



2023
FAMILY
EXPERIENCE
SURVEY

NYC
Children

Prevention
Services

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I. ACKNOWLEDGEMENTS

ACS is pleased to acknowledge the many individuals who contributed to this annual *ACS Prevention Family Experience Survey*. The Division of Prevention Services would like to thank former New York City Council Member Stephen T. Levin who sponsored the legislation that led to the creation of the survey and report.

A special thank you to our contracted prevention provider agencies and their staff, and to the Council of Family and Child Caring Agencies (COFCCA) for their support and communication with providers in disseminating the survey. Finally, a special thank you to the individuals and families who participated in completing this survey.

II. EXECUTIVE SUMMARY

The Administration for Children’s Services (ACS), in partnership with our prevention provider agencies, conducted the annual ACS Prevention Family Experience Survey in accordance with Local Law 17 of 2018, which was adopted into the New York City charter on December 31, 2017. The legislation, which was introduced by former City Council Member Stephen T. Levin, requires ACS to conduct an annual survey of all families in contracted prevention programs regarding their experiences in prevention services. The purpose of the survey is to better understand the lived experiences of families while participating in prevention services.

DPS contracts with 44 nonprofit community-based organizations (“provider agencies”) to provide services to approximately 31,000 unique children in about 15,000 families per year with the goals of child safety, promoting family stability, and reducing the need for foster care. ACS and its partner organizations seek to support the physical, psychological, and emotional needs of children by working closely with families and their communities. Families in prevention services have the opportunity to achieve economic mobility, build social connections, advance their education and improve overall well-being. Prevention services address a spectrum of needs and, depending on the prevention model, services may include case management, counseling, family therapy, and other clinical interventions in a manner that promotes child safety and family stability.

The survey was designed by a collaborative workgroup led by the Community Based Strategies (CBS) team within the Division of Prevention Services (DPS) at ACS. It is structured so that all responses are confidential, and answers cannot be linked to a specific responder. The survey includes questions about the type and quality of services received; interactions with case planners; demographic information about families and household composition; and suggestions for how services may be improved. We received 2,748 survey responses from the 7,052 families enrolled in services when the survey launched. This represents a system-wide response rate of 39%, an increase from the 33% response rate in 2022 and a substantial level above other surveys of this type and scale, which typically have a response rate of 25%.

Key findings from the survey show continued strong satisfaction with services and general alignment with trends reported in the 2022 Family Experience Survey related to family demographics, service use, and other details of prevention service delivery. Among the key findings of the survey are the following:

Type of Services Received

Survey participants were connected to family counseling (44% or 1,176 participants); mental health counseling for adults and/or children (39% or 1,037 participants); and children's education and/or daycare (32% or 848 participants) while working with their prevention case planners. These top three responses were selected when asked the question, "What services did your case planner help your family connect to? Please select all that apply." These findings align with agency expectations, as a majority of ACS prevention models/frameworks include family counseling and mental health services or referrals to outside counseling services as part of the service delivery approach. Furthermore, these findings on types of services received are similar to the findings from previous Prevention Family Experience Surveys.

Quality of Services Received

The vast majority of survey participants indicated satisfaction with the services they have received. For example, 93% (2,686 participants) of participants agree services are helping them achieve their goals; 94% (2,685 participants) of survey participants agree that they are happy with the prevention services their families received; 90% (2,687 participants) of survey participants agree that they would recommend services to a friend and/or family member; and 91% (2,682 participants) of survey participants agree that they would go to their prevention provider for help in the future. These responses remained consistent with findings from previous Prevention Family Experience Surveys.

Household Income and Access to Basic Needs

To gather information on families' financial situations, the survey asked, "In a typical month, what is the total combined income for your household?" Income was defined to include "wages, SSI, Social Security, unemployment benefits, and other cash assistance." Two-thirds (67% or 1,710 participants) of survey participants reported a monthly income of less than \$2,000 per month. According to the New York City Government Poverty Measure 2020 report, published by the Mayor's Office for Economic Opportunity in 2023, the annual NYC poverty threshold is \$38,337. Due to limitations including differences in income definition and units of measurement, it is difficult to compare the monthly income data collected in the survey to the NYC poverty threshold. However, an approximate calculation demonstrates that the majority of survey participants live below the NYC poverty threshold.

To better understand families' access to basic needs, the survey asked participants about their access to food, medical care, and safe and secure housing over the past three months. The vast majority (90%+) of survey participants responded that they have access to enough food for three meals a day, are able to access medical care when needed, and have safe and secure housing.

Findings from the income and access to basic needs questions suggest that despite low incomes, families in prevention services were able to meet their concrete needs at the time they responded to the survey. It is impossible to draw causal relationships, but prevention services are intended to help families access necessary resources to enable family well-being.

Interactions with Case Planners

Case planners are the primary staff members at the ACS-contracted prevention provider agencies with whom service recipients interact. They are crucial to the work, as they deliver services directly to parents/caregivers, children, young people, and families. Often, case planners work with families to provide mental health support, identify and access resources in the community, and help families achieve service goals. Depending on the prevention provider agency and the model of service being delivered, the title of a case planner might vary to include caseworkers, family therapists, prevention workers, service providers, or interventionists. For this report, we will use the title “case planner.”

The vast majority of survey participants reported that they communicate with their case planners through in-home meetings (90% or 2,395 participants), phone calls (84% or 2,253 participants), texting (81% or 2,162 participants), and video calls (44% or 1,170 participants). In-home meetings are a foundational component of ACS prevention programs. This year’s survey presents a decrease in virtual meetings compared to the 2022 survey results, attributed to the decreased use of video after the COVID-19 public health emergency ended.

Survey responses demonstrate that families have positive interactions and relationships with their prevention case planners. Most families that participated in the survey reported that their case planner is available (97% or 2,687 participants); that they trust their case planner (97% or 2,645 participants); feel safe telling their case planner about their family (96% or 2,677 participants); feel listened to when setting goals for their family as part of their work with the case planner (96% or 2,680 participants); and feel their case planner respects their cultural practices (97% or 2,672 participants). These findings align with findings from previous Family Experience Surveys. ACS and prevention provider agencies have made extensive efforts to prepare case planners to develop positive relationships with families and overcome the tension that exists in some child welfare cases between the need to monitor child safety and risk and the desire to build supportive relationships with families. Furthermore, the models/frameworks used in prevention services emphasize the importance of developing trusting and working partnerships between case planners/therapists and families to promote family-led goal setting and service planning.

Demographic Information about Families & Household Composition

A majority of survey participants identify as “Woman” (90% or 2,352 participants) and, on average, are 36 years old. About 8% of survey participants identify as “Man” (201 participants) and are, on average, 41 years old. The survey also asked participants to identify their role in the family. A large majority selected “Mom” (87% or 2,263 participants) followed by “Dad” (9% or 215 participants). The survey asked participants to select the races/ethnicities they identify with, and the top responses were:

- Hispanic, Latinx, or Spanish: 52%
- Black, African American, or African: 35%
- White: 8%
- Asian: 6%
- Multiracial or Multiethnic: 4%

In terms of household composition, the average household size for those responding to the survey was four (3.98) individuals with an average of two to three (2.4) children ages 0-18 years old. Household was defined to include the people that live in the same space as survey participants (i.e., apartment) and with whom they share living expenses (i.e., rent). The survey also asked about language(s) spoken in the home. Below are the most frequently selected languages. (Please note that 33% of participants selected multiple choices, indicating they live in multilingual households.)

- English: 80%
- Spanish 41%
- Chinese 3%
- Bengali 2%

Suggestions for Improvements

When survey participants were asked about ways to improve prevention services, the most frequently selected suggestions were providing families with more information about prevention services (41% or 1,014 participants), explaining the length of services (30% or 795 participants), providing more basic necessities (33% or 743 participants), and giving families more voice and choice in the services they receive (30% or 732 participants). These recommendations are similar to findings from previous Family Experience Surveys.

