

WHAT'S WORKING

APA's Quarterly Bulletin on Promising Practices

Dear Child Welfare Colleagues:

The end of one fiscal year and the start of a new one is a very busy time for all of us.

We'd like to take this opportunity to acknowledge the time, energy and effort that all of the providers and APA teams have invested into strengthening New York City's families. We appreciate your accomplishments at ensuring the safety and well being of the children who were in our care during this past year. We value your sense of teamwork and your willingness to embrace change when change means improving children's lives. We know that you believe that we can learn from each other and we believe that this is one of our strengths—one of our best practices.

We look forward to FY11 and to working closely with all of you.

Valerie Russo and Susan Fojas

CHECK POINT

Below please find a list of data that has recently been sent to agencies. If you are missing any information, please contact your APA Monitor/Consultant.

Foster Care:

- FY11 Targets for Recruitment
- FY11 Targets for Vacancy Control
- FY11 Targets for Adoption Finalization Cohorts
- FY11 PAMS tools (draft)
- June FASP Data

Preventive:

- Final FY10 Scorecards

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NYC ADMINISTRATION FOR CHILDREN'S SERVICES
DIVISION OF QUALITY ASSURANCE

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HOW THE CHILD CENTER OF NEW YORK MANAGES CHANGE

BY ROSIE RODRIGUEZ, PHD/LCSW, ASSOCIATE EXECUTIVE DIRECTOR, THE CHILD CENTER OF NEW YORK

Since the early 1990's the Child Center of NY (formerly Queens Child Guidance Center) has undergone dramatic program expansion resulting in myriad diversification. During these periods of transition, agency administrators have gained valuable knowledge and skills in planning for change from this growth. Preventive services have also expanded from general services to specialized services and the agency is responsible for over 360 slots in various classifications of preventive programs.

The agency approaches program expansion and change from a systems perspective. Our basic assumptions are that change and conflict are always evident in a system and that the condition of a system is also a function of the interaction between its components and the environment in which it operates. Change is endemic in a system that is fluid and dynamic. Agency stakeholders and administrators are cognizant of this principle and change is a planned effort beginning from the senior management level to program managers to line workers. From the beginning of notification of a pending change, agency administrators from the executive and deputy director, to associate executive director, to program directors and program supervisors, work closely to achieve optimal results. Often the Chief Financial Officer and the Director of Human Resources participate in planning for change meetings.

Change begins with the Board of Directors and the executive director and filters down to senior administrators who discuss the value and implementation needs of the planned change. After discussion at senior management meetings, the associate executive director responsible for that division holds meetings with program directors and program supervisors. Committees are then formed utilizing personnel from various levels to support and embrace organizational change. Working from the top down allows the agency two advantages: (1) all levels of staff are engaged in the change process, are active participants, and evaluate the impact of the change effort on staff and program operations, and (2) all levels of staff exercise decision-making at different junctions, enhancing their commitment to the agreed-upon protocols and program structure. Since our experience has yielded positive results, other agencies may want to consider developing a similar



strategy. For example, the introduction of Connections to agency protocols resulted in the enactment of the above-noted process. Following discussions in senior management meetings, the associate executive director, Dr. Rosie Rodriguez, met with program managers and developed an agency Connections manual to facilitate this change from a paper chart to a single electronic case record. This manual incorporated Connections changes into the daily functioning of the preventive programs. This manual was presented and distributed to preventive staff at a two-hour workshop held for all preventive workers one week before the system went live. In addition to the Connections Operations Manual, all preventive workers received information on security procedures as well as an introduction to business functions, unit/subunit structure, and logging information that included their newly created worker identification and password. A system for trouble-shooting was also designed and implemented.

IOC represents an innovative approach that emphasizes family strengths and individualized case management with enhanced decision-making. IOC concepts fit well with the agency mission of empowering families, an overarching principle in all of the agency's programs. The Center's IOC implementation serves to demonstrate our approach to successful program changes.

