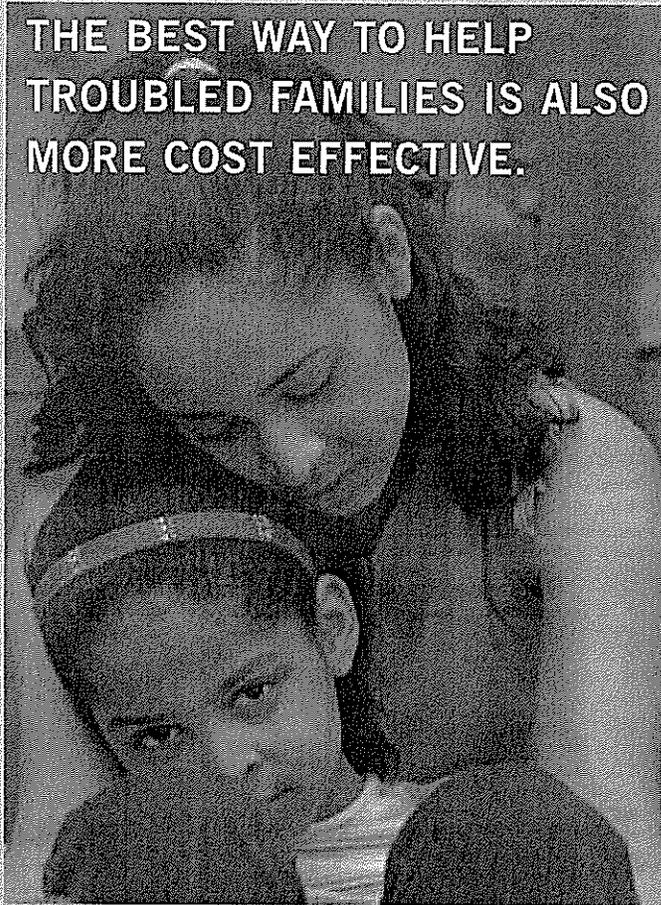


Appendix "A"

**2008 New York State Citizen Review Panels Annual
Report**

**THE BEST WAY TO HELP
TROUBLED FAMILIES IS ALSO
MORE COST EFFECTIVE.**



Preventive services support families and help them develop skills to better care for their children on their own, decreasing the potential for abuse and neglect as well as the need for options like foster care.

Preventive services produce far better long term results for families and save taxpayers money. Unfortunately, they're probably the first to be cut.

What services are likely to be cut?

Most likely the very preventive services that families need in order to keep children safe and cared for, services such as home visiting programs, safe housing, mental health care, substance abuse treatment, etc. These services are known to prevent abuse and neglect and entry into foster care and the juvenile justice system, both costly systems with less than optimal child outcomes.

Is there an alternative?

In place of cutting these essential services we propose ideas for reform, realignment and reinvestment in child welfare to save money.

REFORM

Reforming child welfare, keeping in mind *what's good for children*, to achieve better outcomes for children and their families.

REALIGN

Realignment of policies so that more attention is paid to the front door of child welfare so it does not become a revolving door.

REINVEST

Reinvestment of funds so that quality preventive services are available to help and support families to prevent their entry into the system in the first place.

What is in this report?

In this report, the New York State Citizen Review Panels put the spotlight on funding for child welfare, how that funding is used at the local district level to provide key preventive and wrap-around services to help families and to save dollars. We feature home visiting as a proven practice that prevents child abuse and neglect and we have provided a photo essay to illustrate the hard work supervisors and caseworkers do each day. We also offer our recommendations for change. The New York City Panel is submitting an additional set of recommendations which apply only to NYC. Their recommendations are included with this report as a separate document.

PERSPECTIVES ON CHILD WELFARE FINANCING

A Commentary by Larry Brown,
Larry Brown Associates

New York's child welfare financing burden falls increasingly on state and local shoulders. But the structure itself is not conducive to achieving desired outcomes. Given the enormous pressures from Washington and daunting

The state's current financing strategy is inadequate to achieve the real goals of child welfare. And, allowing the current structure to lapse without a careful plan to meet today's challenges solves nothing.

budget issues, this is a time to protect our state investments in families and take a hard look at how to maximize the return on those investments.

Federally, child welfare financing is badly broken. For foster care, the government's funding mechanism,

Title IV-E, is an open-ended entitlement, with a huge caveat. It pays only for children who are poor according to the 1996 poverty standard. Over time, the "eligible" population erodes as inflation alone lifts families above the 1996 threshold.

At the same time the eligibility definition is whittling away who is eligible, the federal government focuses on technical eligibility requirements. States and counties spend endless hours struggling with paperwork that often results in disallowances. Even worse, precious caseworker time is lost.

Declining federal support for foster care pales in comparison to its lukewarm efforts at prevention. Title IV-B provides states with small pots of child welfare and prevention money. New York's federal allocations total less than \$35M; this compares to the state's \$607M child welfare investment with nearly half going to preventive services.

Real progress in meeting needs rests with systems of care, or vertical integration strategies. Financing strategies must encourage rapid adaptation to changing needs. The model of yanking a child from home, placing them in care and hoping time will yield solutions doesn't work. Our business is in preventing and reducing harm and limiting lengths of stay when out-of-home care is needed. Keeping at-risk youth in home, in community and in school, with wrap-around services to families is how children are kept safe and how families change. Per diem

funding mechanisms and patchwork prevention strategies will not get us where we need to go.

Child welfare is charged with promoting safety, permanency and well-being for children. Safety and permanency concerns drive our current funding strategies. Well-being, however, requires a very different lens; it is far beyond child welfare's reach to do this alone. Careful re-thinking will be required.

Funding only within service silos doesn't work.

Integrated financing streams are needed, strategies that encourage looking broadly to leverage other systems. Typically, we imagine trading foster care savings for preventive investments. Instead, we need funding strategies that look at our entire system of care: classroom investments to save downstream child welfare costs; maltreatment prevention for adolescents to impact juvenile justice spending; and home visiting that carries savings into adulthood.

Pay for performance and base programs on evidence. Preventive investments should be grounded in evidence, paid for on a performance basis and should demonstrate achievement of desired outcomes.

Financing should support policy direction. Foster care allocations should be based on need. Currently, historical spending drives most of the block grant allocation. OCFS should develop a sounder methodology that more directly rewards achievement of safe foster care outcomes, to include placement stability, re-entry rates and preparedness for successful living.

Technology must support practice. To know what really happens, we need to see families over time and across all the helping systems that they touch. Our data systems need to share data seamlessly with companion systems.

Mandate shared, cross-systems outcomes. Agencies pay attention to what they are held accountable for. State agencies that serve children should be required to develop and report on cross-systems outcomes. It is clear: children and families who cross agency service systems are among the least well served and the most expensive in our state.

The state's current financing strategy is inadequate to achieve the real goals of child welfare. And, allowing the current structure to lapse without a careful plan to meet today's challenges solves nothing. Extending the current structure while developing options and adjusting to changing federal players and priorities, seems the only rational course.

AN INTERVIEW WITH MICHAEL WEINER

Commissioner of Social Services Erie County New York

Erie County has saved over \$29M by reducing foster care placements by 42% from 2000 to 2008.

How many children and families do you serve in Erie County in the child welfare system?

Answer: We expect to conduct over 10,000 Child Protective Services (CPS) investigations in 2008, an approximate 10% increase in reports requiring investigation from the previous year. In 2006, we completed 9,118 investigations and in 2007 we completed 9,403 investigations. I believe there are two primary reasons for this increase. First, regulatory changes have led to more mandated reporters making calls to the State Central Register. Second, we see more calls coming in from neighbors, schools and others due to the visibility of high profile cases where a child has been seriously injured.



MICHAEL WEINER

Over the years, we added child welfare staff to address this increased volume but we are equally frustrated by the continuous attrition of workers and the current environment for

hiring qualified staff by virtue of civil service rules and the presence of a Fiscal Control Board. Consequently, we plan to offer a new initiative called Family Assessment Response in 2009. This approach, which is allowed by law and utilized in other states across the country, gives us the opportunity to provide less serious CPS cases with preventive services rather than conducting a complete investigation. We are also in the process of developing Memorandums of Understanding with the 29 school districts within Erie County. This will allow us to redirect our resources and to identify families in need of services much sooner before a CPS report is even necessary.

In addition, ongoing mandated reporter training is absolutely necessary to eliminate confusion and gain understanding as to the kinds of situations that require that a report be issued. Furthermore, marketing efforts must consistently reach families with messages about the effective ways of caring for newborns, and that services and Safe Havens are available.

Cost of preventive services versus foster care in Erie County



What about your Foster Care and Adoption services?

Answer: In Erie County, we are very proud of our work with children and youth who previously would have been removed from their homes and placed in foster care. As of August 2008, we had just over 1,000 youth in foster care; 400 of whom had a goal of adoption; we have just over 2,000 children who are adopted receiving adoption subsidies. Our favorable foster care placement rates continue to decrease. Over the past few years, we received financial incentive awards for meeting certain adoption targets. It is important to point out that as children reach their teens in foster care, finding families willing to adopt becomes more challenging. Consequently, we need to do a better job of supporting such youth as they age out of foster care and move into independent living situations.

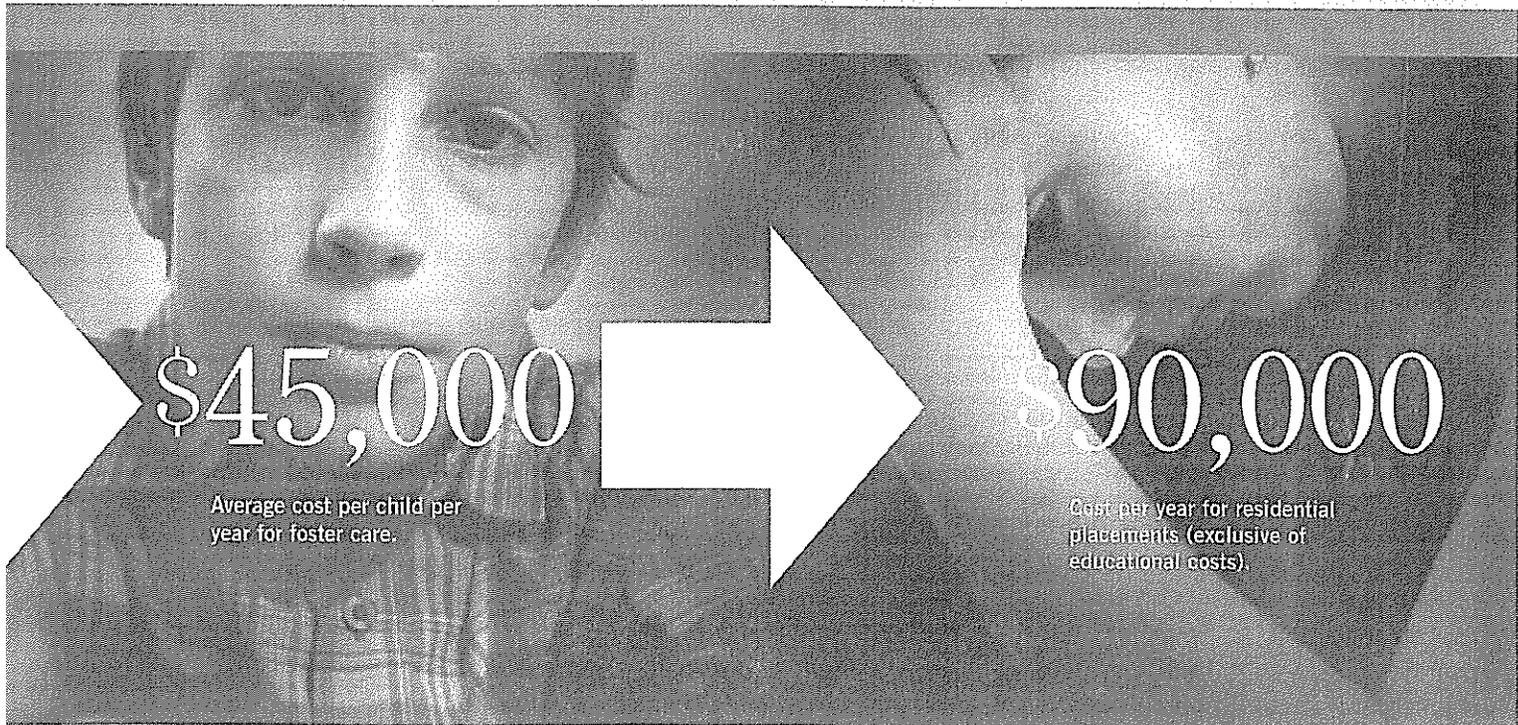
What does all this cost?

Answer: In Erie County, on average we spend about \$6,500 per year per case for preventive services. The average annual cost for foster care is \$45,000 per child and we average approximately \$90,000 per year for residential placements (exclusive of educational costs). Overall, we expect to spend over \$61M for foster care payments to providers and for adoption subsidies in 2008. We also have contracts for preventive services totaling

over \$16M for the same period. There are additional administrative and staffing expenses not included in these estimates for supporting youth in preventive, foster care and residential services. It should be obvious to all of us that prevention and early intervention services are more cost-effective strategies that generate better overall outcomes for children and families.

How important are preventive services to the work you do? Are you able to offer evidenced-based services?

Answer: Preventive services are extremely important and a most critical element in achieving a community-based continuum of care approach. In essence, preventive services limit the use of high-end services like foster care and residential placements unless absolutely necessary and in the best interest of the child. In Erie, we promote evidenced-based practices and provide a full range of preventive services wherever possible. One way we have been able to accomplish this is by creatively utilizing various funding streams across departments that offer a system of care wrap-around approach in support of cross-system involved youth and their families. For example, we experienced a substantial increase in care coordination slots from a capacity of 180 three years ago to over 400 currently and have expanded capacity in Multisystemic



\$45,000

Average cost per child per year for foster care.

\$90,000

Cost per year for residential placements (exclusive of educational costs).

In 2008, we have been able to hold community-based providers harmless to these [budget] cuts. However, further cuts will likely leave us no other choice but to pass along those cuts through our contracts with community agencies...

Therapy and Functional Family Therapy as well. We also developed a number of highly effective school-based programs and co-located services using donated funds to match state and local dollars. For example, in 2006, we were able to generate \$1.5M

in donated funds to support this expanded work. In addition, Community Optional Preventive Services (COPS) funds have been particularly important in giving us the flexibility we need to achieve better outcomes for children, youth and their families.

We have taken full advantage of our Federal SAMSA grant in concert with other funding streams like the Flexible Fund for Family Services (FFFS) and Preventive services to reduce the number of children in residential placement in Erie County. Four years ago we had 260 Residential Treatment Center placements. Today we have less than 100 through the first eight months of 2008. In response to this trend, our residential providers are redefining their services to offer community-based programs like wrap-around services. Previously, we kept kids away from their community, school, and family for too long with an average loss of 13 months of school. This caused too much disruption in their lives and we did not get the outcomes families desired. We are doing better by keeping kids at home and in their communities with appropriate and necessary supports.

Are you able to follow your families, their progress, and outcomes to know whether or not you are making good investments with the data system in place?

Answer: Our staff has mixed reviews about Connections. It has been helpful in providing access to historical information and for the creation of a single electronic case record for all designated service providers. But our staff spends entirely too much time at the computer working on the system when they should be out in the field working with families. They also struggle with getting

appropriate data to meet their needs and the system is far from integrated with other data systems like those supported for public benefits, the public schools or the Office of Court Administration. We simply cannot connect the dots between services across systems, dollars spent, and outcomes achieved.

We also have limited performance information about our contract agencies and have recently embarked on a local plan to develop report cards using performance data on preventive services to more effectively track service outcomes.

You know that additional cuts to the New York State budget are likely. If you could wave a magic wand, what would you do?

