



**New York City Administration for Children's Services Close to Home:
Draft Plan for Limited Secure Placement
For Public Comment
March 8, 2013**

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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
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
IDD	Intellectual/Developmental Disabilities
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
OASAS	New York State Office of Alcoholism and Substance Abuse Services
OCFS	New York State Office of Children and Family Services
OCF	Office of Community Partnerships
OPCA	Office of Probation and Correctional Alternatives
OTDA	Office of Temporary and Disability Assistance
OTPS	Other Than Personal Services
OYFD	Office of Youth and Family Development
PATH	Positive Alternative Towards Home
PD	ACS Office of Program Development
PEAK	Pathways to Excellence, Achievement and Knowledge
P&P	Policy and Procedures Unit
PSB	Problematic Sexual Behaviors
RFP	Request for Proposals
RRI	Relative Rate Indices
SCM	Safe Crisis Management
SDM	Structured Decision-Making
SED	Serious Emotional Disturbance
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 for limited secure placement (“LSP”) to the New York State Office of Children and Family Services (“OCFS”) and for public comment as part of the “Close to Home” juvenile justice reform initiative.¹

The legislation that sets the framework for this initiative requires New York City to submit to OCFS for approval a plan for implementing a Close to Home initiative. The Close to Home initiative will transform our State’s juvenile justice system by authorizing the City to provide a continuum of services for youth who have been adjudicated delinquent² and their families. Once this plan is approved, youth who have been adjudicated to be juvenile delinquents, and determined by a Family Court located within New York City (“NYC,” or “the City”) to be in need of placement in an environment 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 Model and Missouri Approach. 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 racial and ethnic disparities 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. Furthermore, ACS's planning to implement the Close to Home initiative has been informed by the Brooklyn for Brooklyn initiative, which utilizes the Missouri Approach 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/Holiday 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, through targeted implementation of new processes, Department of Probation ("DOP") adjustments of youth have increased from 27.5% in 2009 to 36.3% in 2012. . ACS and DOP have introduced strong alternatives to placement programs, including evidence-based options developed as part of ACS' Juvenile Justice Initiative ("JJI") and DOP's evidence-informed Esperanza program. Finally, ACS' collaboration with OCFS in the JJI Intensive Preventive and Aftercare Services ("IPAS") program has safely reduced lengths of stay for youth placed with OCFS provider agencies.

These targeted reforms have yielded results. Since full implementation of the detention RAI in 2006, detention utilization has been reduced by 27%. Through programs like JJI, efforts

by DOP, and the implementation of other alternative programs, the City has reduced the number of its youth in placements by two-thirds, from 1,467 in 2005 to 506 in November 2012.

At the same time, and equally important, serious juvenile crime has declined. The number of youth whose probation was revoked decreased by 30% between FY 2009 and 2012; the number of youth re-arrested for felonies while on probation decreased by 14% during that same period. Overall, juvenile arrests for major felonies have decreased by 27% 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 LSP, obtain public feedback on draft plans through various mechanisms, and secure the approval of New York State through OCFS. ACS received approval from OCFS for the NSP Plan in July 2012. Throughout the summer and fall of 2012, ACS developed our continuum of NSP facilities. In total, 36 facilities, nearly all in New York City and ranging in size from housing six (6) to twenty-four (24) youth, will be developed by early 2013. All are operated by non-profit organizations that have a long history of serving New York City youth and families.

On September 1, 2012, ACS received its first two youth in NSP. The movement of youth from OCFS non-secure placements into City-procured non-secure placements will continue in 2013. From September 1, 2012, onward, ACS has assumed responsibility and will continue to be responsible for all new non-secure placements of New York City youth by the Family Court.

In an effort to ensure that the approval process for LSP proceeds in the best interests of the children and their 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 New York City's vision for LSP. It builds heavily on the strengths, successes, lessons learned and feedback from the NSP planning process. Additionally, this plan has been developed utilizing the framework set forth by OCFS in their statement "A New Vision for Residential Services for Juvenile Delinquents in New York State." Throughout this plan, the details required by the legislature are identified at the beginning of each section. The legislation mandates that the plan outline 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 implements Governor Cuomo's vision as delineated in the Close to Home legislation. 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, or schools where credits can easily transfer to City schools. Those credits will automatically be accepted by the New York City Department of Education ("DOE") schools they attend upon their release. Furthermore, 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, initially called the Dispositional Reform Steering Committee ("DRSC" or "Committee"), and 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, ACS, DOP, the DOE, the Office of the Criminal Justice Coordinator ("CJC"), the New York City Health and Hospitals Corporation ("HHC"), and members of the advocacy community.³ The group has met for the past two years 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.” The report lays the framework for several aspects of the City’s Close to Home plan: a new Structured Decision-Making (“SDM”) 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 for LSP and LSP aftercare services. ACS will issue a Negotiated Acquisition Solicitation for LSP,⁴ along with Juvenile Justice Limited Secure Placements Quality Assurance Standards (“LSP Standards”),⁵ in late winter 2013, and hopes to make award recommendations in spring 2013.

The City has also solicited feedback from youth, parents, community-based providers, community residents, elected officials, city agencies, and others at community forums.⁶ The forums drew endorsements by elected officials, as well as questions from and dialogue with the community. 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. The City will provide additional opportunity for public involvement in Close to Home implementation, as outlined in more detail in the Stakeholder Engagement section below.

D. Limited Secure Placement Goals and Program Approach

Limited secure placement and non-secure placement share common goals and anticipated outcomes. These goals and outcomes will be achieved through targeted structured services

provided by both ACS and LSP providers. This plan and the LSP Standards outline the specific details of the service expectations for ACS and LSP providers.

Youth in LSP Programs will reside in residential facilities in or close to New York City with opportunities to take advantage of local programs and services. Discharge planning for youth will begin upon arrival in LSP Program sites, and youth will participate in robust LSP aftercare services. Youth will have enhanced programming options and expanded access to mental health care and medical services. Treatment planning and clinical services will be individualized to meet the unique needs of each youth in LSP Programs. New York City families will be able to maintain frequent contact with their youth in LSP Programs and participate in their youth's rehabilitation, which will enhance the youth's likelihood of success upon release. Youth will receive individualized educational services, and academic credits earned during placement will count toward a high school diploma. Every LSP program and aftercare service will apply the same public safety measures appropriate to youth in LSP. While youth reside in an LSP program site, all services must be provided directly on-site. Youth will not be permitted to engage in activities off-site except under the constant supervision of staff or in other pre-approved settings to facilitate transitions back to the community.

To promote the best outcomes possible for youth and families, ACS is requiring LSP providers to utilize a LSP practice model or approach to guide the provision of all services in LSP. These practice models or approaches, described in great detail in the LSP Standards, must:

- be supported by best practices in the field;
- have evidence of good outcomes in the past;
- reduce recidivism;
- utilize a clear training and coaching curriculum;

- include a staff accountability system that assists the provider in ensuring that staff are incorporating their training into their work with youth and their families;
- include youth engagement strategies that have been demonstrated to work with the populations served; and
- include a clearly articulated behavior management program that also supports academic success.

The practice models or approaches will be implemented by the LSP providers for youth organized in small, independently operating groups ranging from six to 10 youth per group, regardless of the size of the facility - each LSP facility may house between six and 24 youth.

LSP providers will not utilize traditional correctional service models, but instead will incorporate a rehabilitative and therapeutic service model that supports and supervises young people; considers youth's families to be allies and partners in achieving successful rehabilitation and reentry; assists youth to develop healthy peer relationships; and provides targeted support and programming that helps young people develop academic, pre-vocational and communications skills. As described later in this plan, youth in LSP programs have demonstrated significant mental health and substance abuse needs. Steering services away from a correctional model allows for these needs to be addressed so youth may successfully transition back to their communities. In addition to targeted therapeutic and educational services, LSP programs and services will be designed in a way that will promote internal facility safety, community safety, and with a lens towards preventing youth from engaging in future unlawful acts when they return to their communities.

LSP practice models or approaches implemented by LSP programs must be driven by a core set of critical service elements described in the LSP Standards: LSP program services must

be rooted in strength-based, trauma informed, youth development approaches, with a focus on family engagement and identification of a network of support. They must incorporate individualized treatment plans and goal-setting, as well as therapeutic interventions developed using research driven interventions targeted at appropriately treating common juvenile justice, mental health, and substance abuse issues. Critical components include peer-support and group-work/collaboration, setting expectations, managing behavior, and direct and close supervision. A key goal is seamless transition of the youth to the community through targeted aftercare services. To achieve this seamless transition, LSP providers are expected to provide aftercare services through the implementation of an evidence-based model (“EBM”), adaptation of an evidence based model (“AEBM”), or a promising practice model (“PPM”). These models must be directed at reducing delinquency and recidivism, improving school attendance and achievement, and improving family functioning and relationships. In addition to administering direct services, the service providers will link the youth and their families with local social service and recreational programs. We believe that these key components will form the foundation for effective LSP programming for New York City youth.

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 LSP plan will be in fall 2013. ACS will work with OCFS to determine a specific effective date prior to submitting the final LSP plan for OCFS approval.

The City anticipates that it will be ready to proceed in fall 2013, because ACS is moving forward on a similar time frame to the NSP process, and this transition has been made

successfully over the past six months. Working within a similar timeframe, we have developed the LSP Standards and the Negotiated Acquisition to procure the placement facilities and aftercare services, and have engaged in planning with OCFS.

Beginning in spring 2013, ACS and OCFS will collaboratively conduct a case-by-case assessment to determine whether, and when, custody of each youth previously placed by the NYC Family Court in OCFS limited secure placements 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. OCFS will file a petition in each case where the agencies agree that transfer of care is appropriate. These petitions will request that court orders transferring youth from OCFS custody to ACS custody take effect beginning in fall 2013. The actual date requested will be determined on a case-by-case basis, in consultation with ACS Division of Youth and Family Justice (“DYFJ”) senior staff, the current placement facility, and, when appropriate, an aftercare provider. ACS will draw upon internal staff with experience working with youth transitioning between residential settings to assist in the effective movement of youth to LSP from OCFS-operated facilities. ACS staff will work to promote transitions 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 OCFS JD residential census was approximately 2,000. By the beginning of January 2011, the residential census had decreased to approximately 1,500. Additionally, ACS staff who worked diligently with OCFS during the transfer of youth from OCFS to ACS NSP

will spearhead the transfer of youth from OCFS to ACS LSP. Their experience and relationships with OCFS staff will be instrumental in the successful transitioning of youth under this plan.

OCFS staff will notify the youth, the youth's family, and the attorney for the youth of the plan to change the youth's custody and the proposed effective date of the change, as soon as it is determined. OCFS will submit petitions starting in fall 2013 and through December 2013; the effective dates of the custody transfers will differ, depending on the unique circumstances of each youth and the availability of the LSP residence to which a youth is transferring. The transfer of custody to ACS of all City youth placed in OCFS LSP will be completed by the end of February 2014.

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

Although youth in the custody of OCFS will move to ACS contracted LSP facilities beginning in fall 2013, ACS intends to begin planning for the transition in spring 2013. Once ACS makes LSP contract award recommendations and the City obtains all relevant information pertaining to residential placement facilities, ACS will commence intensive collaborative planning with OCFS to prepare for the transition. ACS' Office of Youth and Family Development's ("OYFD") Intake and Assessment unit will play a critical role in planning for the transition of LSP youth currently placed with OCFS to ACS placement. In spring 2013, OYFD intends to hire two Intake and Assessment Specialists to add to the unit, which already includes four Specialists. Under the supervision of the Director of Intake and Assessment, experienced Intake and Assessment Specialists will work alongside these new Specialists to manage and assess youth placements once they move. The Executive Director of LSP, to be hired in early 2013, will oversee the transition process and play a key role in working with OCFS to coordinate

the transition of LSP youth into ACS LSP facilities and the transition of LSP youth on aftercare status.

ACS and OCFS will meet on a regular basis to exchange information necessary to determine appropriate placements for youth in care. Through these discussions, ACS and OCFS will develop and maintain an up-to-date record of youth preparing for transfer to ACS LSP residential facilities and youth who will be transferred to ACS on aftercare status.

Communication of updates as youth enter and leave the system – and accompanying conversations about anticipated release dates – will occur throughout the spring, summer, and fall. These processes will ensure that all necessary parties are aware of the transfer dates for youth expected to transfer to ACS custody starting in fall 2013.

Upon agreement between ACS and OCFS regarding an individual youth's transfer, OCFS will prepare and submit to Family Court a petition to transfer custody of the youth to ACS, effective on a date agreed upon by both parties, and upon notice to the youth, the youth's attorney, and the youth's parent or guardian. Concurrently, ACS will work with OCFS to determine an appropriate ACS LSP residential program for the youth.

If youth are to transfer from OCFS to ACS, the assessment to determine an appropriate LSP residence or aftercare service will begin soon after OCFS notifies the youth and their family of the transfer of care and appraises them of what to expect during the assessment and transfer process.⁷ If possible, ACS staff will interview the youth, parent (or other discharge resource), and other parties who have had a role in the youth's placement. As part of the assessment, ACS staff will review information known to the agency (for example, child welfare, and juvenile justice records), along with information from detention staff. ACS staff will synthesize and consider this information alongside an assessment tool that the City developed in collaboration

with the Vera Institute of Justice (“Vera”) to aid officials in determining risk levels and making appropriate placements.

ACS will match all youth determined to need continued residential placement with a contracted LSP residence. If ACS determines that a transition to aftercare after transfer of custody from OCFS is most appropriate, OYFD’s Placement and Permanency Unit will develop an aftercare plan for the youth.

ACS will assign a Placement and Permanency Specialist (“PPS”) from OYFD to all youth transferred from OCFS to ACS as soon as it is determined that a transfer of custody will be requested in court.⁸ The role of the PPS, 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. For youth whose custody is transferred from OCFS to ACS as part of the Close to Home initiative, the ACS PPS will have the responsibility to oversee the completion of all steps necessary to effectuate the transition from one agency to the other, then will coordinate rehabilitative services going forward.

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....”

Drawing on our experience developing and implementing a continuum of services for youth in NSP, and working from information shared during our collaboration with OCFS, ACS and DOP, we are prepared to expand our staffing and contracts to serve the projected LSP population in New York City. 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, detention services, and non-secure juvenile justice placement. The DOP provides graduated levels of community-based supervision for youth involved in the juvenile justice system. Our experience working with similar populations in our existing programs, combined with our recent experience contracting for NSP, equip us for the LSP phase of this Close to Home initiative.

Once ACS receives the authority to care for the City's LSP youth, along with sufficient resources to meet their needs, DOP and ACS will implement the comprehensive continuum of juvenile justice programming described below.⁹ Through the development of a comprehensive continuum, ACS and DOP will work together to promote community safety and avoid over-reliance on out-of-home placements to address the needs of youth who have until now been placed in OCFS LSP. 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 to provide LSP services as part of the Close to Home initiative will implement programs that draw upon research and experience. All LSP programs are required to utilize a service provision framework developed and informed by research.

Every LSP program will be required to develop a detailed program manual that includes a description of its LSP practice model or approach, as well as descriptions of how the provider

will comply with various aspects of the LSP Standards and other ACS LSP policies, such as Medication Administration, Modifications of Placements, and Absence Without Leave (“AWOL”). Throughout summer 2013, ACS staff will work with the LSP 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. 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 limited-secure placement and aftercare services decisions.

Of youth admitted to OCFS-operated LSPs in 2010, 26% were re-arrests or returns from AWOL; 32% were new admissions; and 42% were modifications of placement. 90% of the youth admitted to limited-secure facilities in 2010 presented with substance abuse or mental health needs, both in new admissions and modifications of placement. Over 75% of youth require treatment for conduct/oppositional defiant disorders, and the girls admitted to LSP present with higher frequency of DSM-IV Axis 1 diagnoses than the boys.¹⁰ Forty-eight percent of new admissions to LSP were admitted for misdemeanor offenses, 10% for non-violent felony offenses and 40% for violent felony offenses. OCFS data reflect that 50% of female new admissions were fourteen (14) years old or younger, while 16% of the new admissions of males were fourteen (14) or younger.

2. Population Estimate

Over the past three years there have been between 166 and 117 youth at any given point in time from the City in OCFS LSPs. While this number has been steadily declining, ACS will contract for approximately 160 LSP beds for the Close to Home initiative, six (6) of which will be utilized as short term intensive specialized placement.¹¹ ACS' determination regarding the number of LSP 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 (5) 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 160 LSP beds. ACS utilized similar methodology in determining the number of NSP beds at the onset of Close to Home, and the City will closely monitor utilization and adjust capacity accordingly.

The launch of the Close to Home initiative included the introduction of three new alternatives to placement 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 continue to monitor the numbers closely and make adjustments to residential and ATP capacity, as necessary.