IOC was spearheaded by the agency Executive Director, Sandra Hagan, assisted by her Deputy Executive Director, Dr. Barbara Greenstein, and Associate Executive Director, Dr. Rosie Rodriguez. Dr. Rodriguez oversees the general preventive, family rehabilitation, the Beacon and specialized preventive services programs. Ms. Hagan was responsible for briefing the Program Committee of

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BRINGING YOUTH FINANCIAL EMPOWERMENT DIRECTLY TO THE PROVIDER AGENCIES

BY MICHELLE RICHARDS, YOUTH DEVELOPMENT COORDINATOR, GRAHAM WINDHAM

Education and literacy are central to Graham Windham's mission of helping underserved youth overcome barriers to self-sufficiency by providing the skills and supports needed to succeed. We believe that education is the driving force towards growth and success both personally and collectively as a society. As an agency, it is our goal to afford our youth with every opportunity to meet their full potential. Our focus on education is broad and not limited to traditional academic settings. We understand the importance of offering a wide range of opportunities in order to produce well rounded and self-sufficient young adults. Therefore, we were honored when Deborah Brooks and Kim Dennis from the Resource Management and Special Initiatives Unit within the Division of Family Permanency Services at ACS reached out to Michelle Richards, Youth Development Coordinator (YDC), to offer an opportunity to collaborate with Youth Financial Empowerment in bringing the program directly to Graham Windham.

Youth Financial Empowerment (YFE) is a unique program piloted by ACS which combines financial literacy, asset building, and the opportunity to save money in an Individual Development Account (IDA) with 2:1 matched savings. It is the program's asset building aspect that makes it so unique. The program is designed so that the money saved by participants be used towards an asset purchase in the categories of housing, education, or entrepreneurship. The program's pilot period ends in 2012. Graham Windham was offered the chance to be part of a strategic plan to decentralize the program from ACS to the provider agencies in the hopes that the individual provider agencies will sustain the program independently once the pilot has ended.

In the first stage of the plan, ACS offered Graham Windham the option to host an intensive three-day financial literacy training during spring break. Collectively, the YDCs targeted youth on their caseload who would most benefit from the program. These youth were invited to attend an orientation session beforehand to solidify their commitment. The sessions were held at our Brooklyn office and were a great success. We had ten youth partici-

pate in the training, and eight youth successfully complete the training and open up IDAs.

At the end of the last session, a focus group was held to assess the youth's impression of the program and the feasibility of taking on the program within Graham Windham. Based on responses from our focus group, the youth felt that it is an important program as it teaches how to manage credit, provides money management and saving skills in a more concrete way, and ingrains the idea of flexible and fixed income. In addition, the youth felt that this program would benefit other youth as many of their peers are only interested in material goods, don't know how to save their money, or go into debt after opening up credit cards. We also found that after completing the financial literacy training,

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ing, the youth were interested in learning more about employment benefits, stocks, and investments.

What was most striking was the insight of the participants into the behavior of their peers, and the transformation the partici-

pants made from that same ideology to that of a more financially savvy young person. Money management is a life skill we emphasize in Preparing Youth for Adulthood. From providing workshops to preparing budgets to assisting youth with opening accounts, the YDCs reinforce the need to budget and manage money regularly. However, none of those efforts seem to amount to the impression that this program had on our youth.