Answer: First and foremost, even in a tough fiscal environment, we need to spend more federal, state and local resources on children who are our future. And we need funding streams that are predictable, stable and based on locally identified needs. Obviously, all the local departments of social services commissioners are fearful that in the wake of the state fiscal crisis, Preventive funding (65/35) will be less available to local districts. This funding stream is up for renewal in 2009. Preventive funding has already been cut and COPS funding has been frozen and given the trend for increased service demands in certain child welfare areas, existing services will be challenged to maintain a level of care consistent with this demand. And, there needs to be awareness and sensitivity to the existence of poverty and the role it plays in the provision of protective and preventive services.

While we continue to examine methods for being more effective and efficient in service operations, we are concerned about further state budget cuts. In 2008, we have been able to hold community-based providers harmless to these cuts. However, further cuts will likely leave us no other choice but to pass along those cuts through our contracts with community agencies. Simultaneously we will examine the value of certain discretionary programs and re-examine ineffective, poor performing services.

CUTTING HOME VISITING: PENNY WISE AND POUND FOOLISH

Studies have shown that preventive programs produce better outcomes for children.

By addressing problems at an early stage, preventive programs are able to reduce use of far more expensive options such as foster care.

While the birth of a baby should be a joyous occasion, for teenage parents or new mothers who find themselves isolated from family and support, it can be a time of great stress. Pregnant and with little idea how to care for a new baby, who does a young mother turn to? Add to that challenge poverty, depression, or substance abuse in the household, and a time of joy can become a time of great risk for the newborn. Child rearing is demanding under the best of circumstances; in many families, domestic problems and societal pressures make it even harder. Some fortunate young women have gotten the help they needed, help that came right to their homes at just the right time. Home visiting program staff came with information, guidance, support, and education.



SENATOR
MARTIN GOLDEN

The challenges faced by expectant teens and young mothers are familiar to State Senator Martin Golden, a strong supporter of home visiting. "Coming from New York City and having been a police officer, I know what

life is like behind people's doors. I have witnessed first-hand the impact of abuse and I have worked to eliminate it." Golden notes that getting services to families at risk has a definite impact. "We know what works. It's time to put together comprehensive home visiting coverage in the state. It is always a fact that prevention is cut when hard choices have to be made," Senator Martin Golden remarked.

"But for a small investment, these programs save actual dollars and continue saving in terms of the need for fewer services through children's lives. Most importantly, the savings will be in fewer children who are victims of abuse and neglect," states Assemblymember Scarborough, Chair of the Assembly Children and Family Services Committee, another strong home visiting advocate. It's all about priorities", continued Assemblymember Scarborough. "These services have the potential to save lives and families. We can short-circuit and correct these

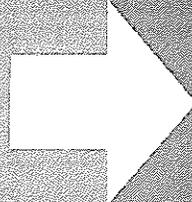


ASSEMBLYMEMBER
WILLIAM
SCARBOROUGH

Nurse-Family Partnership

\$1

For each one
dollar spent



\$5.70

\$5.70 return
on investment

Study of the effect of Healthy Families New York on low birth weight

10%

10% incidence of low-birth weight babies of mothers in control group

5%

5% of mothers enrolled in Healthy Families New York by the 30th week gave birth to a low weight baby. On average, low birthweight children need \$46,000 in additional healthcare during infancy.

problems before they blow out of proportion.”

Both Senator Martin Golden and Assemblymember William Scarborough agree that cutting preventive services is simply penny wise and pound foolish.

Home visiting is a special program that offers direct, in-home pre- and post-natal services to families. Home visiting provides direct services and needs assessment, connecting families to tailored services and supports.

Simply reducing low birth weight babies results in huge cost savings, since these children require costly additional healthcare that averages \$46,000 in infancy and \$87,000 during their first seven years of life.

The program has a proven track record, resulting in positive child-rearing, healthy child development, and increased life skills for parents. For instance, it helped an impoverished mother living in a homeless shelter, who

found support through Healthy Families Staten Island. After completing the program, she attended and graduated from college, and now works as a language tutor. Her story is typical of those served by home visiting programs.

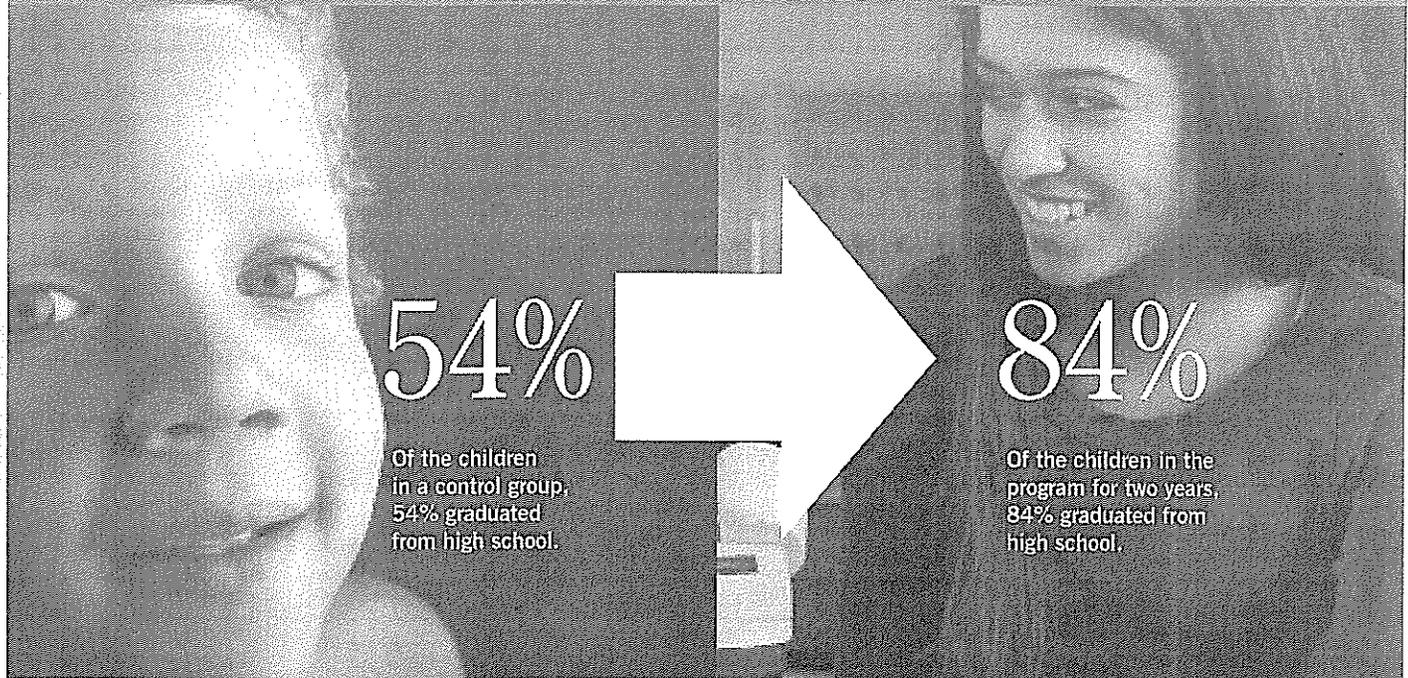
Mounting evidence suggests that not only can services like home visiting save children and families, they save money. Susan Mitchell-Herzfeld, Director of Bureau of Evaluation and Research at the New York State Office of Children and Family Services, reports that her agency began a randomized controlled trial of Healthy Families New York in 2000, and is currently examining effects on

children who are now seven years old. Researchers will report on the programs' long-term effects on parenting practices, cognitive functioning and school performance of their children.

According to Mitchell-Herzfeld, the Healthy Families evaluation shows positive gains among program participants in the areas of birth outcomes, parenting, and access to health care. The rate of low birth weight in newborns decreased by half among those whose mothers entered the study at the 30th week of pregnancy or less. Reducing the number of low birth weight babies results in huge savings, since these children require costly additional health care that averages \$46,000 in infancy and \$87,000 during their first seven years of life. Equally important, the evaluation found that Healthy Families is effective in reducing the incidence of child abuse and neglect, particularly for first-time mothers under age 19 who receive assistance early in pregnancy.

While the impact of these programs on infants and young children is impressive, the effects continue much longer. The Parent-Child Home Program, a pre-literacy home visiting program, followed children through high school. They found that 68% who were enrolled in the program for one year graduated from high school compared to a 54% graduation rate among those who did not have the program at all. And, 84% of those who participated in the program for two years received a high school diploma.

Study of the effect of The Parent-Child Home Program on high school graduation rate



Nurse-Family Partnership, Healthy Families NY, and The Parent-Child Home Program are three models of home visiting programs. Several others also provide service in New York State including: Early Head Start; Home Instruction for Parents of Preschool Youngsters (HIPPPY); Parents as Teachers (PAT); New Mothers Wellness Project; and Community Health Workers Program. National data estimates the cost of home visiting programs at \$5,000 to \$9,000 per child. Yet for each dollar invested, they enjoy a return between \$2.24 and \$5.70 due to improved child outcomes.

Unfortunately, insufficient state funding means there are too few programs to meet demand. There are gaps in populations and locations served. In the current 2008-09 budget, Healthy Families NY was funded at \$25.2M. In two rounds of budget cuts over the past year, funding was cut by 7.9%. A moratorium was placed on Community Optional Preventive Services (COPS) contracts, through which other home visiting programs are funded, notably Nurse-Family Partnership.

The need far exceeds resources, according to Peggy Sheehan, Healthy Schenectady Families. "Our capacity at this point is 150 to 170 families, but to meet the need we could easily serve 300 to 350. We have to piece together

funding to make it all work: county funds; foundation support; Healthy Families NY grant; Children and

While the impact of these programs on infants and young children is impressive, the effects continue much longer.

Families Trust Fund grant; and a small United Way grant." But each funding source requires onerous paperwork that Sheehan says takes away from the delivery

of a vital service. "We need funding that allows us to provide service instead of spending so much time seeking funding and reporting back to the funders. To maintain quality programs, I need to concentrate on program delivery and not on survival."

Andre Eaton, New York State Regional Coordinator of The Parent-Child Home Program, agrees. He views home visiting as essential for working with the youngest children, but notes that the program is often regarded as a low priority among state policy makers. "Costs are greater if we don't invest early," Eaton notes.

What do these services mean to program recipients? For many young women, everything. They gain self-esteem, receive information and skills to help them raise their children, and find the support they need to finish school and get a job.

1 Universal Prenatal/Postpartum Care and Home Visitation: The Plan for an Ideal System in New York State, October 2007, SCAA, http://www.scaany.org/documents/home_visiting_white_paper.pdf

2 Source: Nurse-Family Partnership: Effective and Affordable – What's Not to Like About It?, January 2008, http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/NFPCostBrief.pdf



A CASEWORKER'S DAY Melissa's day was a typical work day involving several consultations, visits

Early morning: Work each day is centered on when one's unit is up in the rotation to receive new reports. Melissa arrived early to get caught up on case notes, make calls, and go over her cases with her supervisor.

Caseworkers must initiate an investigation within 24 hours of receiving a new report, complete a safety assessment within 7 days and make a determination within 60 days.*

Before long, she had talked with another CPS worker about a new case, a pediatrician, two teachers, and NYS Probation officials.

Gail, a casework supervisor, began her day with a quick look at the new cases that came in overnight. She held a brief unit meeting and individual consultations with her seven caseworkers. The end of the month is two days away and each caseworker must close out 10 cases by that time to meet their practice standard.

Mid-morning: A team approach is often utilized in the field. Melissa and a fellow caseworker left to visit a client at a day treatment program. The two of them worked with the client to develop a safety plan and to link her children to out-of-school time programs.

Gail continued to monitor the new reports coming into

A workload of 12 active investigations per month is recommended. Most caseworkers carry a load that is almost double that standard.*

the county, simultaneously reviewing cases for closure and consulting with her caseworkers. She filled in for one of her caseworkers and met with a family. Two orders came from Family Court for CPS to do an investigation and report back to the court.

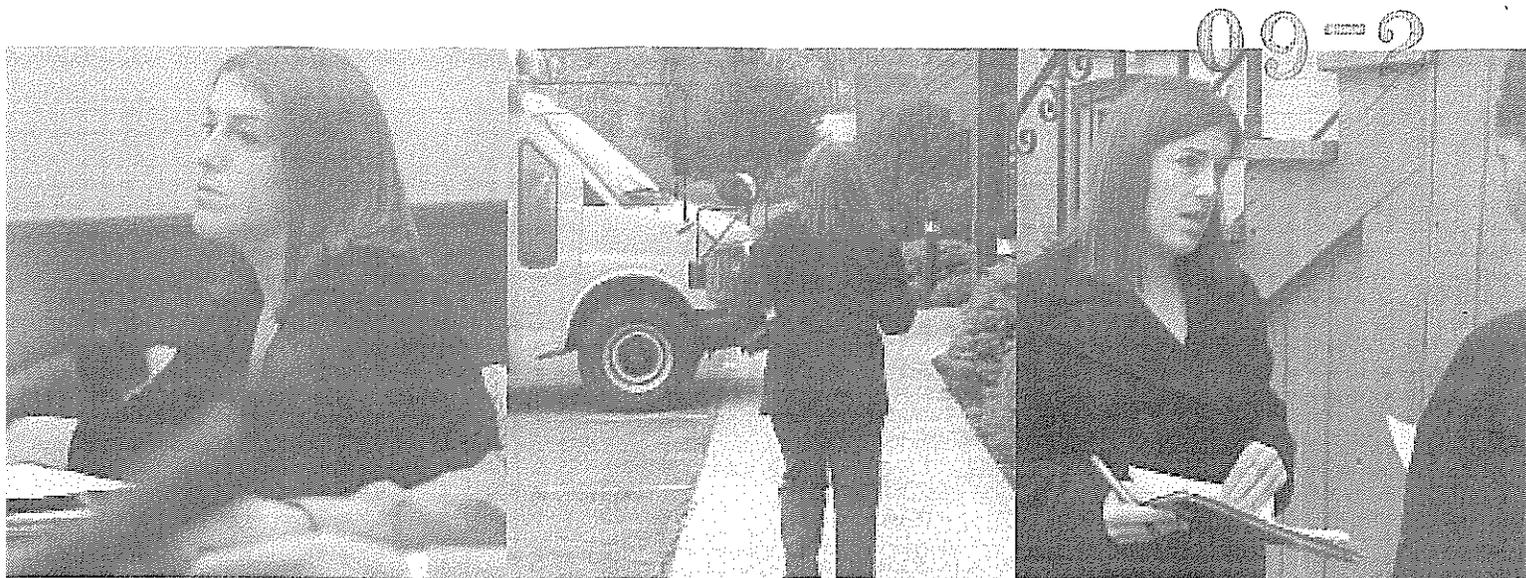
Lunch time: There is no time for lunch today as the unit begins to receive new reports. Back at the office, Melissa took a few minutes to check her messages and return two phone calls before she was assigned a new report. She immediately called the report source and connected with CPS in another county to coordinate work on the case. Since the report crossed two counties, she will serve as the "secondary" on this one.

Gail took a quick break and came back just as the unit began to receive new reports for investigation. She ate her lunch while making case assignments and conducting information checks on those named in the reports. She has access to several databases and calls the report sources herself because her caseworkers are out in the field.

Early Afternoon: An appearance before family court can take hours out of a caseworker's day. Melissa appeared in family court regarding a petition before the Court only to have the case adjourned. Some districts have been able to make special arrangements with the court to

Caseworkers spend an average 6.5% of their time performing court-related work.*

reduce this waiting time. Fortunately, portable technology has helped some caseworkers use this time productively.



out in the field, a new report to investigate, a trip to family court, and many phone calls.

By now the unit received new reports for each of the seven caseworkers, each requiring a full investigation within the timeframes set by law. If one of the unit's workers is out sick or on vacation, the other caseworkers pick up the load for that worker.

