

New York State's
FY 2010 – 2014 Final Report
And
FY 2015 - 2019 Child and Family Services Plan
Submitted
June 2014

Application for Funding:

- **Stephanie Tubbs Jones Child Welfare Services (CWS)...**
Title IV-B of the Social Security Act, Subpart 1
- **Promoting Safe and Stable Families (PSSF)...**
Title IV-B of the Social Security Act, Subpart 2
- **Chafee Foster Care Independence (CFCIP) and Education and Training Vouchers (ETV) Programs ...**

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Child and Family Services Plan - State

This year's Child and Family Services Plan (CFSP) includes the fifth and final update to the 2010-2014 CFSP which was originally submitted in June 2009, as well as the FYs 2015-2019 CFSP, with an integrated Child and Family Services Review (CFSR) process.

In New York State (NYS), services are locally administered through 58 social services districts (including the five boroughs of New York City), the St. Regis Mohawk Tribe (hereinafter included in the term social services district), and county youth bureaus. Additionally, state dollars are allocated to fund services at the community level. A framework of regulation, policy and procedures is established by the Office of Children and Family Services (OCFS) and operationalized by the 58 social services districts. While OCFS has responsibility for direct oversight of some services and program development, the daily responsibility to serve clients accessing the various services available within the social services environment rests with the social services districts. Approximately one-third of NYS's districts are considered rural. OCFS works with these districts to fund and provide services and programs to address the needs of these rural populations.

Planning in NYS continues to be a joint activity, with the focus of activity occurring in the social services districts and youth bureaus. OCFS' role is to provide guidance to assist social services district planning efforts, including youth bureau involvement, to reflect the goals and performance targets established. In partnership with those social services districts, NYS continues in the direction of achieving the various outcomes established within the CFSP. This partnership between the social services districts, youth bureaus, stakeholders, state agencies and OCFS is critical to the achievement of outcomes noted in the CFSP.

Described initiatives and activities in this document include those supported with federal Child Welfare Services funds (*Title IV-B, subpart 1, the Stephanie Tubbs Jones Child Welfare Services Program*); federal Child Abuse Prevention and Treatment funds (*CAPTA*); federal *Title IV-E funds*, including the application for and other information regarding the *Chafee Foster Care Independent Program; Runaway Homeless Youth Act; Child Care Development Fund; and other state and federal sources. Title IV-B, subpart 2 funds, Promoting Safe and Stable Families*, for providing service delivery of *family preservation, community-based family support, time-limited family reunification and adoption promotion and support*, as well as planning and service coordination, were requested and received by NYS. Additionally, the state does support various programs with other federal and state funds that by definition fall under these categories. This Plan is further evidence that NYS will take every opportunity to explore whether the State is eligible to receive such funds.

The Child and Family Services Plan (CFSP) and subsequent Annual Progress and Services Reports (APSR) are made available to: social services districts; other state agencies involved in major joint projects with OCFS; and the Indian Tribes. OCFS will provide specific notification to related providers on the availability of the Report. In addition, the public will have access to these documents through local social service districts.

The Child and Family Services Plan is made available on the OCFS website:

<http://www.ocfs.state.ny.us/main/reports/default.asp>

Child and Family Services Plans – Counties (County Plans)

All counties in the state are required to submit a single county plan from Local departments of social services (LDSS) and county Youth Bureaus. Counties were required to submit a new multi-year plan in the fall of 2011, effective January 1, 2012. Counties are then required to submit Annual Plan Updates through 2016. OCFS reviews and approves the plans, and in conjunction with the New York State Division of Criminal Justice Services (DCJS), Office of Probation and Correctional Alternatives (OPCA) approves the Person in Need of Supervision section.

Accomplishments for 2010-2014:

- OCFS has taken the feedback collected from the local districts and regional offices on past year's planning cycles and continued our efforts to streamline the submission and reporting requirements, which included an on-line Annual Plan Update process.
- New York State Division of Probation and Community Alternatives (DPCA) continues with its partnership to jointly review and approve the PINS Diversion Services Plan Component of the plan. The review and approval process was completed by way of phone conferences between OCFS staff and DPCA staff allowing for shared dialogue, coordinated review/approval of plans, and direct support to districts.
- OCFS has involved local districts, voluntary agencies, and cross departmental staff in the development, review, and approval of the county plans.

Child and Family Services Review

OCFS is currently planning and preparing for the next Child and Family Services Review (CFSR) that will occur in 2016. Staff will begin to design collection tools that will be used to gather additional data related to the systemic factors.

Title IV-E Plan

On September 25, 2012, NYS submitted an application for a Title IV-E Waiver which was accepted, and subsequently approved on September 30, 2013. On September 3, 2013, New York State submitted a Comprehensive Title IV-E State Plan in accordance with ACYF-CB-PI-13-05, issued April 17, 2013.

Federal Fiscal Year (FFY) 2010-2014 FINAL REPORT

NYS's assessment of the specific accomplishments and progress achieved during the last five years in meeting its identified goals and objectives for improved outcomes and a more comprehensive, coordinated, and effective child and family services continuum is listed on the following pages and organized by goal. This report framework, including goals, objectives, and service array will end with this report, and our FFY 2015-2019 CFSP will have new goals, objectives, service array and structure.

1. Assessment of Progress on Goals, Objectives, and Service Array by Goal

GOAL #1

FAMILIES, INCLUDING NUCLEAR, EXTENDED AND ADOPTIVE FAMILIES WILL BE STRENGTHENED AND SUPPORTED IN RAISING AND NURTURING THEIR CHILDREN; IN MAINTAINING THEIR CHILDREN'S CONNECTIONS TO THEIR HERITAGE; AND IN PLANNING FOR THEIR CHILDREN'S FUTURE

Primary Strategy: Infuse and implement family-centered principles into casework practice that promotes family engagement across all stages of the child welfare delivery system.

Goal: Increase the engagement of families in the assessments of needs and strengths, case planning and positive outcomes.

Primary Strategy: Redesign of the Statewide Information System.

Goal: NYS' Statewide Information System (CONNECTIONS) will be user-friendly and provide timely and accurate child welfare data.

Primary Strategy: Enhance training of voluntary agency staff participating in the Improved Outcomes for Children as initiated by the Administration for Children's Services.

Goal: Training will be provided to voluntary agency staff participating in ACS' Improve Outcomes for Children initiative.

ASSESSMENT OF NEED AND CURRENT STATUS

For 2010, foster care admissions declined 3.1 percent from 2009. In 2011 admissions declined 16.6 percent from 2010. In 2012, admissions declined 5.7 percent from 2011. In 2013, admissions declined 5.7 percent from 2012. The number of care days in foster care in 2013 also declined 5.6 percent compared to 2012.

An analysis of foster care admissions in 2013 data reveals that the two age cohorts most highly represented are children under the age of two (22.9 percent) and children age 14 -17 (30.3 percent). This reflects the same age cohorts as 2012. The percentage for admissions is as follows:

for the age group of 2-5 years is (19.0 percent), 6-9 years is (13.2 percent), 10-13 years is (13.7 percent), and 18 years and over is (0.9 percent). The older age group is most likely to come into care after contact with the juvenile justice system.

The percentage of foster care readmissions as a function of all admissions fluctuated between 10.6 percent and 13.5 percent. For 2010, readmissions were 10.6 percent. In 2011, the percentage of readmissions rose to 14.4 percent. For 2012, the percentage of readmissions was 14.0 percent reflecting a slight decrease from 2011. Readmissions for 2013 were 13.5 percent reflecting a slight decrease from 2012.

PERFORMANCE TARGETS

Lack of Recurrence of Child Abuse and Maltreatment (CAM)

A state meets the national standard for this indicator if, of all children who were victims of substantiated or indicated child abuse and/or neglect in the first six months of the reporting period, 94.6 percent or more children had no additional substantiated or indicated report within six months.

NEW YORK STATE PERFORMANCE:	2010	87.7%
	2011	87.8%
	2012	87.6%
	2013	88.3%

Data Source: NYS Child and Family Service Review Data Profile March 21, 2014

NY has averaged 87.7 percent for years 2010 – 2012, and achieved an 88.3 percent in 2013. This is an improvement of .70 percent from 2012.

STATE AND LOCAL ACTIVITIES FFY 2010-2014

Prevention Services Program

The OCFS Temporary Assistance for Needy Families (TANF) Prevention Program was created in response to the community needs throughout the State for resources to support community-based efforts that implement a wide range of services and program types that include:

- Comprehensive Intensive Prevention programs;
- Early Primary Prevention programs;
- Supervised Visitation programs for families experiencing domestic violence;
- Post-Adoption programs; and
- Regional Post Adoption and Permanency Centers.

TANF Prevention programs seek to prevent child abuse and maltreatment, and to keep children and youth out of foster care and other out-of-home placements, or enable them to be reunited with their caregiver earlier. Post-adoption funds support programs designed to:

- Stabilize adoption placements;
- Prevent dissolutions or disruptions, and
- Provide assistance to families so that children may be cared for in their homes or the homes of relatives.

TANF funding supported 48 preventive and post-adoption services programs statewide with approximately \$14.6 million from the SFY 2011-2012 and 2012-2013. Programs started in May 2012 and ended October 31, 2013. Fifty percent of the programs reported that they had identified alternate funding to continue services in full or in part.

Accomplishments for 2010-2014:

A review of the final program reports identified common themes and lessons learned, and provided recommendations to inform practice. Programs successfully engaged 4,548 adults and 6,290 children. Providers of comprehensive intensive preventive, youth development and kinship programs reported that 1,663 families at high risk of out-of-home placement successfully maintained their children safely in the home utilizing program supports. Post-adoption programs reported 623 post-adoptive families successfully maintained children in their care with no dissolutions, and that an additional 524 pre-adoptive families continued to work toward completion of the adoption while maintaining children safely in their home.

Common challenges include:

- Strong and continued relationships with LDSS is essential to receive adequate, appropriate and timely referrals to programs to assure utilization of services.
- One year funding created major challenges for many programs including difficulties in hiring and retaining staff, which affected program utilization.
- The need to educate service providers and referral sources, LDSS caseworkers, and mothers about the importance of father involvement in program and services. Fathers often feel negatively labeled and judged, creating a barrier to their engagement and participation.
- Lack of available transportation or assistance with transportation cost for families was a barrier to attendance/consistent participation for many programs.

Post-adoption and kinship programs shared the following insights:

- Kinship Caregivers and adoptive parents are often overwhelmed by crisis or anxiety regarding unmet needs. Many struggle with economic insufficiency and need continuous assistance with accessing affordable housing and financial assistance.
- Programs noted that a large number of families were identified who were in need of services but did not meet TANF eligibility requirements due to income.
- The complexity of clinical issues, including significant grief, trauma and identity issues for adolescents in adoptive homes.

- Adoptive parents need education about future developmental stages and what behaviors may arise. Adoptive parents realize the difficulty of these challenges after the adoption has been finalized and the agency and team are no longer involved.

Unmet Family and Community Needs:

Programs identified a continuing need for concrete services for families and assistance for families in accessing these services where they are available:

- Stable, affordable housing, housing advocacy and assistance to prevent eviction and homelessness.
- Childcare, including summer camps for school-aged children.
- Transportation to access needed services, especially in rural areas.
- Low or no cost pro social activities for youth and families.

Specific to Kinship and Adoptive Families:

- Rural areas lack adoptive services and support.
- Affordable, adoption competent mental health services in some areas.
- Free or low cost legal services for families facing custody battles.
- Tutoring and educational advocacy.
- Service gap for families with children with both mental health and developmental disabilities to advocate/negotiate between the systems to access needed services for their children.
- Gap in services for adopted children between the ages of 18 and 21 still in school.

Recommendations for Program:

In order to ensure adequate, timely and appropriate referrals and full program utilization, significant groundwork is required to identify, educate, and build relationships with key LDSS staff and other potential referral sources *prior to the start of the grant*, and to continue to nurture these relationships throughout the course of the contract. Suggestions include:

- Identifying key LDSS staff members to act as liaisons.
- Providing monthly program overviews/ Q&A sessions to be presented to LDSS for new staff and emerging community partners.
- Co-locating staff with or near the LDSS to increase visibility and referrals, and to improve integration with local services.
- Planning collaborative meetings, case conferences and cross training with other agencies.
- Making the program visible in the community with signage such as large banners or billboards.

Flexibility and accessibility are essential to successfully engage all family members in services. Some important strategies to consider are:

- Make services available at times and in places (home and community) where families can access them, including evening and weekend visits and family events.

- Make it clear to all stake holders that fathers' participation is not only welcome but essential and expected.
- Provide services in the participant's primary language.
- Structure expectations to include a definitive course of involvement with families at the outset of services, with at least monthly contacts.

Specific to Post Adoption and Kinship Programs:

- Opportunities for families to meet other families and network and provide support for each other and participate in support groups.
- Make families aware of an array of services and positive family activities through mailings.
- Training for adoptive and relative families should include information about all ages and developmental stages.

Recommendations for future program development:

- A minimum two year funding plan would be a more productive, better use of funds, even if this meant limiting the number of projects funded.
- Supervised visitation programs uniformly reported a high need/demand for services. These programs were well utilized and had wait lists. A comprehensive needs assessment of supervised visitation and therapeutic services for children exposed to domestic violence would be beneficial.
- There was an increase in reported incidents of teen relationship violence and a need for a competent, coordinated service response between law enforcement, schools and social service agencies.
- Make programs available to all families regardless of income level to eliminate stigma for those accessing services.
- Consider additional funding to provide pro-social activities for families and youth.
- Given the importance of outcome data, having a good instrument which is properly administered to measure program effectiveness should be a priority.
- Programs that were able to use funds to blend service enhancements with existing services were more successful, due to established relationships with community providers and LDSS and having existing staff to fill new roles.

Healthy Families New York (HFNY)

Based on the national Healthy Families America (HFA) model, Healthy Families New York (HFNY) is a community-based prevention program that seeks to improve the health and well-being of children at risk for abuse and neglect through the provision of intensive home visitation services. HFNY offers systematic assessment of pregnant women and new parents for risks that may lead to child abuse and poor health/ development outcomes. Specially trained paraprofessionals, who typically share the same language and cultural background as participating families, deliver home visitation services to families identified as being at high risk until the child reaches five or is enrolled in Head Start or kindergarten.

HFNY is administered by OCFS in partnership with Prevent Child Abuse New York (PCANY) and the Center for Human Services Research (CHSR) at SUNY Albany. The initiative is modeled after Healthy Families America (HFA), the most widely disseminated home visitation program in the nation. New York is one of a handful of states to have earned a HFA multi-site certification in a very rigorous credentialing process. All of the programs are located in high need areas.

Accomplishments for 2010-2014:

Between April 1, 2013 and March 31, 2014, there were 3,404 families assessed, 2,268 fathers have been involved in program services, and 5,306 families received 77,017 home visits. Since the HFNY program began in 1995, 32,558 families have been served and 1,031,206 home visits have been provided.

The enacted budget for 2013-2014 included \$23.3 million for the HFNY program. Accomplishments include continuation and exploration of additional funding streams for the HFNY Program. The programs will continue to add families as they serve their current caseload.

Our program engaged the NYS Office for the Prevention of Domestic Violence (OPDV) in training for HFNY staff. OPDV developed both a training curriculum and a train-the-trainer curriculum for our program staff. Approximately 50 percent of front line staff received direct training from OPDV. The remainder of the staff and new staff are trained by those HFNY staff trained in the curricula so that they can deliver the training on site and as needed. Currently we are beginning to work with OPDV on computer based training that will afford all staff access to safety planning training with families when domestic violence is present, as well as recognizing red flags that may indicate that intimate partner violence is occurring in the home.

As a general body of knowledge it is known that fathers play an important role in their children's healthy development. Fathers have an effect on children's cognitive development, school readiness, emotional well-being, and social development. As a system of service delivery, HFNY has focused on fathers' involvement in the program. HFNY employs some specialized staff that focus on fathers, the services that they need, and how to help them become more involved in their children's lives. Research has shown thus far that those families that have active father involvement are involved in the HFNY program longer, and have more home visits. HFNY held a successful fatherhood information summit in October 2013. Additionally, staff from the HFNY program and its administration, were invited to present on fatherhood work at the national Prevent Child Abuse America conference held in May 2014.

