records; and an explanation of how the youth's symptoms meet diagnostic criteria for the proffered diagnosis or diagnoses. Where the initial screening or a youth's history indicates a need for mental health services, the NSP provider will ensure that qualified staff, or a qualified contracted mental health professional, performs a full assessment. Assessments will take into account available diagnostic and treatment information, the efficacy or lack of efficacy of treatments and behavioral interventions, and the outcomes of prior treatments and behavioral interventions with the youth being assessed.

When assessments indicate a need for mental health services, staff of the NSP provider will arrange for the provision of the prescribed services. If a psychiatric referral is needed, that referral will be made promptly upon indication of the need, and in no event later than one business day after the need is identified. If the youth requires transfer to a setting more appropriate to his/her mental health diagnosis and needs, transfer will need to be approved by the ACS Placement and Permanency unit. ACS Placement and Permanency staff will consult with mental health experts on staff at ACS before approving or disapproving a transfer. If a transfer is approved, the NSP provider will be required to initiate procedures to transfer the youth to the

required setting immediately. This approval process, however, will not be required for emergency transfers to mental health settings required by a mental health crisis. Any emergency transfers for this reason will need to be reported to the ACS Placement and Permanency Specialist assigned to the youth, but prior approval to conduct such an emergency transfer will not be necessary.

NSP providers will arrange for on-call availability for urgent mental health services at all times. Each NSP provider will develop a protocol to ensure that agency staff can access emergency care information to share with mental health care providers as necessary. NSP providers will train direct care and other staff, as appropriate, on strategies to employ to address a youth's mental health crisis while awaiting arrival of a qualified mental health professional.

Every NSP provider will have a suicide prevention plan that addresses training, assessment, communication with and levels of supervision of suicidal youth, intervention and follow-up to suicide attempts. At a minimum, NSP providers will be required to provide at least eight hours of pre-service training and four hours of annual refresher training for all direct care staff in suicide awareness, assessment, prevention, and response to suicide attempts.

All mental health services will be delivered by qualified mental health providers. Qualified mental health providers who treat youth will be required to develop and update a consistent working diagnosis or diagnoses. The diagnosis or diagnoses shall be updated uniformly among all qualified mental health professionals providing services to the youth. NSP providers will either offer a comprehensive array of mental and behavioral health services or must establish formal referral and treatment arrangements with one or more community based mental health providers. NSP providers that develop linkages to community based mental and behavioral health providers must ensure that the services youth need are available.

All NSP providers will be required to create and implement an internal policy regarding the use of psychotropic medications with NSP youth that is consistent with ACS policy and state regulations. The provision of psychotropic medications to youth will only be permitted when the prescription is tied to current, clinically justified diagnoses or clinical symptoms; tailored to each youth's symptoms; prescribed in therapeutic amounts; modified based on clinical rationales that are determined by a qualified mental health professional; and documented in the youth's record. Laboratory examinations and side effect monitoring must be reviewed by each youth's psychiatrist and documented in Connections. Mandatory training regarding psychotropic medications is listed in the Quality Assurance Standards. Each NSP provider will enact a policy for when youth refuse to take prescribed medications, including psychotropic medications. The policies will prohibit the use of force in medication administration, will require that staff consult a supervisor in these instances, and will require documentation in Connections of a youth's refusal to take medication. Information about medication refusal shall be provided to the youth's psychiatrist by the NSP provider, so that the psychiatrist can address the medication refusal with the youth and the NSP provider staff.

NSP providers will also be responsible for ensuring that staff and family members or other discharge resources receive appropriate training to assure proper and safe administration of medication. NSP providers will develop a specialized medication management plan to assure appropriate monitoring of dosage, administration and duration of medication for youth with chronic conditions. All medication must be kept in well-lit, locked storage areas that provide privacy for the handling of medication by staff responsible for its distribution. Appendix T provides a detailed description of each NSP provider's current plans regarding administration of medication. PD is working with each provider and in collaboration with OCFS to further

develop plans for the handling of medication administration and oversight of the medication administration proves when the program becomes operational.

NSP providers will provide basic information about each youth's mental health to parent(s), family, or other discharge resources and will make best efforts to ensure that parent(s), family and other discharge resources are engaged in the youth's mental health treatment, including in family counseling where recommended. Informed consents will be obtained, per ACS existing policies for youth in foster care. All youth will be provided with aftercare, which in many cases will be an evidence-based treatment model. NSP providers will also develop linkages with mental health providers that can continue services to youth transitioning home from a NSP facility, preventive programs, and home and community-based clinical services providers, such as mental health case management programs for youth and Bridges to Health (B2H) and New York State Office of Mental Health Waiver services for youth with serious emotional disabilities.

3. Alcohol and Substance Abuse Treatment

The mental health screening process will include instruments related to the youth's history of use of alcohol or other drugs that are consistent with generally accepted professional standards. Youth who use substances will receive alcohol and substance abuse counseling, either directly from the NSP provider or from a community-based substance abuse program, which will either be evidence-based or listed on the Substance Abuse and Mental Health Services Administration's approved list of modalities. Youth who require treatment for substance use disorders (or co-occurring disorders) may be treated by NSP providers on-site, if the provider holds an OASAS license to provide treatment and has a Credentialed Alcohol and Substance Abuse Counselor (CASAC) to deliver services. Providers that are not licensed to provide

treatment will refer youth to OASAS-licensed facilities. ACS is currently confirming plans with NSP providers as to how these services will be procured by each provider. These services will be detailed in each NSP provider's program manual. Appendix S provides a detailed description of each NSP provider's current plans regarding alcohol and substance abuse services. PD is working with each provider and in collaboration with OCFS to further develop these plans to ensure that every program is able to meet youth's needs for alcohol and substance abuse services when the program becomes operational.

4. Treatment Planning and Oversight of Treatment

All medical, behavioral, mental health and substance abuse treatment planning will follow a policy set by the NSP provider for its staff working with NSP youth. Treatment team meetings must be held regularly and no less than weekly. The youth and the youth's psychiatrist shall be present for at least every other treatment team meeting, and may be included in all if practicable and appropriate for treatment planning. If the youth has a history of trauma, the treatment planning shall recognize and address that history. Treatment plans will include, but not be limited to: the issues to be addressed by treatment; a description of any medication needed; a description of the measures to be used to monitor the efficacy of medication; a description of counseling or other therapy to be provided; and a dated "sign off" to demonstrate that the plan has been reviewed and is up-to-date.

All medical, behavioral, mental health and substance abuse treatment services will be monitored in various forms. Individual Placement and Permanency Specialists will review each youth's progress on a regular basis and will ensure that all youth who require treatment have up-to-date treatment plans and that the treatment plans are followed. Additionally, the Juvenile Justice Quality Assurance team will institute systemic measurements to ensure adherence to the

Quality Assurance standards with regard to these issues. ACS will also draw on its in-house expertise in the areas of mental health and substance abuse treatment for youth to assist in monitoring.

5. Safety

Each provider must develop service guidelines and plans that address and promote community safety.⁸² PD will offer support in the development of the relationships with community partners, including monitoring scheduled meetings with the community to discuss the program and their plans for community safety. All programming will focus on safety of self, relationships, family, and community. High staff to child ratios, constant staff supervision, and positive peer relationships will be used to keep youth safe from both physical aggression and verbal and emotional abuse. Providers will be required to incorporate a focus on safety into individual interventions, group work, family work, and community involvement. Providers will address youth's personal safety through therapeutic interventions and group activities/educational programming to address suicide and self-harm. A focus on safety will also incorporate inclusion of group workshops or other activities related to gang prevention, sexual abuse/exploitation, domestic violence, and substance abuse.

ACS will also provide all NSP providers with guidance to help them comply with the Justice Department's new requirements for compliance with the Prison Rape Elimination Act (PREA). These rules are designed to protect youth and adults in custody from sexual abuse by staff or other residents. All NSP providers will be held accountable for compliance with federal PREA requirements.

All programs will be required to do safety plans with youth which will focus on helping a youth de-escalate harmful behaviors. Program models incorporate specific techniques for staff to

use to avert and respond to escalating crisis and to reduce or prevent the need for physical restraints. Additionally, every NSP agency will be required to articulate and abide by clear protocols for suppressing and managing gang related activity in the facility--including, for instance, a prohibition of wearing or exhibiting gang colors, clothing, beads, jewelry, signs, graffiti and all other identifiers -- and will be required to create and maintain safe, gang-free environments for all young people. Gang related information obtained by ACS at intake will also inform the comprehensive individualized service and permanency plan developed for each child by the NSP provider, with input from ACS and the youth and family. Individualized work with youth and families will be critical to reducing gang affiliation and gang activity in placement, school, and in the community.

6. Education while in Placement

ACS and DOE are committed to ensuring that every youth in NSP be provided with meaningful and appropriate full-time educational options. One youth wrote to us to describe his frustration with the educational services he has received while in placement. He wrote, "I have experienced feeling backtracked in school and that makes youth feel left behind and feel like you have twice as much to catch up on. This can be very discouraging. So the Close to Home Educational program must make sure that kids don't feel left behind." ACS and DOE are committed to helping youth achieve their full academic potential.

Each youth will be educationally assessed for the appropriate school setting and placed within an education program to meet his or her level of need. Transition planning will be completed with consideration given to initial assessment results, level of progress while in placement, and input from the youth, family, DOE, ACS, and NSP provider caseworker. ACS expects demonstrated academic and behavioral progress for every youth in NSP. Another youth

wrote to urge that, “Close to Home must make sure that youth are able to work toward their diplomas.” ACS agrees and will work with DOE to ensure that youth are encouraged and able to work toward high school diplomas in their educational settings. ACS and DOE will pay special attention to the unique needs of each youth.

There is a continuum of educational options available to youth in NSP. This continuum, including NSP provider responsibilities is outlined in detail in the Quality Assurance Standards.

- Passages Academy/District 79 will run two school sites, one in Brooklyn and one in the Bronx. Youth attending the DOE District 79 school will be accompanied to the school by qualified personnel from their NSP facilities. These staff will remain at the school site, either in the classrooms or in close proximity to the classrooms, to support the youth and teaching staff in maintaining school and classroom environments that are conducive to learning. NSP provider staff will also assist DOE staff in engaging youth in the learning process, and assist with implementation of positive behavioral strategies/interventions with individual students. Passages Academy is an educational program where students are receiving instruction by certified content area teachers in each subject while also receiving special education services by certified special education teachers and counselors. Students benefit from staying connected to the NYC DOE where they are certain to have all of their academic accomplishments recorded directly into their educational records. Passages Academy hires teachers who are committed to working with our student population and are passionate about providing a high quality education to our students. Teachers at Passages Academy believe in the skills and potential of our students to succeed in their learning. All teachers at Passages Academy work for and are supervised by the NYC DOE.