Prevention Continuous Improvement of Services

ACS continues to monitor its continuum of services to better meet the needs of children and families in New York City. Findings from this year's Prevention Family Experience Survey will continue to inform further program and practice improvements. One example of how survey findings have been used to improve service delivery is the partnership between the Public Policy Lab, ACS' Division of Prevention Services, and the NYC Department of Health and Mental Hygiene Bureau of Children, Youth, and Families, which produced a set of training resources and conducted a series of provider onboarding sessions to integrate intake, feedback, and referral guides into frontline staff workflows and improve the service experience for families, youth, and frontline staff members.

III. INTRODUCTION

A. Background and Purpose of the Survey

The Administration for Children's Services (ACS) protects and promotes the safety and well-being of New York City's children and families by providing child welfare, juvenile justice, and early care and education services. The Division of Prevention Services (DPS) contracts with 44 community-based organizations who provide services to strengthen and stabilize families and reduce the need for foster care involvement. ACS prevention services are provided to approximately 15,000 families per year and approximately 31,000 children. Prevention services address a range of family needs and may include case management, counseling, and clinical interventions offered primarily in a family's home and in a manner that embraces the rich cultural diversity of NYC families. ACS strives to match families with the most appropriate prevention service program to help strengthen and support them. Factors such as location, language, and service needs are considered when matching a family to a prevention program. If it is determined that a different program would better meet the needs of a family, the family can transfer to that program.

As required by Local Law, ACS and its partners developed and disseminated the annual ACS Prevention Family Experience Survey in June of 2023 and all responses were received in the summer of 2023. This survey aims to help ACS better understand the experiences of families receiving prevention services, especially as it pertains to their relationship with case planners, the types of services and support they perceive as most beneficial, and their perceptions of services provided.

The Community Based Strategies (CBS) team within the Division of Prevention Services at ACS collaborated with provider agencies to develop and co-design the survey. This collaborative approach allowed for important guidance on the survey design and content, improvements to survey questions and response options, and support on the development of a communication plan to maximize the number of survey participants. Listening sessions with provider agency staff and pilot testing with prevention families were conducted between 2018 and 2021 to draft, revise, and improve the survey. The survey distributed this year is largely unchanged from the survey as it was distributed in 2021 and 2022.

B. Survey Methodology

Survey Development

The 2023 ACS Prevention Family Experience Survey included the same questions as the previous 2021 and 2022 survey; no new questions were added. The survey team made a minor edit to one response choice for one question to remove a reference to the provision of personal protective equipment (PPE) in acknowledgment of the end of the COVID-19 public health emergency. Survey development followed a research-informed and participatory approach, including extensive collaboration between the ACS Survey Team and prevention provider agencies. The goal of this collaboration was to make the survey as family friendly as possible, ensure response validity and reliability, and leverage lived experience expertise.

Survey Dissemination

In collaboration with provider agencies, the ACS Prevention Family Experience Survey was offered to families receiving ACS prevention services. Provider agencies' staff asked the primary caregiver of each family unit to complete the survey. The assumption was that primary caregivers would respond in ways that would represent the views of the entire family. There was one survey administered per family.

The survey was created and offered to families using the Survey Monkey online platform. Participation in completing the survey was voluntary and did not affect the prevention services that a family was receiving. All responses were kept confidential and all responses were combined and reported together, so that individuals could not be identified. The survey did not ask for names of survey participants. Additionally, all questions on the survey were optional – if a participant did not want to answer a particular question, then they were able to leave the answer choice blank and move on to the next question, which is why the number of responses vary by survey question.

Similar to previous years, unique survey links were created and disseminated to each provider agency. In 2019 listening sessions for the first annual ACS Prevention Family Experience Survey, the ACS Survey Team heard that some families do not necessarily know the name of the provider agency they are receiving services from. Some families identify their service provider agency by program name, address, or case planner name. Unique links for each provider agency enabled response rates to be linked to each agency.

To make the survey accessible to families whose primary language is not English, the survey was offered in English and the 10 designated citywide languages. After the survey closed, the ACS Survey Team sent out a process improvement questionnaire for provider agency staff to complete regarding their experience with this survey. The vast majority (84%) of provider agency staff agreed that the survey was offered in the languages preferred by the families they serve.

In order to make the survey as accessible as possible, the ACS Survey Team created various strategies to increase survey participation based on lessons learned during previous Family Experience Surveys and provider staff feedback. Case planners at provider agencies spoke with families about taking the survey and if individuals agreed to participate in the survey, case planners were encouraged to use the three strategies below to support survey completion. The three strategies were:

1. Send the survey link to caregivers via text message for participants to access and take on their own devices.
2. If technology was a barrier, case planners offered the caregiver a paper version of the survey.
3. With caregiver consent, agency staff supported caregivers with literacy barriers by reading the survey questions to them, recording their responses, and submitting the survey on their behalf.

As a way to compensate families for their time, gift cards were distributed to provider agencies to offer as compensation for families' time spent completing the survey. Throughout the dissemination of the survey, the ACS Survey Team managed and monitored a dedicated survey inbox; attended provider staff meetings to give an overview of the survey; and provided general technical assistance to providers to address any issues or questions that came up. **In total, 2,748 surveys were completed, representing a 39% response rate.**

C. Limitations of the Survey

This survey collected data from a New York City population of families who were enrolled in ACS Prevention Services. As with all surveys, the findings are subject to nonresponse bias that stems from some caregivers choosing not to complete the survey. Participant bias can also be influenced by individuals' experiences and outside factors. Furthermore, biases may have influenced the amount of effort expended to get a particular caregiver to complete the survey. All contracted provider agencies are represented in the survey responses.

One agency (out of the 44 that administered the survey) reported a discrepancy in the number of surveys submitted compared to those recorded by Survey Monkey. (The agency reported that an additional 18 surveys were completed in addition to the 12 that were received). The survey team provided troubleshooting with the agency staff but were not able to identify the technical issue and could not augment or alter survey data. The agency was provided with gift cards to compensate the additional families that reportedly participated. These responses represent 0.7 percent of all surveys received, and thus are unlikely to have an impact on the citywide findings included in this report.

Factors such as literacy barriers, limited English proficiency, and limited access to internet enabled devices were potential barriers to survey participation. The Survey Team worked with provider staff to phrase questions and answer choices with direct and simple wording. To address technology barriers, the survey was made available in paper form. While the survey was available online in 11 languages, it is possible that there are caregivers receiving prevention services who do not read any of those languages. Furthermore, there are various dialects within the 11 languages that may not have been supported by the translations.

Another limitation is that the survey was administered on the family level. The survey was intended to be completed by primary caregivers, with the assumption that primary caregivers would respond in ways that would represent the views of the entire family unit, but in some cases the caregiver response may not reflect the experience of everyone in the household.

D. Survey Population

The survey included demographic questions about survey participants and their households. The findings below describe the population of survey participants and their families. This section is made up of two subsections to distinguish questions that asked about the family or household overall and those that asked about the individual participant who completed the survey.

Household Demographics:

D.1. Length of Service

Approximately 52% of families who participated in the survey had been receiving services for 4 to 12 months at the time they took the survey. When asked how long participants' families have been receiving prevention services, 29% (781 participants) selected "4-6 months" and 23% (613 survey participants) selected "7-12 months." This is similar to the trends from previous Prevention Family

Experience Surveys. Table D1 below includes more details about the breakdown of how survey participants responded to this question. The question was answered by 2,697 survey participants and skipped by 51 participants.

Table D1: How long families have been receiving prevention services (n = 2,697)

0-3 months	4-6 months	7-12 months	Longer than 12 months
27.4%	29.0%	22.7%	20.9%

D.2. Language Spoken at Home

A majority of survey participants reported speaking English in their homes 80% or 2,071 participants) and over a third reported speaking Spanish in their homes (41% or 1,066 participants). These language findings reflect similar trends from previous Family Experience Surveys. Table D2 below has a more detailed breakdown of languages spoken in the home. Please note that the totals do not sum to 100% because survey participants could select multiple languages. In fact, 33% (718 participants) selected multiple languages, implying that their households are multilingual. This question was answered by 2,601 survey participants and skipped by 147.

Table D2: Languages spoken in families' homes (n = 2,599)

Language	Percentage of Survey Participants
English	79.7%
Spanish	41.0%
Chinese	3.2%
Bengali	1.8%
Arabic	1.2%
Russian	0.9%
Haitian Creole	0.8%
French	0.7%
Sign Language	0.5%
Urdu	0.5%
Polish	0.4%
Korean	0.0%
Other	2.2%

Note: categories are not exclusive and will not necessarily sum to 100 percent.