Additionally, there are currently OCFS youth at home with community-based aftercare services in place. Community based aftercare services will be provided to youth and their families following an OCFS (during the transfer period) or ACS placement. ACS will be procuring aftercare services as part of the LSP Negotiated Acquisition. This procurement will

develop the necessary capacity to serve those youth currently on OCFS aftercare that will need to be transitioned to ACS aftercare beginning in fall 2013. The City will make contract awards based on this analysis.

3. New York's Current Work with Similar Populations

As noted above, youth in placement have a variety of needs, and their families do as well. The DOP 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. 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, in combination with charge severity on the SDM grid and score as high-medium risk on the DOP's current risk-needs 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.

For youth in juvenile justice placement and placement-bound youth, ACS has operated two initiatives distinct from Close to Home for a number of years: the Juvenile Justice Initiative ("JJI") ATP program and JJI Intensive Preventive and Aftercare Services ("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"), Family Functional

Therapy (“FFT”), and Multidimensional Treatment Foster Care (“MTFC”). Like Esperanza, 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, 40% of the youth’s families have active child welfare involvement with ACS, and an additional 40% have had a history of child welfare involvement. Much 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 OCFS contracted placement with private agency providers (“private placement”). Prior to the implementation of ACS NSP and NSP aftercare, all privately placed youth were served by JJI IPAS. ACS and our contracted JJI IPAS provider, Catholic Guardian Society and Home Bureau (“CGSHB”), oversaw the private placements, in conjunction with OCFS. Additionally, CGSHB assisted families with any barriers to release of the youth (e.g., housing assistance or outpatient mental health clinic appointments). Upon release, ACS oversaw the provision of FFT to each family. The youth served by JJI IPAS presented 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.

Finally, ACS provides non-secure placement services for juvenile delinquent youth from the City assigned to NSP by the courts. With a total capacity of about 300 beds (216 general beds, 67 for specialized populations, and 20 MTFC beds), ACS launched the NSP component of Close to Home on September 1, 2012. ACS has worked closely with providers to ensure fidelity

to their program model and support their efforts to best serve NSP youth as the program grows toward full capacity. Much like the youth enrolled in JJI ATP, Esperanza, and in OCFS placement, the needs of NSP youth are similar to those of LSP youth. Wherever possible, ACS will apply to the rollout the practical knowledge gained as a result of the providers' work with youth and the strong partnership between OCFS, the City and contracted NSP providers. We anticipate that developing new LSP programs will be substantially similar to development of NSPs, and the City will use the lessons from the recent NSP development as a foundation as we move forward to serve LSP youth. While the process for developing LSP programs will be similar to the development of NSP, ACS will continue to work with OCFS and other stakeholders to design LSP programs that meet the unique needs of youth while maintaining safety precautions necessary to achieve positive outcomes for youth, families and communities.

4. Residential Care

The DRSC provided recommendations about residential care through its final report. ACS incorporated the recommendations made by the Committee into the planning and implementation of NSP and have incorporated the recommendations throughout the LSP planning process. 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:

- 1) Residential care should be part of a continuum of care.
- 2) Facility management should be guided by a coherent approach and/or model of care that has a greater likelihood of achieving positive outcomes.
- 3) Comprehensive case management should support successful adjustment to residential care and reintegration to the community.

- 4) 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.
- 5) Facilities should be located in or close to New York City.
- 6) 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.
- 7) Local communities should be engaged and involved with the youth and the facilities.
- 8) Youth, staff and local communities should be safe and focused on common objectives.
- 9) Facilities and programs should be culturally responsive.
- 10) 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' Negotiated Acquisition for LSP residential care that will be issued in late winter 2013.

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. This continuum is an important component to right-sizing the population of youth in LSP. High-intensity in-home or NSP programs may be suitable solutions for some youth who might in the past have been sent to LSP. And for those youth found to need LSPs, the City intends to establish both general and specialized LSP programs.

For non-residential programming, the JJI ATP program, described above, will continue, along with a limited number of Esperanza slots, and DOP's ESP. The City has added several

gradations of probation supervisory levels, as well as new, state-of-the-art, community-based ATP's for youth on probation, including:

- 1) ECHOES – Every Child Has an Opportunity to Excel and Succeed (program launched May 2012) - Probation will run this program citywide, though it will serve mostly Manhattan and South Bronx. Youth receive 5 weekly contacts, including a Saturday work group, using a life coaching model. Services focus on promoting change and supporting successful transition to adulthood. ECHOES can serve 70 youth per year with a 12-month intervention.
- 2) AIM – Advocate, Intervene, Mentor (program launched in phases July and September 2012) - An “advocate” from within the youth’s own community works with the youth several times per week over a six-month period. This program will be available in all boroughs and serve approximately 200 youth per year with a 6 month intervention (the program has 100 slots). The youth’s term of probation is reviewed following completion of the program.
- 3) PEAK – Pathways to Excellence, Achievement and Knowledge (anticipated launch, May 2013) - PEAK is a day and evening treatment program for youth disconnected from school run collaboratively with DOE high schools that DOP will contract for from eligible providers. PEAK will be available Citywide, but DOP is currently determining the areas of service in part through a competitive solicitation. This program will serve approximately 90 youth per year with a 6-month intervention (the program has 45 slots).

All three of these community-based programs for youth living at home 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. The referral

process for these programs begins 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 relevant documents are sent to the agency intake/assessment units at DOP and ACS, and a discussion ensues 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 may be explored. A final recommendation is made to the Court at the conclusion of this process, which is not significantly different than what happens now between ACS/JJI and Esperanza.

For NSP, ACS will continue to contract for services and provide oversight. To further develop the continuum of services available for youth in NSP, in November 2012, ACS issued an RFP for NSP aftercare services.¹² Additionally, as the NSP population continues to transfer from OCFS to ACS, and as new youth are placed in NSP by the Family Court, ACS is actively monitoring NSP utilization and population trends. To this end, ACS will be amending NSP contracts to add 14 beds: 8 additional beds for youth with a Serious Emotional Disturbance (“SED”) diagnosis and 6 additional general NSP beds.

With regard to LSP, the City plans to recommend contract awards for the following new residential services, as a result of the LSP Negotiated Acquisition:

- General LSP: 108 beds
- Youth with Intellectual/Developmental Disabilities (“IDD”): 12 beds
- Youth Who Have Demonstrated Problematic Sexual Behaviors (“PSB”): 12 beds

- Youth with Serious Emotional Disturbance (“SED”) Diagnosis and Youth Who Have Demonstrated Fire Setting Behaviors: 18 beds (4 designated for fire setting behaviors)
- Intensive Support Short Term Placement: 8 beds

All LSP contracted providers, unless designated for a specialized population with intellectual/developmental disabilities, will 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.¹³ 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.¹⁴

Additionally, all LSP contracted providers will be required to utilize a practice model or approach to service provision and change. For example, in NSP, the majority of non-secure placement facilities are using the “Missouri Approach,” 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 NSP contracted providers have already travelled to Missouri to take tours of existing “Missouri Approach” facilities, and have contracted 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 has been using 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.

Prior to the launch of Close to Home, most placement options for court-involved youth were facilities outside of New York City. The vast majority of the residential beds that ACS will

procure through the Negotiated Acquisition will be small, more home-like residential placements located within the City's five boroughs. The addition of further residential services will not affect the availability of NSP services or child welfare residential services. All of the limited-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 LSP. Based on ACS's experience operating residential care for youth in the child welfare system and non-secure placement facilities, ACS has concluded 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 demonstrated problematic sexual behaviors 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 problematic sexual 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 targeted needs that cannot safely be met without specialized settings, ACS plans to meet the needs of youth primarily through a well-resourced and highly-supported generalized system.

6. Full Continuum

The full continuum of post-adjudication services, from community-based options through LSP and as described above, is included in Appendix D.

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....”

As part of Close to Home, the City is committed to reducing racial and ethnic disparities affecting youth of color in the juvenile justice system. To address disproportionate system involvement of youth of color effectively, Vera convened a coalition consisting of City agencies, Family Court, The Legal Aid Society, community based organizations and youth advocates. In collaboration with this stakeholder group, Vera and the W. Haywood Burns Institute utilized data to develop instruments and other assessment tools to reduce disparities on the front end of the juvenile justice system. Additionally, the City has 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 successfully implemented a series of reform efforts that have positively affected racial and ethnic disparities in the juvenile justice system, we are committed to continuing this work and improving our efforts on an ongoing basis.

The City has worked on several fronts to protect youth involved in the juvenile justice system from discrimination based on race or ethnicity, with particular focus on reducing unnecessary deepening of system involvement. The City’s Risk Assessment Instrument (“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 prevent confinement. Included in this continuum is a three-tiered community-based Alternative to Detention (“ATD”) program targeting youth who score as mid-risk on the RAI. Historically,

mid-risk youth might have been placed in detention without access to this series of risk assessment tools and alternative programs, but these programs enable the City to maintain these youth safely in the community through appropriate levels of supervision and service delivery.

The City has also put in place several initiatives and programs to help ensure that staff use objective decision-making and provide opportunities to youth to avoid court-ordered placement. As described later in this plan, DOP's Structured Decision-Making ("SDM") 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 racial and ethnic disparities as part of Close to Home will be built on this foundation. In addition, we have made it clear to all providers considering bidding for an LSP contract that acts of discrimination are unacceptable for our providers. As indicated in the LSP 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.¹⁵

Once the LSP facilities are up and running, expanded alternatives to placement take form, and the Structured Decision-Making grid is prepared for use with LSP youth, ACS and DOP will follow a deliberate approach to researching, analyzing, and reducing racial and ethnic disparities. To assess service decisions and outcomes among black and Hispanic youth compared to white youth, the City will utilize Relative Rate Indices ("RRI") and other measures to assess policy and practice changes that have been utilized and proven effective. These data-driven approaches will

be based on the Annie E. Casey Foundation’s Juvenile Detention Alternatives Initiative (“JDAI”), the work of the Burns Institute and the Center for Children’s Law and Policy in a variety of jurisdictions, and examples of successes from the Disproportionate Minority Contact Action Network.

ACS and DOP will collect data on key service decisions for LSP youth, made by their own staff and by contract providers, which are relevant to the three major goals of reducing racial and ethnic disparities: 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 with 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 racial and ethnic disparities by sharing the data and then using it to determine whether there are changes needed in policies or practices that would further the goal of reducing racial and ethnic disparities. For example, ACS will analyze the race, ethnicity, gender, home address and offenses of the youth sent to placement to determine whether disparities exist, determine whether youth who are sent to placement have identifiable profiles of recidivism or court order violations, and explore whether any changes to programming, policy or practices could address identified disparities. Additionally, DOP will be looking at SDM trends by race.

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, cuisine, shared values, knowledge and learned patterns of behaviors and interactions 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, understanding and respect of a youth and family's culture, community and life experiences to engage them in a more meaningful way.

An example of this commitment is the ACS Committee on Racial Equity & Cultural Competence, which for several years has developed and implemented specific actions to promote equitable outcomes for children and families of color. Much of the Committee's work has focused on building the capacity of ACS staff at all levels to respond effectively to structural racism and individual bias and promote racial equity and cultural competence in practice. The committee includes a diverse representation of ACS staff (including senior and middle management staff from different parts of the agency and representing different cultural backgrounds themselves), external stakeholders (including contract provider agency staff), parent and legal advocates, and professionals and educators with ties to national organizations focused on improving institutional racial equity.

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, support

and care for LGBTQ youth, alternative medical practices, and cultural differences in child rearing and discipline, among others. ACS staff monitor and evaluate contract provider agencies, reinforcing practice and policy expectations to ensure that cultural competence is embedded in our work with children and families. ACS is developing a similar cultural competence component of the Scorecard for its NSP and LSP settings.

Building on the work in detention, NSP, and through feedback from the community, ACS expects to work closely with its LSP providers during program development to establish opportunities for ongoing culturally responsive programming. ACS' DYFJ has made a significant commitment to provide culturally responsive programming in its secure and non-secure detention settings, and in NSP, which has laid the foundation for ACS' expectations for its LSP providers. A calendar of 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 NSP community forum, one youth quite eloquently encouraged the agencies to, "Find talent in youth and make a success out of them." We believe that culturally responsive service delivery helps us to celebrate the diversity of the youth we serve, and to provide a wide range of positive examples for them to follow.

Having made considerable inroads in promoting, monitoring and sustaining 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 LSP as well. ACS will require culturally competent practice in LSP through its LSP Standards, with the added emphasis that these standards and expectations guide agencies' hiring/staffing practices and the selection,

supervision and training of staff. Through quality assurance activities, ACS will monitor and evaluate agencies contracted to provide LSP to ensure that they fully incorporate the principle and practice of cultural competence relevant to the needs of children and families into their milieus.

The LSP Standards require providers to operate programs with understanding and respect for community needs and cultures.¹⁶ 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.¹⁷ 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 aspects and practices of the populations served, with particular reference to ways in which culture or religion may affect treatment and services.

In addition, the LSP Standards require that providers not engage in or promote religious worship, instruction or proselytizing, or be influenced by or discriminate on the basis of religious affiliation.¹⁸ 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,¹⁹ and to continue a seamless connection with their communities of origin.²⁰ ACS will evaluate providers' compliance with these requirements on a recurring basis.

Additionally, ACS will work closely with OCFS to ensure that its LSP service providers comply with OCFS regulations and ACS policies concerning cultural competence. For example, ACS will require LSP providers to have written policies on religious observance, instruction, supervision and training,²¹ and to provide access to services and clergy of each child's faith, recognizing and respecting the religious wishes of the youth's parents and endeavoring to protect and preserve their religious faith.²² 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 LSP 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,²³ and ACS and its LSP providers will comply with all regulations regarding placement of Native American children.²⁴

Meeting the linguistic needs of youth in LSP and their families is also essential for effective service delivery. ACS will honor the Mayor's Executive Order regarding language access,²⁵ and will continue to comply with the agency's own Language Access Policy and Implementation Plan.²⁶ 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. 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.²⁷ As we have in all other areas of programming, ACS will assist LSP providers in

recruiting staff who speak languages predominantly spoken by youth and families whose primary language is not English. ACS will assist with recruiting staff who exhibit an understanding and respect for youth and families' culture and community.

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 youth and families served by DYFJ programs with a safe, healthy, affirming and discrimination-free environment. This commitment includes youth who self-identify as LGBTQ and those who are perceived by others as LGBTQ. At a public hearing to solicit feedback on the NSP plan, an LGBTQ advocate suggested that with Close to Home, “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 a youth is placed in an LSP facility, one of our goals is to take the opportunity to help him or her 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 this commitment, including the designation of a Senior Advisor and a Program Examiner for LGBTQ Policy and Practice. The Senior Advisor serves as the chief liaison between ACS and the child welfare and juvenile justice communities, and is charged with building organizational capacity to improve upon the agency's commitment to LGBTQ diversity and inclusion. The Program Examiner is charged with documenting and responding to safety

concerns that have arisen at foster agencies/programs. ACS has provided training and resources to provider agencies and to offices within ACS, including the Parent Support and Recruitment Office and Child Protective Services. The agency has distributed over 21,000 ACS LGBTQ Resource Guides and hundreds of LGBTQ affirming posters to its borough offices, its contract agency staff, and the NYC Family Court Judges. In addition, the Senior Advisor and Program Examiner have trained the ACS LGBTQ Advisory Council, an internal group of key leadership representing all of the Agency's primary divisions. Members of the advisory council serve as ambassadors to their respective divisions and are available to answer LGBTQ-specific and LGBTQ-related questions.

ACS continues to maintain targeted recruitment to find and support foster homes with LGBTQ family members or families that 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 prospective parents to the ACS Parent Recruitment Hotline. Hotline staff ask all callers if they are interested in caring for an LGBTQ youth and provide answers to questions from prospective foster parents related to LGBTQ-affirming homes.

ACS issued "Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice Systems" in November 2012.²⁸ The policy, which applies to all ACS and provider agency staff, as well as volunteers, provides direction on being sensitive to and inclusive of LGBTQ youth in care. The policy includes the requirement that providers address bias and meet the unique needs of LGBTQ youth

and their families. Additionally, the policy ensures that all services for youth are provided in a safe and healthy setting, highlights ACS' prohibition of discrimination, and outlines requirements associated with reporting violations of the LGBTQ policy. Like LSP Standards addressing cultural competence, ACS' LGBTQ policy provides that staff, volunteers, and contracted providers may not impose personal, organizational, or religious beliefs on LGBTQ youth.