- Youth may attend a school at the NSP facility. The school must be in “good standing” with the New York State Department of Education for every day the school is in session. NSP providers must provide proof of good standing of the school they propose to utilize for youth in NSP.
- District 75 School: A youth may attend a District 75 school during their placement period. NSP providers are required to transport all youth in their care who attend District 75 schools to and from school every day.
- Public or Private Community School: If determined after an individual assessment to be in the best interests of the child, the youth may attend his or her home school. In addition, to assist with the youth's transition home or to another discharge resource, the youth may, after an assessment and approval from the ACS Placement and Permanency Unit, transfer to a public or private community school during the placement period. NSP providers are required either to transport all youth in their care attending a community school to and from school every day or, if it is decided that a youth will be responsible for their own transportation to and from school, for maintaining a close relationship with the community school to ensure the youth is arriving on time, attending and achieving academic and behavior progress at the school. There will be constant communication and planning between the NSP provider, DOE, and ACS. NSP providers must obtain copies of Individualized Education Plans (IEP) and evaluations conducted by the DOE, and incorporate the IEP goals into the youth’s overall service plan, including behavioral plans used in placement. The NSP provider must work with DOE, parents, foster parents, and youth to ensure that key transitions in youth’s educational progress receive adequate attention. These key transitions include application to high school for eighth (8th)

graders, and application to higher education or vocational training for youth leaving high school.

Credits accumulated by youth during NSP placement will all count toward their public school records and eventual graduation, since, with the exception of youth in some of the specialized beds, they will be attending New York City public or private schools. Those transferring from Westchester schools to DOE schools upon discharge will have assistance with ensuring credit transfer. The Children's Services Education Unit (described more fully below in the "Staffing" section) will take the lead in coordinating the transfer of credits, in collaboration with the NSP provider agency, the ACS Placement and Permanency Specialist assigned to the youth, and the aftercare provider. ACS will work with school officials to align curricula and assignments in schools for court-involved youth as closely as possible with those in other school settings. NSP providers and ACS staff will work with youth, their families and the school system to ensure successful education transition planning when they are ready to return to their home schools or other educational settings upon release from NSP services.

7. Family Engagement and Transition Planning

All NSP providers will be required to engage, assist, and plan with families, both while youth are in placement and during the transition home. All staffing plans of NSP providers include positions to conduct this work. As further detailed in this plan, these NSP provider agency staff will be responsible for addressing barriers to release that exist in the home to which youth will be discharged; assisting with home visits while youth are in placement; interacting with the child welfare system if the youth are in, or in need of, a foster care placement upon discharge; and ensuring timely submission of all necessary paperwork and court papers. In most

cases, these staff will hold a Master of Social Work degree or an equivalent human services graduate degree.

Providers will immediately engage family members upon a youth's placement into care. Upon placement, each provider will hold an initial in-person meeting with the youth's family either at the placement facility, in the community, or in the family's home. During this initial meeting, providers will assess families for concrete service needs and make appropriate referrals as needed. Providers will also assess the family to determine the appropriate visitation plan for the youth and ensure that the parent and child are in regular contact. Providers will work to involve families in the development and modification of treatment and education plans, as well as in planning for aftercare. Throughout the duration of placement, the NSP provider will maintain regular contact with the family to keep the family apprised of all services youth receive. Families will be engaged in the youth's plan and progress from the beginning, and providers will educate families about how to incorporate new behavioral management or therapeutic management needs of the youth into the family dynamic prior to the youth's return home. NSP providers will ensure that parent[s], extended family, or other discharge resources are engaged and involved with every aspect of the youth's life, including decisions regarding the service plan, education, medical issues, development, and overall well-being.

Whenever possible, NSP providers will facilitate the attendance of parent[s], extended family, or other discharge resources at events such as school conferences and medical appointments and will update parent[s], extended family and other discharge resources on the outcome of such events when they are unable to attend. ACS also will expect NSP providers to work with families to ensure that the families know what resources are available to them and their children. Families who have come from other countries may need particular assistance

understanding how to access services and supports in their communities, and NSP providers will be expected to help these and all other families understand systems in order to meet their needs. In addition, ACS will work with NSP providers to help them develop effective activities to involve families at the placement and help build their skills. Through the Quality Assurance Standards, ACS will require NSP providers to have flexible visiting hours and to work with families to meet their special visitation needs.

ACS acknowledges the importance of incorporating an ongoing family voice in planning and system improvement. As discussed further in the Staffing Section, below, ACS intends to hire staff with direct involvement with the residential placement system in order to ensure that Children's Services incorporates these valuable perspectives in planning, policy development, program implementation, and monitoring.

ACS received helpful suggestions from advocates who work with children of incarcerated parents, suggesting that "ACS consider incarcerated parents as a resource for juvenile justice involved youth in the implementation of the Close to Home NSP plan," and provided detailed recommendations. ACS has long recognized the importance of supporting the relationship between child welfare involved children and their incarcerated parents, and the agency intends to extend the model adopted in the Children of Incarcerated Parents Program (CHIPP) to juvenile justice involved youth. This will include incorporating questions about parental incarceration on intake forms and data collection, training staff and contracted service providers to ask about parents' incarceration status sensitively and non-judgmentally, including incarcerated parents in the assessment and service planning processes, in treatment conferences and in the rehabilitative process, and facilitating communication between youth and their incarcerated parents, including visitation where possible and appropriate. ACS values

incarcerated parents' involvement with their children's rehabilitation as we would any other parent, unless there is a particular reason in the interests of the youth to do otherwise.

ACS will encourage NSP providers to integrate the high priority to be placed on family engagement through all of their work with individual families, in written communication about Close to Home, and in public presentations about the program.

8. Additional Quality Assurance Standards

ACS will require all NSP service providers to adhere to the Quality Assurance Standards in other areas, including but not limited to: to comply with all policies regarding working with LGBTQ youth and cultural responsiveness; to operate in a manner that promotes the safety of youth, staff and surrounding communities; and to follow state regulations and agency policies on security,⁸³ searches,⁸⁴ restraints,⁸⁵ prevention of AWOLS⁸⁶ and similar safety measures.⁸⁷ ACS officials crafted these standards to ensure best practices among service providers.

ACS is committed to ensuring high quality rehabilitative services for youth, not only to positively affect the individual youth themselves, but also to keep the communities in which the placements are housed safe. Several entities will have roles in ensuring high quality of service delivery. OCFS will continue its oversight role for residential and preventive programming. In addition, ACS will oversee its contracted agencies through its robust system of quality assurance, including data collection and analysis by specialized agency personnel, development of agency-specific scorecards, and case record reviews. The City anticipates that with placement services closer to home, families of our young people and the attorneys who represent the youth will have much greater access and will necessarily play a more significant role in youth experiences in residential care. During our community forums, the voices of parents made this interest clear.

M. Monitoring Restraints

“... how the district will monitor the use of restraints on youth, including, but not limited to, the use of mechanical restraints...”

ACS is committed to limiting use of restraints and to monitoring the use that does occur in NSP closely. As indicated in the NSP Safe Intervention Policy attached as Appendix L, NSP providers may only use physical restraints under specific, limited circumstances and using the least intrusive or restrictive intervention necessary.⁸⁸

ACS has established strict requirements for NSP providers to report all uses of restraint to ACS.⁸⁹ NSP providers will be required to first notify the ACS Movement Control and Communications Unit (MCCU) about all uses of restraints within one hour of the physical intervention. All restraints will be documented and tracked in a centralized database that will be agreed upon by OCFS and ACS.⁹⁰ Notification to the MCCU will include standardized information, including but not limited to: youth and staff involved in the restraint, date, place and time of restraint; the events before, during and after the restraint; the type of restraint(s) used – including specific restraint name/type and intervention model; the types of de-escalation techniques used to prevent the need for a restraint; and documentation of the youth’s physical and psychological condition following the restraint.

NSP providers also will be required to notify the Placement and Permanency Specialist assigned to a particular youth when a restraint is administered. The Placement and Permanency Specialist will meet with the youth and staff who conducted the restraint, and supervisors of the staff as needed. These notifications and meetings will comprise part of the qualitative assessment that will be done annually by the ACS Quality Assurance staff overseeing NSP.

All staff involved in the incident must also complete an incident report, which will expand upon and update information reported to the MCCU. Incidents will include such

information as: youth and staff involved in the restraint; time of the incident; type of restraint; length of time of the physical intervention; location of the incident; de-escalation steps prior to incident; a description of the incident and the restraint; debriefing of the incident and restraint with youth and staff; including the ACS Placement and Permanency Specialist assigned to the case and, where injuries have occurred a supervisor as well; and any medical and/or mental health follow up.⁹¹

This process is similar to the one followed in ACS' detention facilities, where SCM is the guiding approach to safe crisis interventions. Incidents in the centralized database are broken down by specific categories of restraint that include physical restraint and the specific emergency safety physical intervention utilized (e.g., extended arm assist, cradle assist, single person upper torso assist, hook transport, and multiple-person transports).

NSP providers also will be required to inform a youth's family when they have been involved in an emergency safety physical intervention. Additionally, ACS will require NSP facilities to engage in after action reviews and audit of the use of physical restraints.⁹²

ACS will monitor restraint use in a systematic manner that allows for careful review and analysis of incidents. A unit within the new division will send electronic reports of incidents from the previous day for review by ACS Placement and Permanency Specialists and Directors, managerial staff, and NSP provider facility managers. Additionally, ACS staff and NSP provider staff will have access to review restraint incidents in the centralized database at any time. ACS Placement and Permanency Specialists will review restraint incidents pertaining to youth on their caseloads and must provide follow-up with the youth and the facility, including but not limited to visiting the youth at the NSP facility following the restraint incident and participating in after action reviews. ACS' Division of Policy, Planning and Measurement will generate aggregate

reports regarding the number and types of restraints and distribute them to the above staff for review. Reviews conducted by Placement and Permanency Unit staff and juvenile justice quality assurance staff may focus on, but not be limited to: repetitive instances of restraint by certain staff members, the appropriateness of the restraint, whether primary (prevention) and secondary (non-verbal and verbal intervention) strategies were in place and utilized prior to the restraint, what specific de-escalation techniques were utilized, and the level of restraint utilized. As ACS will require security cameras in all public areas of NSP facilities, review of videotape will also be conducted as part of restraint reviews. As required by regulations, ACS will report critical incidents of death, serious injury, suspected child abuse, and other serious incidents to the appropriate division of OCFS.⁹³

In addition, as further described in the proposed Safe Intervention Policy, DYFD will have a Safety Review Committee, which will meet regularly to conduct reviews of incidents involving the use of prone restraints and will audit the use of restraints in NSP facilities. DYFD will further create a reporting evaluation system based on data considering the following: frequency of incidents and ESPIs, days and time(s) of day when ESPIs occur, program activities during which ESPIs occur, specific youth involved in ESPIs, whether youth involved in ESPIs are on medication or if they have refused to take prescribed medication, activities cancelled or denied due to acting-out behavior, whether staff were aware of and correctly implemented the youth's behavior support plan during an incident, whether the youth's behavior support plan helped to prevent a physical intervention, specific staff involved in ESPIs and the frequency of their involvement, the duration of ESPIs, injuries to youth and staff as a result of ESPIs, frequency of abuse allegations resulting from ESPIs, and substantiations of abuse allegations resulting from ESPIs.

The system will address remediation and the use of restraints on several levels. For situations where authorized restraint techniques are used in an inappropriate manner, required debriefing sessions and after action reviews will provide valuable tools to facilitate learning and strengthen practice. Where provider staff uses an unauthorized physical restraint technique, ACS will require the provider to develop and implement a corrective action plan, which may include requiring that the staff involved in the unauthorized restraint receive additional training on the appropriate use of restraints. Where a restraint results in a substantiated allegation of abuse or serious injury results from the use of such a restraint, ACS will retain the right to request removal of the staff member from the NSP facility.