D.3. Household Size

Survey participants were asked how many people are in their household and how many children (ages 0 to 18 years old) are in their household. The average number of people in families' households is 4 and the average number of children in respondent households is 2-3. This is in alignment with ACS internal data that shows the average number of children in households is 2.4. The question asking about household size was answered by 2,279 survey participants and skipped by 469. The question asking how many children are in the household was answered by 2,264 participants and skipped by 484.

Survey Participant Demographics:

D.4. Self-Identified Gender and Age

Survey participants were asked to select which gender they identify with. A large majority selected "Woman" (90% or 2,263 participants) and 9% selected "Man" (215 participants). The average age of survey participants is 36 years for women and 41 years for men. These findings are similar to previous years' Family Experience Survey results. For further breakdown of how frequently each of the gender answer choices were selected and the average age of survey participants by gender identity, see Table D4 below. The gender question was answered by 2,612 participants and skipped by 136. Gender percentages were calculated out of the total number of participants who answered the question. The question asking for age was answered by 2,293 survey participants and skipped by 455 participants.

Table D4: Survey participants' gender identity and average age

Woman	Man	Non-binary (not man or woman)	Prefer not to answer	Other
90.0%	7.7%	0.6%	1.4%	0.2%
Average age: 36.0	Average age: 40.7	Average age: 31.5	Average age: 33.7	Average age: 34.3

D.5. Family Role

Survey participants were asked to identify their role in their families. A large majority selected "Mom" (87% or 2,263 participants), followed by "Dad" (8% or 215 participants). Again, these responses are similar to previous Family Experience Survey results. For a more detailed breakdown of how frequently each answer choice was selected, see Table D5 below. Percentages were calculated out of the total number of responses to this question, in this case 2,596 people. This question was skipped by 152 participants. Please note that totals may not sum to 100 because participants were able to report identifying with multiple family roles.

Table D5: Survey participants' family role (n = 2,594)

Answer Choice	Percentage of Survey Participants
Mom	87.2%
Dad	8.3%
Grandparent	3.0%
Sister / Brother	2.5%
Aunt / Uncle	0.8%
Stepmom	0.5%
Stepdad	0.4%
Other	1.1%

Note: categories are not exclusive and will not necessarily sum to 100 percent.

D.6. Self-Identified Race/Ethnicity

Survey participants were asked to select one or more races/ethnicities with which they identified. The most frequently selected responses were “Hispanic, Latinx, or Spanish” (52% or 1,323 participants) and “Black, African American, or African” (35% or 892 participants). Additionally, 4% (97 participants) of survey participants selected “Multiracial or Multiethnic” and 9% (200 participants) selected more than one race/ethnicity. These findings reflect similar trends from previous Family Experience Surveys. See Table D6 below for further breakdown of reported races/ethnicities for survey participants. Percentages were taken out of the total number of individuals who responded to this question. Percentages may not sum to 100 because participants were able to select more than one answer choice. This question was answered by 2,571 participants and skipped by 177.

Table D6: Survey participants' identified races/ethnicities (n = 2,571)

Race/Ethnicity	Percentage of Survey Participants
Hispanic, Latinx, or Spanish	51.5%
Black, African American, or African	34.7%
White	8.3%
Asian	6.3%
Multiracial or Multiethnic	3.8%
Middle Eastern or North African	1.6%
Native American or Alaska Native	0.9%
Native Hawaiian or Other Pacific Islander	0.6%
Other	3.4%

Note: categories are not exclusive and will not necessarily sum to 100 percent.

D.7. Survey Language

The survey was offered in 11 languages: English, Spanish, Chinese, Russian, Bengali, Haitian Creole, French, Korean, Arabic, Urdu, and Polish. Families were able to select the language they wanted to proceed in. We received completed surveys in all languages except Korean. A large majority of surveys were completed in English (76% or 2,096 surveys), followed by Spanish (20% or 557 surveys), then Chinese (2% or 66 surveys). This breakdown is largely similar to trends observed in previous Family Experience Surveys.

Table D7: Survey language (n = 2,748)

Survey Language	Percentage of Survey Participants
English	76.27%
Spanish	20.27%
Chinese	2.40%
Russian	0.25%
French	0.22%
Arabic	0.22%
Bengali	0.15%
Haitian Creole	0.11%
Urdu	0.07%
Polish	0.04%
Korean	0.00%

IV. SURVEY FINDINGS

A. Type and Quality of Services

A.1. Type of Services

Survey participants reported receiving support with family counseling, mental health counseling, and their children's education/daycare while working with their prevention case planners.

Understanding how families classify and describe the services they receive provides important policy and practice insight into how families experience prevention services. Participants were asked, "What services did your case planner help your family connect to? Please select all that apply." Almost half of survey participants selected "family counseling" (44% or 1,176 participants). This finding aligns with the ACS' expectations, as a majority of the ACS prevention program models include family counseling services as a central part of the approach to working with families.

The second most frequently selected service by survey participants was "mental health counseling (for adults and/or children)" (39% or 1,037 participants).. In 2020, through a re-procurement of prevention services, ACS expanded its investment in evidence-based and evidence-informed therapeutic and treatment service models citywide while enhancing access to services and ensuring service delivery is socially just and culturally competent. A core component of these models is supporting the mental and behavioral health of caregivers, children, and youth.

The third most frequently selected service was "Children's education and/or daycare" (32% or 848 participants). All prevention services programs help to connect caregivers to childcare support, including daycare vouchers for younger children.

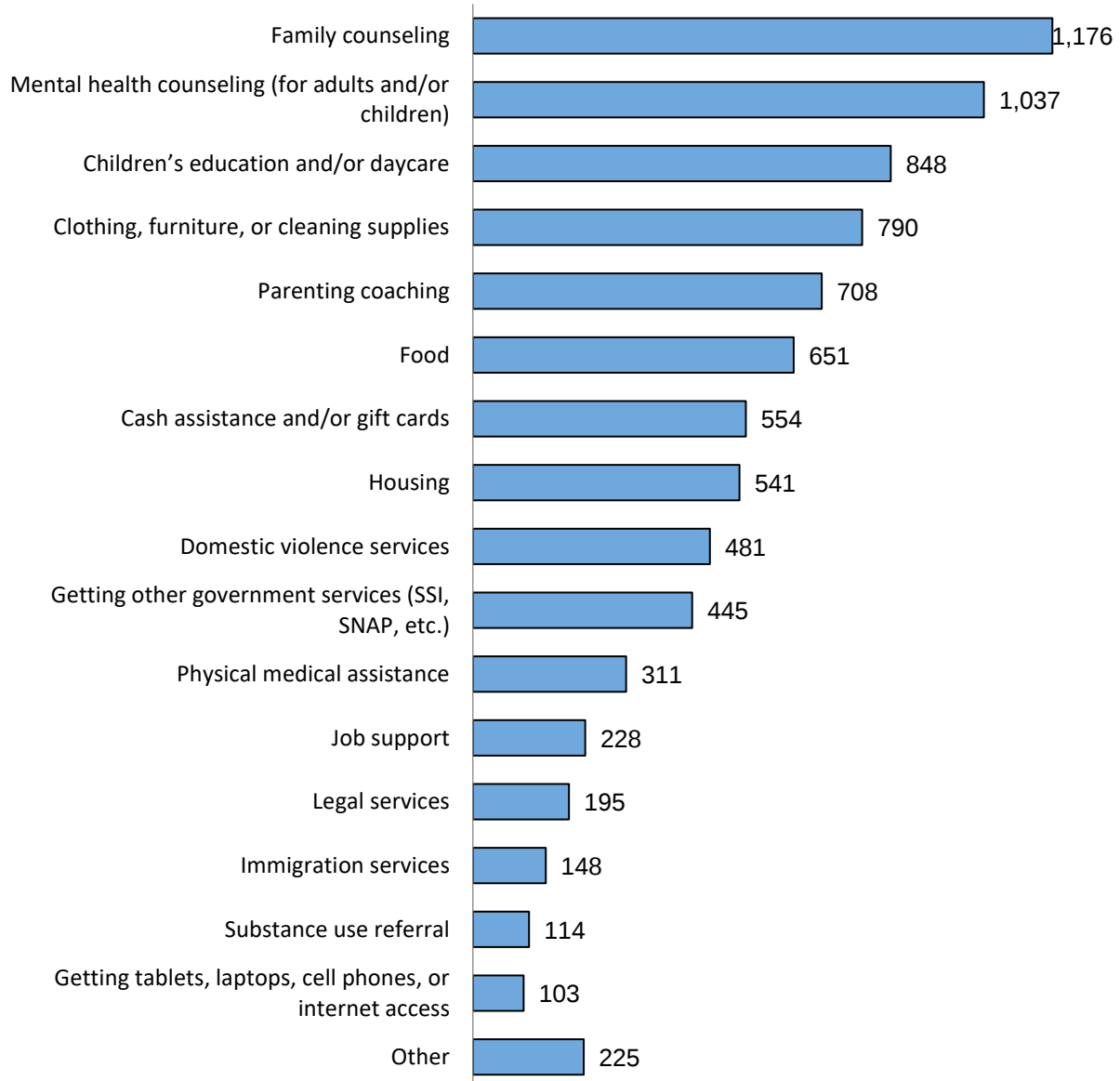
The top three most frequently selected responses are the same as previous Prevention Family Experience Surveys. Below, Table A1 and the following bar chart include additional details about the other types of services that survey participants selected. The table includes the percentage of survey participants who selected each answer choice. These percentages were calculated out of the total number of responses to this question. Please note that percentages do not sum to 100 because survey participants were able to select multiple answer choices. A total of 2,671 survey participants responded to this question and 77 skipped it.