OCFS staff provides onsite and regional technical assistance and monitoring to the sites. During 2013-2014, monitoring visits were conducted to 21 programs and 20 quality assurance visits took place. OCFS staff focused their visits on the management of the program, community relationships, and ability of sites to meet HFA standards for providing quality home visits. OCFS staff reviews all of the sites' policy manuals and practices to determine if policies and practices are in compliance with New York State and HFA standards.

Over the past year, the Schuyler Center for Advocacy and Analysis has continued to bring together a group of OCFS, State Health Department (DOH), and local county health departments

and provider agencies to work towards developing a coordinated system of home visiting. It supports the idea that all new families in New York State should receive assistance from a system of support and services that promotes optimal health, mental health, family functioning and self-sufficiency. Work has focused on coordination of existing services and exploration of increased funding to expand services including HFNY funding, Medicaid funding, TANF Block grant and Community Optional Preventive Services (COPS) funding.

OCFS continues to work collaboratively with DOH to coordinate and expand home visiting services and assist localities to develop coordinated systems of care using the State's Maternal, Infant and Early Childhood Home Visiting Program formula based grant (MIECHV) through provisions in the health care freeform legislation, the Patient Protection and Affordable Care Act (H.R. 3590; Sec. 2951). During the past year OCFS has been working with HFNY programs in the Bronx (3) Kings (1) and in Erie County (1) to expand services to additional targeted areas. Expansion of these home visiting sites will provide us the opportunity to serve an additional 350 families in those counties.

The HFNY evaluation points to many positive health outcomes for participants including reduction of the incidence of low birth weight and increase in access to health care for both the mothers and infants. OCFS staff continues to inform local social services districts about the benefits of home visiting and available funding options by meeting with counties directly and by holding workshops where these policymaker's are present.

OCFS was contacted by the New York State Developmental Disability Planning Council (DDPC) and a proposal has been issued for a demonstration project for HFNY's programs to work with parents who have developmental disabilities to assist them in improving their parenting skills. Two HFNY programs are directly contracting with DDPC, and one program is working collaboratively with another agency who works exclusively with developmentally delayed clients. These projects ended in the Fall of 2013 and have provided information to both OCFS and DDPC on best practices and revised tools when working with families where parents have developmental delays. This information has been provided to the field.

HFNY has to look at its effectiveness in promoting children's academic adjustment and success. Our researchers have looked at data collected at baseline, birth, and at one, two, three and seven years post-birth. Based on our preliminary information it appears that children who had a higher percentage of levels where they received at least 75 percent of their expected visits were more likely to be in the group of children who excelled academically and were less likely to be in the group of children doing poorly academically. We will continue to look closely at this information to assist us when making policy and procedural decisions.

In 2013, HFNY was re-accredited by Healthy Families America. The purpose of Healthy Families America accreditation is to ensure that the Healthy Families America name, and programs using that name, represent a deep and abiding commitment to delivering the highest quality services possible and implement the program with fidelity to the national model.

The HFA model of service delivery is based upon 25 years of research regarding twelve Critical Elements and is committed to demonstrating consistent service implementation through the

Quality Assurance process. HFNY began the accreditation process in the Fall of 2011. The first step was for the Central Administration team to submit a self-study which included policies, data and various other elements of evidence. In early 2012, all 36 program sites were required to also submit a self-study regarding the 12 Critical Elements that drive service delivery.

Central Administration received a site visit from the national reviewers in March 2012, and was found to be in adherence to all of the required elements of governance, training, quality assurance and technical assistance. During the summer and Fall of 2012, ten HFNY program sites were chosen to receive visits by the national reviewers. Five sites passed without requiring any response to the accreditation panel, two with perfect scores. Five sites were required to develop and implement a plan to address their deficiency. Of these five, three sites had to respond to only one of the Critical Elements.

The review and required responses were completed at the end of July 2013. HFNY is now an HFA-accredited multi-site system which allows all of our 36 program sites and the Central Administration team to achieve accreditation status. The accreditation is valid for five years.

HFNY has been recognized by the national governing body as a leader of the HFA movement. Several members of the Central Administration team sit on national committees providing technical assistance to the national system on matters of evaluation, accreditation, policy development and system enhancement.

Family Assessment Response (FAR)

In 2007, the New York State Legislature enacted Chapter 452 of the Laws of 2007, which temporarily authorized the establishment of differential response (DR) programs in local departments of social services (LDSS) outside of New York City in order to provide a more flexible and effective response to families reported to the Statewide Central Register of Child Abuse and Maltreatment (SCR). OCFS developed strong partnerships with local districts, the American Humane Association (AHA), the Schuyler Center for Analysis and Advocacy, and the Casey Family Foundations to support New York's model development and implementation. After changes in their corporate mission, American Humane Association (AHA) withdrew as OCFS' provider of FAR implementation support. Fortunately, Butler Institute for Families at the University of Denver has joined the existing partnership and incorporated the former AHA FAR implementation support personnel into its operations, with no interruption of service to FAR county or state implementation efforts.

Accomplishments for 2010-2014:

Currently, 24 social services districts provide FAR. Since the beginning of FAR implementation in 2008, over 45,000 CPS familial reports have been assigned to FAR for their child protective response. The Family Assessment Response (FAR) program grew from six counties who pioneered FAR in 2008 to include eight Round two counties, and five Round 3 counties, four Round 4 counties, four Round 5 counties between September 2009 and December 2012. Since January of 2013, three new districts have implemented FAR and with other districts continuing to apply to OCFS for permission and support to implement and expand FAR. Since the

inception of FAR, seven districts have withdrawn from this voluntary program, primarily due to district-specific issues not related to FAR practice.

The law required that OCFS conduct an evaluation of the Differential Response initiative and submit to the Governor and the Legislature a final report presenting findings and recommendations. This report, with evaluation data, was submitted in January 2011, with an update published in May 2013.

Subsequent to the receipt of the final report, the Legislature unanimously passed Chapter 45 of the Laws of 2011, permanently authorizing OCFS to provide FAR as an alternative child protective response to allegations of maltreatment. New York City is no longer excluded and implemented FAR in Queens Zone B in January 2013. After almost a year of practicing FAR in Zone B, ACS expanded to include all zones in Queens. FAR regulations drafted with the input of participating FAR counties, were finalized after receiving public comments and have been sent to the New York State Register for posting.

Family Unification Program Demonstration (Department of Housing and Urban Development)

The Family Unification Program (FUP) is a federal initiative under the federal Department of Housing and Urban Development (HUD) which provides limited Section 8 assisted housing to families whose children are at risk of foster care placement or whose return to the family is delayed primarily due to a lack of adequate housing. Families must be certified as eligible for the service through the public child welfare agency, which in New York is the local department of social services. Eligibility in New York State parallels eligibility for mandated preventive services. HUD program rules require that the program include both public housing authority and public child welfare agency participation for locating, identifying and assisting eligible families. In New York State this involves the New York State Division of Housing and Community Renewal (DHCR) and its Section 8 Local Administrators and OCFS and its social services districts.

OCFS continues to work on improving the usage rate of existing FUP vouchers. As a result of the ongoing collaboration between OCFS and DHCR, the usage rate of available vouchers remains very high.

GOAL #2

**CHILDREN WHO ARE REMOVED FROM THEIR BIRTH FAMILIES
WILL BE AFFORDED STABILITY, CONTINUITY AND AN ENVIRONMENT
THAT SUPPORTS ALL ASPECTS OF THEIR DEVELOPMENT**

Primary Strategy: Continue collaboration with the Office of Court Administration to enhance court practice and share data.

Goal: Improve timeliness of adoptions and permanency for children in out-of-home placements.

Primary Strategy: Expand trauma informed practice in congregate care.

New York is committed to the continued expansion of trauma informed practice as a means to reduce and prevent abuse or maltreatment, as well as to reduce physical restraints in residential foster care settings.

Goal: Reduce the occurrence of abuse and maltreatment in foster care.

Primary Strategy: Improve Service Array.

Goal: Children have access to an array of services.

Primary Strategy: Expand recruitment of foster and adoptive parents.

Foster and adoptive parents play a critical role in providing permanency and wellbeing for children entrusted to their care. Local districts and agencies should establish and maintain a pool of qualified, ethnically and racially diverse foster/adoptive parents. To assist local districts and agencies with the challenges of recruitment, OCFS has a training contract that provides foster/adoptive family recruitment and retention technical assistance, consultation, and materials development to local districts and agencies. This contract is designed to support the on-going recruitment and retention of ethnically, racially, and culturally competent foster and adoptive parents.

Goal: There will be sufficient numbers of foster and adoptive parents that can care for sibling groups, adolescents and that reflect the race and ethnicity of the children coming into care.

ASSESSMENT OF NEED AND CURRENT STATUS

On December 31, 2013, there were 18,901 children in foster care in New York State. This was a 5.4 percent decrease from the census of 19,980 children in foster care on December 31, 2012.

As of December 31, 2013, there were 15,371, or 81.3 percent of children in care statewide were in foster family care, including approved relative foster homes. This number is a slight decrease from 2012.

In 2013, the population of foster children in approved relatives' foster homes was 4,356. This reflects a downward trend from 2012 when there were 4,830 children in approved relative's homes.

In 2013, there were 8,498 children in care within New York State who were part of a sibling group, a decrease from 9,193 in 2012. Of these children, in 2013, 44.1 percent (3,752) were separated from at least one other sibling in care. As of December 31, 2013, 19.2 percent (3,622)

of the children in care were in a placement outside of their county and 1.75 percent (330) was in a placement outside of New York State. Of these, kinship placements accounted for 11.5 percent of the out-of-county placements and 58.9 percent of the out-of-state placements.

Of the children in care on December 31, 2013, 52.8 percent had a Permanency Planning Goal of return to parent or guardian.

There were 2,067 children discharged to adoption in calendar year 2013, a percentage decrease of 8.6 percent from 2012 when 2,261 children were discharged to adoption.

Of all children in care on December 31, 2013, 27.8 percent had a Permanency Planning Goal (PPG) of Adoption. This is a slight increase (.3 percent) from last year.

There were 5,127 children in care on December 31, 2013, with the goal of adoption.

Of adoptions finalized during 2013, 71.8 percent of the children for whom ethnicity was known were minority children. This is a slight increase from 70.9 percent in 2012.

Of children discharged to adoption in 2013, 98.5 percent received a New York State adoption subsidy. This is a slight (.2 percent) increase from 98.7 percent in 2012.

Of all children with a goal of adoption on December 31, 2013, 28.0 percent were not freed after 12 months of having the goal.

Of all freed children, 43.8 percent were not placed within 12 months of being freed.

Of all placed children, 27.2 percent had not had their adoptions finalized after one year.

For children under eight years of age, discharged to adoption in 2013, the length of time from the establishment of the goal of adoption to discharge, was less than two years for 59.1 percent of these children, between two and three years for 22.5 percent, and over three years for 18.4 percent.

For children over the age of eight, the time between goal setting and discharge was less than two years for 35.5 percent of the children, two to three years for 21.7 percent and over three years for 42.7 percent.

Data in Goal 2 above comes from the 2013 NYS Monitoring and Analysis Profiles (MAPS)

PERFORMANCE TARGETS

Permanency Outcome 1: Placement Stability	
National Standard	101.5
Performance as Measured in Final Report/Source Data Period	108.1
Performance as Measured in Baseline/Source Data Period	109.7

New York State has achieved this outcome. New York State's target will be to maintain or better the national standard of 101.5. As of Federal Fiscal Year 2013, New York State's performance was 110.1.

STATE AND LOCAL ACTIVITIES FFY 2010-2014

The diversity of the situations and needs that have brought children into care requires a system of care that is both intricate and flexible. NYS led the nation in reforming the foster care system of decades past into a community-linked resource driven by permanency planning for each child. However, while the goals set in the 1970's have not changed, the stresses placed on the system by increasingly troubled families and children has required even greater energy and innovation.

Kinship Care

A central strategy for maintaining family and community ties for children requiring out-of-home care due to a lack of safety in their own homes is to promote the use of relatives as placement resources. NYS statute requires that judges direct social services districts to consider the availability of relatives as a placement resource, either as a direct custodian or foster parents, prior to placing a child in need of care in foster care with a non-relative.

As of March 31, 2014, more than 4,584 foster children are currently placed in foster care with a relative, which represents approximately 23 percent of the total foster care population. Effective April 1, 2011, New York State enacted legislation providing for a kinship guardianship assistance program as an alternative for children where return to their birthparents, or adoption is not the appropriate plan (see below). However, under Article 6 of the Family Court Act, relative custody or guardianship remains an option (without subsidy).

Utilizing approximately \$800,000 in state, TANF, and Community Based Child Abuse Prevention (CBCAP) funds, the *New York State Kinship Caregiver Program* allows programs to deliver a wide range of services that address the multiple needs of caregivers and the children in their care including:

Financial Stability	Home Visits	
Counseling	Legal Information	Support Groups
Respite	Case Management	

Eight community-based organizations deliver these services to caregivers in 11 counties and New York City. Families in "informal" kinship care as well as those that are in kinship foster care are eligible for services. It is estimated that over 8,000 families have been served since the program's inception.

As of the submission of this report, \$789,033 state, TANF, federal NCCAN funds have been allocated to support eight kinship programs in FY December 1, 2013–November 30, 2014. OCFS will ensure that the most families possible, in the highest need areas, will be served, with this funding.

Through a 2011 TANF Prevention/Post-Adoption RFP, OCFS was able to fund ten additional programs who served kinship families which began on May 1, 2012 and ended on October 31, 2013. Those programs served hundreds of families in 13 upstate counties and all of NYC.

The New York State Kinship Navigator Program is among the kinship-related programs funded through OCFS. Developed jointly by OCFS and lead agency Rochester Catholic Family Center, the program is designed to creatively assist kinship caregivers and the children in their care in all counties in gaining access to information and community support services. Any caregiver residing in any part of the State is able to utilize a toll-free phone line or website to identify kinship care-related services in their home locale. In addition, kinship specialists are available to assess caregiver needs and develop a plan of action. In 2013, the *NYS Kinship Navigator Program* had over 47,949 visits to their web site along with 3,779 caregivers and professionals on their phone line where more detailed kinship services were provided. Dozens of legal fact sheets are available on the website to assist families and professionals advocating for the rights and services for their families. Over 2,000 children reside in the homes of the caregivers who accessed the phone line.

Training and technical assistance was provided by OCFS to promote quality programs. Each of the eight Kinship Programs received a site visit in 2013, where OCFS staff interviewed staff and participants and reviewed records.

OCFS continues to partner with the New York State Office for the Aging. OCFS Executive staff met with advocates on several occasions in 2013. OCFS is a member of both the New York City and the New York State Kinship Coalition which are collaborations of public and private stakeholders responding to the needs of kinship families in New York State.

Accomplishments for 2010-2014:

The New York State Kinship Navigator, a statewide information and referral program operated by the Catholic Family Center and administered by OCFS, entered into agreements with Tioga, Broome, Orange, Ulster and Dutchess LDSS to collaborate in a federal Children's Bureau demonstration project. The basic purpose of the project is to keep children with kinship caregivers and out of foster care. The project demonstrates how the collaborative approach of county Child Welfare and Temporary Assistance for Needy Families program improves outcomes related to safety, permanency and well-being for the target population of children/youth and their kinship families. In addition to financial assistance and services provided by LDSS, families are referred to the Kinship Navigator for intake and referred to a local OCFS funded program providing services to Kinship families. The project is funded for three years and an evaluation is being conducted by SUNY Center for Human Services Research. OCFS continues to support this demonstration project.

In addition, during the contract year ending November 30, 2013, the New York State Kinship Navigator had 47,949 visits to their web site and assisted 3,779 caregivers.