Mid-afternoon: Travel to the outer areas of the county can take a chunk of time out of a caseworker's day. Melissa's new report meant she had to travel to a day care facility to check on the well-being of a six month-old. She met with day care staff who called in the report and the deputy director of the facility to gather information on their experience with the family and details as to what they witnessed that morning. Melissa began to worry about whether or not she could make

her other appointments that afternoon.

CPS caseworkers typically spend about 11% of their time in case-related travel.*

Gail did background work, made assignments and paired workers to make field visits for each of the new cases. Two of

the new reports are quite serious, so she asked her workers out in the field to make these new cases a priority. She asked her caseworkers to make sure that the children named in the two reports receive immediate medical attention at a doctor's office or at a hospital.

Late Afternoon: As the day winds down there is more to do and work that did not get done. On her way back to the office, Melissa stopped at three houses to meet with family members. She wanted to make one last visit before closing one of her cases. Mother and baby seemed

to be doing fine. At another stop she found no one at home. On the third stop she met with a mother and her 17-year-old son. Melissa returned to the office and finally grabbed lunch while she made arrangements to meet a family at school the next morning. She had planned to go to two schools to interview students but will have to meet them tomorrow.

Overall, the average CPS case receives 5.5 hours or less than one day's work in case-related service per month.*

Back at the office Gail maintained constant contact with her caseworkers in the field and with reporting sources, often working two phones at once. She also kept her supervisor informed of the situation in the serious cases. Meanwhile, one of her caseworkers called to inform her that a child must be removed from her home, a report called in the day before. Gail worked to find that child a placement. She did not leave for the day until she had confirmed that the children had been seen by medical personnel and that the child removed was safely placed.

Both Gail and Melissa wondered what the next day would bring.

* New York State Child Welfare Workload Study, Walter R. McDonald & Associates, 2006.

RECOMMENDATIONS REALIGNMENTS, REFORMS AND REINVESTMENTS

The New York State Citizen Review Panels' 2008 recommendations propose areas for realignment, reform, and reinvestment in order to achieve both improved outcomes for children and their families and cost savings during this fiscal crisis. Any budget cuts will have enormous impact on the system and the first priority must be to protect our children and meet their needs. At the same time some budget cuts would enable New York to move toward a reformed system. Much attention has already been placed on improving foster care and adoption to advance child safety and permanency. Attention must also be focused on child well-being and on changes to the child protective system (CPS), the front door of child welfare, in order to keep that door from becoming a revolving door.

The panels strongly recommend that 50% of any cost savings be reinvested into the child welfare system.

SYSTEM REFORM

In the *New York State Citizen Review Panels for Child Protective Services 2007 Annual Report and Recommendations*, the three NYS panels called for a review of the current laws, policies and practices to assess whether or not state and federal legislation over the last twenty-five years have led to improvements in child safety, permanency, and well-being. In that same report, panel members asked whether or not it was time to rethink New York's child protection system, the front door to child welfare, in order to achieve better outcomes for children and families. The New York State Office of Children and Family Services (OCFS) began that review and will require a substantial period of time to thoroughly assess the system and to make recommendations.

The panels commend OCFS's responsiveness to last year's recommendation and ask that once a commission or task force is formed, this entity link to the three

New York State Citizen Review Panels. Panel members ask that one member from each panel have a seat on this commission, that any drafts of reports or recommendations be submitted to the panels for review and comment, and that the panels' leadership receive bi-monthly progress reports.

Any system reform should address concerns with the system that have been voiced by experts for over a decade. These areas include:

- 1) the over-reporting of some and the under-reporting of others;
- 2) the capacity of the system to respond given the volume of reports;
- 3) service delivery which is often mismatched to the needs of families; and,
- 4) the orientation of agencies to provide a proper balance between investigation and service provision.

The CPS of the future should incorporate three major elements: a customized response to families that includes strong family participation; a community-based system of child protection; and, involvement of informal helpers who are already part of a child's life. The collection and analysis of data and careful evaluation of reforms, pilots, and/or initiatives should drive quality improvements. Ongoing monitoring will be required.

REFORM CHILD PROTECTIVE REPORTING

Over the last decades, the state has added responsibilities to the State Central Register (SCR). In 2007, the SCR received 312,000 hotline calls with concerns of child maltreatment, with an 11% increase in the first six months of 2008. In addition, the SCR received 6,000 requests for administrative reviews and administrative hearings and 216,000 requests for clearances of volunteers

and those seeking employment in human services. There was a 12% increase in volume for database checks in the first six months of 2008 over the first six months of 2007. It is time to take a look at the policies and practices related to the work at SCR to determine if these added responsibilities have led to greater safety for children. If not, they should be eliminated or revised to assure value has been added. The New York State Citizen Review Panels urge the state to:

Eliminate anonymous reports.

In 2007, the SCR accepted 135,641 reports for investigation, of which 19,199 or 14% were made by anonymous reporters. Of the 19,199 reports from anonymous sources, 15,857 or 82.6% were determined to be unfounded. This rate has been declining slightly. In 2001, the rate was 86%; in 2004, 84%. These reports result in a higher unfounded rate than reports made by mandated reporters (61.2%) and non-mandated, named reporters (75.6%). All reports, regardless of the source, require the same investigation.

their definition of neglect, including New York. In 2004, over 27,000 reports of child maltreatment were made in New York by mandated reporters in education, many of which alleged educational neglect. Education neglect (and PINS) reports are the education systems' response to truancy. There are many reasons students are absent from school. Some are required to care for a relative or help parents with limited English proficiency by providing translation at important appointments. Older children may have given up, finding that they have fallen too far behind in the classroom. Other students may be concerned for their safety in school. Often, the reports come in May or June and name students who have been absent as much as 60 or more days of school. By this time, the youths named in these reports are failing and, for older youth, are well on their way to dropping out of school. CPS lacks the resources to help at this late stage. School districts should do more to intervene earlier and to support students and families. The SCR should not accept these reports unless schools have provided services and the parent simply refuses to send their child to school.

New CPS Reports	2001	2001 RATE	2004	2004 RATE	2007	2007 RATE
New Reports by all reporters	154,369		148,000		135,641	
Anonymous or Unknown reporters	21,988	15%	23,665	16%	19,199	14%
Reports from Anonymous or unknown reporters that are unfounded	18,918	86%	19,879	84%	15,857	82.6%

Data source: OCFS Data Warehouse; Data Analysis by Hornby Zeller & Associates, December, 2005; 2008 White Eagle Presentation.

A 1979 study of anonymous reports in the Bronx reviewed 1,037 anonymous reports, 129 (12%) of which were founded. None of the reports represented serious incidents of maltreatment. The panels encourage OCFS to study these anonymous reports through an analysis of data by physical, sexual, and neglect reports, and by indicated and unfounded determinations. Further, OCFS should report on the results and offer recommendations for changes or alternatives.

Eliminate Education Neglect reports.

While most of the panels' recommendations address changes for OCFS to consider, this recommendation asks the State Education Department (SED) to make changes as well. Twenty-one states accept "failure to educate" in

Panel members ask SED to provide local school districts with model protocols and uniform definitions of educational neglect. Additionally, panel members ask that SED be required to provide the leadership, staffing, training, and technical assistance necessary to school districts to reduce truancy. Such assistance should lead to improved practices and skills on the part of school district personnel to keep children in school, improve outcomes for special education students, engage family members, develop links to community resources and enhance the reporting of child maltreatment concerns.

Review statutory requirements for SCR clearances to eliminate entire categories.

In 2007, the SCR conducted 216,000 clearances which cost over \$5,600,000. These checks are conducted on a broad range of people as required by Social Services Law, including prospective employees, volunteers and foster or adoptive parents. Thirty states allow or require such clearances for employment as a child or youth care provider. While some of these clearance categories are extremely important, these database checks result in a very low percentage of "hits," less than 2%. However, they consume a great deal of time and cost \$26 each, for which the state receives approximately \$150,000 annually in fees. Additionally, clearances can jeopardize employment opportunities for those who have a past report that has been indicated when that record may no longer be relevant. Clearances can also give a false sense of security to those making hiring decisions. A criminal history check or clearance from the Sex Offender Register may be more appropriate.

Improve mandated reporter training after a review of both indicated and unfounded reports to increase the quality of reports made to the SCR.

Based on 2007 state data, mandated reporters made well over 60% of the calls to the SCR. Only 38% of their reports resulted in a determination of indicated. 61% of mandated reports were classified as unfounded, representing a large number of families who experienced the intrusion of a full and perhaps unwarranted investigation.

Panel members recommend revising the content and frequency of the training for these reporters in order to improve the quality of their reporting, to improve their understanding of the circumstances for which a report is required, and to gain knowledge and skills to engage families and link them to community resources before each situation reaches the threshold for which a call to the SCR is necessary. Clear standards and definitions of terms, such as "suspicion," should be detailed so that all reporters understand when a call to the SCR is necessary. Communication and collaboration between CPS and other professions should be improved so that feedback to reporters can be provided. OCFS should regularly monitor data on both indicated and unfounded reports by reporter type to assure quality and provide targeted education to continue to improve appropriate reporting.

INVEST IN PREVENTION

Working with families through engagement strategies and evidenced-based programs and services will be key to OCFS's efforts to reduce recurrence and the costs associated with involvement with the child welfare system. Families must have available services such as safe housing, mental health care, substance abuse treatment, home visiting, and parenting education in order to better care for their children. To achieve child welfare outcomes, preventive services must be available through 65/35 and Community Optional Preventive Services (COPS) funding. The New York State Citizen Review Panels urge the state to:

Extend the current Child Welfare Financing Law until 2012 and restore 65/35 state/local funding for child welfare including COPS programs and services.

Children in the child welfare system are the state's most vulnerable children and are most likely to have health, social and educational difficulties that result in negative and costly outcomes as youth and adults. They and their families come into the system requiring multiple, cross-systems services to build skills, provide safe environments, address child development and health issues, treat substance abuse and alcohol problems, and identify and stabilize mental health issues. Without a link to preventive and wrap-around services funded through 65/35 and COPS funding, these families will cycle through the system repeatedly.

The panels recommend extension of New York's Child Welfare Financing Law to 2012 and a return to a 65% state share for child welfare services, including protective, preventive, adoption, aftercare, and independent living services. In the 2008-09 Budget, this share was cut 2% to 63.7%. Also affected in the 65/35 provision are COPS, funds which can be used for services to children and families not known to the system, in school, mental health, and other settings. Most importantly, this funding allows a local district greater flexibility in offering wrap-around services to meet families' needs and allows public/private partnerships in the provision of services. These are not "optional" services; they are vital services that help keep children safe and prevent entry into CPS and foster care.

According to OCFS sources, spending for COPS totals nearly \$30M or about 2% of the total \$1.2 billion, 65/35 spending. As an example, Probation Departments use COPS funds for essential and required services based on the results of an assessment using the Youth Assessment and Services Inventory, an evidence-based tool. COPS supports home visiting services such as the Nurse-Family Partnership program which results in improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness.

Any changes to the Child Welfare Financing Law will be premature at this time. OCFS must have time to conduct a thorough review of the system and to offer recommendations for change. In addition, OCFS and Administration for Children's Services (ACS) have undertaken several initiatives and pilot projects which offer promise but are too new to show results through an evaluation. These efforts include Family Assessment Response (FAR), ChildStat, the teaming approach, and family engagement strategies including family case conferencing and use of parent advocates. The extension of the Child Welfare Financing Law will allow time for evaluation of these initiatives, their outcomes and recommendations for changes to inform any revisions.

Continue to provide leadership and support for implementation of the Family Assessment Response (FAR).

Panel members encourage OCFS to continue its strong leadership and support for the implementation of FAR in local districts throughout New York. Six counties have begun FAR implementation and another six have expressed interest in offering this alternative to traditional child protection investigations. Evaluations of this approach in other states show clear results which benefit children and families. Similar results are expected in New York State. In view of serious workload management problems, New York may want to consider the feasibility of requiring FAR in all counties in order to provide better, speedier service and to reduce recurrence.

Invest in home visiting programs and parent education programs.

Investment in home visiting programs is essential to meet vulnerable children's and families' needs and prevent harm to children. Evaluations of the Nurse-Family Partnership programs show a return of \$5.70 for every dollar spent. Participants enrolled in The Parent Child Home Programs for two years have higher high school graduation rates than those who have not participated in the program, 84% vs. 54%. And Healthy Families New York evaluations found reduced incidence of child abuse and neglect and improved parenting. The evidence is clear that home visiting is an essential investment.

Investing in evidence-based parenting education can prevent child abuse and neglect by providing new parents information to better care for their newborns, infants and toddlers. OCFS's *Babies Sleep Safest Alone* campaign to reduce co-sleeping deaths is one example of a media campaign bringing important prevention messages to large numbers of families. These campaigns require evaluation to determine whether or not they achieve the outcomes desired. Further, offering these messages in additional languages and using technology to reach more families should be considered.

ADDRESS RACIAL DIFFERENCES IN CHILD WELFARE

Panel members support OCFS's work to address disproportionate minority representation (DMR) in child welfare. The GAO's Report, *African American Children in Foster Care*, refers to the National Incidence Study finding that there is no significant racial difference in incidence of maltreatment. Yet children of color are overrepresented in the foster care system. The same is true for all stages of the child welfare system. Attention should be given not only to African American and Latino children, but also to Native American children as they are more likely to experience bad outcomes.

Add Racial and Ethnic Disproportionality and Disparities as a priority within OCFS's mission and vision.

The panels support the recommendations in the GAO report calling for the expansion of data broken out by race/ethnicity and funding for subsidized guardianships. While it is difficult work to investigate why children of color enter and progress through the child welfare system at greater percentages, it is necessary work. It may be that these children could be better served outside the child welfare system or that staff who have received cultural competence training would make different decisions. Offering subsidized guardianships will allow children from all racial and ethnic backgrounds to be placed with a loving relative who could not otherwise afford to provide care and will benefit all children, not just children of color. The panels ask OCFS to expand MAPS data to present breakdowns for all entry and decision points and to offer subsidized guardianships. Workforce training is also needed to develop cultural competencies. In addition, the panels encourage OCFS to adopt this work as part of its mission/vision.

More information is also required to understand if there are any differences in how Asian Pacific American children and immigrant children are treated within the system. The ACS Task Force on Racial Equity and OCFS's workgroup should conduct a review to gain understanding and to make specific recommendations that address the unique needs of these populations.

INVEST IN THE CHILD WELFARE WORKFORCE

A quality workforce is essential to achieve desired outcomes in child welfare. The workforce has experienced a high degree of turnover, is overwhelmed with large workloads that are almost double the recommended levels, and has not been given the appropriate time to do the job. For too long, policy makers have passed laws that increase regulations, regimentation, and accountability for workers when news of another child death reaches the media. What is required is a workforce that has accrued the necessary training, experience, and critical decision-making skills to work with families with complex needs.

The New York State Panels urge the state to:

Revise civil service requirements for child welfare positions.

The job responsibilities in child welfare require staff with specialized education, critical thinking skills, and an ability to engage families in order to be successful on the job. Districts need workers who can quickly and accurately assess situations and families' complex needs and make good decisions which will have lasting affects on children.

Unfortunately, New York continues to look at these positions as entry level and requires a basic civil service exam which has no relationship to the job responsibilities for the position. If a choice applicant does not score at a high enough level on the test, civil service rules prevent districts from hiring that applicant even when well-suited to the job. Such rules have kept some applicants with Bachelor's and Master's degrees in social work (BSW and MSW) and internship experiences in child welfare from child welfare positions. It is time for state and local civil service departments to join with local district commissioners to explore improved protocols for recruitment and selection of qualified applicants. Tools such as behavioral interviewing, validated pre-screening instruments, and specifically designed training and education programs should be integrated into the scoring of eligible candidates.

Improve recruitment/retention practices.

The process for hiring the child welfare workforce must be reviewed with the understanding that child welfare workers should possess specialized skills. Changes should lead to targeted recruitment, incentives to attract BSW and MSW candidates, improved hiring decisions and a reduction in costly turnover.