Table A1: Types of services (n = 2,671)

Answer Choice	Percentage of Survey Participants
Family counseling	44.0%
Mental health counseling (for adults and/or children)	38.8%
Children's education and/or daycare	31.8%
Clothing, furniture, or cleaning supplies	29.6%
Parenting coaching	26.5%
Food	24.4%
Cash assistance and/or gift cards	20.7%
Housing	20.3%
Domestic violence services	18.0%
Getting other government services (SSI, SNAP, etc.)	16.7%
Physical medical assistance	11.6%
Job support	8.5%
Legal services	7.3%
Immigration services	5.5%
Substance use referral	4.3%
Getting tablets, laptops, cell phones, or internet access	3.9%
Other	8.4%

Note: categories are not exclusive and will not necessarily sum to 100 percent.

What services did your case planner help your family connect to?
Please select all that apply.



A.2. Quality of Services

A large majority of survey participants reported satisfaction with the prevention services they received and agreed they would recommend services to a friend or family member.

To collect data regarding caregivers' perceived quality of and general satisfaction with prevention services, survey participants were asked, "For the services you selected above, how much do you agree or disagree with the following statements?" The four statements that were included in the question were:

1. The services are helping me achieve my goals.
2. So far, I am happy with the services my family received.
3. I would recommend these services to a friend and/or family member.
4. I would go to my prevention agency for help in the future.

The large majority of participants responded to the four statements with "Strongly Agree" or "Somewhat Agree." This is similar to the trends from previous Prevention Family Experience Surveys. Most survey participants (93% or 2,685 participants) agree they are happy with the services their families have received. The continuum of community based organizations providing ACS prevention services are committed to delivering services in an inclusive and culturally appropriate manner to ensure that children, young people, and caregivers are receiving the support they need. ACS will continue quality improvement efforts to sustain family satisfaction with prevention services. Table A2 includes the number of participants who responded to each prompt and the distribution of responses to the statements.

Table A2: How much families agree or disagree with the following statements about services.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The services are helping me achieve my goals. (n = 2,686)	70.3%	22.9%	2.2%	2.0%	2.6%
So far, I am happy with the services my family received. (n = 2,685)	75.2%	18.4%	2.5%	2.3%	1.6%
I would recommend these services to a friend and/or family member. (n = 2,687)	73.1%	16.6%	2.6%	2.9%	4.7%
I would go to my prevention agency for help in the future. (n = 2,682)	74.0%	16.6%	2.1%	2.9%	4.3%

B. Household Income and Access to Basic Needs

B.1. Household Income

To gather information on families' financial well-being, the survey asked, "In a typical month, what is the total combined income for your household?" Income was defined to include wages, SSI, Social Security, unemployment benefits, and other cash assistance. This question was added to the survey in 2021 to collect information about families' financial well-being during the COVID-19 pandemic.

Two-thirds (67% or 1,710 participants) of survey participants reported a monthly income, as defined in the survey, as less than \$2,000 per month. According to the New York City Government Poverty Measure 2020 report, published by the Mayor's Office for Economic Opportunity in 2023, the annual NYC poverty threshold is \$38,337 for a two-adult, two-child family. It is difficult to compare the income data from survey participants to the NYC poverty threshold because of differences in the definition of income, differences in units of measurement, and limited relevant information. Regardless, an approximate calculation demonstrates that the majority of survey participants live below the NYC poverty threshold line. This finding reflects similar trends to the 2021 and 2022 Family Experience Survey.

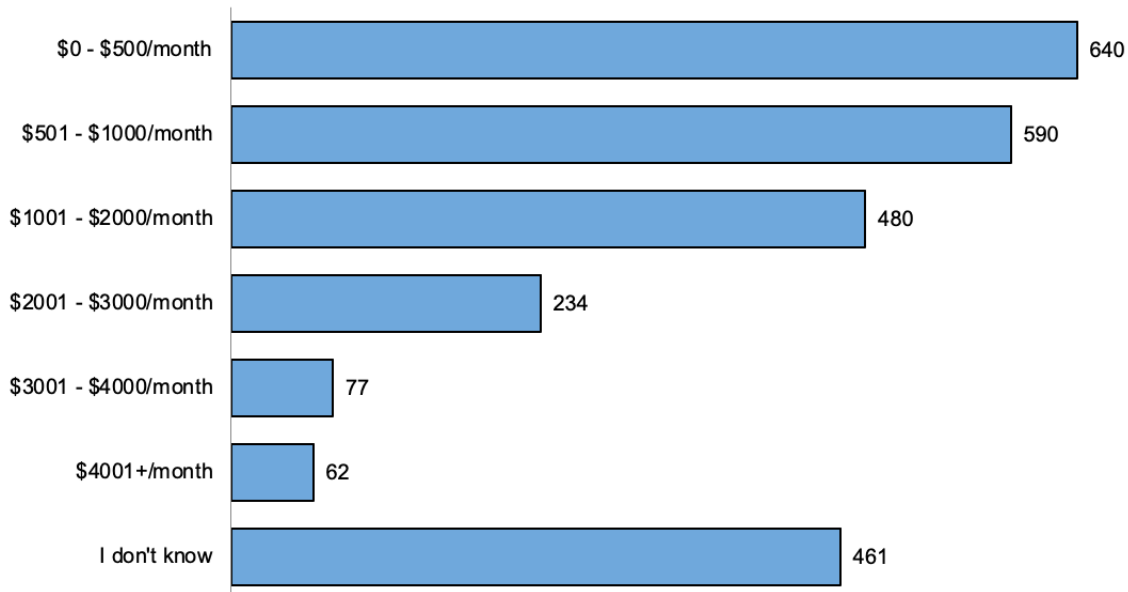
Below Table B1 includes a more detailed breakdown of survey participants' responses to this question. Percentages were calculated out of the total number of participants to answer the question, in this case 2,544. The question was skipped by 204 participants. The bar chart below Table B1 visualizes the number of participants who selected each answer choice.

Table B1: Reported household income (n = 2544)

Answer Choice	Percentage of Survey Participants
\$0 - \$500 per month (\$0-\$125 per week)	25.2%
\$501 - \$1000 per month (\$126-\$250 per week)	23.2%
\$1001 - \$2000 per month (\$251-\$500 per week)	18.9%
\$2001 - \$3000 per month (\$501-\$750 per week)	9.2%
\$3001 - \$4000 per month (\$751-\$1000 per week)	3.0%
\$4001+ per month (\$1001+ per week)	2.4%
I don't know	18.1%

Note: categories are not exclusive and will not necessarily sum to 100 percent.