OCFS staff participated in the 2013 Kinship Summit in Albany, New York, which was designed to improve services for children being raised by relatives. Participants ranged from policy makers, agency leadership, service providers, caregivers and youth were present.

During the contract year ending November 30, 2013, the eight OCFS funded Kinship programs served approximately 600 children and 312 families. In addition, program staff reported over 300 home visits and 64 support groups. Five of the eight Kinship programs received a program review and site visit.

In 2014, OCFS and the Office of Temporary and Disability Assistance (OTDA) held a training teleconference, “Addressing the Challenges of Supporting Kinship Caregivers” in an effort to educate local district staff, regional office staff, voluntary agencies and community-based organizations on Kinship benefits, options and challenges.

Kinship Guardianship Assistance Program (KinGAP)

As a result of the Foster Connections to Success and Increasing Adoptions Act of 2008, the federal government established financial and medical support for Kinship Guardianship arrangements for Title IV-E eligible children. The program was implemented in New York State on April 1, 2011, as a result of Part F of Chapter 58 of the Laws of 2010 (Chapter 58) entitled “Kinship Guardianship Assistance Program” (see §§458-a--458-f of the SSL). The program provides financial assistance, and in most cases medical coverage, to related caregivers who assume legal guardianship of children formerly under their care as foster children. The New York State program is available to both Title IV-E and non-IV-E children who meet state eligibility requirements.

Accomplishments for 2010-2014:

In the first two years of the program, OCFS provided significant support to districts and agencies to assist them in implementing this program. In 2013, the third year of the KinGAP program, OCFS continued its efforts to support and promote the KinGAP program through the following activities:

In 2013, OCFS completed the second annual report to the Governor and Legislature on the KinGAP Program, entitled *Report to the Governor and Legislature on the Kinship Guardianship Assistance Program (April 1 – December 31, 2012)*. The report can be found at: <http://www.ocfs.state.ny.us/kinship/reports.asp>

A special mailbox continues to receive questions regarding the Kinship Guardianship Assistance Program. Several social services districts and voluntary agencies have submitted questions over the past year, and most questions have progressed from basic to more case-specific as districts and agencies have worked on more KinGAP cases. The mailbox address is: KinGaphelp@dfa.state.ny.us

A computer-based Kinship Guardianship Assistance Program (KinGAP) eligibility course continues to be delivered by the Center for Development of Human Services (CDHS) in conjunction with OCFS.

OCFS revised a previous publication entitled *Know Your Options: Relatives Caring for Children* to include information about the KinGAP Program. This booklet now covers all the options

available to relatives to care for their kin, including permanency options if a reunification is not possible.

In 2013, OCFS revised the Tip Sheet that presents the systems activities in Child Care Review Service (CCRS), Welfare Management System (WMS), and CONNECTIONS that workers need to enter in a KinGAP case from the point of a KinGAP application being received to the discharge of the child and payment of the KinGAP assistance payment. This revision was based on feedback from counties using the instructions.

Bridges to Health (B2H) Home and Community-Based Services Medicaid Waiver

The B2H Medicaid Waiver Program provides expanded and enhanced services to children in foster care settings whose diagnosed conditions are sufficiently severe to warrant placement in a Medical institution were it not for the supports provided by the B2H waiver. B2H serves three eligibility groups of children in foster care—children with serious emotional disturbance, children with development disabilities, and children who are medically fragile—so that cross-systems issues can be better integrated. The program also serves their families; including birth parents, foster parents, pre-adoptive parents, and siblings. Once children are enrolled in the program, they may be eligible for B2H services until they are 21 years old, even if they have been discharged from foster or other care.

Accomplishments for 2010-2014:

OCFS continues to implement a multi-pronged approach to continuous quality management activities for the B2H Medicaid Waiver Program. The OCFS B2H Quality Management Strategy consists of the following: Health Care Integration Agency (HCIA) Annual Administrative Reviews; Regional Forums; LDSS Meetings; Satisfaction Surveys of Caregivers; and Audit and Quality Control reviews. Some of the major highlights of the B2H Quality Management accomplishments are detailed here:

- HCIA Annual Administrative Reviews: OCFS conducted 20 Annual Administrative Reviews in 2013 that consisted of the following activities: B2H policy and protocols review; interviews with key B2H staff; a review of B2H staff qualifications and training; a retrospective review of case records during this review period and a retrospective review of Team Meetings during this review period. The results of the reviews are provided to the HCIA; where necessary plans of corrective action are developed.
- OCFS conducted six regional forums throughout New York State in 2013, and an additional six forums in April 2014, with stakeholders to elicit feedback and identify challenges and issues that may have programmatic or policy implications for the B2H Medicaid Waiver Program. These discussions focused on the importance of developing enrollment and engagement strategies as early as possible, and identifying and utilizing communication opportunities as well as offering promising practices that have been noted thus far.
- B2H HCIA October 2013 Summit: The third statewide B2H Summit was held October 22-23, 2013, with over 120 representatives from all 20 HCIA's throughout New York State in attendance. The HCIA Summit was facilitated by Bureau of Waiver

Management (BWM) staff and Parsons Sidney Albert Training Institute and included the B2H HCIA representatives from the areas of B2H Administration, Health Care Integration, Waiver Service Provision and Quality Management. The summit featured a keynote from Charlie Applestein whose motto is “there’s no such thing as a bad kid!” In addition, OCFS focused on sharing of promising practices, development of solutions to challenges in the implementation of the B2H Waiver, and networking to share and promote collaboration and support. HCIA’s staff presented and participated in a question and answer panel, with breakout sessions that included the infusion of clinical support into the B2H framework of practice. The OCFS Bureau of Evaluation also provided an analysis of the 2012 Caregiver Survey and the B2H outcome evaluation. Feedback from the participant survey indicates that the summit was another huge success.

- B2H service providers are required to conduct satisfaction surveys of caregivers. In 2013, OCFS redesigned the caregiver survey to focus on the experiences of caregiver for children enrolled in B2H for three or more years. This included 619 children and youth and the survey response rate was 92 percent achieving survey responses from 522 families. Caregivers may complete the survey on-line and are asked to report on changes in the child’s functioning since enrolling in B2H, how the program has affected the caregiver, and whether the caregiver would recommend the program to other families with foster children with special needs. The overall results were very positive: families feel skilled at managing their child’s behavior and health problems and feel that they have become an effective advocate for their children. Families also reported that the B2H service provided treated their families with respect, met the child’s needs, and were well-coordinated. For 2014, OCFS anticipates using the same survey instrument to assess the experiences of our longest enrolled youth. In addition, OCFS is developing a survey to better ascertain the experience of B2H service providers.
- Evidence-Based Assessment Tools: In January of 2012, a new Child and Adolescent Needs and Strength (CANS) instrument was released entitled the CANS-NY and represents a joint venture between the OCFS and the New York State Office of Mental Health (OMH). CANS-NY includes a wider range of domains to better identify and address the multi-system needs of children and will serve as a guide in service planning. Dr. John Lyons, author of the CANS instrument, presented a series of Basic CANS Trainings across New York State throughout 2013. In addition, BWM and our training partner instituted a series of fourteen (14) sessions with the B2H provider community to identify a series of common strategies to support the full integrated implementation of CANS-NY. These strategies include the following: on-site peer support, HCI Supervisors on site expertise, review scores as linked to child and caregivers, full-time WSP’s completing CANS-NY certification, templates for supervision and case reviews, working with caregivers to demonstrate success, including the CANS in every team meeting agenda.
- Throughout 2013, OCFS sponsored the following trainings across the state to promote promising practices. Below is the number of attendees who participated:
 - Health Care Integration: 265
 - Waiver Service Providers: 3,890
 - Services Planning: 163
 - On-Line Modules: 4,632

- B2H Case Record Reviews: During 2013, OCFS completed a review of 429 case records to comply with federal requirements. These reviews included in-depth discussions with the HCIAs regarding findings to enhance service impact and verification that remediation of missing or incomplete information was completed. OCFS Bureau of Waiver Management Staff entered the case record results into an internal database for tracking and trending purposes.
- Compliance with federal HCBS regulations: In January 2014, CMS issued a set of new regulations regarding Home and Community-Based Waivers. OCFS and DOH are engaged in a series of discussions to verify compliance with the regulations.

New York State Medicaid Redesign Team (MRT) and Impact on B2H: The MRT developed a multiyear reform plan to change course of Medicaid spending while at the same time improving quality. Medicaid Redesign is premised on the idea that the only way to really control costs is to improve the health of program participants. The MRT action plan launched a series of innovative solutions designed to better manage care and reward providers that help keep people healthy. More than 200 initiatives were created as a result of MRT and include programmatic changes to the way health care is provided, reimbursed and managed to ensure that we are providing quality care in the most efficient manner including the enrollment of Medicaid recipients into Managed Care. OCFS and DOH are involved in a series of deliberations about how to leverage the Managed Care infrastructure to support the goals of B2H.

Close to Home (CTH)

In 2012, Governor Cuomo signed into law legislation authorizing New York City (NYC) to provide residential care to adjudicated delinquent youth who reside in the City. With approval of NYC's CTH Plan by OCFS, adjudicated youth whom judges have ordered to be placed in non-secure or limited-secure placement facilities were no longer to be placed into the custody of OCFS. The plan had two phases—phase one was the implementation of New York City's plan to build and run a system of residential care and re-entry services for youth placed non-secure and phase two is the implementation of a system for youth placed limited secure.

This historic legislation is transforming New York's juvenile justice system by authorizing NYC to provide a continuum of services with a wide range of program options in support of Governor Cuomo's vision of promoting public safety and more effectively serving youth and families. Like the OCFS reform plan, the City's plan is built on the principles of:

- being data informed;
- holding the system accountable to youth and their families, the courts, stakeholders, and the community;
- placing a priority on family and community involvement;
- relying on evidence-informed practices;
- emphasizing school achievement; and
- providing effective reintegration services.

OCFS set the foundation for CTH by being a leader in reducing over-reliance on residential services for adjudicated youth and in bringing new models of care to its residential facilities and

community programs, including the Sanctuary Model and the Missouri Model. OCFS has led New York in an unprecedented shift in thinking about the role that youth and families must play in the rehabilitation of young people, and the critical importance of community involvement. In addition, reducing the disproportionate representation of minorities and meeting the needs of LGBTQ youth and girls have become planning priorities for the OCFS and the City – issues that heretofore have not driven policy. CTH planning will be informed by the Brooklyn for Brooklyn initiative, which utilizes the Missouri model training for staff working with youth, and the New York model of milieu and treatment.

NYC has spent the last several years developing and implementing unprecedented juvenile justice reforms. These include the creation of a detention risk assessment instrument (RAI), which gives stakeholders scientifically-validated information about the risk level of individual youth to inform detention decisions, the creation of a network of community-based alternatives to detention, and the development of alternatives to placement programs through both the New York City's Administration for Children's Services (ACS) and the New York City Department of Probation (DOP).

These reforms have contributed to historic lows in detention utilization and placement into either ACS or OCFS custody. At the same time and equally important, serious juvenile crime has declined.

Phase one of CTH began on September 1, 2012. Youth from New York City who were in OCFS custody were transferred to ACS custody between September 2012 and May 2013, and all new delinquency non-secure placement (NSP) adjudications for New York City youth were placed in one of the new NSP programs. ACS contracted with voluntary agencies in New York City and Westchester to provide residential services, and contracted separately with agencies to provide evidence-based family-focused aftercare services.

OCFS was given statutory authority to provide oversight and monitoring of the CTH continuum, and created the Office of Close to Home Oversight and System Improvement (CTHO). CTHO reports to both the Division of Juvenile Justice and Opportunities for Youth (DJJOY) and the Division of Child Welfare and Community Services (CWCS) and is staffed by professionals who have field experience in both juvenile justice and child welfare settings. This groundbreaking collaborative approach reflects the values started by OCFS and carried forward by New York City — enhancing public safety by utilizing a therapeutic approach to placement and aftercare.

The oversight model for CTH focuses on:

1. Providing monitoring for adherence to regulatory requirements
2. Technical Assistance to ACS and Probation
3. Technical Assistance to Voluntary Agencies

CTHO monitoring activities include but are not limited to:

- Site visits
- Record reviews (on site and through desk audits)
- Data analysis (incidents, census, capacity)
- Interviews with staff, youth and families

- Meetings with ACS and with ACS and Voluntary Agencies
- Review of Institutional Abuse Allegations
- Data monitoring
- Visits by the Ombudsmen

CTHO technical assistance activities to city government partners include: guidance and support on data collection; risk measurement; systems development; placement infrastructure and program approaches including gender-responsive programming; intake and assessment; monitoring of mental health care; case management; documentation, and; aftercare.

Technical assistance to the voluntary includes guidance on State regulations, gender-responsive programming, mental health services, safety and security measures, and providing resources.

OCFS will be working closely with ACS over the next year to continue to strengthen the system of care for youth placed in non-secure settings. OCFS has been working closely with ACS and the DOP to plan for Phase Two of Close to Home—the assumption of placement responsibility by the City of New York for youth placed in limited secure facilities. The City will be finalizing their plan for limited secure placement and submitting it to OCFS for approval. OCFS will work with the City to implement their plan and will conduct similar monitoring for the implementation of limited secure placement and aftercare.

Institutional Abuse/Maltreatment Investigations (IAB)

Accomplishments 2010 - 2014:

In 2013, legislation created the Justice Center for the Protection of People with Special Needs (Justice Center), which assumed responsibility for the investigations of abuse and neglect of vulnerable persons in residential care. This legislation was effective on June 30, 2013.

The Justice Center has the sole authority to investigate all cases of institutional abuse in OCFS, OPWDD, OMH, OASAS, SED and DOH-operated and licensed facilities. Additionally, they have the authority to investigate institutional abuse in OCFS-licensed and certified agencies, however they may also delegate these types of reports for investigation to OCFS. Institutional child abuse and neglect reports are no longer reported to the Statewide Central Register of Child Abuse and Maltreatment (SCR). Any concerns regarding abuse or neglect of a child in residential care must be reported to the Vulnerable Persons Central Register (VPCR), which is under the jurisdiction of the Justice Center.

Once a case of abuse and neglect has been reported in the VPCR and assigned to OCFS by the Justice Center, OCFS will investigate the allegations and make a recommendation to the Justice Center regarding the determination. The Justice Center must approve all determinations recommended by OCFS.

Under the Protection of People with Special Needs Act, the Justice Center will make the final determinations on all IAB cases in OCFS operated, licensed or certified facilities. In those reports determined to be substantiated, OCFS, through its regional offices, continues to promote the development and implementation of appropriate and effective corrective action plans.

Additionally, it is necessary to establish in all cases (substantiated or unsubstantiated) whether a familial case must be registered at the SCR, whether a crime against a child may have occurred and whether a statutory or regulatory standard has been violated. In all circumstances, appropriate follow-up activity is required.

IAB investigators remain authorized to send letters of concern to those agencies that are found to have programmatic issues regardless of the individual case determination. Legislation enacted in 2008 enhanced these requirements.

Another new requirement under the Protection of People with Special Needs Act is that mandated reporters are now required to report significant incidents to the VPCR. Significant Incidents are defined as an incident, other than an incident of abuse or neglect that because of its severity or the sensitivity of the situation may result in, or has the reasonably foreseeable potential to result in, harm to the health, safety or welfare of a person receiving services. OCFS staff are required to investigate all significant incidents at voluntary agencies and to document the investigation and follow up on these incidents in the VPCR.

The tracking of reports of institutional abuse and neglect cases in residential settings is now tracked by the Justice Center through the VPCR. OCFS is working with the Justice Center to identify trends in types of allegations, reporting and determinations. OCFS, in conjunction with the Justice Center, will be analyzing data to support activities related to prevention and remediation efforts. This does not change the requirement that deaths of children in foster care must be reported to OCFS as well as cases where a physical determines that a foster child has had an injury that may cause death, serious disability or disfigurement. Also, the process for investigation of abuse or neglect in foster homes has not been changed.