Currently, a district spends on average \$27,000 when a worker leaves or retires to hire and train a new person to fill that position. Many districts experience high turnover. ACS is testing a new recruitment and hiring process that is designed to: 1) present a more realistic view of the job; and, 2) use a behavioral interviewing process with trained interviewers to identify those with the qualities who do well in child welfare and are more likely to remain in the position. The results indicate potential applicants self-select whether or not to continue with the application process. The model has the potential to improve hiring decisions and reduce training expenses.

This initiative could serve as a model for other districts throughout the state.

Additionally, while it is very important to have a racially and ethnically diverse workforce, it is extremely important that the workforce also be culturally competent. Panel members suggest offering pay incentives to increase the number of bilingual staff and adding cultural competency training to the CORE curriculum.

Enact legislation to mandate workload standards for child welfare.

The workforce simply cannot keep children safe with workloads that are nearly double the recommended standard. Yet, workers are asked to be accountable for the difficult decisions they make without being given the time or resources to do the job. The 2006 Walter R. McDonald & Associates New York State Workload Study recommends caseload levels of 12:1 to 16:1 depending on a position's responsibilities. Over time, the system has accepted more reports for investigation and asked more of child welfare workers without considering capacity of the workforce to meet these mandates and without sustainable investments in the workforce. In the 2008-09 *Budget*, only \$1.79M was provided for caseload reductions. There is a NYS statute that prevents OCFS from mandating workload sizes. Panel members recommend revising this statute to provide OCFS with the authority to set workload standards.

FEDERAL AGENDA

Pass the Starting Early Starting Right Act, an act that increases the funding and quality of available child care through revisions to the Child Care and Development Block Grant (CCDBG).

Access to high quality child care is essential to families struggling to balance care for their children with job responsibilities. The CCDBG is the major source of federal funding for child care initiatives, giving states funds to help low-income families pay for child care and to strengthen the quality of child care available. New York State experienced a decrease in CCDBG funding that resulted in 46,000 fewer children using subsidies from 2003-04 to 2007-08. Another 10,000 children are estimated to be unable to access a subsidy in the state fiscal year 2008-09. The NYS Child Care

Coordinating Council estimates that out of the more than 652,600 children who are eligible for subsidies, 281,328 children require support, a 50% take-up rate. During the 2007-08 fiscal year, the number of children who received a subsidy for any time during that year totaled 213,000. Many went unserved. These subsidies are vital to keeping families employed and providing quality early care and education.

The New York State panels join with the National Women's Law Center, the Child Welfare League of America, the Early Care and Education Consortium, the American Federation of State, County and Municipal Employees (AFSCME), the National Association for the Education of Young Children (NAEYC), NACCRRRA, Voices for America's Children, and many others in support of S2980, Starting Early Starting Right Act. This bill amends the CCDBG with a focus on improving quality and increasing funding by \$50 billion over five years to assist states in supporting families' access to quality care.

Fix the Foster Care Lookback provision so that more children in foster care can be supported with Title IV-E funds.

In 2007, the Pew Charitable Trusts issued its report, *Time for Reform: Fix the Foster Care Lookback*. The report documents the erosion in the number of children in foster care supported with federal funds because eligibility for Title IV-E funding is tied to 1996 AFDC income eligibility levels. Nationally, about 5,000 children lose eligibility yearly and over \$1.9 billion in funding costs have been shifted to the state and local levels. In New York State, 20,100 or 14% fewer children qualified for federal support in 2004 than in 1998 leading to a loss to New York State of at least \$100M a year in federal funding. In 2004 in NYS, 40% of the children in foster care (13,302 out of 33,445) did not meet the eligibility threshold. IV-E funds were not available to provide resources to help these children reunite successfully with their families; provide them with safe, loving out-of-home care, or to find them a permanent family if they are unable to return home.

The New York State panels join with the Pew Commission on Foster Care, the National Governor's Association, New York State Office of Children and Family Services and advocates nationwide in support of fixing this provision.

2008 PANEL ACTIVITIES



Western Panel

MARCH 14, 2008 MEETING

Panel members discussed educational neglect issues with Charles Carson, Legal Counsel for the NYS Office of Children and Family Services. Panel members identified areas of concern and planned their June meeting as a continuation of their interest in the topic of education and the reporting of child maltreatment by inviting the 17 social services commissioners in the Western Region to the meeting.

JUNE 13, 2008 MEETING

Panel members met to review the OCFS response to the panels' 2007 Report and Recommendations, and to receive updates. The second portion of their meeting was devoted to a discussion with Commissioners of Social Services, Deputy Commissioners, and Directors of Services from the 17 county region of the Western panel. Their input centered on the reporting of child maltreatment by school districts, workforce issues, and initiatives in child welfare.

SEPTEMBER 12, 2008 MEETING

Panel members reviewed the input received at their June meeting and reported on interviews conducted by panel members with school personnel regarding the reporting of child maltreatment, especially when there are concerns related to educational neglect. Such reporting varies greatly across the state with no uniform protocols or definitions. The panel received an update from OCFS personnel on counties' plans for implementation of the Family Assessment Response for November and January.

NOVEMBER 14, 2008 MEETING

Karen Schimke, President/CEO of SCAA, presented an overview of Child Welfare Financing. Panel members received updates on potential budget cuts and provided input into OCFS's review of the child welfare system and potential areas for reform.

Eastern Panel

APRIL 4, 2008 MEETING

Eastern panel members met with the Executive Director of the Permanent Judicial Commission on Justice for Children and the Deputy Statewide Project Manager for the Child Welfare Court Improvement Project. Panel members heard about information regarding various initiatives that have or will lead to court reforms to improve child well-being. Panel members also received an overview of the research on the child welfare workforce. Members approved the operating guidelines for the NYS panels and received updates on the budget and events in Albany.

JUNE 6, 2008 MEETING

Eastern panel members met with Casework Supervisors from Rensselaer and Albany Counties for their input regarding workload issues in child welfare. In addition, panel members heard from Greg Owens, Director of Special Projects in the Office of Strategic Planning and Policy Development at OCFS, with an update on work to address Racial and Ethnic Disproportionality and Disparities. Panel members reviewed the OCFS response to the panels' 2007 Report and Recommendations and received updates on the budget, proposed legislation, and recent OCFS forums.

**SEPTEMBER 19, 2008 MEETING**

Panel members received an overview of child welfare financing. Key issues for counties include the importance of 65/35 funding, flexibility to offer wrap-around services especially for cross-systems kids, and the difficulty in using donated funds. Federal funding decreases limit what can be done for children. The state has steadily lost Title IV-E funding due to the foster care lookback provision.

NOVEMBER 21, 2008 MEETING

Panel members gave input into OCFS's review of the child welfare system and potential areas for reform. They met with Jack Klump, OCFS Regional Director, for a discussion of Performance Improvement Plan (PIP) strategies and child fatality reviews.

New York City Panel**MARCH 4, 2008 MEETING**

Panel members met with invited guests to receive feedback on their 2007 Panel Report and Recommendations. The child welfare experts offered their ideas to move the recommendations in the report forward. Panel members discussed next steps and received updates on the Executive Budget and events in Albany.

MAY 6, 2008 MEETING

Panel members met with family members from the Child Welfare Organizing Project. The panel's new members responded to the 2007 report and recommendations with their thoughts. The panel also discussed potential areas for collaboration with Commissioner Mattingly and the Administration for Children's Services (ACS)

JUNE 17, 2008 MEETING

Panel members met with staff from ACS to discuss the OCFS Response to the Panels' 2007 Report and Recommendations, a review of various child welfare meetings held in the state, ChildStat, and the work to be done by a new task force on Family Court reform. The panel forwarded several recommendations to the task force.

SEPTEMBER 9, 2008 MEETING

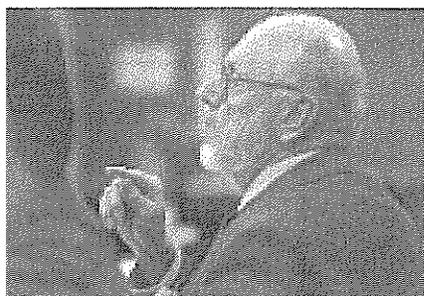
Kathleen DeCataldo, Executive Director of the Permanent Judicial Commission on Children, presented the accomplishments of the Commission and its initiatives, including Model Courts, the Court Improvement Project, Sharing Success conferences, and Adoption Now efforts. Liz Roberts, ACS Deputy Commissioner for Family Support Services, gave a report on the work of ACS's Racial Equity Task Force. Thirty-five ACS staff are now trained through Uncovering Racism. ACS has outlined action steps for the next two years.

NOVEMBER 4, 2008 MEETING

Karen Schimke, President/CEO of SCAA, presented an overview of Child Welfare Financing. Panel members received updates on potential budget cuts and gave input into OCFS's review of the child welfare system and potential areas for reform.

DECEMBER 19, 2008 MEETING

Panel members met to plan and discuss a NYC specific addendum to the annual report with recommendations for NYC.



Joint Panel Meeting

OCTOBER 10, 2008 MEETING

Panel members from the three NYS Citizen Review Panels met with OCFS Commissioner Carrion, Executive Deputy Commissioner Bill Gettman, and Director of the Child and Family Services Review (CFSR) Renee Hallock to learn about OCFS priorities and initiatives, fiscal and programmatic; receive an update on their 2007 Report and Recommendations; and to receive an overview of the OCFS Performance Improvement Plan strategies in response to the state's Child and Family Services Review. Panel members also made decisions regarding their recommendations for their 2008 annual report.

OCTOBER 9, 2008

NEW PANEL MEMBER ORIENTATION

Newly appointed members from the three panels met to receive an overview of OCFS priorities and initiatives, federal and state child welfare funding and laws, and the work of the panels.

For the full minutes of these meetings go to www.citizenreviewpanelsny.org.

We especially thank Commissioner Carrion and her staff at the Office of Children and Family Services (OCFS) for the careful consideration given to the panels' 2007 report and recommendations. The Commissioner has embraced many of the panels' recommendations, including our overarching recommendation for a comprehensive review of the child welfare system. OCFS is providing strong leadership to the six local counties that have implemented the Family Assessment Response. We commend OCFS for establishing a Continuous Quality Improvement Unit, initiative to transform Connections, establishing a workgroup to address racial and ethnic disproportionality and disparities, and its support for youth aging out of foster care.

We thank Commissioner Mattingly and his staff at New York City's Administration for Children's Services who have generously given their time to the New York City panel. We also thank Commissioners of Social Services throughout the state and their staff who met with panel members and to all who took time to share their ideas with the New York City, Eastern and Western Panels.

NEW YORK CITY CITIZEN REVIEW PANEL MEMBERS

Jocelyn Brown, M.D.
Director
Morgan Stanley Children's Hospital of NY-Presbyterian
Executive

Jorge Saenz De Viteri
Executive Director
Bronx Community College
Child Development Center
Executive

Wayne Ho
Executive Director
Coalition for Asian American Children & Families
Executive

David J. Lansner, Esq.
Panel Co-Chair
Partner
Lansner & Kubitschek
Assembly

Yvonne Hutchins-Plummer
Retired, Associate Director
Elmhurst Hospital Center
Senate

Sania Andrea Metzger, Esq.
Director of Policy
Casey Family Services
Assembly

Elba Montalvo
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Executive Director
Committee for Hispanic Children and Families
Executive

Mathea C. Rubin
Parent
Senate

Marion White
Founder/Executive Director
Child Abuse & Prevention Program, Inc.
Executive

EASTERN CITIZEN REVIEW PANEL MEMBERS

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Appellate Law Clerk
New York State Appellate Division
Third Department
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Global Leader
Child Welfare Global Social Segment, IBM
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University at Albany
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Dianne R. Meckler
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JoAnn Merriman, RPA-C
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School of Social Work,
Syracuse University
Executive

Anita Welborn
Patient Services Field Manager
The Leukemia & Lymphoma Society
Executive

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Wendy Nilsen, Ph.D.
Assistant Professor of Psychiatry and Psychology
University of Rochester
Executive

Stefan Perkowski
Program Director
Child & Adolescent Treatment Services
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Christine Schnars
President
Jamestown Board of Education
Member
Erie 2 Chautauqua-Cattaraugus BOCES Board
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Chief Executive Officer
Catholic Charities of Buffalo
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Augusta Welsh
Director, Clinical Services
Genesee County Mental Health Services
Senate

Dennis J. Wittman
Retired, Director
Genesee Justice Program
Executive

FEDERAL LAW AND THE CITIZEN REVIEW PANELS

The 1996 amendments to the federal Child Abuse Prevention and Treatment Act (CAPTA) mandate that states receiving federal funding under that legislation create volunteer Citizen Review Panels. The purpose of these panels is to decide whether state and local agencies are effectively carrying out their child protection responsibilities. The federal statute broadly defines the work of the Citizen Review Panels.

The panels must meet not less than once every three months and produce an annual public report containing a summary of their activities and recommendations to improve the child protection system at the state and local levels. They must evaluate the extent to which the state is fulfilling its child protective responsibilities under its CAPTA State Plan by:

- Examining the policies, procedures, and practices of state and local agencies.
- Reviewing specific cases, when warranted.
- Reviewing other matters the panel may consider important to child protection, consistent with Section 106(c) (A) (iii) of CAPTA.

Following the order of federal CAPTA Amendments of 1996, the New York State Legislature passed Chapter 136 of the Laws of 1999, setting up no less than three Citizen Review Panels, with at least one in New York City. The other panels are in Eastern and Western New York.

Each panel has up to thirteen members; the Governor appoints seven, with the Senate President and Assembly Speaker appointing three each.

For further information please visit www.citizenreviewpanelsny.org or contact:

Schuyler Center for Analysis and Advocacy
150 State Street
4th Floor
Albany, NY 12207
518-463-1896

Administrative support is provided to the panels by the Schuyler Center for Analysis and Advocacy.

NEW YORK CITY SPECIFIC RECOMMENDATIONS

The New York City Citizen Review Panel offers the following recommendations for saving money while improving the Child Protective System.

Schedule mental health evaluations and drug tests based on need.

Parents who are the subject of a report to the SCR are often referred for drug screenings and/or mental health examinations when mental illness and drug use is not part of the allegation in the report. Such a cookie-cutter approach is not as effective as an approach which is responsive and specific to each individual family's needs. Panel members recommend an individualized approach which will lead to better outcomes and cost savings.

Allow flexibility in the investigation of repeat reports from non-mandated reporters.

Local districts are required to offer a thorough investigation for each report made to the SCR, regardless of the source of that report or the number of times a family has been reported and investigated. ACS receives multiple reports from non-mandated reporters on families they know well and yet they are required to provide the same level of investigation on each report. For some, ACS staff have good reason to believe the reports are false. This results in increased workloads for caseworkers and diverts needed attention for serious reports of child abuse. Panel members ask OCFS to develop guidelines to permit ACS to reduce or eliminate its investigation in such cases.

Use Emergency Children's Services personnel for removal or late placement of children.

Removing children from their homes is time intensive and often results in staff overtime. Children are taken to the Children's Center before placement into a foster care home. Caseworkers often work beyond their normal work day at an additional expense to ACS. Panel members urge Bureau managers to set policies that would result in the use of the office of Emergency Children's Services for late afternoon removals whenever possible. The Emergency Children's Services office is fully-staffed to provide coverage in the off-hours. Resulting savings should be invested in additional services to meet families' needs.

Discharge children from foster care to non-respondent parents willing to care for them.

There are many child protective cases in which parents are separated, living apart, and a report of child maltreatment has been made on the custodial parent. That parent is the "respondent" in the case. The other parent is the "non-respondent parent" and must be given notice of the proceedings. Panel members believe that most children removed in these cases should be placed with the "non-respondent parent" if that parent is willing to care for the child unless charges have been filed against that parent. If a non-respondent parent is a danger to a child, ACS can bring a petition against that parent. Panel members ask ACS to review and revise this practice.