In a typical month, what is the total combined income for your household?



B.2. Household Access to Basic Needs

To better understand the needs of families in prevention services, survey participants were asked, “How much do you agree or disagree with the following statements about your household’s situation over the past 3 months?” The five statements that participants responded to were:

1. My household has been able to get enough food for 3 meals a day.
2. My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.).
3. My household has been able to get medical care when we needed it.
4. My household has had safe and secure housing.
5. My household has been able to get enough diapers, cleaning supplies, and feminine hygiene products that we need.

This question was added to the survey in 2021 to collect information about families’ overall well-being, specifically in regards to the extent they are experiencing scarcity. The last question above (“My household has been able to get enough diapers...”) was revised in this year’s survey to remove a reference to “personal protective equipment (PPE)” to reflect the end of the COVID-19 public health emergency. Responses to the statements above indicate that families in prevention services have been able to access adequate food, medical care, housing, and hygiene supplies. For example, 91% of survey participants reported their households have enough food for three meals a day (2,587 participants). These findings are in alignment with findings from the 2021 and 2022 Family Experience Surveys. It is particularly meaningful that families have been able to meet these concrete needs even while living below the NYC poverty threshold.

All families in a prevention services program are assessed for unmet concrete needs. Case planners work with families to identify basic needs that are not being met and work with families to secure any concrete needs and services in order to promote child safety and wellbeing. Table B2 below includes the number of participants who responded to each statement and the distribution of responses to the five statements included in this question.

Table B2: Household situation over the past three months

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
My household has been able to get enough food for 3 meals a day. (n = 2,587)	70.5%	20.6%	5.5%	2.2%	1.2%
My household has had someone to call when we needed support (ex. child care, school, attorney, social worker, friend, family member, etc.) (n = 2,585)	69.4%	21.4%	3.8%	2.7%	2.7%
My household has been able to get medical care when we need it. (n = 2,577)	82.9%	13.4%	1.4%	0.7%	1.6%
My household has had safe and secure housing. (n = 2,568)	72.5%	17.7%	3.9%	3.5%	2.3%
My household has been able to get enough diapers, cleaning supplies, and feminine hygiene products] that we need. (n = 2,561)	64.7%	19.7%	6.4%	3.9%	5.2%

C. Interactions with Case Planners

One section of the survey focused on families' experiences interacting with their case planners. Case planners work for the provider agencies that contract with ACS and deliver prevention services directly to children and families. Often, case planners help families navigate challenges by offering services such as counseling, case management, and concrete support. Case planners go by various titles that can include caseworkers, family therapists, prevention workers, service providers, and interventionists. There is variation in expertise and training of case planners due to the different staff credentials required for different prevention models. For example, therapeutic and treatment prevention models require that all therapists have a Master's degree with more clinical expertise. Other models like our Family Support

Programs require that case planners who provide case management and referrals to auxiliary community services have a Bachelor's degree.

C.1. Trust and Comfort with Case Planners

A large majority of survey participants reported that they trust their case planner, feel listened to when goal setting, and feel their case planner respects their families' cultural practices.

Survey participants were asked, "How much do you agree or disagree with the following statements about your current case planner?" They were asked to respond to the following five statements:

1. My case planner is available to me when I need them.
2. I trust my case planner.
3. I feel safe telling my case planner about my family.
4. I feel my case planner listens to my ideas when we set goals.
5. My case planner respects my family's cultural practices.

The vast majority of participants responded to the five prompts above with "Strongly Agree" followed by "Somewhat Agree." Responses are similar to findings from previous Prevention Family Experience Surveys. Responses demonstrate that families generally have strong positive relationships with their case planners. For example, the large majority of survey participants reported agreement that they trust their case planners (96% or 2,541 participants) and that their case planners listen to their ideas when setting goals (97% or 2,598 participants). Co-developing goals with families is part of the approach that case planners and therapists utilize when working with a family. ACS provides ongoing professional skill development for direct service staff and supervisors on a range of topics in order to better serve families, including Motivational Interviewing (MI), an evidence and strengths-based engagement technique. Case planners are taught to listen to clients by reflecting and summarizing their ideas, challenges, and goals.

Table C1 below includes additional details on participant responses and the number of participants who responded to each statement. Percentages were calculated out of the total number of participants who responded to each statement.

Table C1: How much families agree or disagree with the following statements

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
My case planner is available to me when I need them. (n = 2,687)	84.2%	12.9%	1.2%	0.8%	0.8%
I trust my case planner. (n = 2,645)	83.1%	13.0%	1.4%	1.0%	1.6%
I feel safe telling my case planner about my family. (n = 2,677)	83.1%	13.1%	1.5%	1.3%	1.0%
I feel my case planner listens to my ideas when we set goals. (n = 2,680)	85.2%	11.7%	1.3%	0.8%	1.0%
My case planner respects my family's cultural practices. (n = 2,672)	88.3%	8.6%	0.6%	0.7%	1.7%

C.2. Communication with Case Planners

The majority of survey participants communicate with their case planners through in-home meetings, phone calls, texting, and video calls.

Survey participants were asked, “How do you communicate with your current case planner? Please select all that apply.” The most frequently selected answer was “Meetings in my home” (89% or 2,395 participants). The next most commonly selected answers were “Phone calls” (84% or 2,253 participants), “Texting” (81% or 2,162 participants), and “Video calls (Skype, Zoom, FaceTime, WhatsApp)” (44% or 1,170 participants). Most prevention models require meetings in the home at least once per month, while some models involve meeting as often as three or four times per week.

Survey responses are similar to trends from previous Family Experience Surveys when the larger societal context is taken into consideration. For example, in the 2019 survey the top three responses were in-home meetings, phone calls, and texting. Video calls were not included as an answer choice in 2019. The most frequently selected answer choices in the 2021 survey were, in order of frequency, phone calls, video calls, texting, then in-home meetings. Due to the COVID-19 pandemic, in 2020/2021 New York State policy was adjusted to allow for virtual in-home meetings via video conferencing, for certain circumstances, after a safety assessment was conducted, in alignment with guidance from the New York

State Department of Health and the Office of Children and Family Services (OCFS). In June 2023, OCFS issued guidance ending COVID-19-related flexibilities for meeting casework contact requirements. Video conferencing can remain supplemental to in-person casework contacts but cannot replace in-person contacts. Since the policy was issued during the survey period, and responses could reflect experiences throughout a family’s engagement in services, the responses are consistent with our expectations. As of October 2023, administrative data show that providers are seeing more than 90% of children in active prevention cases in person, each month.

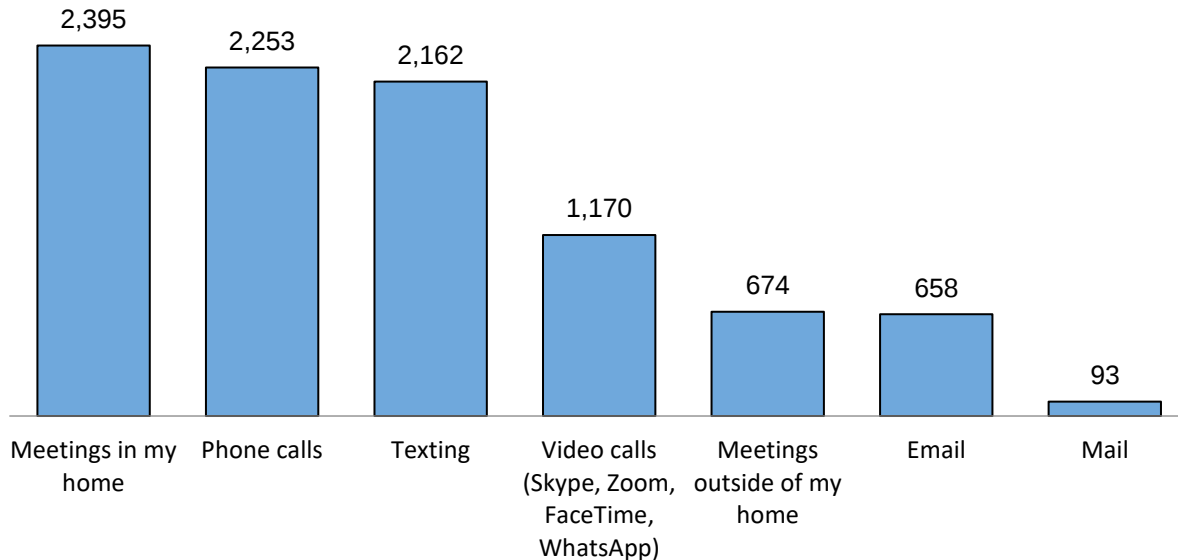
For more details on how families responded to this question, please see Table C2 below and the following bar chart. Percentages were calculated out of the total number of participants who answered this question. Percentages do not sum to 100 because participants could select multiple answer choices. This question was answered by 2,686 participants and skipped by 62.