Since then we've hosted another series of trainings in which we opened up the recruitment to all eligible youth. The youth in the second session also took part in a special one-day intensive session at Dave & Buster's. The next step is for ACS to provide "train-the-trainer" training for the financial literacy component, and technical support while the program starts up at Graham Windham. Once we are able to provide the financial

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THE EFFECTIVE INTEGRATION OF TFBH AND B2H PROGRAM SERVICES AT CARDINAL MCCLOSKEY SERVICES

BY DR. WILLIAM URSILLO, SENIOR VICE PRESIDENT OF CHILDREN AND FAMILY SERVICES, CARDINAL MCCLOSKEY SERVICES

As a Health Care Integration Agency (HCIA) and provider of Bridges to Health (B2H) Services, Cardinal McCloskey Services (CMS) is steadfastly committed to the appropriate integration of B2H services with existing services provided to children in foster care through ACS. It is of particular interest and concern to CMS, to effectively collaborate the efforts of the Therapeutic Foster Boarding Home (TFBH) program staff with those of the B2H staff, for the benefit of enrolled children in respective TFBH programs. Our goal is to ensure that the TFBH program staff is provided with additive supports in their daily practice and that B2H services naturally complement the milieu of service delivery already being received by children in TFBH.

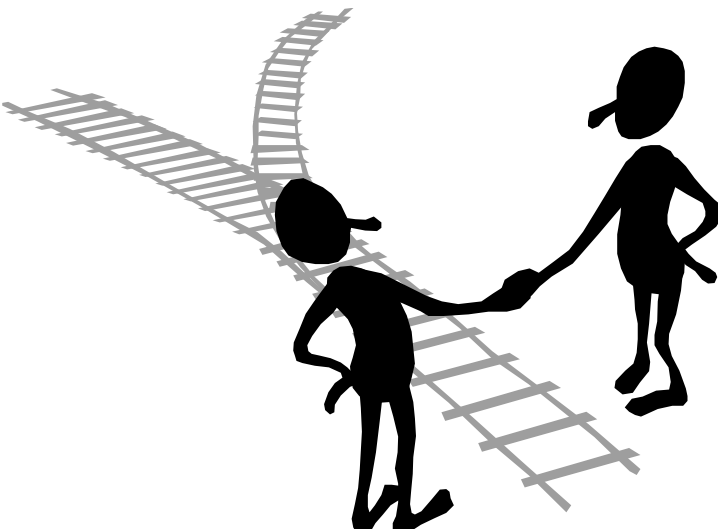
Particularly in the advent of the Improved Outcomes for Children (IOC) initiative, as an HCIA, CMS recognizes the importance of effectively collaborating across programs for successful concomitant service delivery. It is undeniable that philosophically, B2H and IOC initiatives are both working together to resolve the major issues impacting children in foster care at this time. These in-

clude the high number of placement disruptions, lateral moves and step-ups; child and family safety and stability, and methods to facilitate family involvement. In both the B2H and IOC models, more intensive supports and stringent quality management, as well as improved communication through Family Team Conferences, will ensure that the child's and family's needs are met adequately. At CMS, we work diligently to ensure that both B2H and IOC work concurrently to expedite progress towards a child's permanency. In particular, when a child's barrier to permanency is an aspect of his or her functioning, we are able to enhance service provision through both B2H and IOC services. It is expected that the intensive services provided to a child and their biological and foster families in both B2H and IOC programs together, will help to expedite a child's return to their biological family and decrease foster care recidivism within a year of being reunified with their families. Therefore, a shorter length of stay in foster care would be expected.

Specifically, the B2H Health Care Integrator (HCI) and Waiver Service Providers (WSP's) and the TFBH Case Worker and Behavioral Specialist work closely together to meet the highly complex needs of children in TFBH. There is consistent and constant communication between the B2H staff and TFBH staff to achieve this end. It is imperative that TFBH and

B2H staff share their respective behavioral planning and service planning goals in a timely fashion. TFBH staff and B2H staff are both invited to participate in the conferences held for TFBH children to ensure appropriate concurrent planning. TFBH staff attend the B2H team meetings in the B2H program and B2H program staff attend the Family Treatment Conferences (FTC's) to ensure that the child is benefiting from all services being provided and to share information regarding a child's progress and any changes to a child's family, environment, etc. This active participation ensures that collaboration between the B2H staff and the TFBH staff is strengthened and that service delivery continues to complement the work being accomplished in both programs.