Training is a significant focus of the LGBTQ policy. All ACS staff and provider staff are required to participate in training on the LGBTQ policy and attitudes, values and beliefs associated with LGBTQ issues at least every two years. ACS's training academy is developing a curriculum in consultation with an expert in LGBTQ youth, and ACS will offer a program to train LSP provider staff trainers. Additionally, the Senior Advisor for LGBTQ Policy and Practice has established an LGBTQ Training Academy Task Force in collaboration with child welfare providers, juvenile justice providers, and LGBTQ community organizations. The Task Force will ensure that all training and related services reflect the agency's goal to create a culture of support and professional development for staff to better meet the needs of LGBTQ youth and their families. A major element of this goal and the Task Force's work will be ongoing support and training for provider staff.

In addition, as required by the LSP Standards, providers will designate a staff person as an LGBTQ point person who will serve as a source of support to LGBTQ youth and as a resource to staff. The staff person will provide training to other staff on these issues and participate in forums for education and information organized by ACS. As ACS begins to care for LSP youth, the agency will draw upon its experience developing and implementing an

inclusive LGBTQ policy and will make necessary modifications to provide guidance and address service delivery expectations for LGBTQ youth.

ACS informed all providers in the solicitation for LSP that they are required to follow the ACS LGBTQ policy.²⁹ The ACS quality assurance system will monitor provider adherence to the policy to ensure that the specialized needs of LGBTQ youth are being met.

Transgender and Gender Non-Conforming (“TGNC”) youth encounter additional challenges distinct from those related to a young person’s sexual orientation – i.e. lesbian, gay, bisexual, or straight (heterosexual). To better address the unique needs of TGNC youth, ACS manages a grant from New Yorkers for Children and is working with a consultant to create a TGNC Best Practice Guide. The guide will provide guidance on such topics as 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 will refer to this guide when making policy decisions related to residential care of youth identifying as transgender and youth who are gender non-conforming, and will work closely with LGBTQ experts and advocates to determine effective measures of service provision to this population. 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 is aware that the State has committed itself to reform work in this area, and intends to incorporate OCFS’ work as much as possible to help all of our young people champion kindness and acceptance. We see this as a genuine opportunity for collaboration and for New York to be a leader on this issue.

2. Gender Specific Programming and Policies

As juvenile justice reforms continue, ACS is determined to ensure that all juvenile justice programs are prepared to meet the evolving needs of youth. Implicit to this approach is a system-wide implementation of programming that reflects the individualized needs of delinquent youth, with particular emphasis on gender specific services at each point in the juvenile justice continuum. Although the City's various juvenile justice initiatives have led to a significant drop in placements for delinquent youth, females now make up a growing segment of the juvenile justice population. In a system that was developed primarily with males in mind, understanding and embracing gender specific developmental distinctions is fundamental to the Close to Home initiative's commitment to effective programming.

When ACS describes young women and girls, we include both transgender and non-transgender people. Young women and girls who identify as LBTQ constitute a significant proportion of girls in the juvenile justice system. In fact, a recent survey of 2,100 youth in juvenile justice systems across the country found that 28% of girls identify as lesbian, bisexual, questioning and/or transgender or gender non-conforming.³⁰ Young women and girls' gender identities range from being transgender (their female gender identity is incongruent with their male birth assigned sex) or non-transgender (their female gender identity is congruent with their female birth assigned sex), and young women and girls who identify as either transgender or non-transgender have sexual orientations that range from lesbian, bisexual, straight, to questioning. The percentage of young women and girls who identify as LBTQ is higher in the juvenile justice population than in the national population, where an estimated 3.4% identify as LBTQ³¹.

Through ongoing collaboration, ACS will work closely with providers to incorporate gender specific training and programming into program models, including gender specific programming for LGBTQ youth. This work includes providing staff with tools and skills to enhance their understanding of gender specific youth development, especially the impact of physical, sexual, and emotional abuse. Regular training of this type will reinforce consistency of gender responsive principles and practice in LSP facilities. ACS expects that over time, providers will collaborate and share successes in order to support the implementation of gender specific best practices across the City's continuum of care.

In addition, all providers will deliver psycho-educational programming utilizing gender specific program models where appropriate. ACS will offer providers support during planning to design programs that best meet the medical, mental health, substance abuse, and educational needs of the youth they serve. ACS is currently working with OCFS to develop a working group of NSP provider who work with girls to strengthen practice. Not only will we share lessons learned from this group with LSP providers, we will also expand this working group to the LSP providers once contract awards have been made.

Wherever possible, recreational activities, life skills, mentoring and parenting programs, and other services will incorporate gender specific models. Examples of such program models include the Girls Education & Mentoring Services (GEMS), One Circle Foundation Programs such as Girls Circle and The Council, GRASP (Girls Re-entry Assistance Support Project) – developed by the Brooklyn District Attorney's Office in partnership with OCFS, Girl Scouting in Detention Centers (GSDC), Lasting Investments in Neighborhood Connections (LINC) -

Children's Aid Society, EXALT, Young Women Rock! Mentorship Program, Girls Inc. Programs like Friendly PEERsuation, Leadership and Community Action, Operation SMART,

and Project BOLD, as well as various fatherhood programs offered throughout the City. To make certain that program models are up-to-date, providers will continually assess the population and adapt programming that best engages 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 LSP as “Phase Two” of Close to Home, for young people requiring limited-secure placement. The City has worked and will continue to work intensively with juvenile justice stakeholders, including judges, advocates, attorneys (both for youth and for the City), elected officials, law enforcement, educators, community representatives, national experts in juvenile placement and in alternatives to placement, families, youth, and others as we further develop and implement a realigned system. Through various means, the City has already demonstrated an openness to receiving stakeholder input from diverse sources including: parents and other family members, youth, elected officials of the New York State Assembly and Senate, 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

ACS will actively continue to seek the input of elected officials regarding major policy initiatives, and City representatives will meet with state and local elected officials to ensure that their constituents’ concerns are incorporated into ongoing planning. Representatives of City agencies routinely testify before the City Council, New York State Assembly, and New York State Senate. Due to its integral role setting the annual budget, the City Council serves as an

oversight entity for City agencies, and DYFJ routinely testifies at public hearings held by the City Council's Committee on Juvenile Justice. For example, during hearings on the FY 2013 budget, DYFJ testified regarding Family Engagement in the Juvenile Justice System and updated the Council on the implementation of Close to Home. In addition, Commissioner Richter provided briefings on the NSP phase of Close to Home to City Council members as well as the State Assembly's Black, Puerto Rican, Hispanic and Asian Legislative Caucus Members. The City expects that throughout implementation and execution of Close to Home, we will provide updates to the City Council and key members of the State Assembly and Senate, particularly the Committees on Children and Family Services.

To engage elected officials at the local level, ACS met with members of Community Boards in districts where NSP facilities are located. In addition to requiring providers to form community advisory boards, ACS has also required that they engage with local Community Boards. As we move toward Phase Two of Close to Home, ACS will reach out to local Community Boards in districts where it is certain that LSP facilities will be located (i.e. former OCFS non-secure sites). After ACS makes LSP award recommendations, and sites in addition to those being leased to ACS by OCFS, have been identified, ACS will work with the selected providers to brief Community Boards in those neighborhoods as well.

2. Advisory Boards

In addition to working with the JJAC described earlier in this plan, Commissioner Richter and his Executive Team meet with the Commissioner's Advisory Board on a quarterly basis to seek input regarding ACS' initiatives and strategic direction. The Board represents a diverse group of experts including advocates for families, children and youth, current and former judges, juvenile justice researchers, funders, juvenile justice advocates, elected officials, staff from

OCFS, parent advocates, and providers. Throughout the past year, he has updated the Advisory Board on the development and implementation of Close to Home and has received important recommendations from the Advisory Board regarding oversight, community engagement, and services that should be available to youth in placement. 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 update Advisory Board members on the progress of implementation and execution of Close to Home, and will seek their input throughout the life of the initiative.

3. Other Stakeholder Outreach

Both before and after the Governor signed Close to Home into law, the City has held numerous meetings with juvenile justice stakeholders to hear their suggestions and concerns for a realigned juvenile justice system. City officials will continue to meet 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, among others. Commissioners Richter and Schiraldi regularly speaks at meetings of professionals and advocates involved in juvenile justice regarding the progress of Close to Home and seeks participants' input on implementation; recent venues have included The Intersection of Mental Health & Juvenile Justice for NYC Youth at New York Law School, the 2012 Annual Professional Conference sponsored by New York Foundling, the Citizens' Committee for Children of New York's Council on Children, Urban Dialogues hosted by Metropolitan College of New York, the National Association of Counties, and the American Probation Association.

ACS and DOP will also maintain their active leadership of the JJAC, continuing to seek the 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 the community engagement process at critical points in the initiative's development. This approach builds upon a more than decade-long partnership between ACS and community members from neighborhoods where the children and families we serve reside.

a. Community Forums and Public Hearings

Throughout October 2012, ACS convened three forums, in Brooklyn, Manhattan and Staten Island, to receive input from youth, parents, community members, community groups, and others. The Forums for Queens and Bronx were interrupted by Super Storm Sandy and were held in January 2013. Many local providers attended, as did elected officials and other government agencies. Led by ACS Commissioner Ronald E. Richter, the Department of Education ("DOE") and current NSP providers joined ACS on the panels at each forum. ACS held the forums in communities in each borough that experiences high numbers of youth entering the juvenile justice system.

ACS will continue to encourage input from a broad cross-section of stakeholders, including Community Partnership Program ("CPP") members, clergy, police, YMCA, foster parents, block associations, youth leaders and advocates, staff from DOP and DOE, school-parent coordinators, parent advocates, and parent associations, Housing Authority service providers and tenant groups, elected officials, parents and youth formerly involved with DYFJ, and foster care and preventive agency staff.

For the community forums, 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. Staff from ACS' Office of Community Partnerships distributed over 3,000 English flyers and 300 Spanish flyers throughout each borough, targeting churches, community centers, youth groups, and community-based organizations, including many organizations with which ACS has 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 the Brooklyn forum, 100 attended the Manhattan forum, approximately 50 attended the Staten Island forum, 75 people attended the rescheduled Queens forum, and approximately 100 community members 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 stenographer who recorded the proceedings, and each session was moderated by a senior ACS manager. Anyone wishing to provide additional comments after the forum was encouraged to e-mail closetohome@acs.nyc.gov with their input. Those who did not have an opportunity to attend or to speak due to the storm had another opportunity during the rescheduled forums in January.

Most participants were supportive of the goals of Close to Home. Several participants wanted to ensure that there would be efforts to meet the educational needs of the children, including youth with special needs. They were pleased that this proposal includes efforts to engage families in the rehabilitative process. They expressed hope that when implemented, Close to Home would connect children to resources in the community, including skills building,

mentoring and job opportunities. One speaker expressed a suggestion that ACS engage local unions in training youth to acquire a skilled trade.

The City is working to incorporate the public's suggestions as we move forward with our planning. Making clear how we have considered and incorporated community input is important for maintaining the community's trust and participation.

In accordance with the requirements of the legislation, ACS will post the draft plan on its website with instructions for providing feedback. ACS intends to print copies and make them available at our Office of Advocacy for the public to pick up and review. In order to seek additional public feedback, ACS will schedule public hearings in each borough, to occur at least thirty days after release of the plan, and will post the dates, times and locations of the hearings on its website. Public notice of the hearings and public comment process also will be published in New York City newspapers.

b. Involvement of the Community Partnership Program ("CPP")

In 2007, ACS launched the Community Partnership Initiative ("CPI"), now named the Community Partnership Program ("CPP"), in order to develop community-focused child welfare practices. These programs 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 CPPs have received funding from ACS to focus on concrete child welfare outcomes: safety, permanency, reunification, and well-being.

Today the CPP 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, whose mission is to strengthen families and to ensure child safety and permanency, using a community collaboration model. CPPs will play an integral role in the development and implementation of Close to Home, especially in supporting youths' community reintegration. The 11 CPPs will play active and visible roles in helping youth leaving LSPs to transition successfully into supportive communities with adequate resources to reduce recidivism and achieve successful outcomes. CPPs have an average of 50 members: ACS preventive and foster care agencies, grassroots organizations, clergy, community residents and others, who meet on a monthly basis and maintain a number of active committees.

ACS expects providers that operate LSP facilities in the 11 community districts to participate in the applicable 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 LSP provider. For facilities in community districts 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 LSP facility, and if so, will 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 youth will be returning.

c. Community Boards and Local Law Enforcement

Each LSP provider will also be required to interface with the local Community Boards and police precincts during the planning stage and on an ongoing basis once the facility has opened. Building a strong relationship with the precincts' Community Relations Officers is essential to this process, as it will keep precincts informed about the facility's development and help providers maintain communication so officers can provide support when necessary. The

Community Boards' Public Safety Committees are also avenues through which providers can develop partnerships and maintain transparency with the community about their work.

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 is developing a Juvenile Justice Oversight Board³², comprised of 10 to 15 individuals from a range of backgrounds who are knowledgeable about issues of juvenile justice, and are committed to improved outcomes for youth, families, and communities. ACS will select Board members through an application process. The Board will include experts in education, mental health, and juvenile justice systems operations, a member of the Legal Aid Society Juvenile Rights Practice, a parent who has a child with experience in the City's juvenile justice system, and a person with former experience in the system. Members will not be employees of ACS, the City of New York, or any organization or agency that provides contracted services or funding to ACS.

The Juvenile Justice Oversight Board will be responsible for overseeing the rights, safety, and well-being of young people who are detained and placed within ACS non-secure detention facilities, as well as NSP and LSP sites. Board members will visit these facilities to assess the quality and adequacy of services, monitor operational issues of concern, analyze data on key system indicators, and meet with agency officials to discuss findings, recommendations, and resolutions. Young people, their families, and other members of the community will have the opportunity to report concerns or complaints to the Board confidentially. Each year, the Board

will issue a summary report that will be available to the public. Board members will be appointed by the ACS Commissioner, and serve without compensation.

In addition to the Juvenile Justice Oversight Board, ACS will have on staff five ombudspersons in the Office of Advocacy; ombudspersons will be dedicated to addressing issues and concerns raised by young people in placement, as well their families, and also will perform the same role for non-secure and secure detention. Aggregate information on the issues raised by young people and their families will be reviewed by the Juvenile Justice Oversight Board. In addition to the ombudsmen specifically dedicated to placement, the Parents' and Children's Rights helpline run within the Office of Advocacy, will be available to assist families of youth in NSP and LSP programs.

Additionally, to further system accountability, ACS will comply with the provisions relating to the Justice Center for the Protection of People with Special Needs (Chapter 501 of the Laws of 2012) and their policies and procedures when issued.

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 use a combination of a nationally 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 a reduction in

detention rates while maintaining public safety. The risk and needs assessment instrument is expected to be locally validated after two to three years of use, to ensure an adequate sample size and potential recidivism time span.

1. Risk and Needs Assessment Tool

In collaboration with the JJAC, DOP has chosen the Youth Level of Service/Case Management Inventory (“YLS”) for its pre-adjudication risk and needs assessment tool. DOP selected the YLS 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 has been working with OCFS to obtain the approval necessary to be compliant with the legislation.³³

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 user friendly, had a manageable number of items (42) that would not create an unrealistic workload, had the strongest inter-rater reliability, 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 three (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 who have been adjudicated delinquent, 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 and DOP case planning.

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 who have committed the most serious offenses and who are at the highest risk of reoffending. Use of objective decision-making tools including the YLS and the SDM ensures that recommendations whether to send a youth to placement are based upon risk to the community, rather than the youth’s treatment needs, attitudes or behavior while in court or with the probation officer. Such factors 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.

It should be noted that DOP and ACS are working with OCFS to finalize a process by which judges can receive guidance regarding placement classifications (non-secure, limited secure, and secure) to be compliant with the Close to Home legislation.

NYC DOP Structured Decision-Making Grid

MOST SERIOUS CURRENT ARREST CHARGE	LIKELIHOOD OF RE-ARREST		
	HIGH OR VERY HIGH	MODERATE	LOW

CLASS I: A, B felonies (violent & non-violent), violent C felonies	BOX #1 Out of Home Placement ¹	BOX #2 Out of Home Placement or Alternative to Placement	BOX #3 Alternative to Placement or Probation (To Be Specified)
CLASS II: Non-violent C felonies, violent D felonies	BOX #4 Out of Home Placement or Alternative to Placement	BOX #5 Alternative to Placement or ESP (Level 3 Probation)	BOX #6 Level 1 or 2 Probation
CLASS III: Non violent D, All E felonies, misd assault and misd weapons possession	BOX #7 Alternative to Placement or ESP (Level 3 Probation)	BOX #8 Level 1 or 2 Probation	BOX #9 Level 1 Probation or CD
CLASS IV: A misdemeanors except assault and weapons and all B misdemeanors²	BOX #10 Level 1 or 2 Probation	BOX #11 CD or ACD	BOX #12 ACD or short term one time consequence or Dismissal

MANDATORY CONSIDERATIONS:

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 most serious finding offense

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 to the PO's supervisor and Borough Director

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 LSP either from City-run detention facilities and OCFS facilities (during the transition period) or in cases where a modification is necessary, youth will transfer from NSP facilities. ACS will capitalize on its familiarity with youth and experience

caring for them in detention and in NSP to assess and plan for youth ultimately placed in City-contracted LSP residences.