N. Addressing Youth Absent Without Leave (AWOL)

“...how the district will develop and implement a plan to reduce the number of youth absent without leave from placement....”

ACS recognizes that youth who leave without permission may pose risks to the community and that, as adolescents, they may show poor judgment and make bad decisions. At the same time, they need assistance and support. ACS is committed to increasing the rate at which youth stay in their placements, as well as the speedy apprehension of youth when they leave. Combined, these two efforts will reduce the number of youth who are absent without leave from a NSP at any given time.

In its current non-secure detention programs, ACS uses a number of strategies to reduce risk of absconds. Before a provider takes youth on a group outing, such as a sports or arts event, ACS notifies the security office of the venue so that they can collaborate about any concerns or emergencies. If youth express intentions that indicate they are thinking about or planning to leave, staff talk with the youth to help them understand the consequences and find other ways to resolve any problems. For example, if a youth is having a conflict with another resident, a staff

member might help the residents with conflict resolution. If a youth has received upsetting news from his or her family, a staff member might help to arrange special visiting or clinical counseling. If a youth has learned that he or she is likely to be sent to a placement rather than home, staff might encourage the youth's lawyer to explain why leaving without permission might undermine a chance for a special program.

Similarly, ACS will take a number of steps to prevent youth departures from NSP without permission. As noted above, ACS will implement an assessment tool to determine the best match among available placements for each youth in an effort to avoid youth departures without permission in the first instance. This tool will assess needs, risk of flight, and safety risks. ACS Case Management, NSP liaisons, and Quality Assurance Unit staff will work closely with facilities to maximize compliance with Quality Assurance standards, identify and solve problems quickly after they arise, and modify placements, where necessary, to avoid situations in which youth leave placements without permission. Additionally, ACS will require agencies to utilize techniques similar to those described above to help prevent youth from leaving a NSP facility without permission. It should be noted that when ACS and OCFS recently reviewed rates of youth departures without permission from OCFS-contracted NSP agencies, the agencies that had the lowest rates were those located in the City. This provides another justification for locating youth close to their communities and families – youth leave placement less when they are afforded increased opportunities to interact with their community while in placement. OCFS has demonstrated its commitment to this shared value in its development of the Brooklyn For Brooklyn model.

The agency also plans to work with NSP providers and police to respond rapidly and explore all available contacts to maximize the speed at which youth who leave without

permission are returned to care. Under the Quality Assurance standards, a youth is considered AWOL if he or she: 1) leaves supervision within the NSP facility or program for a period of time outside the terms agreed upon between the NSP provider and the youth; 2) leaves the grounds of the NSP facility without permission and, after consulting with likely locations, the provider staff are unable to determine the youth's whereabouts within two hours; 3) on a supervised off-grounds trip or home visit, leaves the presence of the person responsible for the supervision of that youth without such person's permission; or 4) after an unsupervised off-grounds appointment, trip or home visit, fails to return to the NSP facility within two hours of the assigned date and time, and after investigation, there is no basis to believe the youth will return promptly.⁹⁴ Upon discovering that a youth has left without permission, an NSP provider must:

1. Notify the local precinct and/or State police for issuance of a Missing Person's Report within two hours after learning of the AWOL;
2. Notify the parents or guardian as soon as possible, but no later than two hours after learning of the AWOL;
3. Notify, in writing, the ACS Placement and Permanency Specialist, the Court and OCFS immediately after learning of the AWOL; and
4. Document the absence in the Child Care Review Service (CCRS).

ACS will immediately, in writing, notify the Court and OCFS and issue a warrant, send it to the appropriate law enforcement agency or agencies, and file a Notice of AWOL with the placing court.⁹⁵ ACS and NSP providers will comply with the reporting, casework contact, cooperation with law enforcement, documentation, case disposition and services requirements in the regulations, and will notify OCFS when AWOLs occur.⁹⁶

ACS and the NSP provider will make every effort to return youth who leave without permission, requesting assistance of police where indicated, and rendering full cooperation to police and other authorities investigating the whereabouts of youth. ACS requires that NSP provider case planners make diligent efforts to locate youth who leave without permission and return them to care.⁹⁷ NSP providers must contact a youth's family and extended family, prior foster families or institutions where the youth was previously placed, school contacts, close friends of the youth, adults who have been working with the youth, local runaway and homeless youth programs, and the local police precinct. The NSP provider is required to make diligent efforts for seven days, documenting all contacts, after which point the ACS Placement and Permanency Specialist will assume the responsibility for diligent efforts. If necessary, the court can issue a warrant for the youth.

O. Modifications of Placement

"...how the district will develop and implement policies to serve youth in the least restrictive setting consistent with the needs of youth and public safety, and to avoid modifications of placements to the office of children and family services...."

A combination of ACS practices will allow staff to identify the least restrictive setting and minimize the need for modifications to limited secure placement (LSP). Modifications in all instances will be a measure of last resort, when all other attempts to meet the youth's needs and ensure that the youth's behavior is safe have failed.

A first step towards minimizing modifications is to ensure that youth are assessed appropriately, and that a good match to an appropriate placement is made. Additionally, it is critical that any assessments and services provided to youth while in placement also be appropriate and informed by trauma-focused models of behavior change. As described above, ACS is in the process of collaborating with the Vera Institute of Justice to develop an assessment

tool to utilize during intake of youth and to ensure appropriate matches of youth to facilities and service plans. ACS will also seek input from the provider agencies and other important stakeholders (prosecutors, attorneys for youth, law enforcement, etc.) to inform the final tool. This tool will allow for better initial matches between youth and non-secure placement providers that will increase the likelihood of successful stays in NSP.

From there, the ACS Placement and Permanency Unit will monitor individual youth behavior on an ongoing basis to determine whether indicia that suggest a move may be required are developing. In addition to monitoring youth behavior, the Placement and Permanency Unit will monitor the effectiveness of the individual placement facility and inform the quality assurance unit if any issues are presenting at the individual or facility level.

When youth do present with disruptive or dangerous behaviors, NSP providers will be required to first follow protocols and model proscriptions to de-escalate the behavior. As described above, the majority of NSP providers will be utilizing SCM as their de-escalation technique. Providers that use other restraint methods in their NSP facilities will be required to select a model that similarly focuses on verbal interaction with youth as the primary means of de-escalation. Using these techniques will avoid the need to move youth as an emergency when crises arise. Not only do these moves become a safety issue in and of themselves, but they also lead to poor longer term outcomes for youth.

If a youth's behavior becomes acute despite de-escalation attempts, NSP providers will be permitted to use "room isolation." Room isolation may only be utilized by NSP facilities that house thirteen (13) or more youth.⁹⁸ All room isolation use will comply with all applicable regulations.⁹⁹ Per the regulations, youth must be returned to the regular program of care as quickly as possible following the use of room isolation.¹⁰⁰ During the period of room isolation,

the NSP provider will also be required to notify the ACS Placement and Permanency Specialist that this form of behavior control is being utilized.

In some cases, if the behavior of the youth continues to escalate and becomes extremely dangerous, NSP providers will be expected to call 911 for police or emergency mental health assistance. In these instances, NSP providers will work with the responding authorities to effectuate a removal of any youth who presents with such imminent dangerous behaviors. Prior to taking these steps, where feasible, NSP providers will be required to call on-duty Placement and Permanency Unit staff to determine jointly whether the call to the police is warranted. Following a removal of a youth utilizing this procedure, the NSP provider agency will be required to call the youth's parent(s) or guardian, as well as the attorney representing the youth. Additionally, documentation detailing the events leading up to the incident, the steps taken to attempt to de-escalate the youth's behavior, and the actions by the NSP provider staff will be required to be submitted to the assigned case manager by the close of the next calendar day following the incident. ACS' requirement that NSP providers utilize security cameras in all public areas will also assist in the review of the incident to determine that all appropriate measures were taken to avoid the need to call the police.

Placement and Permanency Specialists can also call on the resources of the NSP liaisons who will be part of the ACS staff at any point where they need assistance. These individuals are responsible for helping to resolve problems that arise in contract facilities, serve as mediators, and help to address concerns that might arise from the "tone" of a facility. Further, ACS will include indicators that measure movements between NSP facilities and modifications as part of the juvenile justice scorecard to promote ACS' vision of limiting the movement of youth.

ACS may seek to modify an initial placement if it concludes that the initial placement decision does not fit the needs of the youth. If permitted by the dispositional court order placing the youth, ACS may change the youth's placement without first applying to the court for permission. If court permission is required, FCLS will be responsible for filing court papers, in collaboration with the DYFD case manager and the NSP provider.

P. Finance

“...the anticipated start-up and on-going services and administrative costs of the initiative....”

1. Sources of funds for NSP services

ACS and DOP will operate the Close to Home program with the funding sources listed below. All funds will support City personnel, City costs Other Than Personnel Services (OTPS) and contracted program costs to serve youth in the Close to Home initiative. The following funding sources will support the initiative:

- Federal Title IV-E for children who meet all Title IV-E eligibility requirements;
- New York State block grant specific to the Juvenile Justice Close to Home Initiative (Close to Home Block Grant);
- State Foster Care Block Grant; and
- New York City funds.¹⁰¹

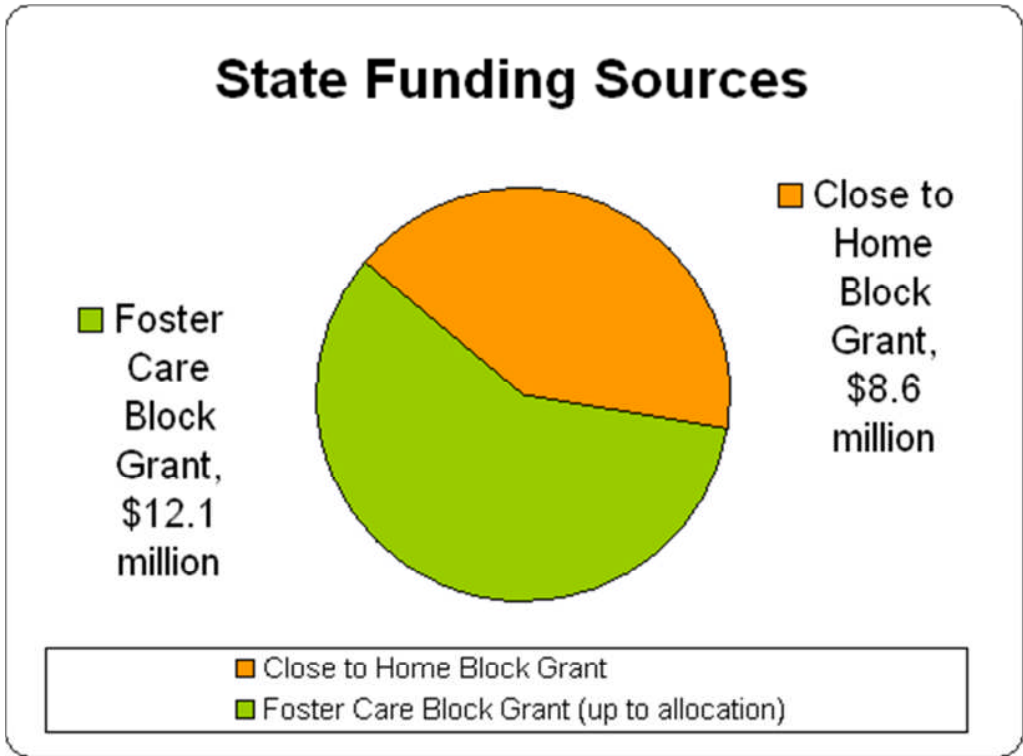
**STATE FISCAL YEAR 2012/2013
300 YOUTH IN NON-SECURE PROGRAM
in \$ millions**

	TOTAL	CITY	STATE	FEDERAL
Contracted Non-secure Placement (NSP)* Includes Projected Startup	34.0	17.0	17.0	**TBD
NYC NSP Staff (Projected start date April 2012) (Prorated between NSP and LSP based on Census)	7.5	3.8	3.7	
	41.5	20.8	20.7	

* Full year costs are expected to be \$56.8 million for NSP.