OCFS made several enhancements to the Automated Restraint Tracking System (ARTS) in recent years. The data-base is a key component to our commitment to restraint reduction. The following enhancements were implemented: changed the ARTS reporting schedule from quarterly to monthly; a new electronic alert to ARTS users is generated on the last day of each month with a reminder to enter the agency's restraint data by the tenth day of the following month; and a new tab feature has been added that will allow an agency to request to update their designated ARTS user(s). As a result of the Close to Home initiative, modifications to the ARTS screen were made so that it is more consistent with the system currently used by the OCFS DJJOY to track restraints of youth in OCFS custody. Any update from an agency will generate an automatic email notifying the ARTS liaison in OCFS. OCFS efforts to encourage voluntary agencies to input information into ARTS have been ongoing.

The new legislation does not change the requirement that deaths of children in foster care must be reported to OCFS, as well as those cases where a child's physical determines that a foster child has had an injury that may cause death, serious disability or disfigurement. Also, the process for investigation of abuse or neglect in foster homes has not been changed.

GOAL #3

**VICTIMS OF FAMILY VIOLENCE, BOTH CHILD AND ADULT,
WILL BE AFFORDED THE SAFETY AND SUPPORT NECESSARY TO
ACHIEVE SELF-SUFFICIENCY (ADULT), AND/OR TO PROMOTE
THEIR CONTINUED GROWTH AND DEVELOPMENT (CHILD)**

ASSESSMENT OF NEED AND CURRENT STATUS

Local districts are required to provide emergency shelter and services to all victims of domestic violence regardless of financial eligibility.

All approved residential and non-residential domestic violence programs in the state are in compliance with the program regulations and offer the core services designed to provide safety and the supports needed to achieve self-sufficiency. New York State is fortunate to have a mandated funding stream and federal family violence funds to help support these initiatives.

PERFORMANCE TARGETS

In eleven counties CPS and DV staff will continue to implement a joint protocol to improve safety outcomes for families affected by child abuse/maltreatment and domestic violence.

Baseline: Eleven counties were funded to implement protocols to work jointly on cases with both domestic violence and child abuse/maltreatment in 2013. During the 2013 reporting period, approximately 2,065 families received specialized services through the CPS/DV collaboration projects. As follows:

- 247 families were visited jointly in the home
- 327 families were visited jointly outside of the home
- 1,323 were joint consultations

Outcomes:

- Of the reports indicated, in 90 percent of the cases the child (ren) remained safely with the non-offending parent.
- Of reports with unfounded allegations of child abuse or maltreatment, 88 percent of the families were able to access necessary supports and services.

Approved residential and non-residential services will be provided to adult victims of domestic violence and their children in an effort to offer safety and self-sufficiency options.

Baseline: In 2013, there were 162 domestic violence residential programs licensed by OCFS with a total 3,041 beds, and 87 approved non-residential programs.

- A total of 15,536 adults and children received domestic violence residential services.
- Approximately 41,600 adults and children received domestic violence non-residential services.

- A total of 608 adults and children entered domestic violence transitional housing.
- Approximately 194,800 Domestic Violence (DV) crisis/hotline calls were received by individual providers across the state.

All CPS workers in NYS receive mandated DV training in accordance with Section 17(g) of the Social Services Law.

Baseline: In 2013, 282 CPS workers were trained, for a total of 3,356 since its inception in 2005.

STATE AND LOCAL ACTIVITIES FFY 2010-2014

Domestic Violence Services

The prevention of and intervention in domestic violence is a central component of New York State's approach to preserving and strengthening families. After the passage of the State Domestic Violence Prevention Act of 1987 (Social Service Law Section 459-a et. seq.), OCFS completed a multitude of regulatory, funding and licensing initiatives which resulted in major changes in the way domestic violence programs are funded and services are provided to victims of domestic violence. Social services districts are required to refer victims of domestic violence, whether eligible or ineligible for public assistance, to available licensed residential programs and reimburse such programs on a per diem basis based on rates established by OCFS and approved by the New York State Division of the Budget. Social services districts are also required to provide non-residential services for victims of domestic violence directly or to purchase such services from a residential or non-residential domestic violence program. As a result, domestic violence programs, over a multi-year period, have become increasingly mainstreamed into the social services delivery system. These programs continue to offer the safety and support needed to assist victims of domestic violence and their children in becoming self-sufficient and living free of violence.

OCFS is responsible for funding, licensing, approving and monitoring these programs and providing the technical assistance needed to support quality and comprehensive services. This work requires on-going collaborative efforts with other state agencies, social services districts, service providers and domestic violence victims and their families.

Accomplishments for 2010-2014:

- Federal Family Violence Prevention and Services Act (FFVPSA) Funds – OCFS is responsible for administering FFVPSA funds, which are allocated to states from the federal government on an annual basis in accordance with a population driven formula. New York State receives approximately \$4 million annually, five percent of which supports OCFS administrative expenses. In 2014, FFVPSA funds were allocated equally to all approved residential and non-residential domestic violence programs in the state on a non-competitive basis. Each of the 93 applicants was eligible to receive an award of up to \$32,045. Funds are used to support general operating expenses, health and safety improvements, and/or program enhancements.

- Domestic Violence Information System (DVIS) – During 2013, the Domestic Violence Information System was used to support the statistical requirements of the mandated annual federal and state reports. The system has improved the accuracy and timeliness of the annual reports and makes related information more accessible to users and other stakeholders. DV providers are able to enter their data directly into the system. For New York City providers, who already report data to the Human Resources Administration (HRA), our data system was able to import data from the HRA system directly. County profiles were produced using the system. This information assisted the local social services districts in recognizing any areas which may be lacking and helped in planning and improving overall services for victims of domestic violence in their particular county.
- CPS/DV initiatives – During 2013, progress continued to be made towards improving safety outcomes for families experiencing both domestic violence and child abuse and maltreatment.
 - Eleven CPS/DV collaboration projects were funded in 2013. The collaborations have an out stationed domestic violence advocate at the local CPS office. To facilitate reporting outcome data, common outcomes were used by the projects.
 - A new curriculum for the training of CPS caseworkers, which is delivered by the Office for the Prevention of Domestic Violence (OPDV), was completed July of 2013. This was a joint effort that included OPDV training staff, OCFS training and program staff and Shellie Taggart, a nationally recognized consultant with expertise in domestic violence and child welfare. The new curriculum builds on the practice guidance documents OCFS has developed and posted at http://www.ocfs.state.ny.us/main/dv/child_welfare.asp.
 - David Mandel presented a two-day Safe and Together Model™ training for the OCFS-funded CPS/DV collaborations in June 2013. This training encouraged the CPS caseworkers to take a different approach when investigating CPS cases involving DV to improve outcomes for victims and their children. Attendees were shown how the non-offending parent's strengths and preventive strategies can be used to effectively implement a safety plan for the family and empower the adult victim. They also learned techniques for holding the offending parent accountable while supporting the victim and children.
 - David Mandel and his team trained staff at the Statewide Central Register for Child Abuse and Maltreatment Reporting (SCR) on how to use concepts from his Safe and Together Model™ when interviewing callers regarding DV situations. Holding the abuser accountable and exploring the non-offending parents' protective actions during the interview were stressed.
- Non-residential Programming – Additional efforts were made to support the network of non-residential domestic violence programs across the state. In 2013, county plan updates were reviewed by OCFS. Included in the plans are the appendices for approving non-residential domestic violence programs. In response to county plan reviews, home and regional office staff, together with local districts, addressed regulatory, contractual and best practice issues.
- Office of the Prevention of Domestic Violence (OPDV) Advisory Council - OCFS participated in the OPDV Advisory Council and related subcommittees.

- Hurricane Sandy Relief - OCFS was awarded a \$775,000 Hurricane Sandy Emergency Grant from the United States Department of Health and Human Services (DHHS). The purpose of these funds is to support domestic violence survivor needs resulting from displacement as a result of Hurricane Sandy. Also, as required by DHHS, \$100,000 of these funds was sub-allocated to the New York State Coalition against Domestic Violence to support training and technical assistance needs of disaster relief staff and volunteers, and domestic violence providers. These funds are available to licensed Residential and approved Non-Residential Domestic Violence providers, which currently receive FFVPSA funding from OCFS, and are located in one of the following counties, deemed impacted by Hurricane Sandy: the five boroughs of New York City (Manhattan, Bronx, Brooklyn, Staten Island and Queens), Kings, Nassau, New York, Orange, Putnam, Richmond, Rockland, Suffolk, Sullivan, Ulster, and Westchester.
- Domestic Violence Guidance Document - A domestic violence guidance document was developed for the Healthy Families New York home visiting program. Entitled "Working with Families Where There May be Domestic Violence," it provides guidance for home visiting staff on recognizing DV in a household and working with families who are experiencing DV.
- National Domestic Violence Awareness Month - On October 16, 2013, OCFS participated in New York State's "Shine the Light on Domestic Violence" Day in recognition of National Domestic Violence Awareness Month. The fifth annual OCFS "Purple Day" was conducted. All OCFS employees were encouraged to support domestic violence awareness by wearing purple to work and lobby lights in the OCFS buildings were purple for the week. Staff from the Domestic Violence Unit staffed display tables, answered questions, and disseminated literature.
- Technical Assistance - Technical assistance was provided through a variety of sources to all residential and non-residential domestic violence programs. Through its home and regional offices, OCFS staff provided on-site monitoring and technical assistance in program and policy development, as well as in licensing, financial and contract issues. OCFS often collaborates with staff from OTDA to assist with reimbursement and local district responsibility issues. Also, OCFS contracted with OPDV to provide training and technical assistance to local social service districts and providers. The effects of the technical assistance have included improved quality of services, improved documentation of program impacts, and improved coordination among stakeholders.
- New York State Domestic Violence Fatality Review Team - OCFS participated in the New York State Domestic Violence Fatality Review Team in 2013. Legislation signed by Governor Andrew M. Cuomo on October 25, 2012, established a Domestic Violence Fatality Review Team in New York State. This provision of the legislation took effect on April 23, 2013. The team is coordinated by OPDV and consists of a combination of representatives from state agencies as well as local agencies and systems. The team is tasked with examining domestic violence deaths in New York in an effort to improve the system's response to domestic violence.
- Pet Friendly DV Shelter - In 2013, OCFS approved a proposal for a trial of the first pet friendly DV shelter in New York State. The Urban Resource Center in Manhattan submitted the proposal and the plan includes a six month trial period for clients with small pets other than dogs and an additional six month trial that will include dogs. This is

an important new project because many DV victims are reluctant to leave abusive situations if they cannot take their pets with them.

GOAL #4

ADOLESCENTS IN FOSTER CARE
AND AT-RISK TEENS IN RECEIPT OF PUBLIC ASSISTANCE
WILL DEVELOP THE SOCIAL, EDUCATIONAL AND VOCATIONAL SKILLS
NECESSARY FOR SELF-SUFFICIENCY

Objective:

OCFS will increase the number of foster care youth and former foster care youth who will be able to make a successful transition to self-sufficiency and who will be able to develop into healthy, functional citizens with permanent attachments to supportive adults, families and communities.

ASSESSMENT OF NEED AND CURRENT STATUS

In 2013, the number of youth with a goal of Independent Living now called *Another Planned Living Arrangement with an adult resource* or APLA was 2,471 or 13.4 percent of the total number of children in care. This percentage is slightly higher than the percentage of children in care in 2012 with a goal of Independent Living.

Of the youth discharged from care during 2013, 1,289 or 12.6 percent were discharged to APLA. This represents a slight increase in percentage from the previous year of 12.2 percent.

The mean length of stay at time of discharge for youth with a goal of APLA is 6.4 years. This is a slight decrease of .2 percent from the previous year.

In 2013, 26.2 percent of the youth leaving care after their fourteenth birthday had spent three or more consecutive years in care. Thus, for these youth, their residential care experience extends over a period of time in their development when the acquisition of self-sufficiency skills is very important.

STATE AND LOCAL ACTIVITIES FFY 2010-2014

Independent Living Activities

The major efforts in 2010-2014 were geared to continue the implementation of the Chafee Foster Care Independence Act of 1999 (CFCIP), including the Chafee Education and Training Voucher Program, the Medicaid option available to states under Chafee, the new requirements for a transition plan under the Fostering Connections to Success and Increasing Adoptions Act of

2008, and new legislation under Chapter 342 permitting a former foster youth who exited care on a final discharge status at age 18, 19 or 20 to re-enter foster care under certain circumstances, provided the youth is under the age of 21.

As indicated earlier in the CFSP, the Close to Home initiative, which began in September 2012, has been transferring New York City youth in OCFS direct care, non-secure settings into the custody of New York City ACS. Through training and resource sharing, OCFS will continue to work with our local partners to prepare eligible youth to be equipped and ready as they prepare to transition to adulthood.

Accomplishments for 2010-2014:

New York State's Permanency legislation, Chapter 3 of the Laws of 2005, brought about many changes to laws that will affect adolescents. The law includes a requirement to provide life skills services to foster care youth beginning at age 14, regardless of the youth's permanency goal. Implementing OCFS regulations were initially filed on an emergency basis. These regulations became effective as final regulations on December 20, 2006. With these new regulations, the discharge-planning goal of independent living has been renamed "Discharge to another planned living arrangement with a permanency resource." This permanency planning goal is to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills and, upon discharge, connecting the youth with any needed community and/or specialized services. An adult permanency resource is a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and to assist the youth as the youth makes the transition from foster care to responsible adulthood.

The Chafee Foster Care Independence Act of 1999 provides individual states with the option of allowing young people to remain eligible for Medicaid up to the age of 21. New York State law was amended by Chapter 58 of the Laws of 2008 to provide Medicaid coverage to youth under age 21 who were in foster care on or after their eighteenth birthday without regard to an income or resource test. This provision became effective January 1, 2009.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008, (P.L. 110-351), which went into effect on October 7, 2008, includes requirements for a transition plan for youth age 18 and older exiting foster care. Implementing OCFS regulations were filed on an emergency regulations pertaining to the transition plan requirements. OCFS regulations require that whenever a child will remain in foster care on or after child's eighteenth birthday, the agency with case management, case planning or casework responsibility for the foster child must begin developing a transition plan with the child 180 days prior to the child's eighteenth birthday or, where the child is consenting to remain in foster care after his/her eighteenth birthday, 180 days prior to the child's scheduled discharge date. The transition plan must be completed 90 days prior to the scheduled discharge, and must be personalized at the direction of the child. The transition plan must include specific options on housing, health insurance, education, local opportunities for mentors, continuing support services, and work force supports and employment services. The transition plan must be as detailed as the foster child may elect.

On October 1, 2010, federal Title IV-E foster care reimbursement became available to otherwise eligible youth between the ages of 18 who remain in foster care. Most recently, New York State legislation, Chapter 342 of the Laws of 2010, which became effective November 11, 2010, permits a former foster youth who exited foster care on a final discharge status at age 18, 19 or 20 to re-enter foster care under certain circumstances, provided the youth is under the age of 21. Local departments of social services are now required to provide notice to such a youth that the youth has the right to request that the local department of social services petition the Family Court to return him/her to foster care provided he or she is under the age of 21. In addition, the notice must inform the youth that he or she also may petition the court to return to foster care. The local department of social services or youth petitioning the court must prove that no reasonable alternative to foster care exists.

DJJOY Bureau of Education and Transition Services (BETS) is working with the Stony Brook Adolescent Services Resource Network staff to retrain DJJOY staff in facilitating activities using a revised life skills “counselor’s” toolbox. The evidenced-based, strength-based Life Skills Training program will continue to be a core component of the OCFS residential treatment program. Additional life skills interventions will be identified and prescriptively provided for youth in OCFS direct care programs in partnership with the Adolescent Services Resource Network.

Two non-secure facilities were able to participate in a BETS sponsored training program in First Aid/CPR facilitated by New York State Red Cross. A total of 28 youth were able to receive a two year certificate.