The OYFD Intake and Assessment Unit, as described above, will be comprised of six social workers and a director with a background in social work. The team, which is currently responsible for the intake process for youth placed in NSP, will assume responsibility for the assessment of youth moving into LSP. In partnership with the Vera Institute of Justice, ACS designed the assessment process that has been used to match youth who have received dispositions of NSP with appropriate residential service providers and will be used to assess youth placed in LSP.

The intake and assessment process for LSP will begin either when ACS receives a Family Court order placing a youth with ACS or when it has been determined that a youth in NSP requires a higher level of supervision. When a youth is placed with ACS by a Family Court judge, an Intake and Assessment Unit staff 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.³⁴ When ACS assumes responsibility for LSP facilities, it is likely that a substantial number of dispositional orders will leave the level of placement to be determined by this agency. For orders that do not specify NSP or LSP, ACS has worked with Vera to develop a placement classification tool to assist in making determinations regarding the least restrictive level of placement required to promote the safety of all youth in placement and public safety.

Ultimately, it is ACS' goal to implement a validated risk classification tool -- to be administered for all youth whose dispositional orders leave the determination as to the

appropriate level of placement to ACS -- that measures risk across three dimensions: (1) risk of violent recidivism, (2) risk of violent behavior while in an institutional setting; and (3) risk of escaping or absconding from custody. Working with Vera, ACS plans to implement the risk classification tool in two phases. At the outset, upon initial implementation of LSP in fall 2013, ACS will use a risk classification tool that includes a validated component that predicts risk of violent recidivism and provides for override options. The override options will be based on measures of risk of violence while in custody and risk of AWOL while in custody. The second phase, estimated to be complete in 2014, will include collection and analysis of data to identify and validate measures of risk of violence in custody and risk of AWOL.

In addition to administering the risk classification tool, while youth are in detention pending disposition and placement, DYFJ 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 OYFD Intake and Assessment Unit and later to LSP providers.

The Intake and Assessment Unit 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, the Intake and Assessment Unit will ensure that youth get complete assessments and that relevant information learned from the assessments is incorporated into the placement recommendation made by the team. The team will examine probation investigation reports and diagnostic assessments for needs the youth might have, such as substance abuse or mental health treatment. If any needs are identified that require further exploration, the assessment team will work to address them.

Youth in New York City detention facilities attend DOE schools, ACS will work to obtain consents that will enable the Intake and Assessment Unit to 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. Youth in New York City LSP facilities will attend school on-site that will be operated by DOE, District 79. For youth who will remain in District 79 for LSP following detention, education records will transfer easily between the school in detention and that assigned to the youth's LSP.³⁵ It is anticipated that most youth who move to LSP from detention will remain in District 79. Education services for LSP are described in greater detail later in this plan.

The Intake and Assessment Unit will consult with the Confirm Unit to determine whether the youth is in foster care or has any other active 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 Unit staff identify these dual jurisdiction youth and communicate with agencies responsible for planning their care to ensure that all necessary staff appear in court and understand the court process. The Intake and Assessment Unit 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.³⁶

The Intake and Assessment Unit staff will have detailed knowledge of all LSP programs. Once an Intake and Assessment Team member has gathered and synthesized relevant information regarding risk and needs, he or she will prepare a summary of needs. Next, the Intake and 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.³⁷ The options will include LSP service providers that can make specialized services available, as described in the LSP Standards.

Once a member of the Intake and Assessment Unit 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.³⁸ At the meeting, participants will review the needs identified and determine whether ACS staff have overlooked any additional needs. If any significant needs have been overlooked, the Intake and Assessment Unit staff will make appropriate adjustments to the needs summary. The Intake and Assessment Unit staff 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 approaches and the treatment modalities that are employed in each facility. The Intake and Assessment Unit 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 Intake and Assessment Unit staff member assigned to work with the youth will finalize the placement determination. ACS staff will then contact the selected provider and coordinate arrangements for transport of the youth. The Intake and Assessment Unit will share with the LSP provider all the information gathered during the assessment process, whereupon the provider agency case worker will develop an appropriate treatment plan and ensure that it is carried out during the youth's placement.³⁹

An LSP 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. ACS officials will conduct this review expeditiously so as to ensure the safety of the youth, facilities, and community. ACS will finalize a written procedure for these reviews prior to the date when LSP facilities begin receiving youth.

Assuming approximately 60 new intakes per month for NSP and LSP combined; each Intake and Assessment Specialist will be expected to complete an average of 10 assessments per month. Based on these assumptions, ACS anticipates that the Intake and Assessment unit will be able to complete assessments and secure placements for all youth within statutory timeframes established in the Family Court Act and the Social Services Law.⁴⁰ In the event that the Intake and 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.⁴¹

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

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

"....how the district will engage in transition 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 an LSP provider. ACS will employ PPS staff, who will work closely with LSP providers, youth, and their families to ensure the provision of appropriate services to each youth placed in the agency's care and custody.⁴² The ACS PPS will provide case coordination services from the time a youth enters care until the placement expires, and will be responsible for oversight of:

coordinated transition 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, including but not limited to refraining from further offending.⁴³ To achieve and maintain this level of oversight, ACS PPS will actively partner with LSP providers, both with respect to residential care and aftercare, as well as directly engage the youth and discharge resource(s).

ACS will hire a unit of ten LSP Placement and Permanency Specialists, whose work will be overseen by 2 Directors of Placement and Permanency, while an Executive Director of Limited-Secure Placement will oversee program operations. Each PPS will be required to have substantial professional expertise and experience related to the responsibilities of the position. The PPS team will be supervised and evaluated by the Directors of Placement and Permanency, who will have supervisory experience and backgrounds in the fields of juvenile justice and/or child welfare. ACS anticipates that Placement and Permanency Specialists will be responsible for coordinating care provided to youth both in residential care and in aftercare.

1. Close to Home Transition

During the transition period described above, ACS PPS will collaborate with ACS' Division of Family Court Legal Services ("FCLS"), OCFS staff and ACS provider agency staff to help facilitate a smooth transition from OCFS to ACS LSP.⁴⁴ ACS PPS will also work closely with foster care agency case planners for all youth in foster care.⁴⁵

2. Unusual Incidents and Crisis Management

In the event of an unusual incident or crisis event, the youth's assigned PPS will review the reports submitted by the LSP provider to the ACS Movement Control and Communication Unit ("MCCU") of DYFJ. The PPS will be responsible for follow up to ensure that the

appropriate actions have been taken and proper documentation has been submitted.⁴⁶ 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 described in the ACS Reporting of Incidents and Data Management policy, the LSP provider manual, and LSP Case Coordination Goals and Guidelines. Actions to be taken in response to an unusual incident will be determined based on details of the incident, and these procedures will be finalized with LSP providers during program development. When needed, the ACS PPS can request the assistance of the LSP Director of Field Operations. The Director of Field Operations is skilled in crisis management and mediation, and will visit LSP facilities to support staff and/or counsel youth when an unusual incident has occurred.

The ACS PPS and LSP Director of Field Operations are ultimately responsible for providing crisis management support to LSP 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 emergency. ACS will provide 24-hour responsiveness to LSP providers during emergencies, including the availability of the LSP Director of Field Operations for 24-hour crisis management assistance to provider agencies.

3. Youth Who Are Absent Without Leave (“AWOL”)

The ACS AWOL policy will outline the notification process when a youth becomes AWOL.⁴⁷ Upon learning of a youth’s departure from an LSP facility without permission, the LSP provider will immediately notify the ACS MCCU and the ACS PPS. The LSP 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 promptly notify the Court and OCFS in writing.⁴⁸

PPS and LSP provider staff will work closely together in the event of an AWOL. This document further describes efforts to prevent AWOLs and the process for when there are AWOLs.

4. Emergencies

The ACS Placement and Permanency unit is responsible for ensuring continuity of care and safety during emergencies such as natural disasters.⁴⁹ ACS staff will be available to LSP providers 24 hours per day, seven days per week, in the event of an emergency or disaster. All LSP providers will be required to develop and share emergency preparedness/continuity of operations plans with ACS, which must incorporate general disaster/emergency 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 plan must also detail procedures for addressing situations including AWOL youth, medical emergencies, injuries from restraints and emergency psychiatric care.

5. Restraints

In consultation with OCFS, ACS will develop detailed guidelines and procedures that LSP programs will be required to follow for the use of restraints. Physical restraints, and in limited circumstances mechanical restraints, will only be used to address the behavior of a youth who presents a risk of physical self-injury or injury to others, poses a substantial threat to the safety and order of the facility, or attempts to escape from the LSP facility or custody.

Under the LSP Safe Intervention Policy (subject to OCFS approval), LSP providers will be required to use Safe Crisis Management ("SCM") upon accepting adjudicated youth under Close to Home.

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. A focus on developing de-escalation skills enables providers to avoid injuries to youth and to staff, as well as the emotional impacts on youth from the use of physical restraints. This is particularly important because many youth have histories of abuse and maltreatment by adults. LSP providers are required to provide training that will foster an understanding in their staff that a physical restraint may trigger post-traumatic stress responses and memories of abuse and maltreatment.

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.⁵⁰ Staff who have not received training as described in the LSP Safe Intervention Policy may not restrain youth.

LSP providers will be required to notify ACS MCCU when a restraint is administered. ACS PPS assigned to a particular youth will follow up with the provider to understand the specifics of the restraint, and will participate in after action reviews that include meetings with the youth, staff who conducted the restraint, and supervisors as needed.

6. Movement Between Facilities

a. Lateral Transfers

A lateral transfer involves the transfer of a youth from one LSP facility to another and shall be considered as an option only when all efforts to prevent the move have been exhausted. The ACS PPS must work with the LSP provider agency to help ensure that the provider has devised and implemented a safety plan when safety issues are driving the request for a transfer.

When the LSP provider wishes to have a youth removed from its program, the LSP provider must send an LSP Transfer Request Form to ACS documenting the behaviors, issues or incidents upon which the transfer request is based, as well as interventions employed by the provider to address those behaviors, issues or incidents in a manner that would enable the youth to remain at the residence.

The Executive Director of LSP or the Associate Commissioner of OYFD will be responsible for approving or disapproving moves between facilities. Options include lateral transfers from one LSP provider to another, as well as upward and downward modifications.

Once ACS receives an LSP Transfer Request Form, the ACS PPS (in consultation with his or her Placement and Permanency Director) will determine whether a case conference between ACS and the LSP provider is necessary. The PPS will request a conference only if additional information is needed or there are substantial discrepancies in the information provided. If a case conference is necessary, it will occur within 5 business days from the date the transfer request form was received.

The final decision regarding a lateral transfer will be made by the Executive Director of LSP or the Associate Commissioner of OYFD. If a lateral movement is determined to be approved, the ACS PPS will notify the ACS FCLS Family Court Liaison. In addition, the current LSP provider will be responsible for speaking with the new LSP provider and discussing the strengths of the youth and the challenges they have encountered in working with the youth. This conversation must take place before the youth is moved. The current LSP provider must notify MCCU that the youth is moving, transport the youth to the new facility and bring all of the youth's belongings, medication (if appropriate) and records. The receiving facility must alert MCCU that the youth has arrived.

If an emergency exists and a youth must be moved from an LSP residence immediately for safety reasons, the LSP provider will be required to notify the LSP Director of Field Operations and the ACS PPS. Contingent on policy approval from OCFS, depending on the circumstances and the youth's behavior, LSP providers may be permitted to use "room confinement." All use of "room confinement" will adhere to the requirements of policy and regulations pertaining to room confinement, including but not limited to the design of the room, staff oversight of the youth while in the room, and the use of room confinement for the least amount of time needed to address the safety issue.

b. Upward Modifications to a Secure Placement

The LSP provider agency must give ACS as much notice as possible when the LSP provider believes that a youth's placement may have to be modified to a higher level of care. ACS will reaccept such a youth as soon as possible. Except in emergencies, in which case the LSP provider may call the Executive Director of Limited Secure Placement, a request to move a youth to a secure setting must be made in writing, by email, to the ACS CTH PPS. Before ACS agrees to consider a move the youth to secure placement, ACS may request a case conference between ACS and the LSP provider agency.

If the ACS CTH PP Unit, in conjunction with the LSP provider agency, decides to pursue a petition to modify a youth from LSP to secure, ACS through the FCLS attorney will be responsible for the petition for modification. The LSP provider agency may be required to prepare written materials for court and/or attend court appearances to effectuate the transfer. The LSP provider shall also contact the parent and/or foster care agency case planner and foster parent if the youth is in foster care, to inform them of the youth's potential change of placement.

b. Downward Modification

Youth will also have the opportunity for modification of their placements to less restrictive settings. Reasons for filing a modification of placement to a less secure level (step-down from ACS LSP to NSP) may include, but are not limited to: 1) the youth's consistent adherence to the rules and regulations of the program; 2) the youth's progress in meeting his/her treatment goals; and 3) strong, supportive parents, guardians or other discharge resources. If an LSP provider feels that a downward modification is appropriate, the provider must complete written documentation outlining the behaviors and reasons that would support a downward modification. If the court's placement order specifies the level of placement, in order to modify placement to a less secure level a modification motion must be granted by the court. If the order does not specify the youth's level of placement, then no motion to the court is required before ACS modifies the placement.

7. Transition and Discharge Planning

Transition and discharge planning require collaboration between ACS, the LSP provider, the youth, the youth's family or other discharge resource(s), the aftercare provider, the DOE, and any other agency (for example, a 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 is aware that planning must begin at the start of a youth's placement. ACS also acknowledges the crucial roll and involvement of -- and often commitment to change by -- the youth's family to promote long-term successful outcomes for youth.

The ACS PPS will support LSP provider engagement with families and other discharge resources upon the youth's arrival and will work with LSP providers to schedule home visits as

soon as possible, consistent with an assessment of the family's capacity and community safety.⁵¹

All LSP providers will be required to visit the home of the youth's discharge resource (biological family, foster family, kin, etc.) by day 30 of placement to identify barriers to release that may exist in the home. Providers will conduct a thorough review using a checklist of concerns related to barriers to release and will report back to the ACS PPS upon completion of these assessments.

All LSP providers will have a "caseworker" and a "family worker" on staff who will be responsible for family interaction, have the resources to address any barriers to release, be able to provide assistance during home visits throughout the placement period, and promote a smooth transition home and into aftercare.

As part of the discharge planning process, and to begin the transition from the LSP facility back to the community, youth will begin supervised home visits. LSP staff will supervise day visits by the youth to the home of the parent[s], family, extended family or other discharge resources. These visits will begin at the discretion of ACS, with information and consultation from the LSP contractor. The youth must have a minimum of four successful supervised day visits prior to commencing overnight visits. LSP providers will be required to notify the ACS PPS of the dates and times of visits and the discharge resources involved in the visits.

After the required day visits have taken place, at least two overnight home visits must occur as part of the discharge planning process to foster positive youth and family development as a youth begins to transition home. LSP providers are also required to provide clinical services to families during and after day and overnight home visits, as needed, to assist with family dynamics and the reintegration of the youth into the family.

The ACS PPS will approve youth eligibility to ensure access to services upon release from placement, and will ensure that the appropriate services are in place to begin once the youth is returned home.⁵² In addition, the ACS PPS will participate in family meetings to discuss youth in placement, including their adjustment and progress, medical and mental health updates, discharge planning activities and goals, the success and quality of family visits, and any barriers to release or discharge.⁵³ Chief among barriers to release for many youth is stable housing, which frequently requires extra attention to ensure a smooth transition home. LSP 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. Barriers related to continuity of medical care will be alleviated through assistance in securing health insurance when a youth is eligible. The ACS PPS will work with LSP providers before and during aftercare services to resolve any other barriers through coordinated efforts and referrals.

At or before 30 days prior to release, the ACS PPS will coordinate with the LSP case worker to conduct a special pre-release home assessment that follows the initial home assessment completed by day 30 of the placement. In addition to ensuring that the family has successfully utilized assistance from the LSP provider to address barriers to release and prepare the family for the youth's return, the pre-release assessment will identify new issues that must be addressed before a youth can return home.