** State and City costs will be net of Federal IV-E

2.



2. Spending plan for NSP services

The City plans to spend \$41.4 million in total funds for the NSP program in State Year 2012/2013 (April 1, 2012 through March 31, 2013). Of this, \$7.4 million will be for City personnel and \$34.0 million will be for providers under contract serving youth in NSP residential settings. With NSP programs expected to be in full operation by September 2012, the services described above are prorated for the period September 2012 through March 2013. Staffing is assumed to be a full year cost as the City will need to hire staff in advance to begin implementation. ACS is currently reviewing the budget submissions of the selected agencies to assess the detail of anticipated spending throughout the year. ACS is also evaluating the budget submissions of selected agencies to review start up costs. Once the review is complete, ACS will send a copy of the budgets to OCFS. In addition to residential services, ACS will be procuring aftercare services. ACS anticipates that a portion of the aftercare budget will be designated for community based provider services.

Total funds will be supported with the State Close to Home Block Grant funds of \$8.6 million along with Federal IV-E funds for eligible services and youth, as well as funds from the State Foster Care Block Grant. ACS does not anticipate utilizing preventive services, independent living services, or Flexible Fund for Family Services funding sources.

The City plans to contract with organizations that are incorporated in New York State and licensed by OCFS to provide residential services to youth in NSP.¹⁰² Contracted NSP providers will operate facilities for youth who have been placed into the custody of ACS by a Family Court judge as the disposition of their juvenile delinquency cases and who have been determined to be appropriate for NSP. As described in the Continuum of Services section, the City will offer an

array of general and specialized juvenile justice residential care NSP programs that offer individualized care for youth determined to need an out-of-home setting.

The services provided by all NSP facility providers include youth care, food, clothing, transportation, recreation, court-related services, social work and case management services, social skills development, access to mental health and substance abuse treatment, coordination of education and health care, public safety measures, and the monitoring and supervision of these services.¹⁰³

In phase one of two phases, the City plans to hire approximately 81 staff for a total of \$7.5 million to implement Close to Home and the operation of NSP. These staff and their functions are described in the Staffing section.

3. Reimbursement of contracted NSP service providers

OCFS and ACS have agreed that the NSP programs will be considered foster care programs for both federal and state statutory and regulatory purposes, including rate setting and Title IV-B and IV-E funding purposes. Accordingly, ACS will operate the NSP programs consistent with its current reimbursement process and applicable OCFS regulations.¹⁰⁴ Major financial functions are listed below.

Contracted residential providers will submit line item budgets detailing projected spending along with estimated care days, based on their bed capacity and estimates of youth to be served. ACS will review and submit these budgets to OCFS for final approval. This will enable a per diem rate to be calculated and used for reimbursement by the City to the providers.

The line item budgets will be based on the following per diem rates for the NSP programs. Providers will receive an initial base rate of \$400 per day based on 90% utilization and, if applicable, add-on rates. Potential add-on rates include up to \$68 per day to be used for

qualified behavior management staff to accompany the youth to a DOE school each day, and up to \$50 per day for additional facility costs, which ACS must approve. The facility add-on is subject to approval of the facility plan by ACS.

Once approved by OCFS, the line item budget will be used to compute an interim per diem rate based on projected care days. This interim per diem rate will be used for the billing process in the Statewide Services Payment System (SSPS). This is the same process that providers now follow for their foster care programs. At year end, ACS will set a final per diem rate, with OCFS approval, based on actual spending and days of care provided. This is the rate that will be used for final audits and reconciliations.

Start-up funds may be available for pre-operational costs necessary to prepare a site or a program. Providers will need to submit a start-up funding request and justification to explain what expenses cannot be covered in year one using their award budget. The year one budget will be prorated to reflect the start date of the program. If start-up funding exceeds the year one prorated budget, these funds will be reimbursed through a limited add on rate.

4. Financial Reporting

ACS will submit to the Office of Temporary and Disability Assistance (OTDA), in the prescribed format, monthly claim forms and supporting schedules for all expenditures which are reimbursable by the federal and state governments under the Social Services Law Assistance.

ACS will be issuing a Fiscal Manual providing details on budget, payment, and audit protocols for provider agencies. The policies and procedures will replicate those required for Foster Care programs and will provide guidelines for allowable absences, allowable expenses, billing protocol and auditing requirements.¹⁰⁵

Q. Staffing

“...how the district will provide necessary and appropriate staffing to implement the initiative...”

1. ACS Staffing

ACS will provide necessary and appropriate staffing to implement the Close to Home Initiative by implementing a strategic staffing plan that delivers qualified staffing to meet the changing needs of the organization. In addition to hiring staff with the specific skills to meet the needs of the positions, ACS is committed to hiring staff who reflect the values and principles of the Quality Assurance Standards, and in particular the LGBTQ Anti-Discrimination Policy and Guidelines. ACS intends to hire approximately 81 new staff to support the implementation of Close to Home and the NSP component, and DOP expects to hire five new staff. Appendices Q and R provide detailed information regarding hiring to support the implementation of Close to Home, including the timeframe for hiring.

The ACS staff will work as a team to ensure that youth and families receive high quality services, public safety is maintained, and court mandates are followed. As described above, DYFD will manage all program operation functions, such as assessment, placement, tracking, and day-to-day case coordination for youth in placement and aftercare. DYFD will work closely with program development initially, and then quality assurance staff, in the Division of Policy, Planning and Measurement to provide oversight of services. Other Children’s Services Divisions will carry out the remaining tasks, including administrative support, program development and court-related services. DYFD will be responsible for coordinating the Close to Home activities of all of the other divisions.

Below are descriptions of all of the ACS positions, by division.

i. The Division of Youth and Family Development and The Division of Youth and Family Justice

The creation of the new Division of Youth and Family Development, as described earlier in this plan, will contain the infrastructure and capacity to provide a comprehensive continuum of services that includes post-dispositional placement, aftercare and alternatives to detention and placement. DYFJ will continue to provide secure and non-secure detention for alleged juvenile delinquents and secure detention for alleged juvenile offenders whose cases are pending, along with post-adjudicated juveniles awaiting placement. The significant detention reform efforts undertaken by ACS and our city partners will continue in DYFJ, and ACS two juvenile justice divisions will coordinate closely to ensure the seamless delivery of services to youth along the juvenile justice continuum.

When Close to Home is fully implemented in 2013, DYFD will include approximately 44 staff whose responsibilities include all operational functions pertaining to placed youth, including assessment, intake, case management, crisis management, oversight of youth during aftercare, and policy planning. ACS is committed to hiring qualified DYFD staff who demonstrate a strong understanding of positive youth development, understand the challenges faced by youth in confinement, and are committed to a new kind of juvenile justice placement system.

DYFD will house a Mobile Assessment Team staffed by licensed social workers who will evaluate the needs of placement-bound youth and develop recommendations for placement

and treatment. Operating both detention and placement systems will give Children's Services the opportunity to create a treatment plan that optimizes chances for rehabilitation and utilizes community and familial supports.

DYFD will include a cadre of Placement and Permanency Specialists who will actively partner with the NSP and aftercare service providers, as well as directly engage the youth and discharge resource(s). Placement and Permanency Specialists will be charged with overseeing proper planning and safety for youth in placement, including: unusual incidents/crisis management; AWOLs during placement; care and safety in emergencies; tracking NSP provider's use of restraints; movement between facilities; permanency planning, including all aspects of transition and discharge planning; entry/reentry into foster care; extensions of placement; waivers of length of stay requests; out of state releases; all aspects of educational planning; coordination of aftercare services; and revocations where appropriate. Placement and Permanency Staff will also work closely with Confirm staff, who will identify and track cross systems youth and will collaborate with FCLS, OCFS case managers, and current agency case planners to facilitate a smooth transfer of youth into ACS facilities. The Confirm team will move into the new division, as will Family and Youth Justice Programs (Youth Justice Programs and the Family Assessment Program) referenced earlier in this document.

DYFD will also include a staff position to ensure Children's Services is incorporating perspectives of parents and youth who have had direct involvement with residential placement in planning, policy development, program implementation and monitoring. Several public comments requested a mechanism to give a stronger voice to parents and youth in Children's Services' NSP planning and operation. This DYFD position will promote incorporation of the voices of parents – including what they are saying to the NSP providers' parent advocates and

the Office of Advocacy – and the voices of youth – including what they are saying to case management, quality assurance and ombudsmen staff – into policy, program design, and practice.

Over this new staffing structure will be a supervisory and management system that includes a Deputy Commissioner for the Division of Youth and Family Development and an Associate Commissioner for Placement and Permanency Services.

ii. The Division of Financial Services

The ACS Division of Financial Services is responsible for ensuring that agency financial functions are carried out in accordance with City, State and Federal guidelines, and that maximum, appropriate funding is made available to support agency programs and initiatives. Toward that end, the Division’s four departments, Budget, Payment, Claiming & Revenue and Contract Audit will be involved in Close to Home services.

The Child Welfare Budget Department will oversee the Close to Home Initiative budget including associated ACS headcount and will be responsible for budget development, implementation, and monitoring, as well as working closely with providers, ACS program stakeholders, the City’s Office of Management and Budget, and OCFS. Specifically, the Budget Department will complete financial reconciliations to ensure that a set allocation is available for providers to use to support their programs by performing ongoing adjustments to the daily rate using actual, reported care days. The Budget Department will also be responsible for all City-wide budget technical exercises and for responding to City Council and other oversight inquiries relating to use of funds to support the Initiative. This Department is also responsible for ensuring that program payments are issued to service providers accurately, timely, and in

accordance with oversight guidelines. This Department works closely with contracted providers to ensure that invoicing and payment processes are running smoothly.

The Child Welfare Contract Audit Department is responsible for overseeing and coordinating the required financial audits for all programs participating in the Close to Home Initiative. The Department will monitor the financial health of the agency's contracted providers and will work with Financial Services departments, ACS program areas, and contract providers to address issues identified in audits.