Give kinship foster parents a choice of being custodians.

Family Court Act §1017 requires ACS to give relatives who want to care for removed children the choice of being foster parents or temporary custodians. Foster care is a much more expensive option for the city and state. It requires payment of a monthly stipend to the foster parent and staff time to supervise the foster home. While some relatives require a foster care stipend to care for that child properly, others do not and do not want or need ACS involvement in their family. ACS should assure that all relatives are given this choice.

Eliminate foster care discharge medical exams.

The foster care agencies in New York City have a practice of conducting a medical examination on each foster child every time a child is returned to a parent or moved to a different foster home. These exams are conducted even if the child has just had a recent examination. The practice violates ACS's written procedures for medical care and delays a child's return to his or her home. 20,000 exams are done for children who are either discharged or transferred between foster homes in New York City each year at a cost over \$60 per exam, in addition to caseworker time. Basing these exams on need could result in \$1,200,000 in savings.

Monitor adoption subsidies to eliminate fraud.

The state pays subsidies to adoptive parents for almost every child who is adopted out of foster care at a cost of \$5,000 to \$14,000 per year per child. The total payments this year will be \$226,000,000. There is no monitoring of these payments. Many adopted adolescents leave their adoptive homes, returning to foster care, returning to their natural parents, or living on the street. Yet the adoptive parents continue to receive the subsidies. Those payments should be discontinued if they are not being used for the benefit of the child. The state should establish a mechanism to ascertain annually whether the child is actually living in the home and receiving support from the adoptive parents. Savings will more than offset any additional administrative costs.

Support legislation to vacate Terminations of Parental Rights in certain circumstances.

There are thousands of children in foster care where parental rights have been terminated but the child has not been adopted. Finding an adoptive home for an adolescent is especially difficult. In some of those cases, the parents have become rehabilitated and could now care for their children. Vacating the termination and returning the child would benefit the child and would remove the child from foster care.

Relieve ACS from conducting investigations in custody disputes.

Currently, the Family Court orders ACS to conduct investigations in many custody and visitation disputes between parents. These are cases in which there are no child protective issues, simply a dispute as to which is the better parent for the child. These investigations are not part of ACS's child protective mission. ACS does specifically train its employees for such studies, and concerns have been raised about the quality of the investigations and reports in these cases.

Appendix "B"

2008 New York State Annual Response

DRAFT

**The Office of Children and Family Services Response
to the
2008 Report Recommendations of New York State's Citizen Review Panels**

INTRODUCTION

The New York State Office of Children and Family Services (OCFS) is pleased to have this opportunity to partner with the Citizen Review Panels by continuing our shared commitment to improving the child welfare system in New York State. The 2008 Annual Report is a comprehensive document that outlines areas for realignment, reinvestment and recommendations for change. We welcome the dialogue with the Panels as we strive to achieve safety, permanency and well-being for the children and families in New York State who are served by the child welfare system.

SYSTEM REFORM

Building on the response that was submitted last year that made many recommendations related to system reform, OCFS will highlight those areas that continue to be on the reform agenda and report on the status of that effort.

The 2007 Annual Report recommended that OCFS develop a Task Force to focus on child welfare reform from a systemic view. OCFS agreed to create this Task Force and has contracted with Eric Brettschneider, former co-chair of the New York City Citizen Review Panel, to lead this effort. Mr. Brettschneider has initiated this work by interviewing over 150 stakeholders in the child welfare system is drafting a preliminary review of the system. OCFS is currently seeking funding from Casey Family Programs to support the additional consultants needed to shape the reform agenda and create the Task Force. Membership in the Task Force has yet to be determined, and OCFS respects the Panels' request for representation.

OCFS concurs that system reform of child protective services would require a multi-pronged approach that should include a community based, family centered system that values the informal support networks families need to sustain themselves once the "system" has moved from their lives. We fully support a model that emphasizes the strengths of families and communities, and relies less on institutions and government intervention.

Additional specific information related to recommendations from 2007 and 2008 will be addressed later in this document.

Part 1: Child Protective Reporting

Eliminate anonymous reports

The Citizen Review Panels recommend that OCFS look carefully at the policies and practices related to child abuse and maltreatment reporting. The recommendations include a request to eliminate anonymous reporting and educational neglect reports.

OCFS has given both of these issues attention and consideration. Elimination of anonymous reporting is highly controversial across the State and local districts have not been supportive of making this change. In an era where the liability and impact for not protecting a child is very high, social service districts have been reluctant to narrow the front door, citing the concern that barriers to reporting maltreatment may result in putting more children at risk.

OCFS will continue to vet this recommendation with stakeholders and counties, but is not prepared to actively pursue changing this mandate.

Eliminate education neglect reports

In regard to educational neglect reports, OCFS has taken several significant steps to further our understanding of the issues and alternatives. In order to better understand this complex issue, OCFS, with support from Casey Family Programs, commissioned the Vera Institute to conduct a one-month preliminary assessment of educational neglect in New York State with an eye toward improving responses to allegations of educational neglect. This assessment, conducted in December 2008 included data analysis and stakeholder interviews with child protective, school, probation and service providers in Albany County and New York City. The assessment revealed the following:

- The majority of educational neglect reports accepted by the SCR involve children in their teens.
- School personnel account for most of the SCR reports involving youth ages 6 to 17.
- More than half of investigations of educational neglect are unsubstantiated. In 2007, 56 percent (15,948/28,372), of the educational neglect allegations were closed as unsubstantiated.; however the 44% indication rate is higher than the statewide average.
- Child protective workers and service providers report that a

discrete portion of educational neglect cases involve families with longstanding, complex maltreatment concerns.

Stakeholders from all parts of the system, including child protective workers, said they thought the traditional child protective system's investigatory approach is not appropriate for many of the situations that underlie educational neglect reports.

The child protective approach as it is designed is consistent with the allegation of educational neglect for families at risk; but the lack of services and school/community partnerships to address the issue are inconsistent with the needs of the families and youth.

This preliminary assessment was Phase I of our review. OCFS intends to commission Vera for a "Phase II" effort, again with the support of Casey Family Programs. The next phase is proposed to be a three-month effort to identify the most promising avenues for innovation, in terms of impact on youth, potential cost savings, and political viability, including the following activities:

1. Obtain input from a wider group of stakeholders on the findings and options from Vera's preliminary assessment including:
 - a. Youth and parents
 - b. Organizations such as the Center for Family Representation and senior officials in New York City's child welfare system
 - c. Child welfare officials in other counties besides New York City and Albany
 - d. Education officials
2. For one county, review a small number of educational neglect cases to better understand underlying circumstances.
3. Possibly conduct further analysis of statewide data on child protection outcomes and court outcomes for educational neglect reports.
4. Conduct cost analysis of educational neglect reports.
5. Further explore models for dealing with teen truancy/educational neglect.

OCFS is committed to continuing to explore this issue and make recommendations for change as is evidenced by this effort. While we cannot unilaterally eliminate educational neglect reports from the child protective system, we are interested in developing alternative interventions for those families where

child protective is not the most effective method of dealing with truancy. We intend to establish a workgroup with representatives from State Education Department (SED) to further their involvement in creating alternative supports while youth are in school.

Review statutory requirements for SCR clearance to eliminate entire categories

In 2008, the number of individuals and employers requesting clearance information, mostly related to impending hiring decisions, increased by 11% to about 241,000 inquiries. The key challenge is maintaining a timely response to agencies requesting clearances for those individuals whose prior history poses legitimate concerns regarding the safety of children for whom they might assume responsibility.

To address portions of the clearance process, which are labor intensive, OCFS has begun work on a system to allow requests for clearance to be filed online. When implemented, the online system will allow direct query of the database for approved parties and for "no hits" results, which represent over 97% of total clearance requests, to be transmitted to the requesting organization immediately.

In efforts to reduce risk to child safety in caregiver settings, we agree that access to other databases may provide a more complete picture of those most likely to abuse their trust. Given that access to criminal history databases will require legislative changes, we would support a deliberate study process which would account for factors including, but not limited to the following:

- available state databases which may inform child safety decisions and current statutory and practical limitations on their use
- review of current statutes pertaining to types of caregiver arrangements which should be subject to database reviews
- state-to-state comparisons on the categories of caregivers subject to database clearance and the time periods reviewed as relevant to a determination of risk

Improve mandated reporter training after a review of both indicated and unfounded reports to increase the quality of reports to the SCR

OCFS agrees on the importance of having mandated reporters confident in their responsibilities for reporting on child maltreatment. Over the last several years, OCFS has made substantial efforts to strengthen mandated reporter training. The training curriculum developed by OCFS and used by its own training staff has been accepted by the State Education department as the standard for the

215 agencies SED approves to be training providers for the approximately 500,000 professionals it currently licenses. The curriculum is available in versions customized to the needs of medical professionals, school officials, law enforcement, child day care providers and social services professionals.

In addition to upgrading training content for mandated reporters, OCFS has made further investments in the methods for delivering training. The curriculum is now available free of charge to all mandated reporters in the state in an on-line version, designed with safeguards to determine that new mandated reporters understand both their legal responsibilities and what constitutes an effective report. This allows any mandated reporter the opportunity to review the material as frequently as they want to, and offers consistency in the information being communicated. The on-line training was released on April 14th 2009, and the expectation is that over 10,000 individuals will be trained using this technology by July 1, 2009. Further, OCFS is investigating whether newly trained mandated reporters can be connected to SCR intake staff for a simulated "practice call" to validate skills acquired in training and increase confidence in exercising their mandated reporting responsibility.

Efforts to target training by provider type and to monitor variations among and between mandated reporter groups on key indicators of training outcomes should be assessed in relation to what the law requires of mandated reporters. The legal standard for discharge of their reporting responsibility is "reasonable cause to suspect", in other words requesting an investigation of the circumstances of the child. While lower than the "some credible evidence" standard used by CPS investigators to indicate or unfound SCR reports, the "reasonable cause" standard allows some reporting of situations later shown to be without evidence so that situations involving potential or real danger to a child are not overlooked and the preventive component of child protection that supports parents in keeping their children safe may be exercised.

Part 2: Invest in Prevention

Extend the current Child Welfare Financing Law of 2012 and restore 65/35 state/local funding for child welfare including COPS programs and services

OCFS is pleased to report that the Child Welfare Financing Law has been extended through 2012, as an uncapped funding stream for preventive services. In addition, Community Optional Preventive Services (COPS) was restored in the 2009-10 budget with a \$5 million reduction and supports programs that were operational in October 2009. The budget requires the districts to report the outcomes for the COPS funded programs to OCFS so that a more accurate assessment of the program values could be made.

Continue to provide leadership and support for implementation of the Family Assessment Response (FAR)

In 2008, OCFS received six applications from local social services districts to implement differential response, or Family Assessment Response (FAR), as it is called in New York State. As of early 2009, the six districts (Erie, Chautauqua, Tompkins, Onondaga, Orange and Westchester) have begun to track some portion of CPS reports in the alternative track. Several districts chose to begin implementing FAR with reports alleging educational neglect while others have included a broader range of allegations. OCFS expects to receive at least nine new applications from additional districts intending to implement FAR in 2009. OCFS has been able to secure training and technical assistance for districts from the American Humane Association. This includes onsite training for community stakeholders and district staff as well as onsite coaching post implementation. OCFS has received financial support from the Marguerite Casey Foundation to assist districts in providing wraparound services to families engaged in the family assessment model.

The enabling legislation allowing for the piloting of dual track in New York State (excluding NYC) is set to expire in 2011. Based on the evaluation of the program's efficacy around the state, a decision will be made regarding promotion of and codification of the dual track initiative into permanent state statute.

Invest in home visiting programs and parent education programs

OCFS sees investment in home visiting as an essential component in New York's child abuse prevention strategy. Despite a challenging fiscal environment, the COPS-funded Nurse Family Partnership programs in New York City and the 39 Healthy Family New York sites across the state will be continued at near prior year funding levels. Working with the Schuyler Center for Advocacy and Analysis, OCFS and state agencies who sponsor various delivery designs for home visiting have come together with a comprehensive strategy to make home visiting available in all of New York's counties; and, where possible, with program designs best matched to unique needs of each high risk family served.

This year OCFS has undertaken a third comprehensive evaluation of its Healthy Families New York program model, building on the design and data of the previous two evaluations to determine the return on investment of taxpayer funds from this particular approach to home visiting. To the extent possible, the evaluation will also consider the same cost variables as were weighed in the national cost/benefit analysis of the Nurse-Family Partnership.

Upon receiving notification from the White House that President Obama was proposing that federal funds would be provided for Nurse Family Partnerships, OCFS reached out to New York State's two Senators and asked that they consider broadening the bill language to include paraprofessionals as part of the

home visiting models. OCFS has worked in concert with the National Association of Public Child Welfare Association (NAPCWA) to promote this concept and weighed in on NAPCWA's testimony to Congress. In addition, OCFS submitted testimony for the record to Congress for the Ways & Means Committee's subcommittee hearing on home visiting models. OCFS staff worked in concert with Congress Members Rangel's and McDermott's to inform them of Healthy Family New York's (HFNY) success and how our model contains the evidence-based evaluations sought after by the President's proposal. HFNY was highlighted in the testimony given by Healthy Families America to Congress.

The continued financial and programmatic support of parent education programs is one of the highest priorities of the Children and Family Trust Fund, administered by OCFS. The fund currently supports four evidence-based parenting programs for high risk families in targeted communities and 17 Family Resource Centers across the state.

Despite strong evidence that the Upstate Shaken Baby Syndrome Education Project has contributed to a sustained 50% reduction in the incidence of SBS in the areas served by the campaign, OCFS remains committed to continuing evaluation of the outcomes produced by its investment in public awareness. An important first ingredient in such evaluations is a consistent and well supported method for collecting and coding morbidity and mortality data. OCFS and the Department of Health have started work this year on a collaboration initiated to support a statewide approach to fatality review and prevention. One potentially valuable byproduct of this collaboration will be the ability to correlate public awareness efforts on behalf of child safety with the incidence data collected through statewide reviews of child deaths. Consideration should be given to expanding the purview of this interagency group at some later date to include relevant morbidity findings for high risk infants and children.

Child Advocacy Centers (CAC's) and multi-disciplinary teams (MDT's) are a strategy used by OCFS to increase accessibility of services, prevent further child abuse or maltreatment and prevent the removal of children from their homes. CAC resources are used to enhance the MDT's ability to investigate, prosecute and manage cases of child abuse and neglect while preventing further trauma to the family. Increased accessibility of services is a central premise of the CAC. The MDT's primary goal is to improve coordination among these services, including law enforcement, child protective services, health care and other community agencies involved in child abuse investigations and in the protection of abused or neglected children.

Per statute, all cases of physical abuse, sexual abuse and child deaths must be investigated by an approved MDT. If an MDT is not in place, such cases must be investigated jointly by child protective services and law enforcement. This approach is designed to bridge gaps among collaborative systems and synchronize and align activities necessary to achieve the best outcomes for

children. This integrated approach improves knowledge, practice and consistency of response by all team members. OCFS funds forty four Child Advocacy Centers and Multi-disciplinary teams in forty counties throughout the state.

Part 3: Address Racial Differences in Child Welfare

OCFS has embarked on an initiative to identify, address, and reduce disproportionality and ultimately eliminate racial disparity in child welfare and juvenile justice. We are actively developing an agency wide initiative that will include building our capacity to do this work with local districts and counties as a part of the Child and Family Services Review and Performance Improvement Plans (CFSR/PIP) and work that we are currently doing with the Governors' Juvenile Justice Task Force, where Disproportionate Minority Contact (DMC) is a central theme and focal point.