8. Entry or Reentry into Child Welfare Placements

If a youth does not have a suitable discharge resource, the LSP provider is responsible for relaying this information to ACS.⁵⁴ With support from the Confirm Unit, the ACS PPS will ensure that all appropriate evaluations of a youth in care are completed and up to date to assist in this process.⁵⁵ If a child welfare placement is necessary, ACS will facilitate the youth's entry

into a child welfare placement consistent with relevant State laws and regulations in conjunction with the appropriate ACS Division of Child Protection Office.⁵⁶

Any LSP 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”), the case planner will continue to be responsible for foster care case planning and contacts with the youth and his or her family while the youth is in an LSP facility. In addition to contact with the youth, the ACS child welfare provider agency must work collaboratively with the ACS PPS to ensure family visitation, consistent with any orders issued by the Family Court concerning visitation. To ensure seamless and ongoing communication, the ACS child welfare provider agency must continue to complete all necessary documentation in CONNECTIONS (“CNNX”) related to the agency’s role as case planner for the family while a youth is in an LSP facility. In addition, the agency must complete any necessary court reports related to the child welfare case.

The ACS child welfare provider agency must have an appropriate child welfare placement plan for the youth upon discharge from the LSP facility. This ACS child welfare provider agency must coordinate with the ACS PPS to ensure that the child welfare placement plan does not require modification during the course of the LSP placement.⁵⁷ If the ACS child welfare provider agency determines that it is no longer able to meet the youth’s needs within the agency’s continuum of care during placement in an LSP facility, the ACS PPS will work with the Confirm Unit to determine if the provider agency needs to be replaced and assist in the replacement process.

For youth with an underlying child welfare placement, the ACS PPS, 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 providers are ready to receive the youth upon discharge from LSP. The ACS PPS will make best efforts to see that a child welfare placement has been identified well in advance of discharge for those LSP youth who will be entering a child welfare placement for the first time. This preparation will allow time for a joint visit with all individuals involved in planning the placement. It will also afford the youth and planning resource(s) an opportunity to learn about and discuss the aftercare plan together.

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

For every youth in care the average length of stay will be six months. Working within this average, sets a timeframe within which to achieve certain goals, including youth behavior and transition planning. While six months is the average length of stay, the decision to release a youth to the community will be 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 have shorter lengths of stay. Those who do not achieve treatment goals and do not demonstrate readiness to lead a law abiding life will likely stay in placement longer.

If an LSP provider believes a stay longer than six months is necessary, a written waiver must be submitted to the ACS PPS. The LSP 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 LSP to support the youth in achieving these goal(s), and the reason that the goal(s) cannot be achieved in a community setting. The decision to approve or disapprove a waiver request will rest on the reasonableness of the request, the

amount of time requested, whether the services to be provided during the extended placement are available in a community setting, and whether there are any significant public safety issues present. In order to make an informed recommendation to his or her supervisor, the ACS PPS will engage in a discussion with the LSP provider to ensure that ACS has a full understanding of the rationale behind the waiver request.

Final approval or disapproval will be made by the Executive Director of LSP or the Associate Commissioner of OYFD. Where waiver requests are approved, the ACS PPS will be responsible for monitoring the youth's ongoing behavior and the effectiveness of the additional time a youth is kept in placement.

10. Extension of Placement Hearings

If, in conjunction with the LSP provider, ACS seeks to keep a youth in placement beyond the initial placement term, an Extension of Placement Hearing is held in Family Court. Once an extension of placement petition is filed and a hearing date is scheduled by the Court, the ACS PPS will provide the LSP provider with the hearing date and act as the liaison between providers and FCLS attorneys. FCLS attorneys will present extension of placement petitions before the Family Court judge.

11. Releases Out of State

When a youth is to be released out of State, the ACS PPS will coordinate with the LSP case planner, and OCFS to complete Interstate Compact for Juveniles documentation and oversee its timely submission.

12. Educational Planning

ACS PPS and LSP providers will work together with both the DOE and the ACS education unit to plan for young people's educational transition and aftercare.⁵⁸ During a

youth's LSP stay, ACS PPS and LSP providers will remain in communication with the youth's home school to keep the school apprised of the services and programming youth are receiving and to update school officials on the youth's academic progress. Prior to a youth's release, the ACS PPS will review the youth's educational plan from the LSP provider case planner. The ACS PPS will work with the LSP providers to ensure that they are proactive in educational transition planning, including maintaining communication with DOE and the community schools for all youth in care. The Negotiated Acquisition and the LSP Standards include specific requirements with respect to education, and ACS is seeking LSP providers with expertise in educating young people involved in the juvenile justice system.⁵⁹

Each ACS PPS will help providers coordinate with the DOE, including involving the Committee on Special Education when appropriate.⁶⁰ 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 upon discharge.

Based on the educational assessments and activities conducted prior to release, the ACS PPS may use the youth's last home visit to escort the youth and family to the DOE Enrollment Center, if the youth is not already attending their community school while in LSP. At the Enrollment Center, the youth and family can discuss their education options, provide the enrollment center with the required documents, and complete the final steps necessary to ensure that the youth is immediately re-enrolled in an appropriate school placement upon re-entry. In the event of unusual or special circumstances that prevent a parent from accompanying the youth

to the enrollment office, the LSP case planner or the ACS PPS may act in the parent's place with appropriate consent and authorization.

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, improve family function, strengthen parenting skills, and reduce truancy, substance misuse, curfew non-compliance and other teen-specific behaviors. Connecting youth to appropriate and culturally-competent community resources is a theme that has been resonant among community members and families throughout the Close to Home planning process. A formerly incarcerated young person at an ACS NSP community forum in Brooklyn expressed his belief that a community-based organization dramatically changed his life for the better; he encouraged ACS to provide funding for similar homegrown, community-based organizations. LSP aftercare will consist of connecting youth to meaningful pro-social activities in their communities. Bringing youth closer to home and closer to their families is central to the success of this initiative.

All LSP providers, with the exception of the Intensive Support Short Term Placement providers, will operate their own aftercare services for youth exiting their programs. These services will be provided through the implementation of an evidence-based model ("EBM"), adaptation of an evidence based model ("AEBM"), or a promising practice model ("PPM") that have demonstrated positive outcomes for youth and families with similar populations. In addition, as part of the LSP procurement process, all aftercare services will be vetted by ACS to ensure that they are appropriate to the LSP population.

Aftercare services will be used to assist in the transition of LSP youth back to their home communities by providing intensive in-home services that promote behavior change in the

youth's natural environment. To engage families, these services will help the family to diagnose problem behaviors, identify family strengths, support family members in changing their behaviors, and enable the family to practice – and sustain – behavior change on their own. Unless there are safety issues presented in the home that make home-based services unsafe for LSP provider staff, aftercare services will utilize EBM, AEEM or PPM models in which sessions are conducted primarily in the youth's home. These therapeutic sessions will be provided at least weekly, with at minimum hour-long interactions between a therapist, the youth, and his/her family members or discharge resources. Due to the unpredictability of family crises, crisis intervention will be available 24 hours per day, seven days per week. LSP providers will determine and clearly articulate therapeutic goals in collaboration with the family and ACS.

ACS is committed to ensuring that local, community-based organizations have a role in transition planning and aftercare. Ideally, youth and families will be able to forge positive relationships with community providers, who 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, LSP providers will have established linkages and referral protocols with at least three community based service providers. These community based service providers will provide individualized pro-social activities and support for youth which may include, but are not limited to, vocational counseling, academic support and tutoring, mentoring, afterschool programming, recreational activities, and cultural programming. If the family or discharge resource is unable to afford the fee for such services, LSP providers will pay for their participation while the family is receiving aftercare services.

In addition to linkage agreements for pro-social activities, LSP providers, in collaboration with ACS Placement and Permanency Specialists, will identify targeted medical and/or mental

health community-based services for youth who require such services in their transitions home. LSP providers will also establish linkages with organizations providing expert and specialized services to individuals with chronic physical, mental, developmental or intellectual disabilities, prenatal and postnatal counseling and services, and alcohol and substance abuse as appropriate to the model. In linking youth and families to these medical and 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.

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.⁶¹ Supervision by the ACS PPS during the aftercare period will include regular face-to-face contacts with the youth at home, at an ACS borough office, or another mutually agreed-upon location. ACS Placement and Permanency Specialists will also convene regularly scheduled conference calls with LSP providers to discuss youth receiving 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 PPS 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 ACS PPSs once per week for the first six weeks of aftercare. In certain cases, the face-to-face contact requirements will be increased based on an assessment of the safety risks and social service needs of the youth. The ACS PPS will make this determination in collaboration with the LSP provider and the Director of Placement and Permanency. The PPS

will share all of the youth's reporting requirements, in writing, with the youth, the parent(s) or guardian(s), and the attorney for the youth.

The LSP provider is responsible for making the first therapeutic contact with the family within 72 hours of the youth's release. In addition, the ACS PPS will contact the youth's community school to ensure that academic credits have transferred appropriately and are reflected in the youth's school transcript.⁶² The ACS PPS and LSP providers will provide focused attention on the youth's school attendance and academic status during the aftercare period.

14. Revocations

When a youth on aftercare has engaged in serious misconduct, has been arrested, and/or has been found guilty of committing a serious offense, the Executive Director of LSP or the Associate Commissioner of OYFD will determine if a youth should be removed from the community and returned to residential placement. The decision to revoke a youth will be made in consultation with FCLS 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 ensure that revocations are consistent with due process and ACS policy and practices. Prior to revocation, LSP providers will make efforts to engage the youth, family, the ACS PPS, and the youth's aftercare provider to develop a plan for the youth to remain in the community.

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..."

“...how the district will provide for the restrictive setting and programs necessary to serve youth who need placement in a limited secure setting consistent with the necessity for the protection of the health or safety of the juvenile delinquents in the facility or the surrounding community...”

1. Program and Policy Development

The Policy and Procedures Unit (“P&P”) is responsible for drafting all policies and procedures for ACS. P&P will write all policies related to LSP programs, revise existing juvenile justice and foster care policies to include LSP youth, and work with other relevant ACS divisions and provider agencies to draft new policies consistent with State law and regulations where appropriate.

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. PD’s work with LSP providers will occur in three phases: 1) while preliminary awards are being finalized; 2) once contracts begin but prior to youth being placed; and 3) from the time youth are placed until the LSP provider is transferred from PD to the ACS Juvenile Justice Planning and Measurement unit for monitoring.

During the first phase of development, PD staff will review LSP provider agency program proposals to better understand the proposed program. They will also review the program proposal to ensure that the proposed program proposal is in compliance with the LSP Standards, applicable OCFS regulations, and other related policies and regulations. PD staff will also conduct site visits to each proposed site to ensure that each facility is in compliance with the LSP Standards and ACS policies.

In the second phase, contracts will commence and PD staff will facilitate monthly provider meetings to disseminate information and discuss LSP policies and procedures. No youth will be placed in these LSP facilities while PD staff monitor the provider’s progress toward

implementation. This process includes confirming that new hires are qualified and have completed all required training in accordance with all regulations, standards and policies. During this time, PD will work with providers to ensure that the comprehensive program manuals are developed in accordance with the LSP Standards, and that providers maintain those standards as they begin to implement their programs. While supporting providers as they develop these program manuals, PD will review programming schedules, educational plans and clinical services to ensure they are in accordance with the proposed program design and with the LSP standards.

Ahead of program implementation, PD will review the providers' individual community outreach strategies and ensure that they are educating the community, responding to community concerns, and building support for residential care programs. Where applicable, PD will evaluate community linkage agreements. Part of this review includes ensuring that providers have notified local Community Boards of their intent to develop an LSP Program site in the community. The notification must include information about the population who will be residing at the site and a description of the services offered.

As mentioned earlier, providers will be required to develop and operate Community Advisory Boards. PD will evaluate the boards to confirm that they are comprised of representatives from local non-profits, businesses, faith based organizations, community based youth groups, and other interested community members. In addition, PD will review agendas and attendee sign in sheets to make certain these meetings are held on a quarterly basis (at minimum).

PD will hold biweekly telephone conferences with each provider and OCFS to discuss progress on physical program sites, including updates on renovations, remediation, construction,

and/or improvements to the facility. During this phase, PD staff will make additional site visits as needed to approve required facility improvements.

The third phase of Program Development includes the initial placement of youth in ACS LSP facilities. During this phase, PD staff will conduct activities that mirror the responsibilities that will eventually be taken over by the ACS Juvenile Justice Planning and Measurement Unit once the facility is transferred to oversight by that office, described later in this plan. PD staff will meet with individual providers monthly to review staffing qualifications and schedules, training plans, manuals, incident reviews, facility maintenance, model implementation, case practice, programming, educational services and other related program areas as needed. PD staff will make monthly site visits to monitor and provide oversight of programming and adherence to LSP standards. During these site visits, PD staff will review documents such as, communication logs, schedules, and case records, and will interview staff and youth.

As described above, PD will work with LSP providers to ensure compliance with the LSP Standards, including those that address safety, treatment needs, and individualized treatment planning. The LSP Standards require that LSP providers offer programming with the goals of LSP. PD will provide technical assistance for providers' development of services and programming to be compliant with ACS and OCFS standards, policies, and regulations.

2. Medical and Mental Health Care for Youth

LSP 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 onsite health, mental health, dental and psychiatric services. ACS will provide, through contractors, onsite health, psychiatric and dental services consistent with generally accepted professional standards. While these services will not be directly provided by the LSP providers, the LSP providers are

responsible for all care coordination services to ensure continuity of care throughout the youth's placement. To promote effective care coordination, LSP contractors will assign qualified staff to coordinate mental and behavioral health, and substance abuse services as well as information received from ACS-contracted psychiatric, medical, and dental health services providers in order to prevent fragmented care.

LSP providers will provide direct onsite mental health and substance abuse services for youth. When the program becomes operational, PD will monitor the implementation of these coordinated plans through case record reviews to ensure that youth are receiving appropriate services in compliance with the LSP Standards.

In addition to regular communication between ACS contracted providers and the LSP providers, and as part of the plan to meet the full range of mental health services for LSP youth, providers must arrange for on-call availability of key staff and mental health professionals 24 hours a day, 7 days a week, including holidays. This requirement includes establishing an emergency protocol that provides LSP staff access to relevant information regarding each youth's condition, to be shared with mental health professionals in the event of an emergency. This protocol will also include strategies and safety plans staff can utilize while awaiting the arrival of a qualified mental health professional. Every LSP provider will have a suicide prevention plan that addresses training, assessment, communication and supervision of suicidal youth, intervention and follow-up to suicide attempts.

All LSP providers who will be administering medication will be required to create and implement an internal policy regarding psychotropic medication in compliance with state regulations and ACS policy, including mandatory staff training consistent with the LSP Standards. 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 will be reviewed by each youth's psychiatrist and documented in the youth's case record. In addition, each LSP provider will enact a policy for medication refusal that prohibits the use of force in medication administration, requires LSP staff to consult a supervisor when youth refuse medication, and ensures proper documentation of the refusal. Information about medication refusal shall be delivered to the youth's psychiatrist by the LSP provider, so that the psychiatrist can address the medication refusal with the youth and LSP staff.

LSP 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. PD and OCFS will work in collaboration with each provider to further develop policies, based on the ACS Medication Administration policy, for the handling and oversight of medication administration when the program becomes operational.

3. Alcohol and Substance Abuse Treatment

Alcohol and substance use and abuse is common among juvenile justice system-involved youth. In order to meet the needs of youth in LSP effectively, ACS expects that all LSP providers be skilled and equipped to meet the needs of youth with alcohol and substance use/abuse issues. All LSPs must have a Credentialed Alcohol and Substance Abuse Counselor (CASAC) available to deliver services on site, and all LSP sites must obtain New York State

Office of Alcoholism and Substance Abuse Services (“OASAS”) certification or satellite clinic certification. LSP providers must provide initial substance abuse screenings and assessments as outlined in the LSP Standards. Providers are expected to ensure that substance abuse services, education, intervention and counseling services for LSP youth are either evidence based or are included on a Substance Abuse and Mental Health Services Administration (“SAMHSA”) approved list of modalities.

4. Treatment Planning and Oversight of Treatment

All youth in LSP will receive an Individualized Treatment Plan developed by clinically trained staff who are using interventions based in evidence that demonstrates positive outcomes for the specific needs of youth. LSP contractors must involve the youth and family in the development of the Individualized Treatment Plan. The plan will detail the youth’s strengths and interests, specific needs, emerging needs, risks, level of care required and specific measurable goals.

Within ten days of placement, an interdisciplinary team composed of, but not limited to, a pediatric/adolescent medicine specialist, nurse, dietician (as necessary), psychiatrist or psychologist, mental health clinicians, educational, recreational, and vocational specialists will meet to determine the most appropriate treatment and permanency plan for each youth. This comprehensive assessment will integrate medical and nutritional assessments if done prior to the youth’s referral.

Based on the initial assessment of youth’s needs, the LSP contractor shall develop individualized written treatment plan (within 30 days) and daily program of schedules and activities that address the mental health, behavioral, and/or other clinical issues that necessitated

the youth's placement into residential care and any services ordered to be provided by the court.