The Claiming and Revenue Department is responsible for ensuring that ACS submits timely and accurate claims to New York State for all revenues due to the City relating to program expenses for the Close to Home Initiative. The Department will also be responsible for collecting and reconciling all revenues relating to this Initiative.

iii. The Children's Services Education Unit in the Office of the Commissioner

The Office of the Commissioner houses the Children's Services Education Unit (CSEU). This unit is responsible for educational policy development and collaboration with local government agencies and non-profits with respect to educational policy and individual youth advocacy. CSEU staff provides education consultations and training on all educational matters to ACS staff, foster care provider staff, and contracted community-based organizations. CSEU is taking the lead on collaboratively planning with the DOE to ensure that NSP facilities have made appropriate educational plans for the youth who will soon be in their care. CSEU has coordinated with the DOE in establishing new school sites for NSP youth. In addition, CSEU will provide consultation and training to DYFD educational assessment staff and transition coordinators/caseworkers. CSEU will also provide assistance with monitoring of District 79

schools' compliance with education law and policies, and will track data of students' educational status while they are in placement and after their transition back into the community.

iv. Family Court Legal Services

FCLS will represent ACS in Family Court on post-dispositional delinquency matters where youth are placed with ACS in non-secure placements. This representation will include the transfer of legal custody of these youth to and from OCFS and ACS via a court order. FCLS attorneys will appear on extension of placement hearings, permanency hearings, and all other juvenile delinquency hearings and related matters during the post-dispositional phase related to ACS placements. Additionally, FCLS attorneys will draft legal memoranda, file Orders to Show Cause and motions, review Extension of Placement petitions, and respond to motions filed by opposing counsel. FCLS legal case assistants will be responsible for filing extension of placement petitions and permanency reports, where appropriate. Additionally, legal case assistants will act as liaisons between FCLS attorneys, case-planners, DYFD, and various stakeholders. FCLS will also continue to be available to the Family Court judges who hear delinquency matters on a daily basis as ACS plays a more comprehensive role in the lives of young people involved in delinquency cases.

v. The Division of Administration

The Administration Division's five departments – Personnel, Management Information Services, Administrative Services, Facilities, and Procurement – will be responsible for conducting the following activities in support of the Close to Home initiative:

The Office of Personnel Services will play a critical role in ensuring that ACS is appropriately staffed prior to implementation and providing support throughout the initiative to facilitate ongoing hiring.

The Management Information Systems (MIS) department will provide analytic resources for the creation of systems and reports designed to measure performance and to leverage Health and Human Services Connect (HHS Connect). HHS Connect was established to facilitate data integration and exchange between existing agency-based information management systems while ensuring compliance with all applicable federal, state and local laws and regulations. The HHS Connect vision is to break down information silos through the use of technology and coordinated agency practices to more efficiently and effectively provide health and human services to New Yorkers. In addition, Network and Telecom resources will be needed to meet infrastructure, Video Conferencing, and mobile technology requirements. Administrative Services, which has experience transporting juvenile delinquent youth through DYFJ, will be called upon to transport children for placements, court visits, and case conferences. In addition, Administrative Services will provide records management support, goods and services support as necessary, and small purchases.

The Office of Facilities will be called upon to provide facility support services including technical assistance to support design, construction, and maintenance, along with relocation services. In addition, Facilities can provide lease management oversight as well as ensuring compliance with occupational health issues, safety, and security. The Office of Facilities works closely with other City agencies and private entities.

The Office of Procurement will work on the preparation of specifications or scopes of services needed in order to issue Invitations to Bid, Negotiated Acquisitions, or RFPs that relate to Close to Home and will help verify the capability of the vendors to provide the proposed services. In addition, the Office of Procurement registers contract awards with the City Comptroller's Office.

vi. The Division of Policy, Planning and Measurement

The Division of Policy, Planning and Measurement designs and supports implementation of new programs, conducts contract management, coordinates and directly manages the development of ACS policies and procedures, monitors provider agencies, and provides data and analysis for ACS to inform strategic planning. To support the Close to Home initiative, the division will take on additional roles.

The Policy and Procedures Unit will be responsible for drafting and revising all policies and procedures for ACS as they relate to Close to Home. Policy staff members have experience drafting policies and procedures, and will collaborate closely with DYFD and any other pertinent divisions to ensure policies are consistent. Upon implementation of Close to Home, policy staff will revise all ACS policies to incorporate non-secure and limited-secure placements and draft new policies necessary for new juvenile justice programs.

The Program Development Unit (PD) will be responsible for the development of all new programs. PD staff members are required to have social service experience. Upon implementation, PD will work with providers and OCFS, also in collaboration with DYFD, to ensure that all facilities are licensed, that all provider agency staff members are appropriately qualified, and trained and that all systems are in place prior to youth being placed.¹⁰⁶ PD works closely with provider agencies to ensure that program models are in line with all ACS standards and policies. Once youth are placed, PD provides technical assistance and monitors performance through data collection and case record reviews while preparing the agency to transfer to the ACS quality assurance unit. PD and DYFD will also work with Missouri Youth Services Institute (MYSI) and other model developers to ensure programs are being implemented with fidelity and that ACS' systems support model adherence to the fullest extent possible.

The Juvenile Justice Planning and Measurement Unit is a new Unit responsible for quality assurance of juvenile justice programs, including NSP. This unit will evaluate and analyze the work of contracted service providers, serve as a liaison between City agencies or programs and community groups and service provider agencies, and develop and monitor corrective action plans. The unit will assess program performance using quantifiable performance data, case record reviews, site assessments, interviews with parents, foster parents and young people, and feedback from service providers and client advocates. This work will be done through visits to service provider sites, gathering feedback from service providers, and collecting information from provider agencies, ACS staff, and stakeholders working with NSP youth and families. This unit will also work closely with DYFD to ensure consistent messaging to providers, and be able to take into account information obtained by the Placement and Permanency Specialists on their individual cases.

The James Satterwhite Academy (JSA) is responsible for developing training curricula and providing training to ACS and provider agency staff. In addition to current staffing resources, JSA will expand its juvenile justice training capacity to provide assistance in training to ACS staff associated with non-secure placement and for provider agency staff. Training staff must demonstrate strong group facilitation skills and the ability to model, train, and coach staff on challenging material.

2. NSP Provider Agency Staff

ACS will hold NSP service providers accountable for providing necessary and appropriate staffing to implement the initiative. NSP service providers will meet all OCFS regulations for staffing various types of facilities, including qualifications for each position.¹⁰⁷

With respect to staffing levels, the regulations require and NSP providers will provide, at minimum:

- i. For agency boarding homes, with not more than six children, there must be at least two adults responsible for the care of the children in the home and at least one adult must be present in the home at all times when a child is in the home;¹⁰⁸
- ii. For group homes serving seven to nine children, there must be at least one child-care worker, and for group homes serving ten to twelve children, there must be at least two child care workers;¹⁰⁹
- iii. For institutions serving nine or fewer children, there must be at least one child care worker; for institutions with units of 10 to 19 children, there must be at least two child care workers; for institutions with 20 or more children, the child care staff-to-children ratios must be approved by ACS and OCFS; in addition, there must be one social worker for every 20 children in care.¹¹⁰
- iv. All NSP facilities (general and specialized) are required to maintain a minimum of two (2) direct care/supervisory staff at all times regardless of size of the program.

In addition to State regulations, the Quality Assurance Standards require NSP providers to meet a direct care/supervisory ratio in all regular NSP residential settings of eight youth to one direct care/supervisory staff and for specialized NSP the required staffing ratio is six youth to one staff member at all times, with a minimum of two direct care/supervisory staff on duty at all times.

Pursuant to State regulations, ACS will also require staff employed in NSP meet State requirements for their positions, including: director of institution, supervisor of child care, child care worker I, child care worker II, recreation supervisor, director of social work services, supervisor of social work services, social worker I, social worker II, social worker III, paraprofessional staff aide, medical director, medical specialist, dentist, orthodontist, nurse, psychiatrist, psychologist, school principal, special educator, teacher, teacher's aide, dietitian or consulting dietitian, dietetic service director, building maintenance supervisor, and safety officer.¹¹¹

ACS will hold NSP providers accountable for providing staff in their facilities with sufficient training, experience, and in sufficient numbers to comply with the Quality Assurance Standards in all service areas for youth placed in non-secure juvenile justice placements: education services; mental health services; health services; sexual health education and services; substance abuse services; enrichment/recreational services; financial literacy; employment/training; legal services, court appearances, and reports; transportation; and client grievance procedures.¹¹² As this plan demonstrates, ACS is committed to being a partner to our providers and to assisting them in meeting expectations.

R. Training

"...how the district will ensure that all staff working directly with youth served under the initiative have received necessary and appropriate training..."

ACS has extensive experience in developing and providing training in the child welfare system and recent experience in juvenile justice trainings. The James Satterwhite Academy (JSA) for Child Welfare Training opened in 1987 with the mission to "prepare child welfare staff for quality practice through deepening their knowledge, values and skills to achieve the outcomes of safety, permanency and wellbeing." Although the Academy has primarily trained

ACS staff, it has also trained provider agency staff. When the Department of Juvenile Justice was integrated into ACS as DYFJ, JSA developed a training department specifically for DYFJ staff and provider staff as required by the LGBTQ Policy. These trainings are already happening for current DYFJ and provider staff and will continue to take place for DYFD staff members and NSP provider staff members on an ongoing basis.

JSA delivers all pre-service training to new child protective specialists and new juvenile counselors. In addition, JSA provides a wide range of mandated and elective in-service training opportunities for frontline staff, supervisors and managers in child welfare and DYFJ. JSA also works with the foster care and preventive services provider agencies, training facilitators, and other frontline staff on Family Team Conferencing. In FY 2011 alone, JSA trained over 250 preventive services staff and 250 foster care staff in Family Team Conferencing.

ACS intends to commence a week-long initial training program for staff members working on the Close to Home initiative, such as case managers and staff performing the intake and assessments for NSP during the third week of July. The curriculum for pre-service training will include the following topics:

- Overview of the Administration for Children's Services
- Overview of Family Court, with an emphasis on the juvenile justice system
- Introduction to non-secure placement
- Child and adolescent development
- Understanding and engaging youth and adolescents, including the effects of abuse, maltreatment, trauma, loss and separation, and living with domestic violence on children and youth
- Common psychological and psychiatric diagnoses of youth in NSP, including the types of behaviors to expect from youth with diagnoses and common treatment modalities and behavior management techniques
- Assessment and treatment of substance use disorders
- Engaging youth and families, including incarcerated parents
- LGBTQ policy
- Crisis management, including use of restraints (with an emphasis on the Safe Crisis Management system)
- Team building

- Documentation and IT systems training

Placement and Permanency Staff also will receive training on the Non-Secure Placement Case Coordination Goals and Guidelines. Similarly, Intake and Assessment Team Staff will receive training on the Intake and Assessment Process being developed by ACS in coordination with Vera. ACS staff also will participate in ongoing in-service training to reinforce subjects covered during pre-service training and provide additional support to Placement and Permanency Specialists in handling their designated responsibilities.

1. NSP Provider Training

ACS NSP management and JSA will work closely with NSP provider agencies as they develop and implement training programs for their staff. For example, ACS will work with providers to ensure that staff members have received the required LGBTQ training. ACS staff will notify provider agencies of scheduled trainings and provide trainer sessions so NSP provider agencies can conduct their own trainings. Additionally, through the quality assurance process, ACS will identify any deficiencies in trainings for staff members and work with the agencies to ensure their staff members are receiving required trainings. The juvenile justice Scorecard, described in further detail in the Quality Assurance section of this plan, will include monitoring NSP provider agency training mandates. Appendix U describes each NSP provider's plans for initial training.