The Disproportionate Minority Representation (DMR)/Cultural Competence Committee, which started to work in earnest in 2007, has been renamed to align with the language and the vision of the work on a national level. On February 27, 2009, with the approval of our Commissioner, the former DMR/CC committee was renamed the OCFS Committee on Racial Equity and Cultural Competence. (RECC). The RECC Committee has division specific sub committees all reporting up to the Executive Office, which then reports to the Governor's Office on a quarterly basis.

On April 1, 2009, the OCFS disseminated Child and Family Services Review Program Improvement Plan data packets to the 13 counties with the highest placement rates, which included data on DMR in four key decision areas (SCR Reports, Indicated Reports, Foster Care Entries, and Admission into Foster Care). Districts are being asked to review and analyze this data and where applicable incorporate strategies to address DMR in their local program improvement plans. OCFS will provide technical assistance on analyzing the data, and will offer support in the way of providing some training to those districts requesting such assistance.

OCFS is currently discussing plans with the Child Welfare League of America (CWLA) and Casey Family Programs for capacity building and development through training and technical assistance in DMR and Cultural Competence for OCFS staff and for our stakeholder partners in the local districts with the highest placement rates. Most of these have high disparity rates for Black and Hispanic/Latino children and families also. We hope to identify 3-4 districts that are willing to collaborate with OCFS.

Part 4: Invest in the Child Welfare Workforce

Revise civil service requirements for child welfare positions

As part of the Child and Family Services Review Program Improvement Plan OCFS will be focusing our efforts around Workforce Development. A component of this work includes OCFS' continuing work with Civil Service to provide support for local district need for flexibility in the hiring process. This past fall, a representative from Civil Service provided an overview of the civil service process at the Director of Services White Eagle. Districts were able to ask specific questions about the process and learn from each other strategies for working with the county civil services offices. OCFS will continue our efforts to advocate for more flexibility for local districts as well as provide opportunities for districts to learn from each other.

Improve recruitment/retention practices

Also under the Workforce Development initiative, OCFS is looking to assist districts and voluntary agencies in their efforts to enhance recruitment and retention practices. In collaboration with the New York Public Welfare Association (NYPWA) and the Council of Family and Child Caring Agencies (COFCCA), OCFS encouraged districts and voluntary agencies to publicly join OCFS in promoting child welfare as a profession. Together we are targeting our efforts in two areas: assisting in developing tools to aid in the recruitment and retention of highly qualified caseworkers; and increasing public awareness and understanding of the professional role of caseworkers in child welfare. The theme of the campaign is "**Caseworkers Make a Difference**". Working with the Governor's office to promote the professional role of caseworkers, OCFS' was pleased to announce in April the Governor's proclamation that 2009 is the "Year of the Child Welfare Caseworker".

To date, several tools have been developed to assist with recruitment efforts including posters and a recruitment DVD – "Caseworkers Make a Difference". These materials were distributed to districts and voluntary agencies as well as placed on "Caseworkers Make a Difference" webpage located on OCFS' website. Each month caseworker profiles are added to the webpage detailing the work caseworkers do in the area of child protective services, foster care, preventive, adoption, home finders, etc. Districts and agencies can utilize these videos when recruiting qualified candidates.

Additionally, on April 23, 2009, OCFS hosted a symposium inviting all the schools of social work, local districts and voluntary agencies to participate in a discussion on how to better prepare students for working in the field of child welfare in the 21st century. With high rates of turnover, districts and voluntary agencies are wanting to hire staff who are best suited and trained for this work, and much of this work needs to happen on the college level. Over 60 attendees participated in an open discussion of what programs/curriculum are currently

working and should be replicated, and where are the gaps in preparing students that need further exploration. Next steps are being examined.

Part 5: Federal Agenda

Child Care and Development Fund (CCDF) (Earmark/Appropriations)

Congress should consider increasing the discretionary non-mandatory funds for the CCDF to reflect the increased work participation rates in the reauthorized Temporary Assistance for Needy Families (TANF) law, part of the Deficit Reduction Act (DRA), to enable states to maintain funding for the working poor. The Congressional Budget Office (CBO) has estimated that to maintain current service levels, up to an additional \$9 billion would be needed in CCDBG over five years. Additionally, under the CCDF regulations enacted by the federal Department of Health and Human Services Administration for Children and Families (DHHS/ACF), states must increase their market rates biennially. This creates an unfunded mandate to the states as no additional federal funds are appropriated to help support these federally proscribed increases. For example, New York State needs an addition \$87 million in funding for State fiscal year (SFY) 2009-10 just to maintain the number of slots that are being funded during the current SFY due to the costs of the market rate increases that were adopted in October 2007 and the projected increases in the market rates that must begin October 2009, which will affect the second six months of the next SFY. This has been a major focus of OCFS and OTDA with our Congressional delegation. It will continue to be so until appropriate funding levels are dedicated to CCDF.

Income Eligibility Determinations: (Legislative/Policy)

Congress should consider eliminating the outdated "look back" provision that ties eligibility under Title IV-E of the Social Security Act (SSA) for federally reimbursed foster care maintenance payments to the income levels for the former Aid to Families with Dependent Children (AFDC) program that were in effect as of July 16, 1996. Ideally, all children in foster care should be eligible for Title IV-E regardless of their family income. At a minimum, the Title IV-E income eligibility levels should be adjusted for inflation to reflect the changes in the economy that have occurred over the last twelve years. The current funding scheme unfairly reduces the number of children for which states receive Title IV-E reimbursement. It has been estimated that without an income standard, the Title IV-E rate would increase by as much as thirty-five percent. Currently the percentage of cases that are Title IV-E eligible is fifty percent. Based on current foster care levels this would translate into over \$200 million in additional Federal foster care reimbursement to New York State (NYS) if the income test were eliminated from the eligibility determination. This will be a pivotal portion of any Congressional action to reform child welfare financing. Senator Baucus has

stated that upon the resolution of health care reform, he will focus upon reforming child welfare financing.

State Automated Child Welfare Information Systems (SACWIS) Issues:
"State-wideness" (Legislative/Policy)

Congress or DHHS/ACF should clarify under SACWIS that a "single statewide system" refers only to the infrastructure for the reporting of child welfare information by the State and Federal government, and that systems that include bi-directional feeds of data are acceptable for SACWIS compliance. DHHS/ACF's current interpretations of state-wideness in ACF Action Transmittal ACF-OISM-001, precludes bi-directional feeds of data fails to consider the unique circumstances that occur in state-supervised, locally administered states or state-administered systems that have extensive voluntary or contract agency networks. To broaden this interpretation to accommodate current technology would allow the state to achieve compliancy sooner and at a lesser cost. Another clarification that would allow states to meet the SACWIS requirement for a "single statewide system" at a lesser cost, and more quickly, would be for DHHS/ACF to further clarify that the SACWIS requirement for a "single statewide system" does not require the current narrow interpretation of ACF Information Memorandum ACYF-CB-IM-07-03 regarding how a Service Oriented Architecture (SOA) must meet the SACWIS requirement of a "...single system (including application software) throughout the State [which] must encompass all political subdivisions which administer programs provided under title IV-E". If New York is allowed to implement SOA in a more flexible manner, there could be tremendous savings across all the human services agencies information systems, and New York's path to SACWIS compliance could be greatly eased.

- "State-wideness" is not impaired if a locality or contract provider of child welfare services adopts differing user interfaces, so long as the reporting continues to operate through the single statewide system. Currently, some states are unable to achieve SACWIS compliance without including all the functionality needed by each locality and contract agency no matter how large or complex it is, even though such functionality is not necessary or practical for smaller users. Implementing this requirement would significantly expand the size and scope of the affected states' SACWIS programs resulting in unnecessary risk of project failure and/or unnecessary expenses that could be mitigated by modern data transmission, sharing, and cleanup initiatives. This requirement is impractical and should be eliminated especially given the dire fiscal circumstances states are currently facing. Upon the naming of a new ACF Undersecretary, OCFS will arrange to meet with this person to present our SACWIS issues and seek a positive resolution.

Relief for New York State (Legislative/Policy)

- DHHS/ACF has indicated that NYS may face a significant fiscal disallowance if it fails to achieve SACWIS compliance. DHHS/ACF must be convinced that the benefits arising over the past 15 years from NYS' current statewide child welfare system (CONNECTIONS) more than outweigh the amount of the federal financial participation received by NYS. On December 12, 2007, the Office of Children and Family Services (OCFS) provided DHHS/ACF with a business case that documents that every dollar spent on CONNECTIONS resulted in \$2.92 in benefits. OCFS contends that there should be no disallowance assessed against NYS for SACWIS non-compliance due to the benefits supported by the CONNECTIONS system such as the reduction of Average Length of Stay in Foster Care, improved case management functionality, decreased overdue child protective investigations, and many other operational and programmatic improvements. Upon the naming of a new ACF Undersecretary, OCFS will arrange to meet with this person to present our SACWIS issues and seek a positive resolution.

Title IV-B, Subpart 2 – Safe and Stable Families (Earmark/Appropriations)

Funding for this program, which supports important services for families involved in the child welfare system that prevent or reduce the need for foster care, should be increased. At a minimum, the level of funding should be maintained. The current House Appropriations bill would reduce the discretionary funding for this program by \$15 million. In addition, DHHS/ACF regulations currently require that a specified portion of the Title IV-B, Subpart 2 funds be spent on each of the five eligible services categories. States should be provided greater flexibility to spend these capped child welfare prevention dollars in the manner that best suits each states needs. OCFS staff will continue advocating for title IV-B flexibility with our Congressional delegation and with our human services advocacy groups.

Re-establishment of Title IV-E waiver authority (Legislative/Policy)

Previously, Title IV-E child welfare waivers allowed states the ability to test new approaches to child welfare. With the challenging fiscal times all states and the federal government are now facing, it is important to re-establish authority for Title IV-E waivers so that states to develop creative and innovative ways to provide federally-required child welfare services without being impeded by prescriptive federal statute and regulation. This may not be necessary of a reform of child welfare finance is realized in the 111th Congress.

Elimination of 25 bed limit under Title IV-E for publicly operated facilities (Legislative/Policy)

Given the challenging fiscal times, states should be able to receive Title IV-E funding for eligible youth in public facilities regardless of the size of the facilities. The current 25 bed limitation on Title IV-E funding for publicly operated facilities unnecessarily precludes states from operating larger facilities that might result in a lower cost per child due to economies of scale. Applying a cap on the number of beds in public facilities that does not apply to private facilities is an unfair disincentive to the states, especially when tied with the other stringent Title IV-E eligibility criteria and the AFDC look-back date tied to 1996 income levels. This initiative is part of a child welfare finance strategy with Congressman Rangel's office.

McKinney-Vento Homeless Prevention Act Reauthorization (Legislative/Policy)

On May 20, 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance programs. The bill was included as part of the Helping Families Save Their Homes Act. The McKinney-Vento reauthorization provisions are identical to those included in two bills introduced earlier in 2009, both known as the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The Senate bill (S. 808) was introduced by Senators Jack Reed (D-RI), Kit Bond (R-MO), and 11 other Senators. The House bill (H.R. 1877) was introduced by Representatives Gwen Moore (D-WI), Judy Biggert (R-IL), and 5 other House Members.

The HEARTH Act will provide communities with new resources and better tools to prevent and end homelessness. The legislation:

- Increases priority on homeless families with children, by providing new resources for rapid re-housing programs, designating funding to permanently house families, and ensuring that families are included in the chronic homelessness initiative.
- Significantly increases resources to prevent homelessness for people who are at risk of homelessness, doubled up, living in hotels, or in other precarious housing situations through the Emergency Solutions Grant program.
- Continues to provide incentives for developing permanent supportive housing and provides dedicated funding for permanent housing renewals.
- Grants rural communities greater flexibility in utilizing McKinney funds.
- Modestly expands the definition of homelessness to include people who are losing their housing in the next 14 days and who lack resources or support networks to obtain housing, as well as families and youth who are persistently unstable and lack independent housing and will continue to do so. The effort to include disadvantaged youth was spearheaded by many human services organizations. OCFs staff was involved in the advocacy for this new law.

Title IV-E Eligibility and Child and Family Services Reviews (Legislative/Policy)

The case samples for the Title IV-E eligibility reviews should better reflect the number of children in the state that receive Title IV-E funding. Congress also should consider permitting a state that is the subject of a fiscal penalty (disallowance) as a result of a primary or secondary Title IV-E foster care eligibility review or a Child and Family Services Review to reinvest the penalty dollars to correct deficiencies and to support the state's other efforts and initiatives to improve its child welfare system. This will be addressed in the overarching child welfare finance reform legislation that is promised to be introduced in the second half of the 111th Congress.

AmeriCorps – (Legislative/Policy)

Congress should consider allowing states to spend any unused funding for prior member service years to extend current year member service applications. AmeriCorps has received additional funding through the American Recovery and Reinvestment Act (ARRA). These funds must be encumbered by September 30, 2010. Because of ARRA increases, this is not an optimal time to pursue this request.

Title IV-B Maintenance of Effort (MOE): (Legislative/Policy)

States should be allowed to use the same state funds for child welfare services to meet both TANF MOE and Title IV-B, Subpart 2 MOE requirements similar to the ability to use state funds for child care services to meet both the TANF MOE and CCDF MOE.

Child Care Market Rates (Legislative/Policy)

DHHS/ACF CCDF regulation, 45 CFR 98.43, requires states to determine market rates for child care providers based on a biennial survey of child care providers. Conducting the market rate survey is time consuming, labor intensive and expensive for states. There are other federally acceptable measures of economic cost/inflation measures available to all states. These measures, such as the consumer price index (CPI), are updated on a periodic basis and could be used to update rates between surveys while allowing states to conduct the market rate survey every four years. DHHS/ACF should eliminate the regulatory requirement to conduct a biennial survey and allow states the option to conduct the market rate survey every four years while using other federally acceptable economic cost/inflation measures such as the CPI between surveys. This is part of an overall strategy with Congressman Rangel's office.

Limited English Proficiency (Earmark/Appropriations)

Congress should provide additional funds to support the mandated activities in Title VI of the Civil Rights Act of 1964 and defined in Executive Order 13166. The services mandated for persons with limited English proficiency include, but are not limited to, interpretation, translation services, translation materials, equipment, and bi-lingual staff. Of the 50 states, NYS has the second largest percentage of foreign-born residents. Many of these residents are persons with limited English proficiency. NYS is also concerned about providing language assistance services to hearing and visually impaired individuals so that these individuals have meaningful access to services and benefits. The Civil Rights Act prohibits all programs that receive federal funds from denying participation in, or benefits, to individuals due to their national origin.

Adoption Incentives Formula: (Legislative/Policy)

Although Congress addressed a different baseline year in HR 6893, the Fostering Connections to Success Act, it should reconsider revising the formula for incentives to the states for finalizing the adoptions of foster children who are freed for adoption. The current formula is based on the total number of foster children who are adopted, which penalizes states that have a reduction in that number because their overall foster care populations have been reduced. NYS proposes an alternative measure using the percentage of children in an admission cohort whose most recent permanency goal is adoption ("eligible children") who are discharged from foster care to adoption within two years of entering foster care. Each state would be expected to increase the proportion of eligible children discharged to finalized adoption within two years of admission by 5% each year over the previous year's performance. All states that meet or exceed the expected 5% performance target in a given year would receive federal incentive monies for that year. The amount of the available federal incentive monies a state receives would be based on the proportion of eligible children in that state compared to the total number of eligible children in all of the states eligible for an award. In addition, OCFS would not be supportive of language that would change the match rate from an open ended funding stream to a capped federal allocation. This request will be part of an overall strategy that OCFS is working on with Congressman Rangel's office.

Limitations on Administrative Costs: (Legislative/Policy)

The DRA limits Title IV-E reimbursement for administrative costs on behalf of children who are living with relatives who have not been finally approved as foster parents. This is inconsistent with the provisions in Title IV-E regulatory language that relatives should be granted a priority in foster care placements and that case management activities are provided for all foster children regardless of whether they are receiving Title IV-E funds. As with other disincentives created by the DRA, OCFS has informed NYS' Congressional delegation of the effects on the state. We can add this to the list of items we wish to see in the child

welfare finance reform legislation promised to the states by Senator Baucus' office during the second half of the 111th Congress.