The treatment plan shall include, at minimum:

- 1) An assessment of the youth's needs, strengths and interests;
- 2) Any safety or security alerts including any information related to gang-involvement or victimization;
- 3) An explanation of the goals set for each youth while in residential care;
- 4) A summary of services the youth will receive, and the timeframes for delivery of services;
- 5) Behavioral expectations;
- 6) Any achievement of treatment goals; and
- 7) Behavioral Support Plan.

A comprehensive treatment plan must be completed within 90 days of placement.

Additionally, The LSP provider will conduct periodic assessments (at least every 6 months) of each youth, and adjust the treatment plan to ensure that the youth is receiving proper and appropriate services based on his/her needs and changing conditions.

Treatment team meetings must be held regularly and no less than weekly. The youth and the youth's psychiatrist must be present for at least every other treatment team meeting, and may be included in all such meetings if practicable and appropriate for treatment planning. If the youth has a history of trauma, the treatment planning will 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 a variety of ways. 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 Planning and Measurement Unit will institute systemic measurements to ensure adherence to the LSP Standards with regard to these issues.

5. Safety

Each provider must develop service guidelines and plans that address and promote community safety. PD will support providers in fostering relationships with community partners, including monitoring meetings where providers will inform the community of the program model and community safety plan. All programming will focus on safety of self, relationships, family, and community. High staff to youth ratios (at least two staff members per six youth), constant staff supervision, and the cultivation of positive peer relationships will keep youth safe from physical aggression and verbal or emotional abuse. Providers will be required to incorporate lessons and goals regarding safety into individual interventions, group work, family work, and community engagement. This requirement includes establishing a holistic approach to youths' personal safety through group workshops related to gang prevention, sexual abuse/exploitation, domestic violence, and substance abuse, as well as therapeutic interventions or educational programming to address suicide and self-harm. In addition to the high staff to youth direct care ratio, each LSP facility will be required to have a staff person in a central control room at all times. This position is responsible for, but not limited to, maintaining facility keys, overseeing entry to and exits from the facility, observing closed circuit camera activity and responding to any emergencies within the facility.

ACS will also provide LSP providers with guidance to help them comply with the Justice Department's regulations implementing the Prison Rape Elimination Act ("PREA")⁶³. These rules are designed to protect youth and adults in custody from sexual abuse by staff and other residents. All LSP providers will be held accountable for compliance with federal PREA requirements.

All programs will incorporate safety plans which focus on helping youth de-escalate harmful behaviors. Plans must include specific techniques for staff to respond to escalating crises and reduce or prevent the need for physical restraints, such as Safe Crisis Management. Additionally, every LSP agency will be required to articulate and abide by clear protocols for suppressing gang-related activity and maintaining a safe, gang-free environment in the facility. The protocols must include the prohibition of wearing or exhibiting gang colors, clothing, beads, jewelry, signs, graffiti and other identifiers. Gang related information obtained by ACS at intake will inform the comprehensive individualized service and permanency plan developed for each child by the LSP provider, with input from ACS, the youth, and the youth's family. Individualized work with youth and families will be critical to reducing gang affiliation and gang activity in placement, school, and in the community.

Facilities will be designed and furnished to provide as much of a homelike setting as possible, while still maintaining safety for all youth, staff, volunteers and visitors. Providers will take extra precautions to ensure the safety of the community where each LSP facility will be located. Each LSP facility will be largely self-contained, meaning that the majority of services for youth will be provided on site. This will allow for greater development positive group dynamics and relationships between youth and staff. Additionally, facilities will maintain fencing and perimeter lighting to prevent and deter youth from any unauthorized departures from

the facility. All doors will remain locked to control ingress and egress throughout the facility. Facility operators will place cameras strategically within and around the facility to allow for continuous closed circuit television monitoring of the premises. Each LSP facility will maintain a strong working relationship with the local police precinct in the event that police intervention is necessary. In addition to forging working relationships with the local police precinct to promote safe facility and community operations, and when appropriate, LSP providers will be encouraged to work with Youth Officers within the precincts to coordinate participation in programs offered by the Police Department, such as Police Athletic League and Police-Youth Dialogue.

6. Education while in Placement

ACS and DOE are committed to providing every youth in LSP with meaningful and appropriate full-time educational options, with the goal of helping youth achieve their full academic potential. All youth in LSP programs are required to attend a school in accordance with the New York State Education Department and/or Local Education Agency (“LEA”) regulations, and LSP providers must adhere to all education requirements as outlined in the LSP Standards. For LSP facilities, all educational services must be provided onsite, except when a youth is transitioning into aftercare and back to a community school.

ACS and LSP providers will coordinate educational planning taking into account initial assessment results, level of progress while in detention, and input from the youth, family, DOE, ACS, and the LSP case worker. ACS, DOE, and LSP providers will work together to encourage youth to pursue high school credits that lead to a Regent’s Diploma. While paying special attention to the unique needs of each youth, LSP providers will encourage youth for whom a Regent’s Diploma is unrealistic to enroll in alternative educational programs. ACS expects demonstrated academic and behavioral progress for all youth in LSP, and will evaluate

providers' educational plans to ensure that youth are enrolled in the most suitable program to ensure academic success.

To meet the individual needs of youth in LSP, the NYC DOE/District 79 will embed Passages Academy teachers certified in both core content areas and in special education. These instructors will provide small group, grade level appropriate instruction. Course hours are extended daily allowing youth to earn credits in a shorter period of time by mastering class work and passing assessments. These credits are entered directly onto DOE transcripts by the District 79 principal. Classrooms will have computer assisted technology resources aiding with individualizing and differentiating instruction (including GED preparation). District 79 offers the GED exam monthly and will schedule youth in LSP who are ready to take the exam. Also, licensed itinerant instructors (eg. ELL teachers) are also available for push-in services. Each youth with disabilities will have a Special Education Plan developed in conjunction with the youth, parent, and former school. DOE/District 75 has offered teacher training and consultation and assistance with youth in transitioning back into their programs. District 79 will assist all youth transferring into GED prep programs or into Career and Technical Education (CTE) where appropriate.

All LSP providers must hire qualified behavioral support staff to accompany youth while in school on site each day. Behavioral support staff will help maintain school-wide and classroom environments conducive to learning. Their responsibilities will include assisting DOE staff and LSP contractor teachers so that youth will be engaged in the learning process, and assisting with positive behavioral interventions with individual students. The DOE will provide one teacher for every 12 youth in an LSP. LSP providers are expected to maintain a 1:6 teacher to youth ratio, so LSP providers must hire additional New York State certified teachers to

achieve this ratio. These teachers are accountable for adhering to the DOE/District 79 curriculum.

For school settings outside of New York City maintained by LSP contractors, the provider must demonstrate that it is in good standing with the New York State Education Department. In addition, LSP providers must demonstrate the youth in their programs outside of New York City will earn credits that can be transferred to New York City schools, that they will attend school on a regular basis, and that they will have access to all State exams.

7. Family Engagement and Transition Planning

LSP providers will engage parent[s], extended family, or other discharge resources in a meaningful way to promote their involvement in the youth's life while in placement, including decisions regarding the service plan, education, medical and mental health care, and transition planning. 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. Provider staff will also assess the family to determine the appropriate visitation plan for the youth and ensure that the parent(s) or guardian and the child are in regular contact. Additionally, if the youth in LSP is a parenting youth, LSP provider staff will also determine the appropriate visitation plan for the LSP youth and their child(ren). Throughout the duration of placement, the LSP provider will maintain regular contact with the family to keep them apprised of all services youth receive. Ongoing engagement helps ensure that families understand how to incorporate new behavioral management or therapeutic needs of the youth into the family dynamic prior to the youth's return home.

Whenever possible, LSP providers will facilitate the attendance of parent[s], extended family, or other discharge resources at events such as school conferences or 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 expects LSP providers to work with families to identify various resources 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 LSP providers will be expected to help these and all other families understand and navigate systems in order to meet their needs. In addition, ACS will work with LSP providers to help them develop recreational or other activities that include families during the youth's placement. In addition, the LSP Standards require LSP providers to have flexible visiting hours for families with special visitation needs.

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 LSP closely. LSP providers may only use physical restraints under specific, limited circumstances and using the least intrusive or restrictive intervention necessary.⁶⁴

ACS has established strict requirements for NSP providers to report all uses of restraint to ACS and will establish similar strict requirements for LSP as well.⁶⁵ LSP providers will be required first to notify the ACS 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.⁶⁶ 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.

LSP providers also will be required to notify the ACS PPS assigned to a particular youth when a restraint is administered. The ACS PPS 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 LSP.

All staff involved in the incident must also complete an incident report, which will expand upon and update information reported to the MCCU. Incident reports 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; information discussed with youth and staff in the debriefing of the incident and restraint; when the debriefing with the ACS PPS assigned to the case occurred and what was discussed; when a debriefing occurred and what was discussed with a PPS supervisor in situations where a youth or staff member was injured; and any medical and/or mental health follow-up ordered and/or provided to the youth.⁶⁷

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

LSP providers also will be required to inform a youth's family when they have been involved in an ESPI. Additionally, ACS will require LSP facilities to engage in after action reviews and audit their use of physical restraints.⁶⁸

ACS will monitor restraint use in a systematic manner that allows for careful review and analysis of incidents. MCCU will send electronic reports of incidents from the previous day for review by ACS PPS and Directors, managerial staff, and OCFS. Additionally, ACS staff will have access to review restraint incidents in the centralized database at any time. ACS PPS 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 LSP facility following the restraint incident and participating in after-action reviews. ACS' Division of Policy, Planning and Measurement ("DPPM") will generate aggregate reports regarding the number and types of restraints and distribute them to the staff listed above for review. Reviews conducted by PPS 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 LSP facilities, ACS will also review videotape 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.⁶⁹

In addition, DYFJ 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 LSP facilities. DYFJ will further create a system for analyzing and reporting data

regarding 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.

ACS physical intervention policy will promote remediation of the inappropriate 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, maltreatment 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 LSP 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.

ACS is committed maintaining youth safely 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 an LSP facility at any given time.

In its current non-secure detention and NSP programs, ACS uses a number of strategies to reduce risk of absconds and AWOLs. Before providers take 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. In non-secure detention and in NSP, if youth suggest that 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 placed 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 LSP without permission. LSP facilities will be mostly self-contained sites where youth will reside and receive all regularly provided services, thus reducing opportunities for youth to leave without permission; these include daily school; routine medical, dental and mental health services; recreation; treatment; and family visiting. As part of the reintegration planning process and in an effort to reduce risk of leaving without permission, LSP providers will begin working closely with families immediately upon a youth's placement, to aid in developing an engaged and positive partnership from the start. As described above, the LSP provider will supervise youth day visits to the family home a minimum of four times before allowing unsupervised home

visits, thus allowing the provider to have a better understanding of a youth's behavior in his home environment.

As noted above, ACS utilizes 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 assesses needs, risk of flight, and safety risks. ACS PPS, the LSP Operations Liaison, and quality assurance staff will work closely with facilities to maximize compliance with LSP 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 for NSD and NSP to help prevent youth from leaving a LSP 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 LSP 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 ACS policy, a youth will be considered AWOL if: 1) the youth leaves the supervision of the LSP facility without permission and, after consulting with and searching likely locations (a parent/relative, a local store, etc.), provider staff are unable to determine the youth's whereabouts within 30 minutes; 2) On a supervised off-grounds trip or

home visit, the youth leaves the presence of the person responsible for the supervision of that youth without such person's permission; 3) on an unsupervised off-grounds trip or home visit, the youth fails to return to the LSP facility on the assigned date and at the assigned time and after a reasonable search has been conducted and, after investigation, there is no basis to believe the youth will return promptly.⁷⁰ Upon discovering that a youth has left without permission, an LSP provider must:

- 1) Notify MCCU for issuance of a Missing Person's Report immediately upon 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, ACS (PPS and FCLS), the Family Court and OCFS immediately after learning of the AWOL; and
- 4) Document the absence in the Child Care Review Service (CCRS) and other systems of record.

ACS will immediately, in writing, notify the Family 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.⁷¹ ACS and LSP 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.

ACS and the LSP 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 LSP provider case planners make diligent efforts for at least 30 days to locate youth who leave

without permission and return them to care.⁷² LSP 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 LSP provider is required to make diligent efforts for 30 days and document all contacts, after which point the ACS PPS will assume the responsibility for diligent efforts.

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 secure placement. 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 toward 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 collaborated with the Vera Institute of Justice to develop an assessment tool to utilize during intake of youth and to maximize the likelihood of appropriate matches of youth to facilities and service plans. Use of this tool allows for better initial matches between youth and LSP providers that will increase the likelihood of successful stays in LSP.

Once a youth is placed, the ACS PPS will monitor individual youth behavior on an ongoing basis to determine whether the youth is making a successful transition to the new

placement. In addition to monitoring youth behavior, the ACS PPS will monitor the effectiveness of the individual placement facility and inform the quality assurance unit if any issues arise at the individual or facility level.

When youth do present with disruptive or dangerous behaviors, LSP providers will be required first to follow SCM protocols and LSP practice model or approach proscriptions to de-escalate the behavior. As described above, all of the LSP providers will be utilizing SCM de-escalation techniques. Using these techniques will maximize the likelihood that youth can be successfully managed without requiring emergency changes of placement.

In some cases, if the behavior of the youth continues to escalate and becomes extremely dangerous, LSP providers will be expected to call 911 for police or emergency mental health assistance. In the event Police Department or health personnel determine that the removal of a youth is necessary for hospitalization or observation, LSP providers will provide staff to accompany the youth at all times while in the custody of Police Department or emergency personnel. Prior to taking these steps, where feasible, LSP providers will be required to call on-duty ACS PPS or the LSP Operations Liaison to determine jointly whether a call to the police is warranted. Following a removal of a youth utilizing this procedure, the LSP provider agency will be required to call the youth's parent(s) or guardian, as well as the attorney representing the youth. Additionally, LSP staff will be required to provide 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 LSP provider staff. Such documentation must be submitted to the assigned ACS PPS by the close of the next calendar day following the incident. ACS' requirement that LSP 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 LSP Operations Liaison at any point where they need assistance. These individuals are responsible for helping to resolve problems that arise in LSP facilities, serve as mediators, and help to address concerns that might arise from the “tone” of a facility. Further, ACS will collect data on movements between LSP facilities and modifications as part of the juvenile justice Scorecard, to reinforce with LSP providers ACS’ vision of limiting the movement of youth.

ACS may seek to modify a placement if it concludes that the initial placement decision does not fit the needs of the youth as per the protocols outlined in ACS policy. 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 ACS PPS and the LSP provider.

a. Upward Modifications to a Secure Placement

As described earlier, when an LSP provider believes a youth’s placement may have to be modified to a higher level of care, the provider agency must give ACS as much notice as possible to allow for appropriate time to assume responsibility for the youth. LSP providers may seek a modification of placement to a more secure level of care (step-up from LSP to secure) when the youth is exceptionally dangerous to self, other youth in the facility, staff or the community or has demonstrated a pattern of behavior that indicates the youth needs a more structured setting.

The LSP provider must notify the ACS PPS by email if a pattern of behaviors and/or incidents indicate that the youth needs to be removed from the agency. The LSP provider must document the pattern of behavior and submit to the ACS PPS a description of the behavior, the steps the provider has taken to address it, any evidence of imminent danger to the youth or others, and an explanation why removing the youth is the appropriate intervention. In

emergencies, the LSP provider may call the Executive Director of Limited Secure Placement directly to request upward modification.

Before ACS agrees to consider moving the youth to secure placement, ACS officials may request a case conference with the LSP provider. The LSP standards provide for the case conference to occur within three days of the transfer request. The youth, his or her family, and the youth's attorney will receive notice and participate if possible, as well as foster care agency personnel where applicable. The group will discuss existing behavior management and safety plans as well as mediation and other efforts that the provider may have tried. The group also will discuss potential interventions that have not yet been explored, such as specialized mental health treatment or new medication. The group may choose new interventions and set a timeframe to implement them and review their effectiveness. Potential transfer to a different LSP or modification of the youth's placement will also be included in the options discussed and evaluated. If the ACS PPS and the LSP provider decide to request a modification from the court, the ACS FCLS attorney will file a motion to modify the placement, and the LSP provider will notify the youth, family, and, if applicable, foster care personnel.

b. Downward Modification

As described earlier, reasons for filing a modification of placement to a less secure level (step-down from ACS LSP to NSP) may include, but are not limited to: 1) consistent adherence to the rules and regulations of the program; 2) a youth's progress in meeting his/her treatment goals; and 3) strong, supportive parents, guardians or other discharge resources. If an LSP provider feels that a downward modification is appropriate, the provider must provide written documentation to the ACS PPS outlining the behaviors and reasons that would support a downward modification.