DJJOY has made it a priority that youth in residential placement have opportunities to participate in leadership roles. Working with the Adolescent Services Resource Network, DJJOY will offer trainings to all residential facilities with an active youth councils in leadership development and advocacy for young adults.

Youth in DJJOY Facilities are able to participate in leadership conferences in the community in partnership with Adolescent Services Resource Network and Youth in Progress. DJJOY have selected five youth from three facilities to take part in a two day leadership conference at the White Eagle Conference Center with five staff as mentors/chaperones.

A practice guidance paper has been issued to provide social services districts and voluntary agencies, and DJJOY with a new framework for practice with adolescents to strengthen services to adolescents and improve their achievement of permanency. A tool for monitoring adolescent services has been revised and is being used by OCFS Regional Offices to help social services districts strengthen services to adolescents. The new practice framework recognizes for adolescents to achieve functional independence they must be provided with life skills development and a connection with at least one adult permanency resource to assist them after they are discharged from foster care. Older adolescents in foster care must continue to be provided with opportunities to identify adoption resources and obtain a permanent home. The new practice framework also recognizes that youth who are discharged from placement settings should be provided with resources to support them moving into the community.

On June 10, 2013, the Office issued 13-OCFS LCM-09 advising local social services districts of the process for applying for FFY 2013-2014 Education and Training Voucher program funds, the process of selecting program participants, and information on eligible expenditures and match requirements. The priorities for selecting eligible participants for the Education and Training Voucher program for FFY 2013-2014 were as follows: (1) First priority will be given to youth over the age of 21 who had received an ETV award in FFY 2012-2013 who continue to be enrolled in and attending a post-secondary educational or vocational training program and are making satisfactory progress toward completion of that program; (2) Second priority will be given to any other youth who received an ETV award in FFY 2012-2013; (3) Third priority will be given to youth who are 20 years of age and will be 21 by July 1, 2013, and who are enrolled in and attending a post-secondary educational or vocational training program and are making satisfactory progress toward completion of that program. These youth would not have received an ETV award in FFY 2012-2013; (4) Fourth priority will be given to youth who are 17, 18, 19 and 20 years of age who are enrolled in and attending a post-secondary educational or vocational training program and making satisfactory progress toward completion of that program.

A White Paper on: Educational Opportunities for Youth in Care has been developed which provides statistics, background and research information on the importance of enhancing post-secondary education and vocational training opportunities for youth in care.

Transition Plans

On August 26, 2009, an Administrative Directive, 09-OCFS-ADM-16 Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care was issued to districts and agencies transmitting the newly required Transition Plan Form. Districts and agencies are now required to document transition plans on the form for youth exiting foster care who are 18, 19 and 20 years of age. This new Transition Plan form is intended to assist districts and agencies in developing transition plans with youth that are youth driven and cover the areas that are required by law and regulations. The Transition Plan Form consists of two parts: Part One: Transition Plan Discussion and Part Two: Transition Plan Update and Summary. The questions on the Transition Plan Discussion form are intended to be used by a worker, over a period of time beginning 180 days before the youth's scheduled discharge from care, to engage and guide a youth in discussions about the youth's plans after leaving care. The Transition Plan Discussion form must be completed 90 days prior to the youth's scheduled discharge. Part Two: Update and Summary form provides a comprehensive snapshot of a youth's transition plans at 90 days prior to the youth's scheduled discharge. Training has been developed on the transition plan form and is being provided to districts and agencies.

Health Care Proxy

On September 17, 2010, OCFS issued an Administrative Directive, 10-OCFS-ADM-12 Health Care Proxy for Youth Transitioning Out of Care to districts and agencies advising them of the requirements of the Patient Protection and Affordable Care Act (P.L. 111-148) that prior to the youth's emancipation from foster care, the caseworker must develop a personalized transition plan as directed by the youth. Additionally, with regard to P.L. 111-148, New York State is required to insure that the transition plan, conducted during the 90 day period immediately prior to the date on which the child will turn 18 years of age, or such greater age as the title IV-E

agency may elect in accordance with section 475(8)(B)(iii) of the Act, include “information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law.”

Re-entry into Foster Care of Youth between 18 and 21

On March 3, 2011, OCFS issued an Administrative Directive, 11-OCFS-ADM-02 on Re-entry into Foster Care By former Foster Care Youth between the Ages of 18 and 21 advising districts and agencies of the provisions of Chapter 342 of the Laws of 2010. Districts are now required to provide notice to a youth transitioning out of care of his or her right to re-enter care. Chapter 342 became effective November 11, 2010. The notice must advise the youth that: (1) the application to return to foster care must be done within 24 months of the youth’s first final discharge, provided the youth is under the age of 21; (2) inform the youth that re-entry into foster care will only be available where the youth has no reasonable alternative to foster care and consents to enrollment in and attendance at an appropriate educational or vocational program, unless evidence is submitted that such enrollment or attendance is unnecessary or inappropriate, given the particular circumstances of the child; and (3) includes the name and contact information of the youth’s attorney.

The district may use the model written notice transmitted in the ADM or an alternative notice, as long as it includes the required information outlined above. The district must make every effort to provide notice to the youth in person. If this is not possible, the notice must be sent to the youth’s discharge address. Additionally, the Transition Plan has been revised to require local department of social services and agencies to document the date the youth was told about and given written notice of his or her right to re-enter care, and the name of the youth’s attorney and the attorney’s contact information. Since a youth is required to get a copy of his or her transition plan, the youth will be able to contact his or her attorney and/or worker to request to re-enter foster care.

Reproductive Health and Services for Youth in Foster Care

On September 1, 2011, OCFS issued 11-OCFS-09 ADM entitled Reproductive Health and Services for Youth in Foster Care. This ADM advised local departments of social services and voluntary authorized agencies of the requirements pertaining to reproductive health services for youth in foster care. This ADM also provided guidance and resources to assist LDSS and agencies to become more knowledgeable and competent in the provision of such services, including information on: relevant definitions, reproductive health services, required actions, training and resources. Attached to this ADM was the booklet, *A Medical Guide for Youth in Foster Care*. This booklet is a resource for youth in foster care.

Youth in Progress (YIP)

The Ongoing Goals of Youth In Progress are to:

- Raise public awareness of the experiences of youth in care;
- Increase youth involvement in all systems that touch their lives;
- Empower youth through the development of leadership and decision-making skills;
- Improve policies and practices to assist youth transition out of foster care; and
- Increase awareness, availability, and participation in services provided to youth transitioning out of care.

From 2003 to the present, YIP has achieved an impressive number of results including:

- co-writing a handbook for youth in foster care and enacting regional distribution plans for the handbook;
- holding regional speak-outs;
- participating in the development of videos regarding: the foster care youth handbook, clothing allowances, dispelling negative stereotypes, and maintaining sibling connections;
- developing a proposal on clothing in partnership with OCFS which was incorporated into an Informational Letter issued by OCFS to social services districts and authorized voluntary agencies on meeting the clothing needs of foster care youth ages 12 through 20 years of age;
- participating in local, statewide and national/events featuring Youth Voice;
- creating a Youth Leadership Academy to learn leadership and advocacy skills and work on annual goals to improve the system of care;
- developing a transition plan and best practice guidance in partnership with OCFS to help successful youth transitions; and
- creating youth voice questions to be used in foster boarding home assessments.

In addition, Youth In Progress in partnership with OCFS, develops informational resource guides for youth in care. To date, we have developed Need to Know pamphlets on: Kinship Guardianship Assistance Program (KinGAP), Planning for Your Transition to Self-Sufficiency, Adoption Rights for Foster Care Youth Who are 14 Years Old and Older, Housing, Preparing Youth for Success: Services for Foster Care Youth and Former Foster Care Youth, College and Vocational Planning, LGBTQ: Sexual Orientation Questions of Youth In Care, What is Youth In Progress (YIP), Pregnancy and Parenting Issues for Youth in Care, Privacy Issues for All Youth in Care, Clothing Allowance, Sibling Placement and Visitation/Seek/Secure: Supportive Adults and Permanency Resources, Getting a Job and Work Experience While in Care, Bullying, Check It: Mind, Body and Soul (Wellness: Nutrition, Health and Fitness), About Law Guardians, How to Share your Story Safely by Creating Boundaries, Counseling: What's the Scoop, Cyberbullying, Managing Your Money, Are You a Native American Youth In Care, Human Trafficking.

Youth In Progress members also meet with the Commissioner on a quarterly basis to share their experiences, challenges, and ideas for change.

Independent Living Program Data

The following pages provide information about the in-care population in receipt of Independent Living Services. The data is presented for 16-21 year olds and for the previously state-funded population 14-15 year olds. The data for 14-15 year olds includes only those children who have a goal of APLA. It does not capture information about other children who, because of the service needs identified, are receiving Independent Living Services, even though their primary goal is not Independent Living.

Children in Foster Care Receiving Independent Living Services

	Frequency	Percent
14	1,399	12.7
15	1,827	16.6
16	2,086	18.9
17	1,825	16.5
18	1,504	13.6
19	925	8.4
20	1,213	11.0
thru 21	257	2.3
Total	11,036	100.0

	Frequency	Percent
F	5,406	49.0
M	5,630	51.0
Total	11,036	100.0

	Frequency	Percent
Native Amer- Alaskan	41	.4
Asian	69	.6
African American	4,127	37.4
White	2,455	22.2

Unk	2,654	24.0
Latino	1,690	15.3
Total	11,036	100.0

	Frequency	Percent
ADOPTIVE HOME	1	.0
RUNAWAY SHELTER	9	.1
INSTITUTION	3,034	27.5
GROUP RESIDENCE	275	2.5
GROUP HOME	1,010	9.2
SILP	203	1.8
AOBH	281	2.5
FOSTER HOME	4,514	40.9
APPVD REL HOME	1,463	13.3
RTF	109	1.0
NON-SEC DET FAC	31	.3
SEC DET FAC	5	.0
CFR DEV CENTER	1	.0
ICF-DD	18	.2
VOL COMM RES	15	.1
PROP RES SCHOOL	7	.1
VOL RES SCHOOL	2	.0
UNION FREE SCHOOL	3	.0
PSYCH CENTER	1	.0
SUPERVISED LIV	4	.0

SUPPORTIVE LIV	1	.0
OTHER-NONSANC	45	.4
Total	11,032	100.0
System	4	.0
Total	11,036	100.0

	Frequency	Percent
UP TO 6 MOS.	1,868	16.9
7-12 MOS.	1,765	16.0
13-18 MOS.	1,060	9.6
19-24 MOS.	917	8.3
25-36 MOS.	1,262	11.4
37-48 MOS.	1,070	9.7
49-60 MOS.	810	7.3
61+ MOS.	2,284	20.7
Total	11,036	100.0

[For additional Independent Living Program information see CFCIP starting on page 127]

GOAL #5

**NATIVE AMERICAN FAMILIES, INCLUDING NUCLEAR, EXTENDED
AND ADOPTIVE FAMILIES WILL BE STRENGTHENED AND SUPPORTED
IN RAISING AND NURTURING THEIR CHILDREN; IN MAINTAINING THEIR
CHILDREN'S CONNECTIONS TO THEIR TRIBAL HERITAGE;
AND IN PLANNING FOR THEIR CHILDREN'S FUTURE**

ASSESSMENT OF NEED AND CURRENT STATUS

Based on a review of data collected on Native American children in out-of-home placement as of December 31, 2013, it was found that 108 children were found to be subject to the provisions of the Indian Child Welfare Act (ICWA). These children lived in various parts of New York State, both on and off reservation territories. The geographic breakdown of these placements is as follows: 42 percent of these placements were in the five Western New York counties adjacent to or near Indian Nation reservations (Tuscarora, Seneca, and Tonawanda Seneca Nations). An additional 20 percent of the placements were in three Central New York counties near the Onondaga and Oneida Indian Nation territories. The northern portion of New York State accounted for 43 percent of Native American out-of-home placements, with a majority of those placements on the St. Regis Mohawk Reservation. With the knowledge that our largest Native American population resides in the five boroughs of New York City and Long Island, we found 25 percent of the Native American placements in this area of the state. The total number of Native American placements represents .002 percent of the total foster care population of New York State.

During 2014, OCFS reviewed 108 of the 284 Native American cases. Fifteen of the Native American children achieved permanency by returning to their parents or through adoption. Of the 93 Native American children remaining in out-of-home placement, eight children required a higher level of care, including therapeutic foster homes or group home institutional settings. The remainder of the foster care placements is as follows; there are 43 in kinship placements and 42 in certified foster homes that were consistent with ICWA placement preferences.

OCFS is supporting this goal by involving tribal representatives in collaborative meetings with our administration, court personnel, and regional initiatives for Family Assessment Response (FAR) and Disproportionality Minority Representation (RECC) trainings and education. New York's Tribal staff has been invited to participate in CORE caseworker and other training opportunities to strengthen their skills in the child welfare field and to develop better partnerships with local districts involved in their communities. OCFS also continues to build strong networking activities among tribal staff through quarterly stakeholder meetings sponsored by the Native American Services Unit.

PERFORMANCE TARGETS

Indian Child Welfare

- Increase to 50 percent the number of Native American children who are placed in foster care families of the same ethnicity over a five year period.

Baseline: The number of Native American children who are placed in foster boarding homes or adoptive homes of Native American ethnicity in 2008.

2008: 29 Native American children of the 60 in placement (48.3 percent)

Data Analysis:

2009: 36 Native American children of the 73 in placement (49.3%)

2010: 35 Native American children of the 79 in placement (44.2%)

2011: 28 Native American children of the 45 in placement (58.8%)

2012: 40 Native American children of the 92 in placement (43.4%)

2013: 42 Native American children of the 93 in placement (45.1%)

Projected Targets:

2014: not below 50 percent *

*It is anticipated that the identification of Native American children will continue to increase based on ICWA trainings in 2013-2014. It is not known if the number of licensed Native American foster homes will meet such increase of identified Native American children. Improved preventive efforts and kinship placements may factor into the performance targets.

Placement of Native American children and youth in Native American homes and programs whenever possible remains a state policy. Some of the data reported in this target comes directly from the field including contacts with local districts in New York State. As demonstrated by the data, we have been successful in our efforts to increase the proper identification of Native American children. The data demonstrates a drop in placement resources that match the child's tribal heritage. Of the 93 Native American youth in placement, 43 were matched with placements to support their tribal heritage. An additional eight youth were placed in residential placements, which met their higher level of need. Factoring in the higher level of care required and the increased number of kinship placements, New York State is actually at 86 percent compliance rate in meeting ICWA requirements.

Some Native American children are not placed in Native American homes because of the type of placement required. These placements are often for youth and children with special needs. Some placements in non-Native homes have been reviewed by either tribal staff or Native American services agencies, which have approved the placements. These placements, as well as "relative or kinship placements" are included in the data above. It was also found that direct Tribal ICWA placements (11/11) were at 100 percent compliance in 2013 in placing Native American children in Native American placements. The specific training activities and quarterly stakeholder meetings have also strengthened the ability to serve tribal families under ICWA.

Data Source to measure progress for the performance target above: Data Warehouse and OCFS Native American Services Unit*

STATE AND LOCAL ACTIVITIES FFY 2010-2014

State/Tribal Relationship

The St. Regis Mohawk entered into a State/Tribal Agreement with the predecessor of OCFS in August 1993 that was effective April 1, 1994. That Agreement contained two specific components: legal terms and conditions; and a service plan for the provision of foster care, preventive services and adoption services. The plan contained in the Agreement outlines strategies to: reduce the need for foster care through intensive preventive services; increase recruitment and certification of foster homes on the Reservation; and promote the provision of foster care services in a way that maintains cultural and Tribal values and permit the earliest return of the child to natural family. Children freed for adoption will be placed in adoptive homes that will meet their personal and cultural needs. The delivery of child and adult protective services is addressed through an amendment to the State/Tribal Agreement and the tribe's updated services plan that became effective in April 2005. On-going meetings between the St. Regis Mohawk Tribe and OCFS to improve and expand services take place on a regular basis.