Table C2: How families communicate with their case planners (n = 2,686)

Answer Choice	Percentage of Survey Participants
Meetings in my home	89.2%
Phone calls	83.9%
Texting	80.6%
Video calls (Skype, Zoom, FaceTime, WhatsApp)	43.6%
Meetings outside of my home	25.1%
Email	24.5%
Mail	3.5%

Note: categories are not exclusive and will not sum to 100 percent.

**How do you communicate with your current case planner?
Please select all that apply.**



C.3. Remote Meeting Frequency

A majority of survey participants are meeting with their case planners in person.

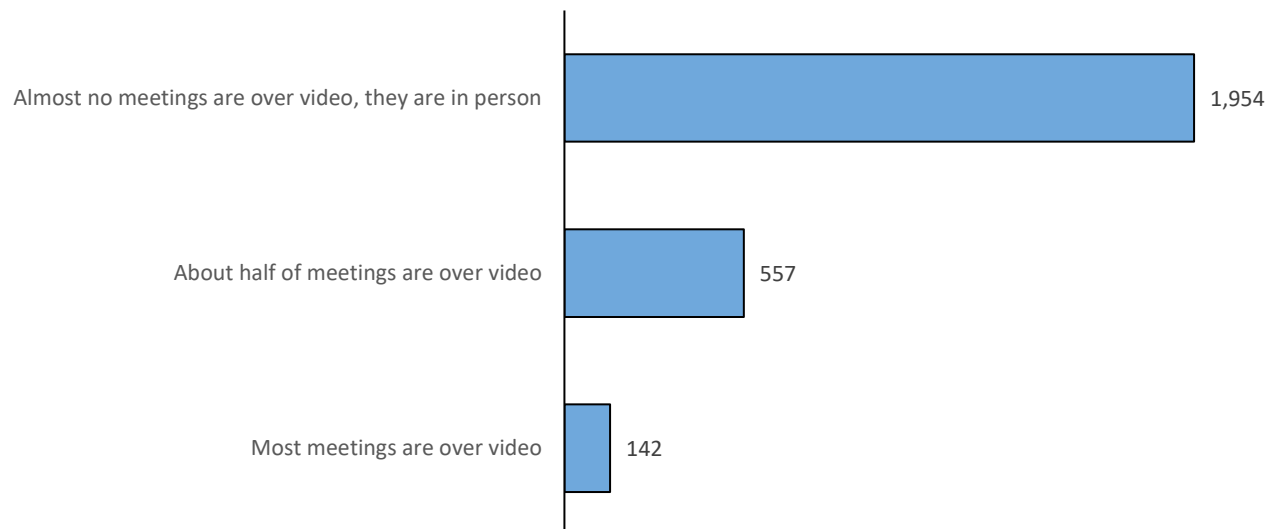
Survey participants were asked, “How often do you meet with your case planner over video (Skype, Zoom, FaceTime, WhatsApp)?” The most commonly selected answer choice was “Almost no meetings are over video, they are in person” (74% or 1,954 participants), followed by “About half of meetings are over video” (21% or 557 participants). These findings continue a trend toward decreasing use of virtual meetings that was first observed in the 2022 ACS Prevention Family Experience Survey. The proportion of families who experienced most meetings via video decreased from 40% in 2021, to 10% in 2022, to 5% (142 participants) in this year’s survey. Conversely, the percentage of families who had almost no meetings over video increased from 20% in 2021, to 54% in 2022 and now 74% this year. This is an expected trend due to the ending of the COVID-19 public health emergency.

Table C3 below and the chart following show a breakdown of responses from this year. Percentages were calculated out of the total number of participants to respond to this question. A total of 2,653 survey participants answered the question and 95 skipped it.

Table C3: Video Meeting Frequency (n = 2,653)

Answer Choice	Percentage of Survey Participants
Almost no meetings are over video, they are in person	73.7%
About half of meetings are over video	21.0%
Most meetings are over video	5.4%

**How often do you meet with your case planner over video
(Skype, Zoom, FaceTime, WhatsApp)?**



C.4. Effectiveness of Remote Meetings

The majority of survey participants reported that it is easy to communicate with the case planners over video.

Survey participants were asked, “How much do you agree or disagree with the following statements about meeting with your current case planner over video (Skype, Zoom, FaceTime, WhatsApp)?” They were asked to respond to the following three statements:

1. I find it easy to communicate with my case planner over video.
2. I have a safe space to have private conversations with my case planner over video.
3. I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video.

The large majority of participants responded that they agree with the three statements above. Responses demonstrate that for those who used them, video conference case planning sessions were perceived by families to be helpful, supportive, and accessible. This is similar to the findings from the 2022 Prevention Family Experience Survey, though there has been a slight decrease in the proportion of participants who either strongly or somewhat agree to each of the statements. Most survey participants shared they find it easy to communicate with their case planners over video (72% or 1,914 participants), that they have a safe place to have video meetings (77% or 2,005 participants), and that they have the necessary technology to meet virtually (72% or 1,923 participants).

Table C4 below includes how many participants responded to each prompt and a more detailed breakdown of survey responses. Percentages were calculated out of the total number of participants who responded to each prompt.

Table C4: Effectiveness of Video Meetings

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
I find it easy to communicate with my case planner over video. (n = 2,660)	56.5%	15.5%	2.4%	1.6%	24.0%
I have a safe space to have private conversations with my case planner over video. (n = 2,652)	65.2%	11.4%	1.7%	1.0%	20.7%
I have the needed computer/phone/tablet and internet resources to communicate with my case planner over video. (n = 2,656)	59.8%	12.6%	2.6%	2.1%	22.9%

D. Suggestions for ACS

D.1. Suggestions for Improvements

To gather survey participants' perception of improvement suggestions, they were asked, "How do you think we could make prevention services better? Please select all that apply." The most frequently selected answer choice was "Give families more information on what prevention services are" (41% or 1,014 participants) followed by "Explain how long services will last" (41% or 743 participants), "Provide more basic necessities (cash assistance and food)" (33% or 795 participants), and "Let families pick what services they want" (30% or 732 participants). These findings are similar to findings from previous Family Experience Surveys.