P. Finance

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

1. Sources of funds for LSP services

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

- New York State block grant specific to the Juvenile Justice Close to Home Initiative (“Close to Home Block Grant”);
- New York City Tax Levy funds.⁷³

STATE FISCAL YEAR 2013/2014 160 YOUTH IN LIMITED SECURE PROGRAM in \$ millions				
Contracted Limited Secure Placement (LSP)* Includes Projected Startup	TOTAL	CITY	STATE	FEDERAL
	35.0	17.51	17.51	**TBD
NYC Staff (Prorated for NSP and LSP based on Census)	7.95	3.98	3.98	
	43.0	21.49	21.49	
* Full year costs are expected to be \$45.7 million for LSP contracts, and \$1 million for Aftercare services.				

2. Spending Plan for LSP Services

The City plans to spend \$43 million in total funds for the LSP program in State Year 2013/2014 (April 1, 2013 through March 31, 2014). Of this total, \$7.95 million will be for City

personnel and \$35 million will be for providers under contract serving youth in LSP residential settings. With LSP programs expected to begin operations in fall 2013, the services described above are prorated for the period beginning in fall 2013. Staffing is assumed to be a full year cost, as the City will need to hire staff in advance to begin implementation. In the Negotiated Acquisition, ACS will be requesting line item budgets that include start up plans from the providers. Once the ACS budget review is complete, ACS will send a copy of the budgets to OCFS. In addition to residential services, ACS will be procuring aftercare services as part of LSP. ACS anticipates that a portion of the aftercare budget will be designated for community-based provider services.

The City plans to contract with organizations that are incorporated in New York State and licensed by OCFS, OMH, or certified by OASAS to provide residential services to youth in LSP.⁷⁴ Contracted LSP 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 LSP. As described in the Continuum of Services section, the City will offer an array of general and specialized juvenile justice residential care LSP programs that offer individualized care for youth determined to need an out-of-home setting.

Year One - Annual Max Funding For LSP Programs (Excluding LSP Aftercare) Per LSP Youth									
Service Options	Base Rate	Mental Health Add-On	Practice Model/ Approach Training and Coaching Add-On	Occupational Therapist Add-On	Teacher Ratio Add On	Supplemental Rental Add -On	Control Room Staff Add-On	Start-Up Add-On (Year One Only)	Maximum Year One Annual Funding
1/General (City-Leased Site)	\$443.00	\$56.72	\$40.27				\$21.94		\$205,104.45
1/General (non-City-Leased Site)	\$443.00	\$56.72	\$40.27		\$17.81	\$12.00	\$36.57	\$90.00	\$254,175.05
2/Specialized - IDD	\$443.00	\$69.76	\$40.27	\$10.16	\$17.81	\$12.00	\$36.57	\$90.00	\$262,643.05
2/Specialized – SED	\$443.00	\$70.34	\$40.27		\$17.81	\$12.00	\$36.57	\$90.00	\$259,146.35
3/Specialized - PSB	\$443.00	\$65.94	\$40.27		\$17.81	\$12.00	\$36.57	\$90.00	\$257,540.35
4/Specialized - IDD	\$443.00	\$69.76	\$40.27	\$10.16	\$17.81	\$12.00	\$24.38	\$90.00	\$258,193.70
4/Specialized – SED (without fire setting bed)	\$443.00	\$70.34	\$40.27		\$17.81	\$12.00	\$24.38	\$90.00	\$254,697.00
4/Specialized - SED (one fire setting bed)	\$443.00	\$70.34	\$40.27	\$10.16	\$17.81	\$12.00	\$24.38	\$90.00	\$258,405.40
5/Specialized - IS	\$443.00	\$84.70	\$40.27			\$12.00	\$54.85	\$90.00	\$264,559.30

The services provided by all LSP providers include youth care, food, clothing, transportation, recreation, court-related services, social work and case management services, social skills

development, mental health and substance abuse treatment, coordination of education and health care, public safety measures, and the monitoring and supervision of these services.⁷⁵

As explained in the NSP plan, and later in this plan, the City plans to hire approximately 118 staff for a total of \$7.95 million to implement Close to Home, including operating and overseeing both NSP and LSP. These staff and their functions are described in the Staffing section.

3. Reimbursement of contracted LSP service providers

For the first year of LSP program and aftercare operations, ACS will prorate the budget value based on the number of months the LSP or aftercare program is in operation. ACS will define “in operation” as the time when OCFS has issued an operating certificate and ACS program development has agreed that the program is prepared to commence. ACS will calculate allocations for payments to LSP providers based on the rates in the chart above and projected annual care days, and the LSP providers will bill up to that amount for allowable expenses and actual care days. Once prorated and approved, the year one budget value will become a set allocation allowing LSP providers, upon reconciliation at year end, to bill up to that amount for allowable expenses using their actual care days. After the agreed upon start-up period in year one, ACS reserves the right to pay the LSP provider based on actual utilization. During year one, ACS will determine whether payments for LSP program operations will be based on actual care days or a set allocation in year two and beyond. ACS and OCFS are currently working out the details of the LSP provider SSPS payment process. LSP 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.

Start-up funds may be available for pre-operational costs necessary to prepare a site not leased from the City. LSP providers may be able to bill for up to \$90 per youth per day for year one only for start-up costs. In addition, all LSP providers will be allowed to use up to the two month pro-rated value of their annual budgets to cover non-facility related start-up expenses, such as hiring and training staff. LSP providers will be required to submit a start-up funding request and justification to explain what expenses cannot be covered in year one using their award budgets. The year one budget will be prorated to reflect the start date of the program. The Facility Start-Up Add-On Rate proposed by the LSP provider is subject to approval by ACS. All facility renovations for the City-Leased sites will be completed by ACS prior to the LSP program start date.

All LSP providers except those operating the Intensive Short-Term Placement LSP Program will provide LSP aftercare. For every six LSP program beds awarded, each LSP provider will be funded for three slots of LSP Aftercare. The LSP Aftercare funding is \$13,100 per slot.

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 Program. In addition, 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.⁷⁶

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 through a strategic staffing plan that delivers qualified staff 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 LSP Standards and ACS LGBTQ policy. ACS intends to hire approximately 36 new staff members to support the implementation of Close to Home and the LSP component.

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, OYFD will manage all program operation functions, such as assessment, placement, tracking, and day-to-day case coordination for youth in placement and aftercare. OYFD will work closely with the Program Development office initially, and then with quality assurance staff in DPPM to provide oversight of services. Other Children’s Services Divisions will carry out the remaining tasks, including administrative support and court-related services. OYFD 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 Office of Youth and Family Development and The Division of Youth and Family Justice

The Division Youth and Family Justice (“DYFJ”) 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. Additionally, 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. DYFJ and OYFD will coordinate closely to ensure the seamless delivery of services to youth along the juvenile justice continuum.

When LSP is fully implemented in 2014, OYFD will include approximately 20 to 25 staff whose responsibilities include all operational functions pertaining to placed youth, including assessment, intake, case coordination, crisis management, oversight of youth during aftercare, and policy planning. For this division, ACS is committed to hiring qualified staff who demonstrate a strong understanding of positive youth development, understand the challenges faced by youth in confinement, and are committed to an innovative, compassionate, and evidence-based juvenile justice placement system.

As described earlier, OYFD will house the Intake and Assessment Unit staffed by licensed social workers. These workers will evaluate the needs of placement-bound youth and develop recommendations for placement and treatment. Intake and Assessment Unit staff will take advantage of the knowledge ACS develops about individual youth during detention to create a treatment plan within our expanded continuum of available services that optimizes chances for rehabilitation and fully utilizes community and familial supports.

OYFD will include a cadre of Placement and Permanency Specialists and supervisors who will actively partner with the LSP and aftercare service providers, as well as directly engage the youth and discharge resource(s). The specific responsibilities of the PPS are described in detail earlier in this plan.

Each of the units described above will include supervisory and management positions. The Division of Youth and Family Justice is headed by a Deputy Commissioner, and the Office of Youth and Family Development is headed by an Associate Commissioner.

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 available and 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 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

The Children's Services Education Unit ("CSEU") 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 LSP facilities have made appropriate educational plans for the youth who will soon be in their care. CSEU has experience coordinating with the DOE through the establishment of new school sites for NSP youth. In addition, CSEU will provide consultation and training to OYFD educational assessment staff and transition coordinators/caseworkers. CSEU will track data regarding 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 LSP. This representation will include the transfer of legal custody of these youth to and from OCFS and ACS through court orders. FCLS attorneys will

appear in extension of placement 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 where appropriate. Additionally, legal case assistants will act as liaisons between FCLS attorneys, case workers, OYFD, 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:

- 1) 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.
- 2) 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. In addition, the MIS department will provide the network and telecom resources to meet infrastructure, video conferencing, and mobile

technology requirements. Administrative Services, which has experience transporting juvenile delinquent youth through DYFJ, will 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.

- 3) The Office of Facilities will provide facility support services including the design, construction, and maintenance of the three former OCFS NSP sites. In addition, Facilities can provide technical assistance on facility compliance with occupational health issues, safety, and security for LSP providers. The Office of Facilities works closely with other City agencies and private entities.
- 4) 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 ("DPPM") 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 play several roles.

The Policy and Procedures Unit is 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 OYFD and any other pertinent

divisions to ensure that policies are consistent agency wide. Upon implementation of Close to Home, policy staff will revise all ACS policies to incorporate LSP and draft new policies necessary for LSP.

The Program Development Unit (“PD”) is 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 OYFD, 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.⁷⁷ PD works closely with provider agencies to ensure that program models are in line with all ACS standards and policies and OCFS regulations. 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 Juvenile Justice Planning and Measurement Unit. PD and OYFD will also work with LSP practice model or approach, EBM, AEBM and PPM developers to ensure that programs are being implemented with fidelity to the models and that ACS’ systems support model adherence to the fullest extent possible.

The Juvenile Justice Planning and Measurement Unit is responsible for quality assurance of juvenile justice programs, including LSP. This unit will evaluate and analyze the work of contracted service providers and develop and monitor corrective action plans. In addition, unit staff support communication between City agencies or programs, community groups and service provider agencies. The unit will assess program performance using quantifiable performance data, case record reviews, site assessments, interviews with 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 LSP youth and families. This unit will also work closely with OYFD to ensure consistent messaging to providers, and be able to take into account information obtained by the ACS PPS on their individual cases.

The James Satterwhite Academy (JSA) is responsible for developing training curricula and providing training to ACS and provider agency staff. JSA will expand its juvenile justice training capacity to provide training for ACS staff involved with LSP and for provider agency staff.

2. LSP Provider Agency Staff

ACS will hold LSP service providers accountable for providing necessary and appropriate staffing to implement the initiative. LSP Standards require LSP providers to meet a direct care ratio in all LSP residential settings of six youth to two direct care staff, with a minimum of two direct care staff on duty at all times. LSP staff are not permitted to sleep during any shift. ACS will closely monitor the staffing mandates. LSP providers will be required to maintain records of the staffing ratio; documentation of the staffing ratio will include the names of staff on call for each shift, hours of coverage, and written plans for providing backup staff in emergencies. LSP providers will be required to have access to additional staff during emergencies. Additionally, LSP providers will be required to have staff on-call and available to report to work within thirty minutes if additional staffing is necessary or required by ACS.

Central to a consistent program approach, ACS expects that LSP direct care staff will maintain direct sight of youth at all feasible times. When direct sight supervision is not feasible for privacy reasons, the expectation is that staff will remain in direct earshot of youth. Additionally, steady consistent staffing will be maintained for each small, independently operating group. This requirement will promote and encourage the kind of relationship building

necessary to fully engage young people and their families and to foster long lasting change in the lives of youth.

In addition to direct care staffing, ACS has developed staffing mandates for non-direct care staffing in both general and specialized LSP settings. These positions are required so that the LSP providers will be able to meet the requirements outlined in the LSP Standards.

i. Care Coordination Services

- a. Facilities must maintain on-site care coordination forty (40) hours per week.
- b. These services (outlined in the LSP Standards) may be provided by the LSP program site caseworker or other qualified staff as part of their duties.

ii. Mental Health Staffing Requirements In All LSP Program Sites

- a. At a minimum, staffing at all LSP program sites must include, for every twelve (12) youth:
 1. One (1) full time (forty (40) hours per week) on site mental health clinician,
 2. One (1) full time (forty (40) hours per week) on site family worker,
 3. One (1) supervising clinician, and
 4. One (1) clinical director.
- b. LSP providers will be required to provide adequate and appropriate staffing coverage. Services will be available to youth in the morning, afternoons, evenings and weekends.
- c. LSP providers will be required to maintain a current list of per-diem staff who meet ACS credentialing and clearance requirements available to fill in on an as-needed basis in order to fulfill adequate coverage for staff outages (e.g. vacation, holidays and illness).

iii. Substance Abuse Services Staffing Requirements For All LSP Program Sites

- a. At minimum, substance abuse staffing at all LSP program sites will include, for every twelve (12) youth (or fraction thereof), full time (forty (40) hours per week) on site substance abuse services.
- b. These services may be integrated into the mental health services and be provided by the mental health clinician as long as the mental health

clinician providing the services has the required credentials outlined in the LSP Standards.

- iv. Mental Health Staffing Requirements for Specialized LSP - Youth With Intellectual/Developmental Disabilities (“IDD”)
 - a. In addition to the mental health, substance abuse and care coordination staffing requirements for all LSP program sites, Specialized IDD LSP Program sites will include speech-language pathologist on-site services of two (2) hours per week per youth.
- v. Mental Health Staffing Requirements for Specialized LSP - Youth Who Have Demonstrated Problematic Sexual Behaviors (“PSB”)
 - a. In addition to the mental health, substance abuse and care coordination staffing requirements for all LSP Program sites, Specialized LSP Program sites for youth who have demonstrated Problematic Sexual Behaviors will include for every twelve (12) children, a minimum of:
 - 1. One (1) on-site supervisor at all times;
 - 2. Four (4) hours per week of on-site clinical psychologist coverage; and
 - 3. One (1) hour per week per child of on-site case worker coverage.
- vi. Mental Health Staffing Requirements for Specialized LSP - Youth with Serious Emotional Disturbance Diagnosis (“SED”) and Youth Who Have Demonstrated Fire Setting Behaviors
 - a. In addition to the mental health, substance abuse and care coordination staffing requirements for all LSP Program sites, Specialized SED LSP Program sites will, for every twelve (12) youth, have a full time (forty (40) hours per week), on-site, clinical psychologist with extended hours to accommodate school and other activities in which the youth are participating (this fulfills the general mental health clinician requirements if providing the same number of required coverage hours).
- vii. The Caseworker/Social Worker will meet with each youth, on site, at least one (1) hour per week. Mental Health Staffing Requirement for Specialized LSP - Intensive Support Short Term Placement (“IS”)
 - a. In addition to the minimum mental health, substance abuse and care coordination staff coverage for all LSP Program sites, the Specialized IS LSP Program site will have a minimum of:
 - 1. clinical psychologist on-site coverage four (4) hours per week for every six (6) youth; and

2. in addition to the minimum required direct care staffing ratio, the Specialized IS LSP Program site will have one (1) supervisor on site at all times for every six (6) youth.

LSP service providers will meet all OCFS regulations for staffing various types of facilities, including qualifications for each position.⁷⁸ With respect to staffing levels, the regulations require and LSP providers will provide, at minimum:

- 1) 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;⁷⁹
- 2) 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;⁸⁰
- 3) 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.⁸¹

All LSP facilities (general and specialized) are required to maintain a minimum of two direct care staff at all times regardless of the size of the program.

Pursuant to State regulations, ACS will also require staff employed in LSP to 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.⁸²

ACS will hold LSP providers accountable for staffing their facilities with employees who have sufficient training and experience, in sufficient numbers to comply with the LSP Standards in all service areas for youth placed in limited secure juvenile justice placements. These services include: 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.⁸³ 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. These trainings are already happening for current DYFJ and provider staff and will continue to take place for DYFJ staff members and LSP 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.

Similar to the process for new ACS NSP staff, ACS intends to commence a week-long initial training program for staff members working on the Close to Home initiative, such as ACS PPS and staff performing the intake and assessments for LSP. 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 limited secure and 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 LSP, 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
- 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 Limited Secure Placement Case Coordination Goals and Guidelines. Similarly, Intake and Assessment Team Staff will receive training on the Intake and Assessment Process. ACS staff also will participate

in ongoing in-service training to reinforce subjects covered during pre-service training and provide additional support to ACS PPS in handling their designated responsibilities.

1. LSP Provider Training

ACS, PD staff, LSP management and JSA will work closely with LSP providers 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. JSA is currently working with an expert in LGBTQ training to develop a train the trainer curriculum to be used for NSP and LSP providers. ACS staff will notify provider agencies of scheduled trainings and provide trainer sessions so LSP providers 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 whether LSP providers comply with their training mandates.