While the TFBH Behavioral Specialist works with the agency's clinicians to create weekly behavioral plans that reinforce positive and pro-social behaviors, the B2H HCI and WSP's ensure that in the creation of their Detailed Service Plans, the child's behavioral planning goals are supported, and not duplicated, through B2H service delivery. In essence, the B2H service delivery relies heavily on the existing service delivery of TFBH for the creation of appropriate and supplemental goals for the child and family. The B2H Detailed Service Plans for the service "Skill Building" in particular, complement and support the TFBH behavioral planning goals to ensure that children are maximizing their functioning and that barriers to improving their overall functioning are being ad-



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dressed timely. While the TFBH behavioral planning goals specify exactly the areas that need improvement and ways to improve those behaviors (the “what” and the “how”), the B2H Detailed Services Plans support the meeting of these goals by providing intensive, 1:1 coaching and guidance on ways to best achieve the “how” of the behavioral plan. While the TFBH Behavioral Specialist meets weekly with the child, a B2H WSP can meet more frequently with the child to support the work of the TFBH program. Therefore, the framework for improved functioning laid out by the TFBH staff is reinforced and strengthened by the frequent, hands-on, service provision of the B2H WSP’s. The B2H HCI is responsible for creating, updating and modifying the B2H child’s Individualized Health Plan (IHP) to reflect accurately a child’s progress in both the TFBH and B2H programs and to ensure that the work of the WSP complements, but not duplicates, the work of the TFBH program.

Finally, for those children in foster care who are legally freed for adoption, services provided through B2H and IOC would work in tandem to increase the number of adoptions finalized and increase the stability of adoptions by ensuring that all of the children’s social-emotional, health, and educational needs are being met prior to the adoption. Pre-adoptive foster parents would be

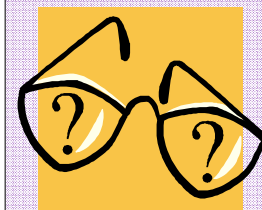
highly supported within the B2H and IOC framework delivery of service and would help to ensure that children are receiving the necessary supports to maintain stability through the adoption phase.

To illuminate how the TFBH and B2H programs complement their respective service delivery and promote the permanency of foster care children, this specific case example will highlight the effective collaboration of TFBH and B2H program staff.

“Michael,” an 8 year-old child enrolled in both the TFBH and B2H programs is having significant difficulties relating to “Bobby,” the 6 year-old biological son of his pre-adoptive foster mother. Since the child has been freed for adoption and there have been talks about moving forward with the adoption, there has been a significant increase in Michael’s aggression towards Bobby. According to the foster mother, Michael will hit and punch Bobby “for no reason” and the foster mother is now questioning whether she will move forward with the adoption. Through the TFBH program, the Behavioral Specialist and agency clinician formulated a weekly, positive reinforcement behavior plan that will reward Michael with additional computer time at the end of the day if there are no hitting incidents throughout the day. Through the B2H services “Skill Building” and “Family Caregiver Supports and Services,” the WSP works three times a week for two hours with Michael and the foster family to support this goal through a variety of methods including: providing opportunities for Michael and

Bobby to play together to promote pro-social behaviors as the WSP coaches and guides Michael on ways to relate to Bobby in non-aggressive ways; helping to reinforce and build the parenting skills of the foster mother to intervene appropriately when Michael and Bobby fight; and reinforcing and ensuring that Michael receives his reward timely for non-aggressive behavior throughout the day. As evidenced from this case example, both programs are targeting reducing Michael’s aggressive behaviors and promoting the permanency of this child but certainly with distinct and non-duplicative strategies.

Overall, it is clear that TFBH and B2H program service delivery are a natural complement for one another. As the above-referenced information illuminates, it is undeniable that with the addition of B2H services for children enrolled in TFBH programs, children can receive additive, intensive, 1:1 service delivery to ensure that the goals of the TFBH program are supported. Certainly, participation in both programs improves the chances of greater outcomes for children in foster care significantly.