The St. Regis Mohawk Tribe also submits its Child and Family Services Plan (County Plan) and Annual Plan Updates (APU) to OCFS for approval. OCFS will maintain the New York State 2010-2014 Final Report and 2015-2019 CFSP on OCFS website, as well as make it available upon request.

The Seneca Nation of Indians and their various administrations have expressed an interest in improving their working relationship with local districts. OCFS Native American Services Unit has been involved in an ongoing dialogue regarding such a relationship. OCFS arranged for several training events to meet the needs identified by Seneca Nation. In 2002, the Seneca Nation developed and endorsed a tribal protocol for child protective services. Meetings between OCFS, local districts and Seneca Nation continue to refine this protocol and meet the child welfare staff development needs. OCFS also provided training to Seneca Nation of Indians to support the development of their tribally approved foster homes in 2014. The tribally approved foster homes are exclusively funded and regulated by the tribal nation, and service only those children under their jurisdiction. This was the result of collaborative efforts throughout 2013-2014.

The Seneca Nation Child and Family Services Program provide a variety of child welfare services including preventive and foster care services. In addition, Indian Health Services provides state-of-the-art health clinics on both Reservations. Mental health, alcohol and substance abuse, domestic violence, job training, Head Start and day care programs, Indian education, housing, and a senior nutrition program are provided through staff that spends time alternating between the Cattaraugus and Allegany Reservations. In 2013, the Seneca Nation Tribal Council established a process to certify tribal foster homes. To date, there are two Seneca families anticipating approval.

Onondaga Nation hired staff to support at-risk families on their tribal territory in 2010. They do not wish to enter into a formal agreement with the state at this time. The Onondaga County DSS has assigned a liaison to work directly with the tribe on ICWA cases. The Onondaga Nation Family Protective staff has participated in OCFS Core Training for caseworkers and other staff development trainings offered by OCFS. They also participate in OCFS quarterly trainings and Tribal Consultation meetings.

Although the Oneida Indian Nation no longer accepts federal Indian Child Welfare funding, it staffs a Family Services Program and has continued to work with Native American Services on ICWA issues. OCFS continues to include Oneida Nation in our training initiatives.

Neither Tuscarora Nation nor Tonawanda Seneca Nation accepts the available federal funding to operate ICWA programs on their reservations. In most instances, the Tribal Leadership, including clan mothers of these Nations, engage the services of OCFS Native American Specialist. The Specialist serves as a liaison to the local districts and courts, to support ICWA compliance.

Of the two Long Island Tribes, the Unkechaug Nation is not eligible to receive federal funds to operate ICWA programs. However, since the Shinnecock Nation received federally recognized tribal status in late 2010, OCFS has initiated dialogue to support their development of child welfare services. Most of the OCFS training initiatives on Long Island support the cultural needs of children from both tribes.

The interactions that take place through Native American Services (NAS) are complemented and strengthened by ongoing interactions between the social services districts, OCFS and those who provide services to Native Americans.

To support compliance with the Indian Child Welfare Act, an ICWA desk aid was developed by OCFS for use by local districts and voluntary agencies. Copies were distributed to the Indian Nations and OCFS Regional Offices. An update to include information on use of a Qualified Expert Witness was added to the desk aid along with an updated list of tribal contacts. In 2012 and 2013, the ICWA desk aid was updated to include the federally recognized status of the Shinnecock Nation and correct tribal contact information. The OCFS website also contains the ICWA desk aid.

A training DVD titled "ICWA: What Caseworkers Need to Know" was developed by OCFS and has been used extensively as a training tool. Three of the Tribal Nations participated in the filming and production of this DVD. The DVD has been shown as a part of 24 ICWA training events in New York State from 2013-14. In 2013, 126 caseworkers also viewed the DVD as part of our on-line training.

To continue efforts to improve child welfare services to Native American families, additional training events to focus on the Qualified Expert Witness provisions of ICWA were held in July and October 2013.

Description of Native American Population in New York State

The Native American population in New York State resides in every county across the State in urban and rural areas, with concentrations near urban areas and near reservations.

Approximately 10 percent of the Native American population resides on reservations. The Urban Centers are located in New York City, Buffalo and Niagara Falls, and Rochester. Available data also reports that over 40 percent of the Native Americans living in New York State resides in the five boroughs of New York City.

The Native Americans who live outside of the reservations seek services and social interaction at the Urban Centers or with other Indian Nations, if they are not located in close proximity to their own Tribe.

Native American Population in New York State as Reported by the Indian Nations/Tribes

Indian Nation	Reservation	Enrollment	Resident Population
IROQUOIS:			
Cayuga Nation of Indians	Seneca Falls Territory	507	40
Oneida Indian Nation	Oneida Nation Territory	1,000 *	500 *
Onondaga Nation	Onondaga Reservation	1,959 *	900 *
St. Regis Mohawk Tribe	St. Regis Mohawk	14,779	14,779
Seneca Nation of Indians	Allegany/Cattaraugus/Oil Springs (All Seneca Territories)	7,978	22,796
Tonawanda Band of Senecas	Tonawanda Reservation	1,100 *	600 *
Tuscarora Nation	Tuscarora Reservation	1,200 *	1,500 *
ALGONQUIN:			
Shinnecock Tribe	Shinnecock Reservation	250 *	500 *
Unkechaug Nation	Poospatuck Reservation	128 *	250 *

*Approximate estimates based on previous data. OCFS does not collect tribal census figures from these Indian nations.

St. Regis Mohawk Tribe

The St. Regis Mohawk territory, known as Akwesasne, "Land Where the Partridge Drums," is located in northern New York State and crosses the international border and the St. Lawrence River, extending into Canada. The St. Regis Mohawk Tribal Council is the duly-elected and recognized government of the Mohawk people. The Tribe provides comprehensive services to the community through 10 basic divisions: Education, Economic Development, Environment, Community and Family Services, Planning, Justice, Health, Office of the Aging and Department of Social Services.

Education programs include support for students enrolled in the public schools to encourage their continuation, Head Start, GED programs, higher education and vocational training, including college extension services and Workforce Investment Act Program services. Health Services include a medical clinic, a Dental Clinic, WIC, alcohol/chemical dependency program, Teen/Women Health program, nutrition services and mental health services, and a program to empower young mothers. Community and Family Services staff addresses the needs of developmentally disabled children, families and disabled residents in the community while maintaining the integrity of the Mohawk family unit. The Community and Family Services program provides respite services for families of the developmentally disabled and supportive apartments provide services to allow residents who are developmentally disabled to transition from home to a sheltered, independent environment. The Department of Social Services provide support services for families at risk of dissolution, providing a vital link to families while insuring the maintenance of cultural values. The social services programs provide intensive preventive, foster care, adoption, child protective services and adult protective services on the Reservation through the State/Tribal Agreement with OCFS. The St. Regis Mohawk Tribe has incorporated the Family Assessment Response (FAR) as an alternative approach to providing protection to children by focusing on engaging families in support services to increase their ability to care for their children. OCFS has licensed the tribally operated Awkesasne Youth Group Home to serve 12 at-risk Native American youth which also operates under the Tribe's Department of Social Services. The Tribe's Indian Child Welfare Act staff advocates for Mohawk children throughout New York State and the United States.

Seneca Nation

The Seneca Nation operates with an elected form of government. Elections for Tribal Council members and officers including President, Treasurer and Tribal Clerk occur every two years. The Seneca's judicial elections for Surrogate Judges, Peacemakers, and a Court of Appeals take place every two years opposite the general elections. Most judges serve four-year terms. The Tribal Council administers all Tribal programs on both the Cattaraugus and Allegany Reservations.

The Seneca Nation Child and Family Services Program provide a variety of child welfare services including preventive and foster care services. In addition, Indian Health Services provides state-of-the-art health clinics on both Reservations. Mental health, alcohol and substance abuse, domestic violence, job training, Head Start and day care programs, Indian education, housing, and a senior nutrition program are provided through staff that spends time alternating between the Cattaraugus and Allegany Reservations.

In addition to the above, the following Indian Nations or Indian organizations provide limited Indian Child Welfare services. Within New York State, all of Tribes/Nations receive Tribal notification letters.

Cayuga Nation

The Cayuga Nation operates a traditional form of government and provides limited ICWA services. When the Cayuga Nation receives official tribal notification they attend court proceedings involving minor Cayuga children entering foster care or being freed for adoption. OCFS Native American Services unit also distributes tribal annuity payments three times a year.

Onondaga Nation

The Onondaga Nation initiated a Family Protective Services program approximately three years ago. The tribal staff assigned to provide protective and support services to families residing on the Onondaga Nation territory, participate regularly on child welfare training offered by OCFS. The tribal staff also participates in quarterly workgroup meetings and OCFS Tribal Consultation Meetings.

Summary of Governmental Structures

The Indian Nations in New York State have adopted a number of different forms of governmental and administrative structures. There is interaction and consultation between these structures in the decision making process which also includes the Clan Mothers. This respect and inclusiveness of differences within the communities has an impact on the decision-making process.

Indian Nation/ Tribe	Governing Structure	Administrative
Cayuga Nation of Indians	Hereditary Chiefs	Council of Chiefs
Oneida Indian Nation	Tribal Appointment	Men's Council
Onondaga Nation	Hereditary Chiefs	Council of Chiefs
St. Regis Mohawk Tribe	Tribal Elections/Chiefs	Chiefs Council
Seneca Nation of Indians	Elections/ Tribal Council	Tribal Council with President
Tonawanda Band of Senecas	Hereditary Chiefs	Council of Chiefs
Tuscarora Nation	Hereditary Chiefs	Council of Chiefs
Shinnecock Tribe	Elections/Tribal Council	Tribal Council with Chairperson
Unkechaug Nation	Tribal Elections/Trustee	Trustees Elected to 1, 2, 3 year terms

ICWA Funding:

Three of the Indian Nations receive federal ICWA funds to provide Indian Child Welfare Services. The following outlines the Indian Nations/Reservations that operate ICWA programs and the counties that are included in their service area.

Indian Nation/Reservation**County Service Area**St. Regis Mohawk Tribe

Franklin, St. Lawrence counties

St. Regis Mohawk Reservation

primarily, but also statewide for Mohawk children

Seneca Nation of Indians

Erie, Cattaraugus and Chautauqua

Allegany Reservation

counties

Cattaraugus Reservation

Cayuga Nation

Cayuga members only, statewide,

Seneca Falls Territory

are served through administrative staff;
designated tribal territory Seneca FallsUrban Indian Centers

Local non-profit Urban Centers provide a wide range of programs, including job training, alcohol and substance abuse and services for the developmentally disabled. The New York City Urban Center programs include a Youth Council and Health Services. The Buffalo/Niagara Falls Urban Centers provide ICWA services, including preventive counseling, foster care recruitment and certification, intervention, AIDS training and outreach, a program for seniors, youth and cultural programs.

Since 1997, the Urban Indian Centers do not receive federal Indian Child Welfare Act funding, but do provide some support services to the following areas:

New York City	Queens, Bronx, Brooklyn, Manhattan, Staten Island, Nassau, Suffolk, Putnam, Westchester and Rockland counties.
Buffalo/Niagara Falls	Niagara, Erie counties (off-reservation)
Rochester	Orleans, Genesee, Wyoming, Livingston counties

The Buffalo Urban Center provides ICWA services including preventive counseling, foster care recruitment and certification, and intervention through a purchase of services contract with the local district.

Accomplishments for 2010–2014:

Throughout 2010-2014, the OCFS Native American Affairs Specialist met on a formal basis with various Tribal Representatives across New York. A formal protocol for regular and on-going dialogue and consultation with Tribal Leaders was established in 2002.

Native American Services (NAS) also continued hosting quarterly meetings of the Native American Family Services Commission, which provides consultation with tribal stakeholders in both urban and reservation areas throughout New York State. These meetings helped to develop the training initiatives, provide input into the CFSP Title IV-B plan and to strengthen service delivery to Native American children and families. The quarterly meetings provide an excellent forum to introduce other OCFS supported initiatives such as Court Collaboration, Protective Services for Adults, and Chaffee Independent Living Services to Tribal and agency staff who need program support to serve their respective Tribal and Urban Indian communities. More recently, two formal Tribal Consultation meetings were held in May and October 2013, with the OCFS CWCS Assistant Commissioner presiding.

In early 2013, OCFS developed “A Family’s Guide to ICWA” brochure for dissemination to families who may be in various Family Court proceedings. The first concentrated distribution of the brochure was in New York City courts and will support from the court’s LIFT (Legal Information for Families) advocates.

Another OCFS training initiative was accomplished in 2013. Three training events were held to highlight the ICWA requirement to utilize “Qualified Expert Witness” to provide testimony in removal and terminating of parental rights proceedings.

NAS has also been diligently involved in supporting OCFS Racial Equality and Cultural Competency and addressing Disproportionality Minority Representation in the foster care system.

ICWA signage was placed throughout New York City Courts in 2013. NAS has provided cultural competency trainings to various state agencies and local service providers.

In addition to these trainings, the Native American Specialist presented at the OCFS Leadership Forum addressing the local districts Directors of Services in September 2013. NAS also presented data examining Native American disproportionality at a peer learning event supported by Casey Family Programs in October 2013.

Site visits are conducted to Indian Reservations in New York by the Native American Affairs Specialist. The primary purpose of the site visits is to assess the needs of the Indian Nations and to address concerns related to the delivery of child welfare services.

From March 2013 – March 2014, OCFS participated in 18 site visits to seven of the nine Indian Nation territories. As a result of the site visits, child welfare protocols were strengthened, staff training needs were identified and family court personnel were introduced to tribal officials.

NAS continued to host quarterly meetings with Tribal and local district caseworkers in both urban and reservation settings. The primary purpose of these meetings was to support and improve compliance with the Indian Child Welfare Act. Such meetings were held in Buffalo in April and September 2013, Syracuse in June 2013, and at Shinnecock Indian Nation in December 2013. OCFS hosted the first 2014 quarterly meeting in Buffalo in April.

Also in 2013-2014, OCFS supported Indian Child Welfare compliance through trainings offered at various forums including local districts, voluntary agencies and OCFS regional meetings. Approximately 620 workers attended the various trainings, with an additional 126 caseworkers completing the on-line ICWA training in 2013.

OCFS also sponsored eight tribal representatives from three Tribal Nations to attend the Adult Abuse Training Institute in Albany on October 9-10, 2013, to strengthen Tribal Adult Protection programs.

NAS offered technical assistance and compliance support to over 275 calls for assistance on ICWA cases identified by the local districts, voluntary agencies and Tribal staff in 2013-2014. OCFS distributed over 370 desk aids and an additional 70 through April 2014.

In early 2013, OCFS developed and published “A Family’s Basic Guide to ICWA” brochure. This brochure was distributed to all nine Tribal Nations, Urban Native American Centers in Buffalo, Niagara Falls and New York City. The largest dissemination of the informational brochure was sent to New York City for use by the Legal Information for Families Today (LIFT) staff that provide advocacy in New York City’s Family courts. To date, over 1,800 brochures have been distributed.

During 2013, the NAS surveyed the Schools of Social work to gauge whether or not their curriculum included the Indian Child Welfare Act.

NAS has met and consulted with Casey Family Programs to help improve the data collection of Native American children in the statewide connections system.

Tribal Recruitment and Retention Activities

OCFS recognizes that the lack of certified Native American foster homes can hinder compliance with the Federal Indian Child Welfare Act. OCFS will continue to support recruitment efforts with Tribal Stakeholders.

In August 2013, the OCFS Native American Specialist and representatives of the Federal Region II Administration for Children met with Seneca Nation officials to discuss federal funding to support a tribal foster care recruitment program. In 2013, Seneca Nation Child and Family Services began recruitment of Seneca families. In 2013, 17 families applied for Tribal certification to become foster parents. In March 2014, OCFS provided a trainer to present an additional curriculum “Caring for our Own” to support the Nation’s recruitment efforts.