As described in this plan, ACS requires all LSP providers to use SCM as their method of physical restraint intervention. ACS will provide training and certification to all the LSP providers' trainers so that they can train and certify LSP staff in the use of SCM. 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 LSP Standards specifically outline other trainings that are required for LSP provider staff. In addition to meeting the required trainings, LSP providers are required to assess the training needs of their staff continuously, based on the population of youth in the provider's

care.⁸⁴ 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. LSP providers will submit training plans outlining the specific training topics, hours of each training, and the level of staff attending the training. The training topics will also include extensive training and coaching in the specific LSP practice model or approach the LSP provider is utilizing in the LSP facility.

LSP 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; provide guidance in managing behavior, including providing appropriate rewards and consequences designed to teach and model positive behaviors; prevent abuse/maltreatment; and meet the contractual requirements of the service provider.⁸⁵

LSP providers will provide on-the-job and classroom training for direct care staff and supervisors. The training will help staff to develop an understanding of the needs of the population in care and build skills to provide emotional support and care. Such training will also include all skills that are identified as needing improvement in the individual staff member's annual performance evaluation.

ACS is requiring at a minimum several specific trainings, outlined below, for LSP staff who work directly with youth and their supervisors. LSP providers are required to ensure that all their LSP staff who work directly with children, or who supervise staff who work directly with youth, will also receive forty hours of pre-service and thirty hours of in-service training annually

(forty hours of annual in-service training for LSP 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 will outline specific allowable physical restraint techniques);
 - v. Instruction regarding the effects of physical restraint on the person restrained, including requirements for 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 LSP providers to ACS policies and procedures regarding the use of Safe Crisis Management. Each LSP 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 LSP 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 emergency/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 respond appropriately to youth who engage in such behaviors;
 - h) Gender specific service provision differences and program practices to meet the differing needs of girls and boys in limited secure placement;
 - i) Common psychological and psychiatric diagnoses in youth in LSP, including what types of behaviors to expect from youth with diagnoses and how to manage and change behavior;

- j) 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;
- k) Family planning and sexual health, including HIV/AIDS and youths' rights to access confidential services on their own;
- l) Supporting LGBTQ youth in care, as noted in the section on "LGBTQ Specific Programming and Policies," above, and in accordance with the ACS policy; *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System;*
- m) The importance of initial and ongoing medical and mental health treatment, keeping scheduled appointments, and compliance with treatment;
- n) Information about the education system in the City, including the special education system, and the importance of continued education for youth;
- o) 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; and
- p) Cultural competency.

LSP 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.

Understanding the community in which the LSP is situated is integral to the services LSP providers will provide in City neighborhoods. LSP providers will ensure that all staff receive

training in providing neighborhood-based services, including training on community characteristics, resources, and needs, and negotiation of services for children within a neighborhood-based environment. LSP 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, and community residents and leaders.

LSP providers will ensure that all relevant staff members receive the necessary introductory and ongoing training to ensure knowledge of and proficiency with the CNNX system, as well as all pertinent policies and procedures.⁸⁶

Providing services closer to home allows for ongoing parental engagement as part of the treatment plan for youth in LSP.⁸⁷ LSP 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 LSP 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.⁸⁸ LSP providers will provide required residential care training described in the LSP Standards and above. In addition, LSP

providers will provide initial and ongoing specialized training in accordance with the LSP

Standards for staff who care for:

- a) Intellectually/Developmentally Disabled youth;
- b) Youth who have demonstrated problematic sexual behaviors;
- c) Youth who need intensive short term support; and
- d) Youth with serious emotional disturbance and youth who have engaged in fire-starting behaviors.

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. ACS reports measurements of the agency’s performance, including 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’ 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 that they have a holistic picture of agency performance across all child welfare 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 that an agency is in need of a Corrective Action Plan, APA staff work with the agency to develop the plan and then monitor improvement, and determine whether further corrective action measures are needed.

The data analyzed by APA is called the "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 LSP residential services. As noted 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, and corrective action process for NSP, LSP, and other juvenile justice programs. This unit will not be part of APA. The quality assurance team for LSP will consist of two Quality Improvement Specialists, a Quality Improvement Coordinator, a Deputy Director and a Director. This team is directly responsible for quality assurance tasks outlined below. The team will work closely with DYFJ to ensure that DYFJ is aware of LSP provider Scorecard performance and efforts to improve performance. Conversely, DFYJ staff will notify JJPM of any LSP provider performance issues they have noticed in their day-to-day interactions with providers. This collaborative communication between JJPM and DYFJ will promote streamlined communication between ACS and LSP providers, allowing for a single point of contact between ACS and

providers for specific issues, and ensure that both ACS and the LSP 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 PPS, which will include continuous review of cases, approval by such ACS PPS 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 information described 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 LSP providers. For underperforming agencies, ACS will implement graduated sanctions, including Corrective Action Plans, up to contract termination if necessary. In the event of a contract termination, ACS will maintain LSP capacity by transferring the youth to other LSP contractors with available capacity and/or by increasing slots in other LSP contracts if necessary.

The annual review process will involve interaction between JJPM and the LSP 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 Scorecards for both NSP and LSP. As OCFS is developing a similar oversight

tool, ACS will coordinate the Scorecard development with OCFS and share the tool with OCFS prior to implementation of the review process. ACS and OCFS have already started to meet collaboratively to discuss the various levels of oversight of NSP programs and we look forward to further discussions about LSP oversight. The tool will be utilized after each LSP program has completed its Program Development activities (typically one year).

The LSP Standards also require that the LSP provider have a quality assurance system in place, so that the provider may monitor its own performance and assist with ACS' oversight. The LSP provider will 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 regulations, ACS standards, policies and other requirements, 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 quantify critical measures. Such measures will include but not be limited to: frequency of critical incidents, revocation rates, occurrences of AWOL, restraints, assaults and 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 LSP Standards will be included, including adherence to the ACS LGBTQ policy. DYFJ management staff will use these indicators 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 LSP providers in order to identify and

address issues and trends and implement remediation efforts. Additionally, building on ACS' ChildStat and GOALS models, ACS will develop a data/case review process for LSP.

T. Reducing Recidivism

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

As the City continues to implement 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 maintained 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 years⁸⁹. 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 with 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 database 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 is currently working with Vera to expand the JJRDB to include Close to Home level indicators that will provide recidivism data for the Close to Home continuum. 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. These 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 birthdays to provide a fuller picture of Close to Home outcomes. These 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 planning and performance.

Deputy Mayor Linda Gibbs and Criminal Justice Coordinator and Senior Policy Advisor John Feinblatt convene bi-monthly meetings among 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 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 as data become available.

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

- 1) Strengthening the matching process - youth currently are "accepted" by OCFS facilities based on providers' analysis, with the court choosing among the programs that have accepted the youth. Currently for NSP, the City deploys an Intake and Assessment Team which reviews 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 worked with the Vera Institute of Justice to develop an assessment tool and process, which enables the assessment team to match a young person to an appropriate program that will address his or her needs, including needs for specialized care.
- 2) Use of an ACS Operations Liaison to ensure smooth operation of facilities - these liaisons are experienced in working with youth in residential care and provide technical assistance to address issues that could result in re-arrest and AWOLs. The liaison is also able to

recommend movement among providers in instances where youth may be better served in a different environment.

- 3) Ensuring that 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 are 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.
- 4) Data and quality assurance - a rigorous system of oversight will track data and outcomes, and address strengths and weaknesses among providers. In cases of significant and/or sustained underperformance, ACS will work with providers to institute corrective action plans. If those plans are not successful in improving performance, ACS may terminate the provider’s contract.

As the City moves forward with implementing the second phase of 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, and the program provider will have to demonstrate a track record of success. All LSP providers are required to use a rehabilitative, therapeutic, and evidence-informed model with demonstrated positive outcomes for juvenile justice-involved youth. The model must be directed at reducing delinquency and recidivism, improving school attendance and achievement, and improving family functioning and relationships.

ACS will track outcomes through a post-service or post-release analysis to establish rates of recidivism, both violent and non-violent. Staff will compare outcomes for similar programs to assess performance. Additionally, staff will assess fidelity to established models intended to

reduce recidivism (for both LSP residential and LSP aftercare), as fidelity is often a key to effectiveness. ACS will share these data with stakeholders throughout the system, in order to identify strengths, weaknesses, and opportunities for improvement. 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 procuring integrated aftercare services as part of the of LSP program services for youth who are transitioning back into their home communities. Youth will be engaged in services immediately upon placement in the LSP program with an aftercare service plan established within 60 days of placement 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, as the City will closely monitor programs to ensure effective and positive 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 further new responsibilities. The City would not be in the position to assume these responsibilities if it were not for OCFS' leadership, especially that of Commissioner Gladys Carrion, in creating a vision and a path toward improved juvenile justice service delivery. 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, New York City Council, other elected officials, the Courts, advocates, 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 placement facilities to high standards, 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. Finally, 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.

Appendices

- A. LSP Negotiated Acquisition Solicitation – To be attached once issued
- B. Draft Juvenile Justice Limited Secure Placements Quality Assurance Standards
- C. Close to Home Community Forum Flyers and Agendas
- D. New York City Continuum of Juvenile Justice Interventions
- E. ACS LGBTQ Policy
- F. Juvenile Justice Advisory Committee List
- G. Request For Proposals and Addendums for Non-Secure Placement Aftercare Services
- H. Draft Juvenile Justice Oversight Board Policy

Endnotes

- ¹ The legislative framework for the initiative is set forth in Part G of Chapter 57 of the Laws of 2012.
- ² “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.
- ³ A list of JJAC members is attached as Appendix F.
- ⁴ The Negotiated Acquisition for Limited Secure Placement will be attached as Appendix A once it is issued.
- ⁵ Draft Juvenile Justice Limited Secure Placements Quality Assurance Standards are attached as Appendix B.
- ⁶ Flyers and agendas for these forums are attached as Appendix C.
- ⁷ See 18 NYCRR §§ 428.1, 428.3, and 428.6.
- ⁸ See 18 NYCRR § 428.2(b).
- ⁹ The Continuum of Juvenile Justice Interventions is attached as Appendix D.
- ¹⁰ “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.
- ¹¹ All LSP facilities will be procured through the LSP NA.
- ¹² The RFP for NSP Aftercare Services and the addendums to the RFP are attached as Appendix G
- ¹³ See 18 NYCRR § 441.14(a).
- ¹⁴ *Id.*
- ¹⁵ See 18 NYCRR § 441.19(h).
- ¹⁶ See 18 NYCRR §§ 303.1(a), and 441.19(d).
- ¹⁷ See 18 NYCRR § 423.4(m)(2).
- ¹⁸ See 18 NYCRR §§ 441.19(d), 303.1(a), and 441.11.
- ¹⁹ See 18 NYCRR §§ 442.20(b) and 448.9(a).
- ²⁰ See 18 NYCRR § 430.11(c)(1)(i).
- ²¹ See 18 NYCRR § 441.4(a).
- ²² See 18 NYCRR §§ 441.11, 441.18(c), 443.3(b)(9), and 447.2(d)(8).
- ²³ See 18 NYCRR § 442.22(b)(1).
- ²⁴ See 18 NYCRR §§ 430.11(c)(1)(ii) and 431.18 (f)-(g).
- ²⁵ Executive Order No. 120, Citywide Policy on Language Access to Ensure the Effective Delivery of City Services (July 22, 2008).
- ²⁶ Administration for Children’s Services, Language Access Policy and Implementation Plan, *available at* http://www.nyc.gov/html/acs/downloads/pdf/lap_acs.pdf.
- ²⁷ See 18 NYCRR § 423.4(m)(2).
- ²⁸ The LGBTQ policy is attached as Appendix E.
- ²⁹ See 18 NYCRR §§ 303.1(a) and 443.3(b)(1).
- ³⁰ http://onecirclefoundation.org/docs/Final_Report_CAS.pdf.
- ³¹ <http://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/gallup-special-report-18oct-2012/>
- ³² The draft Juvenile Justice Oversight Board Policy is attached as Appendix H
- ³³ See Family Court Act § 351.1.

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- ³⁴ See 18 NYCRR §§ 428.1, 428.3, 428.6, and 441.22.
- ³⁵ See 18 NYCRR §§ 430.11(c)(2)(ix), 430.12(c)(4), and 441.13.
- ³⁶ See 18 NYCRR § 430.11(c)(1).
- ³⁷ See 18 NYCRR §§ 428.1, 428.3, 428.6, and 430.12(c)(1)(i).
- ³⁸ See 18 NYCRR § 430.12(c)(2)(i)(a)(2).
- ³⁹ See 18 NYCRR §§ 428.2(b)-(c), 428.3, and 428.6.
- ⁴⁰ See FCA § 353.3 (10) and SSL § 398 (3).
- ⁴¹ See SSL § 398 (3).
- ⁴² See 18 NYCRR § 428.2(b).
- ⁴³ See 18 NYCRR §§ 428.3 and 428.5.
- ⁴⁴ See 18 NYCRR § 430.12(c)(2)(i)(a).
- ⁴⁵ See 18 NYCRR § 430.11(c)(1).
- ⁴⁶ See 18 NYCRR §§ 428.3 and 428.5.
- ⁴⁷ See 18 NYCRR § 431.8.
- ⁴⁸ See 18 NYCRR § 431.8(b)(5).
- ⁴⁹ See 18 NYCRR § 441.16.
- ⁵⁰ See 18 NYCRR § 441.17(h).
- ⁵¹ See 18 NYCRR §§ 428.1(b)(4), 428.2(c), 428.6(a)(2)(vi), 430.8(a)(4), and 430.12(c)(5).
- ⁵² See 18 NYCRR §§ 423.3(b), 430.9, 430.10, and 432.1(o).
- ⁵³ See 18 NYCRR § 441.21(b).
- ⁵⁴ See 18 NYCRR §§ 430.12(d)(2).
- ⁵⁵ See 18 NYCRR §§ 430.12(d)(2).
- ⁵⁶ *Id.*
- ⁵⁷ See 18 NYCRR § 443.6(a).
- ⁵⁸ See 18 NYCRR §§ 428.3(b)(2)(iii), 429.4(a)(15), 430.12(c)(4), and 441.13.
- ⁵⁹ *Id.*
- ⁶⁰ *Id.*
- ⁶¹ See 18 NYCRR § 430.12(c)(5).
- ⁶² See 18 NYCRR §§ 429.4(a)(15) and 430.12(c)(4).
- ⁶³ For further information on PREA visit <http://bjs.ojp.usdoj.gov/index.cfm?ty=tp&tid=20>
- ⁶⁴ See 18 NYCRR §§ 441.17(b)-(d).
- ⁶⁵ See 18 NYCRR §§ 441.17(i)-(k).
- ⁶⁶ See 18 NYCRR §§ 441.17(i)-(k).
- ⁶⁷ See 18 NYCRR § 441.17(i)-(j).
- ⁶⁸ See 18 NYCRR § 441.17(j)-(k).
- ⁶⁹ See 18 NYCRR §§ 441.7, 441.8, and 441.17.
- ⁷⁰ See 18 NYCRR § 431.8(a).
- ⁷¹ See 18 NYCRR § 431.8(b)(5) and 466.3.
- ⁷² See 18 NYCRR § 431.8(c).
- ⁷³ In addition, ACS is required to follow the applicable state regulations for determining which matters should be referred to HRA's child support enforcement unit.
- ⁷⁴ See 18 NYCRR § 441.2(b).
- ⁷⁵ See 18 NYCRR §§ 441.3(c)(1), 441.15, 442.1-442.25, 443.3(b), 447 and 448.
- ⁷⁶ See 18 NYCRR Parts 427 and 628.
- ⁷⁷ See 18 NYCRR §§ 431.6 and 441.3(c)(1).
- ⁷⁸ See 18 NYCRR §§ 442.18, 443.2, 443.8, 447.1, 447.2, 448.2, and 448.3.
- ⁷⁹ See 18 NYCRR § 447.2(a)(1).
- ⁸⁰ See 18 NYCRR § 448.3(b).
- ⁸¹ See 18 NYCRR § 442.18(d).
- ⁸² See 18 NYCRR § 442.18(b)(1)-(26).
- ⁸³ See 18 NYCRR § 441.3(c)(1).
- ⁸⁴ See 18 NYCRR § 441.3(c)(1).
- ⁸⁵ See 18 NYCRR §§ 441.4(b)(1), 442.18(e)(4), 443.2(e), and 448.3(c)(4).
- ⁸⁶ See 18 NYCRR § 441.3(c)(1) and 441.4.

⁸⁷ See 18 NYCRR § 428.3(d).

⁸⁸ See 18 NYCRR § 441.3(c)(1).

⁸⁹ This only includes adult arrests and some serious juvenile felonies subject to fingerprinting.