As described in this plan, ACS requires all NSP providers to use SCM as their method of physical restraint intervention, except in noted situations. In addition to the required SCM training, for agencies that are implementing SCM for the first time, ACS will provide technical assistance to providers beginning during the program development phase and throughout their contracts.

The Quality Assurance Standards specifically outline other trainings that are required for NSP provider staff. In addition to meeting the required trainings, NSP providers are required to assess the training needs of their staffs continuously, based on the population of youth in the provider's care.¹¹³ They are also required to ensure that their staff members, both direct and supervisory staff, receive appropriate training to meet the needs of youth in their care. All of this will be documented by NSP providers in a plan outlining the specific training topics, hours of each training, and the level of staff attending the training. The training topics will also include training in the specific programmatic model the NSP provider is utilizing in the NSP facility. Additionally, NSP providers will implement a training plan that ensures appropriate coverage at the NSP facilities.

NSP providers will provide comprehensive training for all staff working directly with youth to equip them to meet the needs of the diverse population of children in their care; assist them with skills to deal positively and effectively with challenging behaviors that our young people present; provide information on techniques in identifying trauma and addressing trauma triggers; manage behavior, including appropriate rewards and consequences designed at teaching and modeling positive behaviors, and prevent abuse/maltreatment; and meet the contractual requirements of the service provider.¹¹⁴

NSP providers will provide training for staff working directly with youth and their supervisors that will consist of on-the-job and classroom training. In addition to covering specific topics listed below, the training will provide a common language and open communication about behavior challenges and solutions for staff (including social service staff, child care staff, therapists, and educational specialists), parents and youth.

NSP providers will gear training for staff working directly with youth and their supervisors toward developing an understanding of the needs of the population in care, building skills to provide emotional support and care, and appropriately managing the behavior of youth in placement. Such training will also include all skills that are identified as needing improvement in the individual staff's annual performance evaluation.

ACS is requiring at a minimum several specific trainings, outlined below, for NSP staff who work directly with youth and staff who supervise staff who work directly with youth. NSP providers are required to ensure that all their NSP staff who work directly with children, or who supervise staff who work directly with youth, will also receive forty (40) hours of pre-service and thirty (30) hours of in-service training annually (forty hours of in-service training for NSP staff in specialized programs, as described below) in, but not limited to, the following required topics:

- a) Family Court Proceedings, and particularly the juvenile delinquency and permanency planning processes;
- b) Critical thinking, case decision-making, communication skills, and report writing;
- c) All reporting requirements, including mandated reporting of child abuse and maltreatment;
- d) The Safe Crisis Management system, including but not limited to:
 - i. Appropriate procedures for preventing the need for physical restraint, including the de-escalation of problematic behavior, relationship building, and the use of alternatives to restraint;
 - ii. Instructions for developing individual behavior plans for each youth;

- iii. Methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted, and description and identification of dangerous behaviors on the part of youth that may indicate the need for physical restraint;
 - iv. Simulated experience of administering and receiving a variety of physical restraint techniques, ranging from minimal physical involvement to very controlling interventions (ACS Policy outlines specific allowable physical restraint techniques);
 - v. Instructions regarding the effects of physical restraint on the person restrained, including instructions on monitoring physical signs of distress and obtaining medical assistance;
 - vi. Instructions regarding debriefing with youth and staff after an Emergency Safety Physical Intervention has taken place;
 - vii. Instructions regarding documentation, reporting requirements and investigation of injuries and complaints; and
 - viii. Demonstration by participants of proficiency in verbal de-escalation and administering physical restraint through successfully passing a skills exam.
- e) Adherence by NSP providers to ACS policies and procedures regarding the use of Safe Crisis Management. Each NSP provider will have at least one staff (or consultant) per 12 employees who knows SCM well enough to be a certified SCM trainer of the NSP staff, be able to present SCM training at both pre and in-service training, and be able to test the skill level and decide a grade for passing or failing a specific technique for their employees;

- f) Emergency procedures, including fire and “disaster” escape planning, emergency medical procedures, fire safety and the establishment of a disaster plan;
- g) Youth development; the effects of abuse (including sexual abuse), maltreatment, trauma, loss and separation, and living with domestic violence on children; the range of behaviors, including substance abuse, that children engage in to cope with these issues; and how to appropriately respond to youth who engage in such behaviors;
- h) Common psychological and psychiatric diagnoses in youth in NSP, including what types of behaviors to expect from youth with diagnoses and how to manage and change behavior;
- i) Medication administration and common psychotropic medications used with children, including the risks/side effects associated with such medication, basic information about administering medication, and the dangers that can result from missed or improperly-administered doses of medications;
- j) Family planning and sexual health, including HIV/AIDS and youths’ rights to access confidential services on their own;
- k) Supporting LGBTQ youth in care, as noted in the section on “LGBTQ Specific Programming and Policies,” above, and in accordance with the DYFJ *Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and Their Families Involved with DYFJ*;
- l) The importance of initial and ongoing medical and mental health treatment, keeping scheduled appointments, and compliance with treatment;

- m) Information about the education system in the City, including the special education system, and the importance of continued education for children; and
- n) Cultural competency.

NSP providers will be responsible for ensuring that each training their staff members receive is provided by a qualified trainer who has demonstrated competence in the subject matter.

Inclusion of community-specific awareness is central to the services NSP providers will provide in City neighborhoods. NSP providers will ensure that all staff receive training specific to the provision of neighborhood-based services, including training on community characteristics, resources, and needs, and negotiation of services for children within a neighborhood-based environment. NSP providers will also make every effort to ensure that training incorporates and encourages the participation of community-based service providers, such as local hospitals, mental health providers and family support programs, police precincts, drug treatment centers, as well as community residents and leaders.

NSP providers will ensure that all relevant staff members receive the necessary introductory and ongoing training to ensure knowledge of and proficiency with the Connections system, as well as all pertinent policies and procedures.¹¹⁵

Providing services closer to home allows for ongoing parental engagement as part of the treatment plan for youth in NSP.¹¹⁶ NSP providers will provide skills training to their staff to develop their ability to engage parents, family members, and other discharge resources effectively; to understand the challenges that birth parents, families, and other discharge resources face when youth are placed in care; and to address appropriately concerns when parents, family members, and other discharge resources are not responsive to planning efforts. ACS is also committed to exploring ways in which youth and parents who have previously been

involved with the juvenile justice system could be offered remunerated opportunities to participate in the training of ACS staff and contractors, so that their perspectives become a part of the staff training curriculum.

In addition to the training requirements for generalized NSP providers, staff members working in specialized facilities are required to be trained on topics critical to the safe care and effective behavior change of youth in specialized placements.¹¹⁷ NSP providers will provide required residential care training described in the Quality Assurance Standards. In addition, NSP providers will provide initial and ongoing specialized training in accordance with the Quality Assurance Standards for staff who care for:

- a) Developmentally Disabled (DD) youth;
- b) Youth who use substances and have co-occurring mental disorders;
- c) Youth who have sexually abusive behaviors;
- d) Youth who have been commercially sexually exploited;
- e) Youth who have engaged in fire-starting behaviors; and
- f) Youth with serious emotional disturbance.

S. Quality Assurance

“...how the district will monitor the quality of services provided to youth....”

ACS currently implements a wide range of quality assurance systems for residential foster care, family foster care, and community-based preventive programs. Continuously improving and adapting to new trends in the City child welfare landscape, these systems have been recognized by OCFS for their integrity and thoroughness. These measurements also include the Mayor’s Management Report, which is mandated by the City Charter, and serves as a public report card on ACS services affecting New Yorkers. In addition, ACS produces monthly

Flash indicators, which graphically illustrate monthly trends in select child welfare, juvenile justice, and early care and education statistics.

For foster care and preventive services, the Agency Program Assistance (APA) team improves the quality of services provided and outcomes achieved by ACS's provider agencies through the assignment of teams of performance monitors. APA analyzes practice and outcomes data of each provider agency to identify areas of strength and areas in need of improvement. The APA units also conduct case record, site, and data reviews to ensure they have a holistic picture of agency performance across all programs.

APA sets expectations for improvement, or benchmarks, throughout the year for each provider agency. APA staff members consider a combination of ACS standards, the agency's current performance, and measures of performance across other similar agencies in determining each agency's benchmarks. APA communicates these expectations to provider agencies during performance meetings held with each provider. When ACS determines an agency is in need of a Corrective Action Plan, APA staff monitor improvement, ultimately deciding, in collaboration with other affected ACS' divisions, whether to lift the Corrective Action Plan status, or to take more serious, graduated steps with the agency, up to contract termination.

The data analyzed by APA is called "Scorecard." As described earlier in the cultural competence section, this scorecard allows ACS to measure all providers against the same measures and analyze their performance in comparison to one another.

Building on the strong track record of these existing quality assurance systems, ACS will implement effective, targeted quality improvement programming for non-secure placement residential services. As mentioned in the staffing section of this plan, ACS has developed the Juvenile Justice Planning and Measurement Unit (JJPM) that will oversee the quality assurance,

technical assistance, corrective action process for NSP and other juvenile justice programs. This unit will not be part of APA. The quality assurance team for NSP will consist of three Quality Improvement Specialists and a Deputy Director. This team is directly responsible for the below mentioned quality assurance tasks and they will work closely with DYFD to ensure that the program area is aware of NSP provider Scorecard performance and efforts to improve performance. Conversely, DFYD will provide JJPM with any NSP provider performance issues they have noticed in the day-to-day interaction with providers. This collaborative communication between JJPM and DYFD will promote streamlined communication between ACS and NSP providers and ensure that both ACS and the NSP provider are aware of performance issues and the required steps necessary to improve noted deficiencies.

Quality assurance will take several forms: 1) individual case management by ACS case managers, which will include continuous review of cases, approval by such managers for certain provider agency actions (e.g., modification to a different facility or level of security), and required reporting by provider agencies of critical incidents; 2) case reviews by quality assurance staff that will include review of progress notes to ensure compliance with regulations and quality assurance standards, as well as interviews of youth, family and staff; 3) Quality Assurance Unit completion of a Scorecard, which includes data on the system, provider, facility, and youth levels (including staff qualification and training participation data); 4) regular and formalized input from stakeholders and consumers of non-secure placement services (judges, lawyers, families, etc.); 5) regular (planned and unplanned) site visits; and 6) annual residential program reviews that synthesize the above to create a strength-based annual review and improvement plan for each agency. The quality assurance review will also take into consideration the varying program models being utilized by the NSP providers. For underperforming agencies, ACS will

implement graduated sanctions, including Corrective Action Plans, and up to contract termination if necessary. In the event of a contract termination, ACS will maintain NSP capacity by transferring the youth to other NSP contractors with available capacity and/or by increasing slots in other NSP contracts if necessary.