Adam Walsh Act Prescriptive Language Fix (Legislative/Policy)

States should have the flexibility to opt-out of the federal history criminal background check requirements and reinstate the systems they had in place to protect children from predators without eliminating the possibility of placement with certain family members. OCFS, New York City and California tried unsuccessfully to garner support in Congress to maintain the opt-out provisions. OCFS staff, along with Governor Paterson's Washington, DC office, New York City's lobbyist and the lobbyist for the California Child Welfare Directors' Association advocated strongly with the Center for Missing and Exploited Children to articulate our concerns that certain families would be prohibited from caring for their relatives' children if the prescriptive language in the law is not addressed. To date, the Center is as equally concerned as Congress members are that any changes in law could allow for inappropriate placements of children. It was decided that this small coalition could collect data that would support our position and request for a legislative action to permit the "opt-out" in our two states alone.

Social Services Block Grant (SSBG) (Earmark/Appropriations)

Congress should consider restoring funding for the SSBG to its original authorized amount of \$2.38 billion. At a minimum, appropriations for the SSBG should not be reduced below the current \$1.7 billion. The previous administration proposed a \$500 million cut for three consecutive years to this program.

Chafee National Youth in Transition Database (Earmark/Appropriations)

DHHS/ACF has enacted a rule to require that states begin October 1, 2010 tracking and reporting data and outcomes on current and former foster youth at ages 17, 19 and 21. Fiscal penalties may be assessed against states that do not attain the required participation rates for current and former foster youth. Funding should be appropriated to support the significant changes that need to be made to states' computer systems and to pay incentives to former foster children to participate in the required data collection.

Appendix "C"

2009 Health Services Plan

**New York State Plan for Health Oversight and Coordination
Fostering Connections and Increasing Adoptions Act**

Health Care Services Plan

OCFS has in place comprehensive regulations governing the required medical examinations, and other assessments, and the periodicity of those examinations and assessments, for children entering and remaining in foster care, or upon discharge from foster care. All such regulations and implementing policies and procedures have been developed in consultation and collaboration with the New York State Department of Health (the Title XIX agency).

OCFS regulations at 18 NYCRR 441.22 set forth the required periodicity of health examinations/assessments and the requirements for follow-up treatment as needed. The regulations also set forth requirements for periodic HIV assessment of foster children. Each authorized agency must maintain a continuing individual medical, developmental, mental health and dental history within the foster child's case record. OCFS regulations at 18 NYCRR 357.3 address the exchange of health history and status of every child in foster care, with the foster parent or with the authorized caregiver when the child is in congregate care.

In collaboration with New York State's Title XIX agency (the Department of Health), OCFS is in the process of amending the regulations at 18 NYCRR 441.22, so that the periodicity schedule will match the most current version of the American Academy of Pediatrics: Recommendations for Preventive Pediatric Care.

As of March 7, 2008 (Build 18.9) New York State's SACWIS system, CONNECTIONS, added a Health Services Module and caseworkers or medical staff of the authorized agency are required to document, periodic examinations and assessments, and other health related information.

The CONNECTIONS Health Services Module has been designed to provide a systematic and organized presentation of the general health history and other critical health information pertinent to a child being served through the child welfare system. The Health Services Module is not intended to be a comprehensive health record or a substitute for the medical records maintained by the social services district, authorized agency, or the child's medical provider. External documentation that is maintained outside of the on-line system includes: copies of lab tests, physician forms, immunization records, medical consent forms, psychiatric evaluations, copies of referrals to medical providers, and so on.

The Health Services Module fulfills several purposes:

- Primarily, it allows the child's case manager, case planner, associated caseworker, agency nurse, or health care coordinator easy access to the most critical health information for the child.
- The module also provides an overview of the status of required health activities, such as routine health evaluations and HIV risk assessments.
- Certain diagnoses recorded in the module are captured by the OCFS Data Warehouse for mandated federal AFCARS reports.
- Data from the health services module can inform authorized agencies and OCFS of important trends and issues related to the health of children in foster care.



The Health Services Module contains:

Child Health, including:

- Current allergies, medications*, and durable medical equipment with start and end dates, as applicable;
- All overnight hospitalizations while the child is in foster care;
- To the extent known, overnight hospitalizations prior to foster care which are related to chronic health conditions or conditions that led to the child's removal;
- After hours agency health contact, as applicable;
- Primary care or medical home provider.

* One of the elements recorded in the CONNECTIONS Health Services Module is child specific medications. Information regarding prescription or over-the-counter medications can be recorded via a Medication Search function. In order to search to find medications the worker enters either the first 3 characters of a medication name or an exact drug name. Search results are obtained from listings of the Food and Drug Administration. The listings are updated monthly by the system. Search Results include Drug Name and Active Ingredients. After selecting a medication, the worker can also record information regarding the condition for which a medication has been prescribed, Start Date, and End Date for the medication. This functionality allows caseworkers to have an up-to-date reliable selection from which to choose, and allows for consistent entry and reliable monitoring on an individual and aggregate basis.

Clinical Appointments, including:

- Initial assessments in five domains (physical/medical, dental, developmental, mental health, and substance abuse for children 10 years of age and older) for each child who enters foster care;
- Periodic well-child care (physical/medical domain);
- Periodic preventive care (dental);
- "Immunizations up to date" indicator for initial and well-child physical/medical appointments;
- Discharge exam;
- The initial diagnosis of a chronic health condition;
- All "emergency care" and "crisis intervention" appointments;
- Provider name and address for all appointments entered.

Early Intervention, including:

- Early Intervention referral date for all children under age 3 in an indicated CPS case;
- All other fields as applicable for referred children;
- Information on this tab must be entered prior to the child's 4th birthday.

Biological Family Health, including:

- Hereditary conditions and allergies of the child's biological family;
- Information on the biological family's health history that could impact the child's current or future health;
- Information on the biological mother's pregnancy for this child;
- Parent's cause of death, if applicable.

HIV Risk Assessment, including:

- All risk assessments completed for children in foster care;
- Test date and results for newborn screening and confidential HIV tests.

CONNECTIONS provides for generating a summary of health information through the use of the Child Health History Report and Child Health Summary Report. The **Child Health History Report** is comprehensive and includes all current and previous health information compiled from the information recorded on the Clinical Appointments, HIV Risk Assessments, Early Intervention services, Biological Family Health as well as Child Health information such as medications, allergies, hospitalizations and durable medical equipment. The **Child Health Summary** report displays active and current information in the Health Services Module. These reports are useful for the child's foster parents and also for the child's parents, especially at discharge, and other uses.

Planned for later in 2009, caseworkers will be provided with cues on a new report, called the Open Caseload Inquiry (OCI) that in part advises of periodic health exams and other health-related activities coming due and overdue. The OCI report will help workers manage their workloads and meet regulatory and policy requirements in this area. The OCI Report is an on-line report that can be run by the worker at any time. Coming-due / overdue health cues will be generated for all children in foster care. Listed below are the specific cues to be included in the OCI.

- Determination of capacity to consent and HIV risk are due
- Determination of capacity to consent and HIV risk are overdue
- Child has **no** capacity to consent. HIV Testing is due
- Child has capacity to consent. HIV Testing is due
- HIV risk reassessment is due
- HIV risk reassessment is overdue
- Initial physical/medical assessment due
- Initial physical/medical assessment overdue
- Dental assessment is due
- Dental assessment is overdue
- Mental health assessment is due
- Mental health assessment is overdue
- Early intervention referral is overdue
- Schedule physical/medical exam for Well Child
- Physical/medical exam for Well Child is due

In addition, information from the Health Services Module can be used to pre-fill the Permanency Hearing Report (PHR) provided to the Family Court prior to each permanency hearing, at eight months from removal and every six months thereafter, allowing the Family Court to monitor the foster child's medical conditions, if any, and associated health care. The PHR includes information for the Family Court concerning chronic conditions, developmental delays, mental health diagnoses, serious injuries and hospitalizations, current medications, as well as most recent appointments, as applicable, for child's physical, dental, vision screening, hearing screening and mental health appointments and indicates if the child's immunizations are up-to-date. Recommended follow-up treatment or any other recommendations are also included, as is a follow-up health and mental health treatment plan for children being discharged from foster care.

Schedule for Initial and Follow-up Health Screenings/Regulatory Updates

OCFS has commenced the process of revising 18 NYCRR 441.22 "Health Services" to clarify certain requirements and to update them to reflect the schedule for initial and follow up health screens established by the American Association of Pediatrics (AAP). The regulations will reflect an emphasis on the comprehensive health and developmental history including assessment of both physical and mental health development; vision; hearing; and substance abuse assessment. Finally, time frames for examinations will be:

- for children aged 0-1 year: at 3-5 days; 1 month; 2 months; 4 months; 6 months; 9 months;
- for children aged 1-3 years: at 12 months; 15 months; 18 months; 24 months; 30 months; 3 years; and;
- for children aged 4-21 years: annually through age 18

Medicaid Assistance for Youth being discharged from Foster Care

Chapter 58 of the Laws of 2008 amended New York State Social Services Law to provide Medicaid coverage to youth under the age of 21 who were in foster care on or after their 18th birthday. OCFS, in collaboration with the Department of Health (DOH), has developed procedures for supporting this continuing access to Medicaid. The OCFS-DOH team has developed mandated letters to be given to youth being discharged from foster care with clear instructions and contact information on how to maintain their Medicaid status. The three letters have been developed for New York City youth, youth in local district custody outside of New York City and impacted youth being released from OCFS facilities. Computer information systems modifications support have been developed and tested. DOH has issued a General Information System alert and an Administrative Directive concerning this new law and the related procedures. The desired result of this collaborative work is enhanced access to health care and coordination and continuity of services for youth.

“Working Together” Health Services for Children in Foster Care Manual

[http://www.ocfs.state.ny.us/main/sppd/health_services/manual/Working Together_Health_Services_Manual_2009.pdf](http://www.ocfs.state.ny.us/main/sppd/health_services/manual/Working_Together_Health_Services_Manual_2009.pdf)

In consultation with pediatricians and national health care experts and resources, the best interest of assessing, diagnosing, and treating youth in foster care have been developed and are monitored by local districts social services. The following associations, physicians, and other health professional resources have been utilized in the development of the “Working Together” Health Services for Children in Foster Care Manual:

Dr. Michael Cohen, Medical Director of OCFS, Board Certified Paediatrician

American Academy of Pediatrics (AAP)

American Academy of Child and Adolescent Psychiatry (AACAP)

www.aacap.org

Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents
www.brightfutures.org

Growth and Development Charts
www.kidshealth.org/parent/growth/growth_charts.html

New York State Department of Health www.health.state.ny.us

HIV Clinical Resource, AIDS Institute www.hivguidelines.org

HIV Education and Training Programs:
www.health.state.ny.us/nysdoh/aids/overview.htm

*U.S. Department of Health and Human Services and
SAMHSA's National Clearinghouse for Drug and Alcohol Information*
www.health.org

Screening and Assessing Adolescents for Substance Use Disorders
Treatment Improvement Protocol (TIP) Series 31
www.health.org/govpubs/BKD306

Treatment and Adolescents with Substance Use Disorders
Treatment Improvement Protocol (TIP) Series 32
www.health.org/govpubs/BKD307

OCFS also consulted with a number of other state wide experts in the area to develop the "Working Together Health Care for Children in Foster Care Manual" (table of contents follows) and planning for the effective health planning and coordination of services. A representation of most of the contributing OCFS and local district staff follows:

John Stupp, Assistant Deputy Counsel, OCFS
Gail Charlson, NYS Department of Health
Barbara Bode, Salvation Army Social Services for Children
Marian Donaldson, Westchester County Department of Social Services
Robin Epstein, NYC Administration for Children's Services
Joanne Favat, Herkimer County Department of Social Services
Cheryl Flanigan, OCFS, Albany Regional Office
Jeanette Friedrich, Rockland County Department of Social Services
Corinne Geller, Association to Benefit Children, Variety House
Ronald Gerhard, Parson's Child and Family Center
Michele Ingro, House of the Good Shepherd
Pamela Martindale, Washington County Department of Social Services
Paul Mann, NYS OCFS, Buffalo Regional Office
Eileen Nihan, NYC Administration for Children's Services
Sandi Sanzo, Broome County Department of Social Services
Susan Sherlock, Rockland County Department of Social Services

Carol Shapiro, NYS OCFS, NYC Regional Office
Ken Skinner, Council of Family and Child Caring Agencies
Linda Spriggs, St. Christopher-Ottolie Services for Families and Children
Fran Stasik, Onondaga County Department of Social Services
Heidi Soucis, St. Lawrence County Department of Social Services
Hee Sun Yu, NYC Administration for Children’s Services

Valuable input has also been provided by the Foster Care Youth Leadership and Advisory team “Youth in Progress” (YIP). YIP has hosted regional “speak outs” and discussed issues surrounding health care and continuity of health services for youth in foster care and youth in transition.

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Appendix E: Local Procedures and Forms

The entire manual is downloadable on the OCFS website

[http://www.ocfs.state.ny.us/main/sppd/health_services/manual/Working Together_Health_Services_Manual_2009.pdf](http://www.ocfs.state.ny.us/main/sppd/health_services/manual/Working_Together_Health_Services_Manual_2009.pdf)

“Medical Home”

"Working Together" also delineates and provides rationale for the establishment of continuity of medical care and a medical home. Chapter 4 “Health Care Coordination” Accessibility to Services uses the guidelines expressed by the APA in selecting a medical home. This is further stated in the NYCRR 418 NYCRR 441.22 (k) “Health Services”; 18 NYCRR 428.3 (4) (ii) “Uniform Case Record Requirements” and again in 5 90 ADM-21 Foster Care: Medical Services for Children in Foster Care.

Prescription Medications; Psychotropic Medications

The oversight of prescription medicines is described in Chapter 5 of the “Working Together” Manual and is supported by 08-OCFS-INF-02 “The Use of Psychiatric Medications for Children and Youth in Placement; Authority to Consent to Medical Care.” The purpose of this Informational Letter (INF) and the Manual chapter is to provide guidance on the safe and appropriate use of psychiatric medications for children and youth in the custody of OCFS, local social services district commissioners or voluntary agencies who have been placed in an out-of-home setting. The guidance presented is consistent with current research and professional publications that address psychiatric medication and children. For further information, a list of references is included in this document. The INF also provides information on the authority to provide routine and informed consent for medical care of children in placement. The INF was developed following an extensive review of the literature of research and writings of nationally recognized experts in the medical and mental health fields. The review and analysis was a collaborative effort involving OCFS policy, medical, mental health and program staff; along with such staff from the New York Office of Mental Health and DOH.

In addition to the experts listed above OCFS also has consulted with pediatricians Dr. Suanne Kowal-Connelly and Dr. Lucy Weinstein, who have expertise in child abuse. Dr. Weinstein also has expertise on health and safety and does consultant work for the Nassau County Dept. of Health. Together the pediatricians developed a curriculum on psychotropic medications.

“Psychotropic Medications and their use in the Treatment of Mental Health in Children” and is presented in all regions of the state on contractual agreement. In 2008 across New York State there were 13 offerings with 362 attendees.

The objectives of the training are:

- To become acquainted with general principles of medication administration
- To distinguish the symptoms of different mental health disorders in children and adolescents
- To gain familiarity with the different medications used to treat mental health problems in children and adolescents
- To identify how youth in care may be impacted by mental health problems and treatments
- To identify ways in which you can assist families and child care staff to provide optimal care for the youth on psychotropic medications
- To understand the role of psychotropic medication in youth’s treatment plan
- To appreciate the complexity of medication management with psychotropic drugs
- To understand the factors considered when deciding to initiate or modify a psychotropic medication treatment program

Foster Care Psychotropic Medication Use Review

Early in 2009, OCFS engaged Doctoral level researchers from SUNY Albany to examine the issue of psychotropic medication usage, an issue of great concern to OCFS and practitioners. The following is an executive summary of their findings. A manual of the complete review and reports is available.