As the OCFS Native American Specialist provides ICWA training to local districts and regional consortiums in 2013-14, the importance of recruitment of Native American foster and adoptive families will be presented. More than half of the previous year’s trainings emphasized the need for recruitment of tribal families.

Results of CFSR, Title IV-E, Adoption and Foster Care Analysis and Reporting System (AFCARS) reviews, and Program Improvement Plans on CFSP goals and objectives

As part of our Child and Family Services Review Program Improvement Plan and the use of our Child and Family Services Review Data Packets, OCFS implemented a plan to improve outcomes for safety, permanency and well-being by implementing family engagement strategies. These strategies are still being implemented throughout the state, and will be seeing some improvements in permanency outcomes. The implementation of the Family Assessment Response (FAR) is still being rolled out, and we continue to review cases assigned to FAR as part of CQI process.

Identifying Populations at Greatest Risk

New York State utilizes performance and outcome measures to identify children and families at risk of entering the child welfare system. Child welfare data is made available to districts and agencies for their use in monitoring their own progress towards improving practice. Additionally, case record reviews are performed that look at practice related to child protective, foster care, and adoption. Reports are shared with the districts highlighting strengths and areas needing improvement. Corrective action plans are sought as warranted.

Children under the Age of Five without a Permanent Family

P. L. 112-34 added a title IV-B, subpart 1 plan requirement to require the State title IV-B agency to describe activities undertaken to reduce the length of time children in foster care under the age of five are without a permanent family. In addition, the laws added a requirement for states to

describe activities to address the developmental needs of these children (section 422(b)(18) of the Social Security Act).

- The number of children under the age of five in foster care projected to be without a permanent family in FY 2014 and FY 2015;
 - OCFS estimates that the number of children under the age of five in foster care projected to be without a permanent family in FY 2014 will range between 769 and 787 children, and that for FY 2015 will range between 742 and 774 children. This is an estimate assuming that the trend pattern observed during the period from 2007 to 2013 will continue.

For the method of tracking these children and the demographics and characteristics of the identified children; OCFS utilizes CONNECTIONS and CCRS to track foster care children.

- The targeted services provided to these children to find a permanent family and how they address the developmental needs of infants, toddlers, and children;
 - Early Intervention - The New York State Early Intervention Program (EIP) is part of the national Early Intervention Program for infants and toddlers with disabilities and their families. First created by Congress in 1986 under the Individuals with Disabilities Education Act (IDEA), the EIP is administered by the New York State Department of Health through the Bureau of Early Intervention. In New York State, the Early Intervention Program is established in Article 25 of the Public Health Law and has been in effect since July 1, 1993.

To be eligible for services, children must be less than three years of age and have a confirmed disability or established developmental delay, as defined by the state, in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive.

- Head Start - The Head Start program (for children ages 3-5) and Early Head Start program (for pregnant women, infants, and toddlers) promote school readiness for children in low-income families by providing comprehensive educational, health, nutritional, and social services. Parents play a large role in the programs, both as primary educators of their children and as participants in administering the programs locally. Both programs provide pre-literacy and literacy experiences in a multi-cultural environment. Parents are also provided social services, including assistance with childcare. Services are also available to migrant and seasonal farm worker families.
- Photo Listing - New York State's waiting children, legally freed for adoption, are photo-listed on the OCFS website. Each child's brief narrative is intended to introduce you to the child while respecting the child's right to privacy. The narrative is not intended to provide a detailed description of the child's history or current needs. However, when it is determined to be in the child's best interest, the agency

contact will share more detailed information regarding the child with individuals who may be able to provide a permanent connection and/or adoptive home for the child. Within the listing, you will find the name and phone number of the child's agency contact in the child's summary. It is helpful to provide the child's photo listing ID when speaking with agency contacts. Families can also obtain the contact information by e-mailing the New York State Adoption Services office.

- Family Resource Centers (FRC) – FRCs are accessible to all families in their communities without screening or other eligibility requirements, with a focus on families at risk with children under the age of five. Over the past year, OCFS worked closely with the FRCs to focus on higher risk families and to make valuable connections with the local social service district priorities and strategies.
- The approach that has been developed for working with this group of infants, toddlers, and children (e.g. priorities for safety assessments, service delivery for reunification, and standards regarding the foster parent-to-child ratio);
 - Dual Certification for Foster/Adoptive Parents
 - Concurrent Planning
 - Family Engagement
 - Increased frequency of visitation w/Biological Family
- How the state addresses the training and supervision of caseworkers, foster parents, and other providers with respect to this population.

OCFS, provides training, technical assistance and monitoring to social service districts. The monitoring of social services district and contract agency compliance with program statutes, regulations and practice standards is a joint responsibility between home office in the Bureau of Practice Improvement and staff in the Regional Offices. Social service districts are responsible for the direct supervision of its caseworkers, foster parents, and providers.

2. Collaboration

OCFS has continued the practice of involving both agency staff and state stakeholders in discussions regarding the delivery of services to children, youth and families.

The collaborative efforts noted below and on the following pages describe several coordination and service integration efforts that provide excellent opportunities for consultation, discussion, and input from various agencies and constituencies regarding a wide array of services to children, youth and families. The various groups, depending upon their charge, are comprised of representatives from State and local, public, and private entities.

Accomplishments for 2010-2014:

Since December 2007, a meeting of state agency commissioners (or their designee) serving children is held to discuss the need for cross system collaborations for children with service needs that involve more than one service delivery system. Commissioners from the following

agencies attended: OCFS, the Office of Mental Health (OMH), the Office for Persons With Developmental Disabilities (OPWDD), the Office of Alcohol and Substance Abuse Services (OASAS), the Department of Health (DOH), the Division of Probation and Correctional Alternatives (DPCA), the State Education Department (SED). The Commissioners meet quarterly to continue the discussion and to develop and implement joint solutions to improve the lives of children, youth, and families.

Examples of collaborations with sister state agencies and/or local districts include:

Child Fatalities

The NYS DOH and OCFS have continued to work collaboratively to improve the collection and analysis of information available on child deaths, and to promote multidisciplinary review of child fatalities that intersect with child welfare. The partnership looks to broaden its perspective on child deaths from a view through the child welfare lens to a wide angle view that embraces a more community based and public health perspective. The purpose is to break new ground in addressing system issues to inform practice across disciplines to prevent child deaths.

Primary objectives are to expand and improve child fatality reviews and prevention efforts at the local and state levels. The guiding principles for the work are that:

- Comprehensive child fatality review requires multidisciplinary participation;
- Comprehensive reviews of all child deaths will identify those that are preventable;
- Information about preventable deaths will help communities identify risk factors; and
- This information will lead to actions to prevent child deaths, illness and injury.

The partnership with the DOH provides the core strength for increased strategic action and the basis for a broader multi-disciplinary child fatality review. OCFS continues to work with DOH and its sub-grantee, SUNY Stony Brook to develop and provide technical assistance, resource information, consultation and community prevention initiatives to local Child Fatality Review Teams (CFRTs) funded by OCFS. This collaborative process, begun in 2011, is expected to continue throughout 2014 with specific targets, such as:

- Training to improve the quality of the multi-disciplinary fatality review data inputted into the national child fatality database;
- Identify key data points and merge relevant DOH and OCFS fatality data to better understand trends and identify contributing factors;
- Engage in public and professional education efforts to promote safe child practices (such as safe sleep);
- Continue to encourage broad based data input in to the national child fatality database;

In 2013, OCFS re-issued a request for proposals to continue and/or start up new Child Fatality Review Teams (CFRTs) throughout New York State. In August 2013, 18 CFRTs (serving 19 counties) received notification of funding. This increased OCFS' portfolio from 16 CFRTs to 18.

Commissioners from OTDA and OCFS have established operational work teams to address serious issues related to child care and child support, child-only Temporary Assistance for Needy Families (TANF) caseloads, limited English proficiency services, adult protective services, and fatherhood initiatives.

Kinship

In 2014, OCFS and OTDA held a training teleconference; “Addressing the Challenges of Supporting Kinship Caregivers” in an effort to educate local district staff, regional office staff, voluntary agencies and community based organizations on Kinship benefits, options and challenges. In addition, OCFS and OTDA will initiate quarterly conference calls beginning in May 2014, with stakeholders to address technical issues from the above mentioned training.

OCFS/DJJOY has partnerships with many non-profit agencies to deliver services to court placed youth and their families while they are in OCFS facility placement and upon their return to their home communities. These Evidence-Based Community Initiatives and Youth Development programs include Children's Village for the provision of Multi-Systemic Therapy (MST); and Family Integrated Transitions (FIT) for New York City and Long Island youth; Children's Village's subcontract with Cayuga Centers for the provision of MST to Oneida County, Vera Institute for Adolescent Portable Therapy (APT) for New York City youth and Cayuga Centers for Functional Family Therapy (FFT) for Monroe County youth. We also contract with the Children's Aid Society for their Lasting Investment in Neighborhood Connections or LINC program, for New York City youth and Youth Advocacy Program (YAP) in Seneca, Wayne, St. Lawrence, Tompkins, Dutchess, Orange, Sullivan, Rockland and Westchester counties in Upstate New York.

OCFS, OTDA, and DCJS continue to collaborate in meeting provisions of the federal Trafficking Victims Protection Act (TVPA) which was enacted in 2000, and has been reauthorized multiple times since then.

Human Trafficking

In May 2013, OCFS partnered with the New York State Thruway Authority to have trafficking awareness materials posted at the Thruway Travel Plazas. These materials include the National Human Trafficking Resource Center hotline number so that victims and community members can contact the hotline to report a tip or to receive more information about human trafficking. In addition, the Thruway Authority is playing a human trafficking public service announcement (PSA) that OCFS worked with the New York City Mayor's office to revise to have the National Human Trafficking hotline advertised at the end.

In June 2013, OCFS formed a workgroup with the New York City Mayor's Office to coordinate NYS/NYC Anti-trafficking efforts. Out of the workgroup came a set of recommendations on how to raise awareness, train stakeholders, identify and respond to victims, and address issues in New York's trafficking response.

In July 2013, OCFS staff issued a booklet in the Youth In Progress (YIP) “Need to Know” series on human trafficking. This booklet was designed to provide information targeted to youth on human trafficking as a means to educate them and as a prevention tool. The booklet includes information on what sex and labor trafficking is, who the victims are, what signs to look for, who the traffickers are, ideas on how they can remain safe and what to do if they think they or someone they know is a victim.

In September 2013, OCFS, in conjunction with the International Organization for Adolescents (IOFA), presented our state’s human trafficking response to the National Foster Care Manager’s group via a webinar. We highlighted the anti-trafficking work OCFS has been doing as well as the ChildRight: New York project.

In October 2013, OCFS did a presentation at the Family Court Judge’s Judicial Institute titled *Child Sexual Exploitation and Trafficking and the Intersection with Family Court*. The training was done in conjunction with our International Organization for Adolescents (IOFA) partners. The presentation provided information on how the family court might intersect with victims, how victims might be impacted or come across to the judges, what types of things they should consider and recommendations on what types of interventions they could take. In addition, IOFA presented information on the ChildRight: New York project, which is developing a child welfare response to child trafficking.

In October 2013, OCFS also worked with SUNY Albany School of Social Work to have a conference on human trafficking for students and community members. OCFS staff was also one of the presenters at the conference. The conference gained media attention with an interview on WAMC radio and a brief clip shown on local news station. As a follow-up to this conference, a group of SUNY Albany MSW students are working on an independent study to design an elective course of human trafficking.

In January 2014, OCFS marked Human Trafficking Awareness Month with several awareness activities including, turning the lobby light blue, posting human trafficking posters in all home office buildings, publishing an op-ed in a local newspaper, promoting awareness information through our Facebook and twitter accounts, screening a movie on trafficking with a discussion after for OCFS staff, and highlighting human trafficking for an awareness day. During the awareness day we had OCFS staff wear blue and set up a display table with information and resources about human trafficking.

In February 2014, OCFS staff presented information about human trafficking to youth at the Youth In Progress (YIP) Youth Leadership Academy. The presentation was informative and interactive, and the goal was to raise awareness among youth.

In SFY 2012-2013, the State allocated \$1.5 million to OCFS for services or treatment of sexually exploited youth. OCFS contracted with the International Organization for Adolescents (IOFA) to assist in the implementation of the Safe Harbor Act with this funding. OCFS has selected a pilot group of five LDSSs, including the counties of Erie, Onondaga, Monroe, Westchester, and the New York City boroughs of the Bronx, Brooklyn, Manhattan, Queens, and Staten Island for this project. Based on previous experience implementing the Illinois Safe Children Act, IOFA

will replicate the core activities and tasks that were successfully implemented in Illinois through its framework: “Child Right: Building Child Welfare Response to Child Trafficking.” Activities across the five target areas will include:

- five two-day trainings for LDSS/ACS staff and core agencies in each target district/borough;
- five one-day trainings for external stakeholder agencies involved in the effort in each target district/borough;
- ongoing technical assistance from IOFA as victims are identified; and
- development of an operational blueprint for statewide response to child trafficking victims.

Close to Home Initiative

The State Fiscal Year 2012-13 enacted budget included authorization for a sweeping reform on the juvenile placement system for youth from New York City. Called the *Close to Home Initiative*, this reform is allowing New York City to gradually assume custody of youth sent first to non-secure and then to limited secure facilities as a result of delinquency. OCFS will continue to operate secure facilities for all youth statewide. This significant reform will fundamentally restructure the delivery of residential rehabilitative services for New York City justice - involved youth, providing an opportunity for the implementation of evidence informed models of care that address the risks and needs of young people in the context of their families and their communities. OCFS continues its collaborative effort with New York City on this initiative.

Initiatives with Sister State Agencies

OASAS is working in collaboration with OCFS to align the delivery of drug and alcohol services for OCFS’ juvenile justice facilities and aftercare services, as well as for local districts that need access to drug and alcohol treatment services to support family functioning, such as a co-location project described elsewhere in the plan.

OCFS, along with OPWDD and OMH are working jointly to reduce the use of physical restraints in child care settings, as well as to improve service delivery to cross-systems children who need support from multiple systems.

OCFS has been working collaboratively with SED to develop bed capacity within New York State to prevent placement of children with high service needs in out-of-state residential facilities and when appropriate, return children currently in out-of-state residential programs to services that are delivered close to home within New York State.

For the past few years, OCFS has worked closely with the New York State Office for the Prevention of Domestic Violence (OPDV) in several areas, particularly in the area of training. OPDV delivers the required two-day training on domestic violence to every CPS caseworker in New York State outside of New York City, which does the training itself.

OCFS, OMH, OPWDD, and DOH continue to work to provide comprehensive services to children with cross-system’s needs.

Bridges to Health Home and Community Based Medicaid Services Waivers (B2H)

OCFS, with support from DOH, continued to implement the B2H Medicaid Waiver Program for Children with Serious Emotional Disturbance (B2H SED), Bridges to Health for Children with Developmental Disabilities (B2H DD) and Bridges to Health for Children with Medical Fragility (B2H MedF) Waivers across New York State. B2H is the first program in the nation to use Home and Community Based Medicaid Waivers to exclusively serve children in the child welfare system along with their caregiver network and does so within the federal principles of freedom of choice, strength based approach, person-centered and family focused service planning and delivery.

NYS Teaming Model

OCFS began to pilot the Teaming Model in early 2007 in an effort to provide more supports to the child welfare workforce, to counter the forces that contribute to caseworker turnover such as worker stress and isolation, and to support quality decision-making. OCFS and its training partner, the Center for Development of Human Services (CDHS), continue to adapt its Teaming Model Initiative from the casework model developed by the Massachusetts Department of Social Services. Teaming transforms child welfare work from one of individualized casework practice to that of a shared workload and decision making practice.