The annual review process will involve interaction between JJPM and the NSP provider. Similar to the current practice in APA, the juvenile justice quality assurance process will utilize Scorecard information and qualitative information to set expectations for improvement. ACS is developing the Scorecard and will share it with OCFS prior to implementation of the review process. The NSP Standards also require that the NSP provider have a quality assurance system in place, so that the provider may monitor its own performance, and assist with ACS' oversight. The NSP provider shall assign designated staff to oversee a formal participatory evaluation of the service delivery in consultation with direct services staff, youth, and families. The evaluation format includes a review of goal achievement (family and program) and a review to ensure compliance with OCFS, ACS, and other promulgated administrative standards.

In addition to the quality assurance practices above, ACS will develop management indicators similar to the indicators for child welfare and detention to analyze and measure overall system performance. ACS is currently developing indicators that will be available to the public and will track and measure critical measures such as, frequency of critical incidents, revocation rates, occurrences of AWOL, restraints, assaults/altercations, injuries from restraints, average length of stay, length of stay waivers, average daily population, and recidivism measures. In addition, indicators related to key policy requirements and Quality Assurance Standards will be included, including adherence to the DYFJ LGBTQ policy. These indicators will be used by DYFD management staff to determine whether problems, issues or trends exist and will develop

remediation plans and strategies on an ongoing and ad-hoc basis to address any issues. ACS will also share provider level data with the NSP providers so that individual performance may be assessed for issues and trends and remediation efforts can be put into place. Additionally, building on ACS' ChildStat and GOALS models, ACS will consider developing a data/case review process for NSP.

T. Reducing Recidivism

"...how the district will develop and implement policies focused on reducing recidivism of youth who leave the program...."

As the City implements Close to Home, its juvenile justice program will draw upon and expand several well established principles and practices the City currently uses to address youth offending and lower recidivism rates. As a result of the implementation of these practices, as well as creative approaches in policing and prosecution, crime in the City has reached, and been maintained at, historic lows.

In planning for recidivism reductions, we acknowledge the current baseline of recidivism rates from State facilities. A 2008 study by OCFS found that 49% of the youth released from the agency's care were re-arrested within one year and 66% percent were re-arrested within two years¹¹⁸.

Until recently, recidivism outcomes have been difficult to measure due to the City's lack of comprehensive juvenile justice data. However, since the City began engaging in major juvenile justice reform efforts in 2006, City agencies have been improving their own data capacity and that of their contracted providers. Through the City's detention reform initiative, the development of the RAI and establishment of a series of alternative to detention programs, the City began to collect recidivism data. After gathering basic data on a 2006 cohort of youth, the City, in partnership with the Vera Institute of Justice, monitored these youth to determine

which risk factors were most strongly correlated to risk of offending and flight. These correlates were then compiled in a risk assessment instrument, which DOP provides to the parties and the judges in court to guide detention decisions. The City and Vera also established a Juvenile Justice Research Data Base (JJRDB) to collect data and monitor effectiveness. This provides the City with a unique ability to track juvenile recidivism rates based on arrest data from the City's Criminal Justice Agency, which is matched to the city's JJRDB. The JJRDB helps track recidivism outcomes by risk level while juvenile cases are pending in Family Court. The City also tracks recidivism outcomes for youth participating in local alternative-to-placement programs. Through these measures the data show significant reductions of both the use of detention (28%) and recidivism (23%) between 2006 and 2010.

To document recidivism rates for youth placed under Close to Home, the City, like OCFS, will rely on criminal history data from the NYS Division of Criminal Justice Services (DCJS) for youth who are over 16. This data can be matched against official baseline OCFS recidivism measures. The City will also have the capacity to track post-release arrests for juveniles who are released before their 16th birthday to provide a fuller picture of Close to Home outcomes. This data cannot be compared to OCFS recidivism rates, which only track arrests for those over 16, but will be used to monitor outcomes and help enhance long-term program performance.

Deputy Mayor Linda Gibbs and Criminal Justice Coordinator and Senior Policy Advisor John Feinblatt convene bi-monthly meetings for senior leadership of the main agencies involved in the City's juvenile justice system, including ACS, the Police Department, the DOP, the Law Department, the DOE, and the Mayor's Office. During these meetings, participants review and analyze data compiled from all aspects of the system, and the agencies develop policies and

strategies to promote system improvements. Among the analyses evaluated are recidivism outcomes of the City's main ATP programs, JJI and Esperanza. City stakeholders have used the analyses to make appropriate changes to policies and procedures. For JJI, for example, these changes included the institution of mandatory case reviews whenever a youth in the program was arrested for a violent felony in order to identify areas for improved practice. It also led to the termination of a particular provider whose youth had especially high recidivism rates. JJI's second year's data showed a significant reduction of recidivism, particularly for violent felonies, as a result of these changes. These efforts are continuing, and will begin to include Close to Home when data becomes available.

The City partners feel that the examined recidivism data dramatically demonstrate the importance of matching youth to appropriate and effective services, and with keeping them engaged. We have used these analyses to inform the following aspects of the City's Close to Home plan:

- i. Strengthening the matching process - youth currently are "accepted" by OCFS voluntary facilities based on providers' analysis, with the court choosing among the programs that have accepted the youth. The City plans to deploy a Mobile Assessment Team which will review all available information about the youth, including detention records, probation records and reports, education records (including IEPs, where they exist), and foster care records. ACS is working with the Vera Institute of Justice to develop an assessment tool and process, which will enable the assessment team to match a young person to an appropriate program that will address his or her needs, including needs for specialized care.

- ii. Use of NSP liaisons to ensure smooth operation of facilities - these liaisons will be experienced in working with youth in residential care and will provide technical assistance to address issues that could result in re-arrest and AWOLs. The liaison will also be able to recommend movement among providers in instances where youth may be better served in a different environment.
- iii. Having NSP providers form a system of care - each of the providers will have strengths and weaknesses and a unique knowledge base. Rather than operate as isolated, individual programs, they will be encouraged to collaborate in problem-solving, sharing best practices, and when necessary, identifying the best programmatic “fit” for youth who are at risk of failing in their placements.
- iv. Data and quality assurance - a rigorous system of oversight will be put in place to track data and outcomes, and address strengths and weaknesses. In cases of significant and/or sustained underperformance, corrective action plans will be put in place to direct improvement. If those plans are not successful in improving performance, the agency will face termination of its contract.

As the City implements the Close to Home initiative, ACS and DOP will extend these principles to all of the new programming the City is developing – community-based, MTFC, and residential. The new programming will be evidence-informed, that is, the program provider will have to demonstrate that the program has a track record of success. All NSP providers are required to use an evidence-informed model; the majority are using the “Missouri Model” which

has demonstrated good outcomes for juvenile justice-involved youth and has been replicated in other jurisdictions, as well as by OCFS in Brooklyn. Boys Town New York will be using its own evidence-informed model, which has also been replicated in other sites and has been in use in New York City for several years prior to Close to Home.

Youth outcomes will be tracked through a post-service or post-release analysis to establish rates of recidivism, both violent and non-violent. These data will be compared with other relevant data. Outcomes for similar programs will be compared to assess performance. Additionally, there will be analysis to assess fidelity to established models (models such as FFT, MTFC, Missouri Model, Boys Town Model, and Sanctuary Model), as fidelity is often a key to effectiveness. These data will be shared with stakeholders throughout the system, in order to identify strengths, weaknesses, and opportunities for improvement.

Any necessary adjustments to the intake and assessment process will be made based on these analyses so that youth are assigned to programs most able to attend to their needs and promote their rehabilitation. For programs that are performing poorly, corrective action plans will be developed and tightly monitored. When expected improvements are not achieved, contracts will be terminated and re-assigned to providers that have demonstrated effectiveness. As effective new interventions and promising practices emerge, system leaders, through mechanisms such as the JJAC, will explore options for integrating them into City practice.

In addition, as described above, the City is preparing to procure aftercare services for young people who are transitioning back into their home communities from NSP. Youth will be engaged in services immediately upon placement in the NSP program so that youth, their families, and community resources are prepared for transition home.

The City has maintained a sharp focus on reducing recidivism in recent years, as part of its juvenile justice reform efforts. As indicated earlier, the efforts have yielded good results, with many data points showing a reduction in juvenile arrests over time. The Close to Home initiative will be no different, the City will closely monitor programs to ensure good public safety outcomes.

III. Conclusion

The Close to Home initiative provides an exciting and groundbreaking opportunity for New York City to assume the responsibility to care for, treat, and rehabilitate delinquent youth and to support their families. The City strongly believes that the plan to rehabilitate youth closer to their homes is good for them, their families, and communities. It will result in stronger families, better educational outcomes, reduced recidivism, safer communities, and youth who are better prepared to lead successful lives when they re-enter the community.

This planning process has allowed the City to collaborate with OCFS as our roles shift, but our shared goals remain the same: to provide effective, lasting opportunities for change to youth and their families in settings as close to their homes as possible. The City values this partnership and looks forward to its evolution as ACS, DOP, and their contractors assume their new responsibilities. The City would not be in the position to assume these responsibilities if it were not for OCFS' leadership, especially Commissioner Gladys Carrion, with respect to young people and their families in the juvenile justice arena. We look forward to continuing to work collaboratively and productively with OCFS.

The City agencies involved in Close to Home program planning are also grateful for the leadership of Governor Andrew M. Cuomo for proposing Close to Home and Mayor Michael R. Bloomberg for his commitment to reforming juvenile justice in New York City. Our partners in

City and State government have all been instrumental in helping the City reach this critical juncture.

The planning for the transformation of the system has also allowed for unprecedented collaboration among juvenile justice stakeholders, including city agencies, the Courts, advocates, elected officials, youth, families, service providers, and many other representatives of the community. We were particularly grateful to receive input from young people and their parents at the community forums and public hearings held throughout the City, as well as through our public comment email address. This collaboration, through the JJAC, community forums, public hearings, and other vehicles provides the framework for ongoing cooperation as we develop new services and find ways to link our youth to positive, supportive individuals and entities in their own communities.

The City will work diligently to hire and train needed personnel, acquire contracted services, establish structures for communication, and ensure a high quality of care. ACS and DOP staff have set high standards for contractors wishing to care for the City's youth – not only must they comply with OCFS regulations, they must also sustain and carry out programming that meets the complex needs of youth and returns them to the community in a timely manner, with careful planning for effective integration. The City's rich resources of committed, creative providers will be integral parts of this transformation.

Contributors to this plan anticipate that by increasing objective decision making about which youth should be placed; engaging in structured, informed matching of youth with placements; and holding those placements to high standards of care, we will build an effective system that maximizes the impact of youths' time spent away from home and minimizes the likelihood of recidivism. By engaging in meaningful discharge and aftercare planning from the

moment a youth enters placement, we will promote seamless return of youth to their communities. And, by incorporating the rigorous continuous quality improvement approach that ACS already applies to oversight of its other services, we will build upon the lessons we learn in this new endeavor.

As demonstrated by the development of this plan, the City is committed to incorporating the views of the community throughout implementation of the Close to Home initiative. We look forward to continuing to collaborate as we bring this plan to fruition.

Endnotes

¹ Adjudicated delinquent” is the term used to describe a young person who is over seven and under sixteen years of age who has been adjudicated by the Family Court to be a juvenile delinquent in a proceeding brought pursuant to Article 3 of the Family Court Act.

² A list of DRSC members is attached as Appendix A.

³ The Negotiated Acquisition Solicitation and associated materials are attached as Appendices C-F.