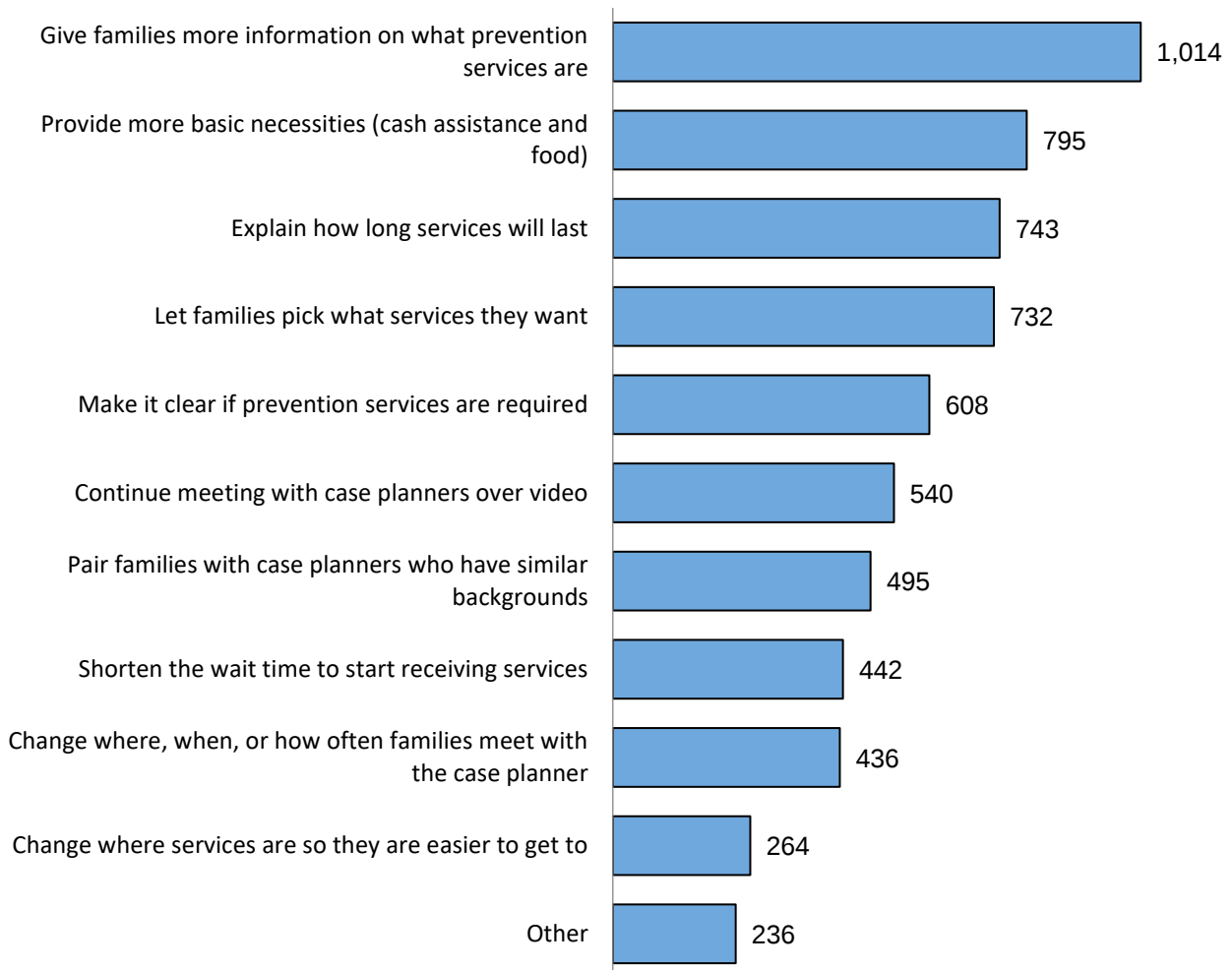
Further breakdown of responses can be seen in Table D1 below and the following chart, which visualizes the number of participants who selected each answer choice. Please note percentages do not sum to 100 because participants could select multiple responses. This question was answered by 2,450 survey participants and skipped by 298.

Table D1: How families think ACS could improve prevention services (n = 2,450)

Answer Choice	Percentage of Survey Participants
Give families more information on what prevention services are	41.4%
Provide more basic necessities (cash assistance and food)	32.5%
Explain how long services will last	30.4%
Let families pick what services they want	29.9%
Make it clear if prevention services are required	24.8%
Continue meeting with case planners over video	22.1%
Pair families with case planners who have similar backgrounds	20.2%
Shorten the wait time to start receiving services	18.1%
Change where, when, or how often families meet with the case planner	17.8%
Change where services are so they are easier to get to	10.8%
Other	9.6%

Note: categories are not exclusive and will not sum to 100 percent.

**How do you think we could make prevention services better?
Please select all that apply.**



D.2. Quality and Accessibility of ACS Services

Survey participants were asked, “How much do you agree or disagree with the following statements?” The two statements participants were asked to respond to were:

1. The service referral from ACS was helpful for my family.
2. My opinion of ACS has improved since my family began receiving prevention services.

About 90% of survey participants reported they agree the service referral from ACS was helpful (2,371 participants), which reflects no change from the 2022 survey results. The continuum of prevention services programs aims to meet the varying needs of families. Case planners partner with families to develop shared goals and support navigating community resources and other government supports. Prevention services strive to keep children safely in their homes, strengthen family stability, and promote

positive behaviors. Families can expect services to be free, trauma informed, and culturally responsive while also having flexible hours to accommodate families' schedules. A majority of survey participants (79% or 2,077 participants) agreed that their opinions of ACS improved after beginning prevention services.

Below Table D2 includes a more detailed breakdown of responses to these two statements and how many participants responded to each. Percentages were calculated out of the total number of survey participants who responded to each prompt.

Table D2: Families level of agreement with the two following statements on ACS

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	I don't know
The service referral from ACS was helpful for my family. (n = 2,647)	67.1%	22.5%	3.4%	2.9%	4.2%
My opinion of ACS has improved since my family began receiving prevention services. (n = 2,628)	54.1%	24.9%	6.3%	7.4%	7.2%

D.3. Opportunity to Share Additional Information

Survey participants were asked "Is there any additional information you would like to share? Please Explain." They were provided with an open text box to type their response. Some survey participants (522, or 19% of 2,748) wrote open-ended responses when provided the opportunity to share additional information. Of these 522 responses, 220 participants responded that they did not have additional information to share. The question was skipped by the remaining 2,226 participants. The ACS Survey Team conducted a sentiment analysis to code each response to assess if it was providing positive, negative, mixed, or neutral feedback, with a majority (54%) of valid responses coded as positive. Table D3 below includes the tone categories and the breakdown of responses by tone. The mixed tone refers to statements that a combination of positive, negative, and/or neutral sentiments. The ACS Survey Team also coded the responses for themes, and descriptions of the major themes for each tone category are described below Table D3.

Table D3: Tone of responses to the open-ended question (n = 302)

	Percentage of Survey Participants Who Responded to Open-Ended Question	Number of Survey Participants
Positive	53.6%	162
Negative	12.3%	37
Mixed (positive, negative, and/or neutral combined)	11.3%	34
Neutral	22.8%	69

Detailed discussions of each of these categories are discussed below. Of note, the analysis below highlights predominant themes that emerged *within* each sentiment group. More than one theme could be applied to each response, and thus the total numbers of participants reported in each section below will not sum to 100 percent. In addition, the exemplar responses are presented below verbatim, with one exception where identifiable information (a case planner name) has been redacted.

Positive Responses

When the positive responses from survey participants were analyzed, two themes frequently emerged. They were: 1) positive impact of prevention services (108 participants) and 2) positive impact of case planners (102 participants). Descriptions of these themes and examples of responses from survey participants that represent these two themes are included below.

Positive Impact of Prevention Services (108 participants)

This theme captures responses from survey participants that described how prevention services has been supportive. These positive responses highlight how ACS funded prevention services are helpful to families. Below are examples of responses families wrote about how prevention services are helpful.

- “My ACS worker and prevention worker were phenomenal”
- “Prevention care workers are amazing, they help [with] services and are always there when I need them.”
- “The CPS worker I had this time around was actually amazing and working with the Preventive case planner definitely helped the family try to find solid ground to walk on”

Positive Impact of Prevention Case Planners (102 participants)

This theme demonstrates the importance of families’ relationships with their case planners while receiving prevention services. In responses, families expressed caring and trusting relationships with

their case planners. Below are a few examples of responses that included positive statements about families' experiences with their case planners.

- "My case planner is a caring, compassionate, empathetic, trustworthy & resourceful person."
- "My case planner is the best, I trust her like she's my family, she helps me [sooo] much, [she] is incredible! The best thing about ACS is connecting individuals to people like her."
- "My case worker is amazing. She helps me to get all services we needed, she is kind, supportive and non judgmental. She listens and advocates for my family & she gave me and my kids do much support and resources. My kids love her. She goes above & beyond. She accommodates meeting times & gives us good ideas as ways to help our family bond & strengthen..."

Negative Responses

Some of the open-ended responses from families included negative sentiment (37 participants). When those responses were analyzed for themes, the four top themes that emerged were: 1) dissatisfaction with ACS, 2) unmet need, 3) desire for more flexible services, and 4) suggestions for policy improvements. Below are descriptions of these themes and examples of families' responses, including an indication of how many responses with negative sentiments included the specified theme.