A review of the literature on the prevalence of mental illness and psychotropic medication use among youth in foster care in the United States was performed to create this executive summary. Literature was compiled using academic search engines and reference lists from recently published literature on the topic. One theme that was repeated through the literature is that youth in foster care experience mental illness at a higher rate compared to youth not in foster care, even when being compared to youth from low income families receiving Medicaid or other government aid. This is not an unexpected finding due to the histories of abuse and neglect experienced by youth in foster care. Estimates of how many of these youth receive psychotropic medications ranged from a low of about 13.5% (Raghavan, Zima, Andersen, Leibowitz, Schuster & Landsverk, 2005) to a high of 43% (Ferguson, Glesener, & Raschick, 2006). The authors suggest, however, that these high rates of psychotropic medication use might not be inappropriate due to the high rates of mental illness in this population. Because this practice is common, however, does not mean that it should be taken lightly and it is recommended that states closely monitor what medications are being prescribed to determine their safety and the appropriateness of their use for each individual child.

Findings on the prevalence of mental illness in the United States were:

- Children in foster care were found to be three to 10 times more likely to receive a mental health diagnosis than children in the Aid to Families with Dependent Children (AFDC) program. Additionally, the children in foster care had 6.5 times more mental health claims, were 7.5 times more likely to be hospitalized for a mental health condition, and

had mental health expenditures that were 11.5 times greater than their AFDC peers (Harman, Childs, & Kelleher, 2000).

- Data from the Medicaid Managed Care (MMC) database, maintained by the Connecticut Department of Social Services, and MEDSTAT's MarketScan database, which compiles nationwide claims information from private health insurance plans of large employers were analyzed and revealed that the rate of psychotropic drug use was approximately double among Medicaid enrolled children. The rate of multiple psychotropic pharmacotherapy was also higher in the Medicaid population. While more Medicaid enrolled youth were given multiple psychotropic medications, fewer received outpatient mental health services (Martin, Sherwin, Stubbe, Van Hoof, Scahill, & Leslie, 2002).
- 6.5% of youth insured through Medicaid received mental health services compared to 62% of youth enrolled in Medicaid. The rate of mental illness among youths in foster care was 2.2 times higher than among youth receiving SSI and 16 times higher than youth receiving other aid (dosReis, Zito, Safer & Soeken, 2001).
- Out of a sample of 406 youth in foster care aged 17 years, 382 reported having used a mental health service in their lifetime. Out of the youth who received services, 25% (n=96) reported having first received a mental health service prior to entering foster care. 149 of the youth reported having a psychiatric disorder within the past year, and out of those youth, 91% (136) received a mental health service in the past year and 81% (120) were currently receiving a mental health service (McMillen, Scott, Zima, Ollie, Munson, & Spitznagel, 2004).
- A study using a nationally representative sample of youths who were subjects of reports of maltreatment investigated by child welfare agencies found that almost half (47.9%) of all youths scored in the clinical range on the Child Behavior Checklist. Despite this, only 15.8% of the sample was identified as receiving any mental health specialty services in the 12 months preceding the study (Burns, Phillips, Wagner, Barth, Kolko, Campbell, & Landsverk, 2004).

Findings on psychotropic medication use in the United States were:

- Children in state custody in Connecticut accounted for only 4.7 percent of the Medicaid population, but accounted for 17.8 percent of the psychotropic prescriptions filled (Martin, Van Hoof, Stubbe, Sherwin, & Scahill, 2003).
- Being in state custody was found to be the single strongest predictor of psychotropic drug use in the study (Martin, Van Hoof, Stubbe, Sherwin, & Scahill, 2003).
- Youth in foster care have been found to have a greater likelihood of receiving concomitant psychotropic medication. This is a concern due to the lack of rigorous systematic research on concomitant psychotropic medication use in children to support its use and to understand its potential risks (Safer, Zito, & dosReis, 2003).
- Among foster care enrollees, psychotropic medications were dispensed 25.8% of youths compared to the psychotropic medication rate of 7.4% for recipients of Temporary Assistance for Needy Families (TANF) and 6% for recipients of S-CHIP (Zito, Safer, Zuckerman, Gardner, & Soeken, 2005).

- Psychotropic medication use peaked in the 6 to 14 year age group for foster youth. Medication is prescribed about equally to both male and female youth in foster care. A total of 30% (n=94) of youth in foster care were found to be on some type of psychotherapeutic medication compared to 18% (n=137) of youth receiving SSI and 2% (n=238) of youth receiving other aid (dosReis, Zito, Safer & Soeken, 2001).
- Thirty percent of school age children in foster care were found to have taken a psychotropic medication in the previous year. This is almost three times the rate of psychotropic medication use for children receiving Medicaid. It is also three times the rate of medication use compared to larger samples of elementary school students. An additional 52% of foster youth were found to have clinical statuses that merited a medication evaluation but had not received one in the past year (Zima, Bussing, Crecelius, Kaufman, & Belin, 1999).
- Out of a sample of 406 17 year olds in foster care, 26% (n=106) reported receiving an antidepressant medication, 19% (n=77) reported receiving an antipsychotic, 18% (n=71) reported receiving an anti-manic medication, 8% (n=34) reported receiving a central nervous system stimulant, and 7% (n=28) reported receiving an anti-anxiety medication (McMillen, Scott, Zima, Ollie, Munson, & Spitznagel, 2004).
- An annual prevalence rate for the dispensing of psychotropic medication to foster youth in Texas was found to be 37.9% (n=12,189) (Zito, Safer, Sai, Gardner, Thomas, Coombes, Dubowsky, & Mendez-Lewis, 2008).
- Out of a sample of 472 foster youth receiving psychotropic medications, 27.5% (n=130) received only one medication, and the rest of the youth received two or more medications. The average number of medications per child was 2.55. More than half of the youth (n=263), including those in the 0-4 age bracket, received an atypical anti-psychotic (Zito, Safer, Sai, Gardner, Thomas, Coombes, Dubowsky, & Mendez-Lewis, 2008).
- 93% of the psychotropic medications prescribed were prescribed by psychiatrists, who tended to prescribe more antipsychotics and lithium, whereas primary care physicians tended to prescribe more anxiolytics and stimulants (Zito, Safer, Sai, Gardner, Thomas, Coombes, Dubowsky, & Mendez-Lewis, 2008).
- A study in Minnesota of 473 children in foster care found that 43% (n=202) received psychotropic medications. Out of those youth, a little more than half (n=108) received prescriptions from two or more drug categories, and nearly one-tenth (n=18) received drugs from four or more categories (though the authors were unable to determine whether the drugs were being administered concurrently). Antidepressants and stimulants were prescribed the most often (Ferguson, Glesener, & Raschick, 2006).
- A national study found that 13.5% of children in child welfare were taking psychotropic medications in 2001-2002. This makes the rate of medication use two to three times higher for children in a child welfare setting than those who are being treated in the community (Raghavan, Zima, Andersen, Leibowitz, Schuster & Landsverk, 2005).

Interagency Collaboratives on Health/Mental Health:

ACTION Collaborative: OCFS is pleased to participate in Governor David A. Paterson's Addictions Collaborative to Improve Outcomes for New York (ACTION) initiative to address alcohol, drug and gambling addictions that affect nearly 2.5 million New Yorkers. The Governor issued Executive Order No. 16 in 2009 to direct the partnership of 20 State agencies with non-profits and the private sector and coordinate addiction resources in the areas of public health, safety, welfare and education. The Council will focus on organizing various resources to better develop strategies that improve efforts to identify, treat and prevent addiction.

OASAS Commissioner Karen M. Carpenter-Palumbo said: "One in seven New Yorkers is dealing with a drug, alcohol or gambling problem. The ACTION initiative will help better coordinate State practices by using science-based approaches to treat addiction, reduce inefficiencies and increase positive outcomes. By working together, we can devise strategies to treat the entire range of problems, not just the addiction." Concerning children and youth, she noted that seventy-four percent (74%) of adjudicated youth placed in the custody of OCFS require substance abuse services.

"The Children's Plan: Improving the Social and Emotional Well Being of New York's Children and Their Families" (October 2008): Michael F. Hogan, PhD, Commissioner of the Office of Mental Health, and the heads of eight other New York State child-serving agencies, including OCFS, jointly submitted to Governor David A. Paterson and members of the Legislature New York's first Children's Plan to improve the social and emotional well being of New York's children and their families. The plan was written in accordance with the Children's Mental Health Act of 2006.

Key recommendations of the collaborative plan include:

- A focused attention to behavioral issues and emotional disturbance in settings such as pediatric offices, child care and schools, with mental health treatment in a back-up and support role;
- A shift toward more effective and less expensive early intervention and evidence-based preventive approaches, leading to a reduction in institutional costs; and
- The collaborative use of family-centered and parent-driven approaches.

Several key initiatives coming out of the plan will address the need for improved access to treatment and coordination of care for children in foster care.

Mental Health-Substance Abuse Co-occurring Disorders Task Force -Subcommittee on Youth and Adolescents: OCFS sits on this statewide committee, chaired by Dr. Stewart Gabel, Medical Director for the Division of Children and Families at the Office of Mental Health and Maria Morris-Groves, Adolescent Women and Children Services lead from the Office of Alcoholism and Substance Abuse Services. The Subcommittee on Youth and Adolescents was charged with making recommendations to improve the care of youth, adolescents and young adults in NYS who have a co-occurring disorder. The subcommittee's work builds on the principles of by providing recommendations for clinical and systems integration, and regulatory and fiscal changes. Fundamental to the work of the Subcommittee was the importance of shared decision making for youth and their families. We also know that early identification is important to the successful treatment and outcome of these disorders. For these reasons, the early identification, assessment and integrated treatment of youth with co-occurring disorders is

crucial to help prevent and diminish the incidence and severity of these problems in youth, with their attendant personal, familial and social consequences, and to help prevent their continuation into adulthood.

There were four workgroups: clinical; systems/fiscal and regulatory; youth and family; and accountability and data. Clinical work with youth requires differentiating their screening, assessment, and treatment needs from those of adults. Common themes are:

Youth being evaluated for mental health disorders should be screened for substance use problems and all youth being evaluated for substance use disorders should be screened for mental health problems using appropriate screening tool(s). Those who screen positive for these problems should have subsequent assessment using appropriate interview and/or assessment tools.

Screening also should be part of ongoing services provided by other appropriate agencies and professionals serving youth in other environments, e.g. health department clinics, doctors' offices, public schools, child welfare and foster care agencies, schools for youth with mental retardation and developmental disorders, probation offices, OCFS residential facilities and juvenile detention facilities.

Screening for both mental health disorders and substance use disorders should be repeated during transition periods in the youth's life, with changes in types or levels of care, or as needed based on the clinician's judgment.

Families and caregivers, along with youth, should be involved in the screening, assessment and treatment process in all cases unless there are compelling reasons to the contrary. Clinicians should be trained in techniques to better engage youth and families in the screening, assessment and treatment process.

Evidence based or evidence supported treatments should be the mainstays of treatment for youth with co-occurring disorders, although research is limited in this area.

Agencies and individual providers across child-serving agencies should be provided with training and guidance on how to obtain services for youth with co-occurring disorders.

Fetal Alcohol Spectrum Disorder (FASD) Inter-agency Workgroup: The mission of the Workgroup is to increase awareness and advance the effective prevention and treatment of Fetal Alcohol Spectrum Disorders (FASD) in New York State through interagency collaboration and coordination. In addition to working through interagency committees, each participating agency is empowered to examine its own policies, practices, regulations and laws, to determine how it can positively impact the goals of eliminating alcohol use during pregnancy and improving the lives of New Yorkers affected by prenatal alcohol exposure. The Workgroup has formed four subcommittees:

- 1) **Education & Awareness:** Mission: To increase public and professional awareness of FASD and further its prevention.
- 2) **Prevention & Prenatal Screening:** Mission: To decrease the number of women who drink alcohol during pregnancy.
- 3) **Diagnosis & Screening of Children:** Mission: To improve the quality and accessibility of diagnostic, screening and referral services for individuals with FASD.



4) Interventions & Treatment Services: Mission: To improve the quality, accessibility and continuity of treatment services and supports for individuals with FASD.

The work continues; among the accomplishments to date are:

- Website: <http://www.ccf.state.ny.us/Initiatives/FASDHome.htm>
- The publication and dissemination of : *Take Another Look : A Guide on Fetal Alcohol Spectrum Disorders for School Psychologists and Counselors*
- An FASD awareness poster contest
- An FASD informational and educational mailing project aimed at advance practice clinicians

Appendix "D"

**OCFS Native American Services Tribal Summer
Newsletter**

Native American Services Summer Bulletin

NATIVE AMERICAN HOUSING BLOCK GRANT

For further information contact your area Office of Native American Programs (ONAP) at <http://hud.gov/offices/pih/lh/codetalk/onap/map/nationalmap.cfm> regarding Native American Housing Block Grants funding notice which has a submittal **deadline of July 13, 2009 Mountain Time**. Copies of this Notice of Funding Availability (NOFA) can be found on HUD's website at <http://www.hud.gov/recovery>.

Link on grants.gov that provides a synopsis of the Native American Housing Block grants: <http://www07.grants.gov/search/synopsis.do;jsessionid=rL9gKvjFwcVQvCJp1cRTLktGVKKQsmCJHG2phVxdL3p8qTnnybsg!-1618952969>

Housing Stimulus Funding

Website: www.recovery.gov provides a "road map" for navigating through the various recovery programs and plans.

The next two links are to the www.recovery.gov website. The first one describes the competitive funding grants...the second one details the funding that is to be distributed on a formula basis.

http://www.recovery.gov/?q=content/program-plan&program_id=7769

http://www.recovery.gov/?q=content/program-plan&program_id=7768

New Federal "Fostering Connections" Law allows an Indian Nation to submit a plan for Independent Living programming.

The Chafee Foster Care Independence program allows a Tribe with a Title IV-E (State Tribal agreement) to receive a tribal allocation for Independent Living services for Indian youth aging out of foster care. On several occasions, we have had the opportunity to learn more about "Chafee" from our OCFS staff that ensures that we have current information on Independent Living services. Diana Fenton last provided us with information at a Tribal Consultation meeting last year and we hope to have her join us again soon as a guest speaker at either the Native American Family Services Commission meeting in September or the October OCFS Tribal Consultation meeting. Meanwhile, she has provided us with very detailed information on what eligible expenses can be provided under the Fostering connections legislation. This information has been forwarded to you along with many other funding announcements. Please read the information and feel free to contact our office if we can be of further assistance. Remember, the key point of the legislation is to ensure that efforts are made to coordinate the services so that they are available to Indian children in NY State on the same basis as other children aging out of foster care.



15th Annual New York State Adult Abuse Training Institute (AATI)

The AATI will be held September 16-17, 2009 at the Albany Marriott Hotel, sponsored by New York State Office of Children and Family Services.

We are looking for presentors for our panel on Native American Elders.

Native American Services will again be allotted 18 slots (2 per tribe) for participants to attend. Please submit your names by email to Joann.Maracle@ocfs.state.ny.us or call (716) 847-3123 by July 15, 2009. (There will be a waiting list established if you have more than 2 participants that wish to attend conference)

Save the Dates:

Native American Family Services Commission Meeting

September 23, 2009

9:30 a.m. to 12:30 p.m.

OCFS Native American Services

295 Main Street

Buffalo, NY 14203

Conference Rooms A & B

OCFS Tribal Consultation Meeting

October 15, 2009

St. Regis Mohawk Tribe

NAS Newsletter:

Our next quarterly newsletter will be issued in September. Please contact us if you have any announcements.

**Contact Native American Services with any inquiries at
(716) 847-3123**