⁴ The NSP Quality Assurance Standards are attached as Appendix F.

⁵ A list of Recommended NSP providers is attached as Appendix J.

⁶ Flyers, handouts and agendas for these forums are attached in Appendices H-P.

⁷ See 18 NYCRR §§ 428.1, 428.3, and 428.6.

⁸ See 18 NYCRR §§ 428.3(b)(2)(iii), 429.4(a)(15), 430.12(c)(4), and 441.13.

⁹ See 18 NYCRR §§ 430.11(c).

¹⁰ See 18 NYCRR §§ 430.12(c)(5).

¹¹ See 18 NYCRR § 428.2(b).

¹² The Continuum of Juvenile Justice Interventions is attached as Appendix H.

¹³ DSM” stands for the Diagnostic and Statistical Manual of Mental Disorders. Published by the American Psychiatric Association, the DSM provides a common language and standard criteria for the classification of mental disorders. Axis I disorders are clinical disorders, including major mental disorders, learning disorders and substance use disorders.

¹⁴ All NSP spaces will be procured through the NSP NA, except specialized settings for pregnant/parenting girls, which will be procured through alternate means.

¹⁵ See Appendix J for list of recommend NSP providers and locations

¹⁶ See 18 NYCRR § 441.14(a).

¹⁷ *Id.*

¹⁸ See 18 NYCRR § 441.19(h).

¹⁹ See 18 NYCRR §§ 303.1(a), and 441.19(d).

²⁰ See 18 NYCRR § 423.4(m)(2).

²¹ See 18 NYCRR §§ 441.19(d), 303.1(a), and 441.11.

²² See 18 NYCRR §§ 442.20(b) and 448.9(a).

²³ See 18 NYCRR § 430.11(c)(1)(i).

²⁴ See 18 NYCRR § 441.4(a).

²⁵ See 18 NYCRR §§ 441.11, 441.18(c), 443.3(b)(9), and 447.2(d)(8).

²⁶ See 18 NYCRR § 442.22(b)(1).

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- ²⁷ See 18 NYCRR §§ 430.11(c)(1)(ii) and 431.18 (f)-(g).
- ²⁸ Executive Order No. 120, Citywide Policy on Language Access to Ensure the Effective Delivery of City Services (July 22, 2008).
- ²⁹ Administration for Children’s Services, Language Access Policy and Implementation Plan, *available at* http://www.nyc.gov/html/acs/downloads/pdf/lap_acs.pdf.
- ³⁰ See 18 NYCRR § 423.4(m)(2).
- ³¹ The Guidelines for Promoting a Safe and Respectable Environment for Lesbian, Gay, Bisexual, Transgender and Questioning Youth and their Families Involved with DYFJ are attached as Appendix I.
- ³² See 18 NYCRR §§ 303.1(a) and 443.3(b)(1).
- ³³ See 18 NYCRR §§ 303.1(a), 441.19(d), and 443.3(b)(1).
- ³⁴ See Family Court Act § 355351.1
- ³⁵ See 18 NYCRR §§ 428.1, 428.3, 428.6, 441.15, and 441.22.
- ³⁶ See 18 NYCRR §§ 430.11(c)(2)(ix), 430.12(c)(4), and 441.13.
- ³⁷ See 18 NYCRR § 445.1.
- ³⁸ See 18 NYCRR § 430.11(c)(1).
- ³⁹ See 18 NYCRR §§ 428.1, 428.3, 428.6, and 430.12(c)(1)(i).
- ⁴⁰ See 18 NYCRR § 430.12(c)(2)(i)(a)(2).
- ⁴¹ See 18 NYCRR §§ 428.2(b)-(c), 428.3, and 428.6
- ⁴² See FCA § 353.3 (10) and SSL § 398 (3).
- ⁴³ See SSL § 398 (3).
- ⁴⁴ See 18 NYCRR § 428.2(b).
- ⁴⁵ See 18 NYCRR §§ 428.3 and 428.5.
- ⁴⁶ See 18 NYCRR § 430.12(c)(2)(i)(a).
- ⁴⁷ See 18 NYCRR § 430.11(c)(1).
- ⁴⁸ See 18 NYCRR §§ 428.3 and 428.5.
- ⁴⁹ See 18 NYCRR § 431.8(b)(5).
- ⁵⁰ See 18 NYCRR § 431.8(b)-(c).
- ⁵¹ See 18 NYCRR § 431.8.
- ⁵² See 18 NYCRR § 441.16.
- ⁵³ See 18 NYCRR § 441.17(h).
- ⁵⁴ See 18 NYCRR §§ 428.2(b).
- ⁵⁵ See 18 NYCRR §§ 428.3, 428.5 and 428.7.
- ⁵⁶ See 18 NYCRR §§ 441.17 and 442.2.
- ⁵⁷ See 18 NYCRR §§ 428.1(b)(4), 428.2(c), 428.6(a)(2)(vi), 430.8(a)(4), and 430.12(c)(5).
- ⁵⁸ See 18 NYCRR §§ 423.3(b), 430.9, 430.10, and 432.1(o).
- ⁵⁹ See 18 NYCRR § 441.21(b).
- ⁶⁰ See 18 NYCRR §§ 428.1-428.10.
- ⁶¹ See 18 NYCRR §§ 430.12(c)(1)(ii)(f) and 430.12(d)(2).
- ⁶² *Id.* See Family Court Act 10(c) and 18 NYCRR §§ 358(a), and 430.12.
- ⁶³ See 18 NYCRR § 443.6(a).
- ⁶⁴ See 18 NYCRR § 428.9 and Family Court Act §§ 355.3 and 355.5.
- ⁶⁵ See 18 NYCRR § 428.9.
- ⁶⁶ See 18 NYCRR § 428.9, 428.2(b) and 428.6.
- ⁶⁷ See 18 NYCRR §§ 428.3(b)(2)(iii), 429.4(a)(15), 430.12(c)(4), and 441.13.
- ⁶⁸ *Id.*
- ⁶⁹ *Id.*
- ⁷⁰ See 18 NYCRR § 430.12(c)(5).
- ⁷¹ See 18 NYCRR §§ 429.4(a)(15) and 430.12(c)(4).
- ⁷² See 18 NYCRR §§ 428.6(a)(2)(iv) and 430.11.
- ⁷³ See 18 NYCRR § 441.7 and 428.6.
- ⁷⁴ See 18 NYCRR § 430.12.
- ⁷⁵ See 18 NYCRR §§ 441.8, 441.9, 441.22, and 441.16.
- ⁷⁶ See 18 NYCRR §§ 428.1(b)(4), 428.2(c), 428.6(a)(2)(vi), 430.8(a)(4), and 430.12(c)(5).

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- ⁷⁷ See 18 NYCRR §§ 428.1-428.10.
- ⁷⁸ See 18 NYCRR § 441.21.
- ⁷⁹ See 18 NYCRR §§ 428.3(b)(2)(iii), 429.4(a)(15), 430.12(c)(4), and 441.13.
- ⁸⁰ See 18 NYCRR §§ 441.15 and 441.22.
- ⁸¹ See 18 NYCRR §§ 441.22(c).
- ⁸² See 18 NYCRR § 441.3(c)(1) and 441.7.
- ⁸³ See 18 NYCRR § 430.11(c)(2)(vii).
- ⁸⁴ See 18 NYCRR § 441.18(d).
- ⁸⁵ See 18 NYCRR § 441.17.
- ⁸⁶ See 18 NYCRR § 431.8.
- ⁸⁷ See 18 NYCRR §§ 441.8, 441.9, 441.16.
- ⁸⁸ See 18 NYCRR §§ 441.17(b)-(d).
- ⁸⁹ See 18 NYCRR §§ 441.17(2)(i)-(k).
- ⁹⁰ See 18 NYCRR §§ 441.17(i)-(k).
- ⁹¹ See 18 NYCRR § 441.17(i)-(j); 441.7(2)(ii).
- ⁹² See 18 NYCRR § 441.17(j)-(k).
- ⁹³ See 18 NYCRR §§ 441.7, 441.8, and 441.17.
- ⁹⁴ See 18 NYCRR § 431.8(a).
- ⁹⁵ See 18 NYCRR § 431.8(b)(5) and 466.3.
- ⁹⁶ See 18 NYCRR 431.6
- ⁹⁷ See 18 NYCRR § 431.8(c).
- ⁹⁸ See 18 NYCRR §441.17 (a)(1) and 442.2.
- ⁹⁹ See 18 NYCRR 441.17 and 442.2.
- ¹⁰⁰ See 18 NYCRR 442.2(e).
- ¹⁰¹ In addition, ACS is required to follow the applicable state regulations with regards to making determinations concerning which matters should be referred to HRA's child support enforcement unit.
- ¹⁰² See 18 NYCRR § 441.2(b).
- ¹⁰³ See 18 NYCRR §§ 441.3(c)(1), 441.15, 442.1-442.25, 443.3(b), 447 and 448.
- ¹⁰⁴ See 18 NYCRR §§ 441, 442, 443, 447 and 448.
- ¹⁰⁵ See 18 NYCRR § 427 and 628.
- ¹⁰⁶ See 18 NYCRR §§ 431.6 and 441.3(c)(1).
- ¹⁰⁷ See 18 NYCRR §§ 442.18, 443.2, 443.8, 447.1, 447.2, 448.2, and 448.3.
- ¹⁰⁸ See 18 NYCRR § 447.2(a)(1).
- ¹⁰⁹ See 18 NYCRR § 448.3(b).
- ¹¹⁰ See 18 NYCRR § 442.18(d).
- ¹¹¹ See 18 NYCRR § 442.18(b)(1)-(26).
- ¹¹² See 18 NYCRR § 441.3(c)(1).
- ¹¹³ See 18 NYCRR § 441.3(c)(1).
- ¹¹⁴ See 18 NYCRR §§ 441.4(b)(1), 442.18(e)(4), 443.2(e), and 448.3(c)(4).
- ¹¹⁵ See 18 NYCRR § 441.3(c)(1) and 441.4.
- ¹¹⁶ See 18 NYCRR § 428.3(d).
- ¹¹⁷ See 18 NYCRR § 441.3(c)(1).
- ¹¹⁸ This only includes adult arrests and some serious fingerprinatble juvenile felonies.

Appendices

- A. Dispositional Reform Steering Committee List
- B. NSP Negotiated Acquisition Solicitation
- C. NSP Addendums 1-6
- D. NSP On Going Budget Template
- E. NSP Year One Budget Template
- F. NSP Quality Assurance Standards
- G. Close to Home Community Forum Flyers and Agendas
- H. New York City Continuum of Juvenile Justice Interventions
- I. LGBTQ Guidelines
- J. List of Recommended NSP Providers and Locations
- K. Close to Home Job Vacancy Notices
- L. NSP Safe Intervention Policy
- M. DYFD Organizational Chart
- N. Responses to Public Comments
- O. Anticipated Non-Secure Facility Start-Up Timeline
- P. Non-Secure Facility Start-Up Matrix
- Q. Non-Secure Placement Hiring Priorities – June 2012
- R. Non-Secure Placement Hiring Priorities – September 2012
- S. NSP Provider Medical-Mental Health-Substance Abuse Services
- T. NSP Provider Medication Administration
- U. NSP Provider Training Plans