Dissatisfaction with ACS (20 participants)

This theme includes statements from families that expressed a negative perception of ACS. This often included comments about interactions with and resources provided by the agency. Below are some examples of responses from survey participants that depict dissatisfaction with ACS.

- "Involving with ACS has been left me with horrible experience. There is no honesty on what they are doing, they do not explain things and I have fear that my children will be removed from my care. They do not try to understand what a family is going through and their experience. They just tell you do this or that and label you as a unfit mother which is not justifiable."
- "I do not feel comfortable with ACS! I feel that they want to get too involved in people's lives and they do not understand that apart from them, others have a private life."

Unmet Need (11 participants)

Individuals whose comments had a negative sentiment highlighted ways in which existing services did not meet their needs. This includes responses where services were offered by the agency but not received, as well as needs that the family identified that may or may not have been raised with their case planner.

- "Although it was offered to me And we accepted, I/we (my partner, baby's father) are Not receiving family/parenting counseling,' so I'm quite disappointed in that as that was/is the Most important thing we needed/still could truly use right now to help us cohabitate, co-parent , and communicate better with regards to raising our baby and living together."

- “For the past months I was trying to get services such as counseling for my son voucher for daycare and after school and help for furniture voucher for the replacements of my kids beds due to the previous worker told me to get rid of their beds.”
- “My only problem was [neither] ACS or the agency was able to help me get my public assistance or even a new apartment. I think that should improve.”

Services Lack Flexibility (10 participants)

This theme, related to the one of unmet needs above, focused on the desire for more flexible services. This included services for specific populations (e.g., people with disabilities, people who are undocumented) as well as those with desires for specific services, such as behavioral therapy, housing, and financial capability. A recurrent theme was the desire for the virtual delivery of prevention services, as commenters noted that video visits and phone calls were more convenient and provided fewer conflicts with work and other commitments.

- “Need more support for undocumented people”
- “need more services for disable people”
- “The information I would like to share is..... If A family is in need. A family should receive. Especially when they are single and have multiple children that they care for by their self. Also, if plans are created in a FTC. All plans and goal should be met on by parties. With the agencies behalf and the parents behalf. To insure a safe and smooth transition for both the children and parents future. As far as camps, funds, clothing, cleaning products/toiletries. Housing networking. As for job placement to insure the parent may have a financial foundation put in place to properly care for their self and children, bills and other urgent expenses and responsibilities. Etc.”
- “Video is more convenient. If I missed a in person I would love to check in with my case planner on video. More flexible”

Suggestions for Policy Improvements (10 participants)

This theme refers to statements that included changes families think should be incorporated into prevention services and/or ACS processes to improve families’ experiences. These suggestions include direct and indirect policy and practice improvements. Below are examples of responses from survey participants that include suggestions for improvements.

- “ACS has to improve its personnel system and they must have bilingual people. A translator is not the same as a person who speaks Spanish. Many times translators do not correctly translate what one expresses. On the other hand, the family assistance program or therapist are very good, where you can express yourself with more confidence because you speak Spanish and they understand you. You feel confident because you know they speak the same language.”
- “Maintaining more video calls is important because the planner is always available.”

Mixed Responses

This category refers to responses that included some combination of positive, negative, and/or neutral sentiments in a single response. In total 35 responses from families were coded as having mixed tone. The three major themes that were identified when these responses were analyzed were 1) positive view of prevention services (20 participants), 2) positive view of case planner (18 participants), and 3) dissatisfaction with ACS (16 participants).

Below are some examples of mixed responses that included these themes.

- “ACS is disrespectful and they like to threaten families. They force us to sign and threaten that they will tell court that we denied services when that is not the case. However I love my preventive agency and worker.”
- “Preventive is more respectful than ACS. They show more support and care as opposed to ACS who like to [go] after and scare families.”
- “Preventive services is a great program. Preventive services has helped me 100 times more than [ACS] did. [ACS] itself on the other hand needs alot (alot) of help and training. The only thing [ACS] did for me and my family that was a helpful blessing was connect me with preventive services.”

Neutral Responses

A total of 70 responses were coded as neutral because they did not include positive or negative sentiment. The main theme that emerged from the neutral responses was unmet needs (20 participants). Below are examples of neutral responses that include descriptions of unmet needs.

- “more parent group[s] on children with behavioral or parent therapy for challenging behaviors or special needs”
- “I need help with housing furniture [and] cleaning products and [SSI]”
- “Give the children more things to do in their free times like tickets or free things to do dance gymnastics football something to do in summer”
- “Have some sort of events to meet other families going through similar struggles”

V. CONCLUSION

The ACS Prevention Family Experience Survey provides rich information regarding the lived experiences of individuals and families who have received prevention services. The findings from the 2023 Family Experience Survey generally align with the findings from previous surveys. We heard that families who participated in the survey predominantly accessed family counseling, mental health counseling, and child care services in line with ACS' guidelines and identified family needs. Nine in 10 respondents were happy with services and felt that they were helping them achieve their goals. Approximately three-quarters (74%) of families who responded to the survey reported meeting with their case planner in person most or all of the time. The vast majority (90%+) of participants reported being able to meet their basic needs, even as two-thirds of participants reported a monthly income near or below the NYC poverty threshold. Almost all respondents (97%) indicated their case planner was available to them when needed, 96% trusted their case planner, and 92% felt that their case planner respected their cultural practices. Suggestions for improvement included sharing more information about prevention services, providing concrete supports (e.g., cash assistance, food), and explaining how long services will last.

These findings reflect continued strong performance or progress on priority areas for ACS. The continuum of prevention services programs aims to meet the varying needs of families. Case planners partner with families to develop shared goals and support navigating community resources and other government supports. Prevention services strive to keep children safely in their homes, strengthen family stability, and promote positive behaviors. Families can expect services to be free, trauma informed, and culturally responsive while also having flexible hours to accommodate families' schedules.

Findings from this year's Prevention Family Experience Survey will continue to inform further program and practice improvements. A large percentage of survey participants asked that we give families more information on prevention services. Most recently, ACS re-organized its website to include a dedicated "For Families" section. This section of the website offers a more user-friendly way for New Yorkers to understand and access ACS services. The page also has a dedicated URL: nyc.gov/ForFamilies, that we have been promoting widely. Additionally, we have been taking steps to increase awareness of the ACS prevention support line (212-676-7667), including by educating staff who work most closely with children about the types of services families can receive by calling this number. We also have heard that the historical stigma and negative reputation of ACS broadly impacts families' decisions to participate in services and/or their engagement in service delivery. ACS and prevention provider staff work on continuous quality improvements to support building trusting relationships with families and ensuring families have positive, helpful experiences in prevention services. ACS is committed to ensuring families in prevention services receive high-quality, strengths based, trauma-informed, and family-driven support.

Survey findings have guided improvements to service delivery is the partnership between the Public Policy Lab (PPL), the NYC Administration for Children's Services (ACS) Division of Prevention Services, and the NYC Department of Health and Mental Hygiene (DOHMH) Bureau of Children, Youth, and Families. This effort was funded by a Collaborative Innovations Initiative grant awarded to ACS by the NYC Mayor's Office for Economic Opportunity (NYCO). The Family Pathways to Care (workstream A), focused on strategic guidance and designed training materials to support the implementation of the Family Pathway

to Care Guides. In collaboration with ACS Prevention and DOHMH provider staff, PPL facilitated discovery research to better understand how to best adopt and integrate the intake, feedback, and referral guides into frontline staff workflows. Over the course of a year (2022-2023), PPL designed a set of training resources and conducted a series of provider onboarding sessions to roll-out the guides. The guides were launched and rolled out to providers in May 2023. These guides are designed to integrate into providers' practices of care and improve the service experience for families, youth, and frontline staff members.

This survey provides vital insight into the interests and needs of our families for service delivery improvements. While the survey indicates that families find services and case planners to be helpful and supportive, we know that there is still room for improvements and are committed to working in partnership with prevention provider agencies to support positive outcomes for families. We are extremely grateful to the families and provider staff who contributed their valuable time to this work.