**Ask
APA!**

Agencies are welcome to send questions to “What’s Working” for APA to answer. Think of it as the performance management version of Dear Abby.

Please email your questions to: erin.mccann2@dfa.state.ny.us

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the Board of Directors regarding IOC. Dr. Rodriguez was responsible for ensuring its smooth implementation by staff. Drs. Greenstein and Rodriguez worked with the program directors and supervisors to prepare them for implementation of IOC. A committee was created that included program directors and supervisors that examined current practice resulting in necessary changes in program operations. IOC was then introduced at a staff meeting allowing an opportunity for all to comment and suggest changes to practice. After proposed changes were discussed and evaluated for feasibility and clinical soundness, they were incorporated in the newly developed preventive program protocols.

Some of the issues that emerged from these meetings revolved around scheduling needs. The group decided to replace the weekly case conference with Family Team Conferencing. Supervisors and workers were concerned about coordinating FTCs with FASP due dates and ensuring that the FTC was held early enough to be able to include recommendations and findings in the FASP. Workers were concerned about the high number of FASPs that are due each month and wondered if they would be able to schedule appropriately. Workers were skeptical of ACS case managers attending conferences in a timely manner since they have experienced many obstacles in scheduling a joint visit prior to the completion of the 842. Sometimes, ACS case managers confirmed that they would attend but failed to call or show on the scheduled date. Workers were concerned about the amount of time required to coordinate and schedule the Family Team Conference in light of their other responsibilities including home visits, Connections documentation, etc. Workers were encouraged to present their views in supervision and in team meetings. Ultimately through extensive discussions, we found that many of our fears regarding FTC were unfounded. In fact, preventive staff have found that the use of FTC has highlighted not only family strengths but has clarified the work that has been accomplished as well as provided clear direction on family issues that need resolution to ensure the safety and well-being of the children.

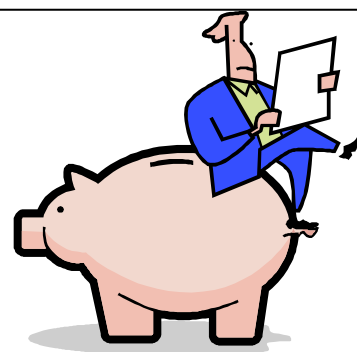
This planning process included speculation about staff training needs. Agency supervisors worked with staff to enhance workers' skills in the casework relationship (e.g. engagement, collaboration, and mutuality), assessment skills using a strengths perspective, intervention skills to foster constructive change, and presenting clear and realistic job expectations. Using these tools to support the client-worker relationship, supervisors developed and strengthened worker practice skills.

In conclusion, we found that early planning and thoughtful and inclusive evaluation of potential strategies resulted in a smooth transition from concept to practice skills. Our planned effort rested on the strong commitment to quality care from all levels of program leadership ending with case planners who are the embodiment of our change effort.

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literacy training directly, we will continue to work with ACS in opening the accounts, providing asset building workshops, making asset purchases, and any additional supports offered through the program such as mentoring and internship opportunities until the pilot ends. We are currently in the process of exploring our ability to continue the program past its pilot stage.

YFE is a program like no other in the nation. It instills in the youth the value of saving and empowers them to believe in their own capabilities; specifically, their ability to successfully transition into adulthood. Suddenly living independently doesn't seem so abstract. They've already learned what it takes to save towards a goal and the importance of budgeting their money. As an agency committed to the personal growth and self-sufficiency of our youth, we jumped at the opportunity to collaborate with ACS in bringing YFE directly to our youth and hope to sustain the program independently for years to come.



If you are interested in learning more about the YFE program, please go the following website: http://www.nyc.gov/html/acs/html/support_youth/support_youth.shtml or contact the following ACS Staff: Deborah Brooks: 212-676-6379; Kim Dennis: 212-341-3315; or Sally Slater: 212-676-6838.