OCFS currently supports 20 teams in eight counties and they are provided ongoing technical support by our CDHS partners in the form of onsite consultation, team building and coaching activities and guidance through the various phases of team development. The annual Teaming Symposium planned for 2013 was not held as the project experienced a complete reorganization of staffing midyear. Two regional based one-day symposiums are planned for 2014, one in the lower Hudson Valley in June and the second in the Capital Region in September. Project staff presented an Overview of Teaming to OCFS Regional Office staff and to the Northeast Parent and Child agency in 2013 and delivered a Teaming presentation to the Buffalo Regional Offices' Directors of Services in April. The presentation was very well received and renewed interest in Teaming in Region 1. Project staff report that several counties currently involved in the project have expressed interest in expanding teaming within their districts in 2014.

Office of Court Administration (OCA)

Permanent Judicial Commission on Justice for Children (Commission): The Commission is chaired by Chief Judge Jonathan Lippman. In addition to the OCFS Commissioner, other members include judges, lawyers, advocates, physicians, legislators, and state and local officials.

The New York State Child Welfare Court Improvement Project (CIP) began in 1994 and was administered by the Permanent Commission on Justice for Children until 2006. At that time, the increased focus on court operational issues prompted the transition of the administration of the project to the Office of Court Administration's Division of Court Operations. OCFS and OCA have built a strong partnership to support effective collaboration between the family courts and the social services districts with the highest foster care populations in the state. The Statewide Court Collaboration Team, made up of stakeholders from across the state, designs and oversees the implementation of court collaboration initiatives on the state, regional and local levels. This includes sponsoring regular local and regional multi-disciplinary training events and supporting the development of enhanced family court and child welfare practices. The project also provides

a process by which data maintained by both local social services districts and courts can be shared to evaluate the impact of innovations that promote improved outcomes for children.

The Seneca Nation Peacemaker Courts Collaboration began in 2005 and includes judges and court personnel from the 8th Judicial District, the Seneca Nation of Indians and the Peacemaker Court judges. This collaboration provides a forum to discuss practices and procedures and provides a welcome point of contact for issues including the implementation of the Indian Child Welfare Act (ICWA), and the development of a tribal Court Appointed Special Advocates (CASA) program. Both the Seneca Nation of Indians and OCFS took part in the Federal-State-Tribal Courts Forum meetings held October 10, 2013 and April 3, 2014.

The Child Protective Services (CPS)/Domestic Violence (DV) Collaboration Projects began in 1997. The projects outstation a DV advocate from a local non-for-profit DV agency in the local CPS office to participate in joint home visits, joint safety planning and interventions, consultation, case conferencing, cross-training and protocol, and team development. OCFS currently supports 11 CPS/DV projects in five regions: one in the Rochester region, two in the Albany region, three in the Syracuse region, four in the Spring Valley region, and one in the Buffalo region. (More information related to this project is noted in Goal 3)

In 2013, the Center for Human Services Research (CHSR) at the University of Albany concluded a two year study to evaluate the impact of 11 CPS/DV collaborations in New York State. Findings show that collaborative programs produced multiple benefits. Overall, co-location of a DV advocate in a CPS office fostered positive case practice and improved system relationships. More findings and the full evaluation reports are available on the CHSR website at <http://www.albany.edu/chsr/csp-dv.shtml>. These results will be presented by OCFS and CHSR as part of a national webinar in 2014.

In-Depth Technical Assistance (IDTA): In 2006, New York State was awarded an In-Depth Technical Assistance (IDTA) opportunity from the National Center on Substance Abuse and Child Welfare (NCSACW) following a joint application by OCFS, OASAS and OCA. The purpose of this work is to enhance collaboration to improve outcomes for families with substance abuse issues involved in the family court and child welfare system. The collaboration is called the New York State Partnership for the Family Recovery. *Gearing up to Improve Outcomes for Families NYS Collaborative Practice Guide for Managers and Supervisors in Child Welfare, Chemical Dependency Services and Court Systems* was publicized in 2009. This document provides a framework and guidance for districts to increase local collaboration between systems, and the development and identification of cross-systems training opportunities to increase the understanding by workers in each of the systems of each other's work. The Partnership also issued four separate desk guides designed for child welfare workers, substance abuse service providers, judges and judicial officers, and Family Court practitioners. At the end of 2012 the National Center on Substance Abuse and Child Welfare (NCSACW) determined that they were no longer able to provide technical assistance to New York State in this endeavour. Meanwhile, the practice guide and desk guides continue to be available to all counties.

New York State Department of Education and the Courts: Since 2010, OCFS, the State Education Department (SED) and the Courts have been working with OCFS to support educational stability and improve educational outcomes for children in foster care. All three systems have issued “memos to the field” to educators, child welfare workers and family court judges across the state to inform them about the importance of educational stability and explain their obligations under the law. In 2013, OCFS staff participated in presenting an on-line state-wide training for family court judges about educational stability. Additionally, OCFS and SED have entered into an information sharing agreement to ease the transfer of school information for children in foster care. A collaborative workgroup is continuing to meet to address school transportation and other areas of concern.

Nassau County is piloting a model of educational collaboration for foster children by conducting collaborative meetings, assigning specific educational liaisons in the child welfare agencies and foster care liaisons in the school districts and by working with the family court judges. The pilot includes efforts to reduce the numbers of children placed outside of their home school district through targeted foster parent recruitment. OCFS hopes to expand this work to other counties in 2014.

Children of Incarcerated Parents Initiative: 11-OCFS-ADM-7 “Incarcerated Parents and Parents in Residential Substance Abuse Treatment with Children in Foster Care: Termination of Parental Rights and Other Issues” provided direction on Chapter 113 of the Laws of 2010. OCFS created training for local districts and the New York State Department of Corrections and Community Supervision (DOCCS) on the implications of the law and assisting parents with maintaining meaningful relationships with their children and providing Districts and Correctional staff with resources. In addition, OCFS created posters pertaining to parents’ rights despite being incarcerated or in a residential substance abuse treatment center. These materials are available on the OCFS website at http://ocfs.ny.gov/main/policies/external/OCFS_2011/. Currently, OCFS remains an active member of the Osborne Association’s New York Initiative for Children with Incarcerated Parents, sitting on the steering committee piloting video visits, trauma and child sensitive arrest, and convening on issues that impact children with incarcerated parents. OCFS has also provided transport for youth with incarcerated parents to meet with legislators in Albany. OCFS co-coordinated screenings of “Mothers of Bedford,” (a documentary about children with incarcerated parents), and informational presentations featuring Sesame Street Little Children Big Challenges: Incarceration, Echoes of Incarceration (films made by adolescents with incarcerated parents) and staff from the Mothers Center in Bedford Hills Correctional Facility featured in the documentary. OCFS continues to work closely with DOCCS and local districts on this initiative.

Racial Equity and Cultural Competence Initiative: In 2007, OCFS implemented the Disproportionate Minority Representation (DMR) Initiative, renamed the Racial Equity and Cultural Competence (RECC) Initiative in 2009. The RECC Initiative was developed to examine the issue of overrepresentation of Black and Latino children and their families in the state’s child welfare and juvenile justice systems. In addition, this initiative is examining the under representation of the same populations in necessary services that can prevent out-of-home placements in other systems (i.e. child care, adult services, services to the blind and visually

handicapped). Each OCFS division has staff represented on this committee. OCFS is engaging our local partners in this effort.

As of 2013, a total of 13 counties are now working on this RECC initiative. OCFS also engaged family court judges in Westchester County, Monroe County, and New York City in the work and supported these efforts by providing overviews of the data, promising approaches and access to national experts.

During the period, Casey Family Programs (CFP) sponsored several statewide planning meetings for the RECC counties and regional office staff. CFP sponsored a two day planning session for three counties that are working with children and families using FAR and are involved in the OCFS' RECC initiative.

National expert Khatib Waheed continued to work in earnest in New York State in Monroe County. The Office of Strategic Planning and Policy Development (SPPD) continues a dialogue with him about working with OCFS executive and regional office staff to begin to develop the agency's capacity to provide leadership related to the work throughout OCFS and to provide technical support and assistance to the counties through the regional offices.

The Race Equity and Cultural Competence Work-Group was renamed the RECC steering committee and meetings during the period were convened by the deputy commissioner for SPPD and the assistant commissioner for the DWCS.

Fatherhood Initiatives

OCFS continued to encourage and support the development of responsible fatherhood initiatives.

- The OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) continued to implement and develop its fatherhood initiative. The young fathers at Brookwood Secure Center met throughout the reporting period. MacCormick Residential Center program continues to be a model for the other DJJOY facilities. Highland Residential Center has father's group meetings as needed since the numbers of young men who are fathers remains relatively small.
- OCFS, OTDA and other stakeholders sponsored and provided leadership for the eighth year of the "Dads Take Your Child to School" initiative. OCFS continued efforts to expand the program, which is now active in throughout the state.
- As a system of service delivery, Healthy Families NY (HFNY) has focused on fathers' involvement in the program. OCFS employs specialized staff that focuses on fathers, the services that they need, and how to help them become more involved in their children's lives. OCFS research has shown thus far that those families that have active father involvement are involved in the HFNY program longer, and have more home visits. OCFS is also beginning to look at breastfeeding duration for those mothers who have a supportive father figure active in the lives of the mother and child. The program has bi-monthly conference calls for staff working on this initiative to discuss an array of topics of interest for those in the field. Topics may include curricula used, activities to enhance the program, and helpful resources for fathers.

Advantage After School Program

New York State created the Advantage After School Program (AASP) in 2000, to provide quality youth development opportunities to school-age children and youth for the hours directly after school. These programs are supported by school, community, public and private partnerships. AASP offers a broad range of educational, recreational and culturally diverse, age appropriate activities that integrate what happens in the school day. Youth and family involvement in program planning and implementation is a key component. Programs may also extend hours into the evening hours, particularly when serving older adolescents. AASPs are a true representation of community partnering for kids and their families.

OCFS renewed 122 contracts as part of the \$17,755,000 appropriated for the Advantage After School Program (AASP) for SFY 2013-14.

The AASP partnered with the New York State Association of Youth Bureaus on October 24-25, 2013, for the 43rd Annual Youth Development Training Conference. The AASP delivered a workshop on ‘Youth Involvement and Desired Outcomes’. We had 65 Advantage contractors represented with approximately 100 people in attendance at the conference. All 39 workshops offered were eligible for School Age Child Care (SACC) training credits.

The main audience for this conference was:

- County and Local Youth Bureaus, who’s main function is administering and monitoring youth development funding to youth serving programs.
- Advantage After School programs, which are directly providing services to school age child in the after school hours.

3. Program Support

OCFS Bureau of Training, and the Division of Child Welfare and Community Services maintain ongoing contact with local districts and contract agencies through a variety of venues, including monthly meetings with directors of services, and quarterly meetings with the statewide Staff Developers Advisory Committee, CPS, Preventive, and Foster Care Supervisors, and contract agency training directors. Through these contacts and those of training contractors who work directly with the SDCs, OCFS is able to keep abreast of emerging training needs.

Technical Assistance Requests

OCFS has a program liaison who works directly with the Children’s Bureau (CB) Regional Office to secure supports identified through training needs assessment. In previous years, OCFS has worked with a number of National Resource Centers (NRC) (Child Protective, Organizational Improvement, Permanency and Family Connections, Youth Development, Adoption, Recruitment and Retention of Foster and Adoptive Parents). In 2012-13, OCFS received extensive support from the NRC for Child Protective Services (CPS). To date, the NRC for CPS consulted with OCFS to develop guidelines for working with families affected by domestic violence, and guidelines to safely engage families affected by domestic violence in

family meetings, coached family visits, and engaging absent fathers. As well, the NRC for CPS consulted with OCFS to revise the mandated domestic violence training for CPS staff. The revised program will provide guidance on the “how to” of CPS investigations and assessments with families affected by domestic violence. Current work with the CB National Resource Centers focuses on Multi-Ethnic Placement Act (MEPA) training, and the NRC for Organizational Improvement on CQI.

OCFS continued the process of restructuring its training system for child welfare. OCFS has worked with social services districts and its university-training partners to implement a system of training that supports the development of outcome-focused practice skills. OCFS updated its foundation level outcome-based training program in 2011 and the companion program for experienced staff in 2012. OCFS also integrated the principles of partnership and solution focused practice, foundational to its differential response program (Family Assessment Response/FAR). The overall training system includes greater emphasis on interviewing children; solution focused trauma-informed care, as well as expanded web-based training and reliance on the supervisor to support transfer of learning.

The Child Welfare/Child Protective Services Caseworker Common Core is the foundation component for line staff. The Common Core program was redesigned in 2009-2010 and was fully implemented in 2011. The Supervisory Core was implemented in 1999 and revised in 2007. Additional revisions were made based on OCFS’ work with the HHS Children’s Bureau Northeast and Caribbean Implementation Center on a three year grant to design a model of supervision for New York State with a system of sustainable supports for the state’s child welfare supervisors. The Child Protective Services Response Specialty component was implemented in 2001 and was redesigned in 2010. The Adolescent Services Resource Network, designed to prepare youth for self-sufficiency, has been available since 2000; major revisions to foundation level training are planned for 2104. The Adoption Specialty “Achieving Permanency through Surrender and Termination of Parental Rights” was piloted in 2005 and 2006 and implemented in 2007. During 2009, OCFS worked with the National Resource Center for Child Welfare Adoption (NRCCWA) to adapt the Adoption Competency Curriculum for use in New York State. The NRCCWA conducted a series of train the trainer programs across the state to prepare voluntary agency trainers to deliver the program to their organizations. The rollout of the Family Preservation/Reunification Specialty training began in 2005. These trainings are designed to provide non-CPS child welfare caseworkers with the knowledge and skill to achieve expected outcomes. The Core Essential Skills for Experienced Caseworkers Specialty, developed specifically for experienced caseworkers, was fully implemented in 2002 in all regions of the state. This eight-day program is designed to build practice skills in more experienced staff, and mirrors the Common Core training. Final revisions to the 2012 redesign were completed in 2013.

The Outcome Based Training (OBT) System includes an on-the-job training component. This on-the-job component facilitates the transfer of learning from the classroom to the workplace and contributes to building a mutual commitment to clear, focused practice between supervisors and caseworkers. The OBT system builds a set of professional casework skills, assessment, planning, intervention skills and decision-making skills that will allow caseworkers and supervisors to address competently the unique needs of each family. OCFS believes that this

combination of casework skills, applied in a context of a shared framework of practice among social services districts and voluntary agencies, will make a significant contribution toward the achievement of OCFS's goals and the federal outcomes.

The child welfare training program continues in transition as OCFS refines its training to align with national best practice standards and evolving child welfare policy. OCFS has and is continuously exploring ways to expand the use of web-based and distance learning technologies to enhance accessibility to child welfare staff.

Training Provided in Federal Fiscal Year 2013-2014

(Training formerly listed under Goal 1)

- **Child Welfare Casework Documentation Training**

This training program prepares caseworkers to effectively document on-going case activities, decisions and milestones with families and children in a manner consistent with the practice framework, policy, and procedures of New York State. The program provides a structure for the management of the case through assessment, service planning, implementation, evaluation, and documentation. The two components of this project focus on Progress Notes and Family Assessment and Service Planning (FASP), the primary tools used to document assessment, family strengths and needs, and decision making as well as interactions with the family, collaterals, the court, and service providers. A 13-module FASP Reference Manual for caseworkers and supervisors was posted to the OCFS internet page in February 2014.

1,903 trainees
200 training days

- **Working with Alcohol and Substance Affected Families**

This training program builds the knowledge and skills necessary to identify, assess, and plan with families affected by alcohol and substance abuse. Local district and voluntary agency child welfare caseworkers and supervisors develop competencies in recognizing the natural resilience of families, in utilizing strengths to motivate and facilitate change, and in supporting families throughout a member's treatment and recovery.

1,800 trainees
95 offerings
85 training days

- **Sexual Abuse Dynamics and Intervention Training**

This statewide training is provided for caseworkers in all child welfare services program areas on the dynamics of sexual abuse as well as the treatment modalities currently utilized to protect and support victims and to treat and support the family. The program builds the knowledge base that caseworkers need to identify the presence of intra-familial sexual abuse, to make accurate and effective safety assessments, interventions, risk assessments and service plans to keep children safe and reduce the risk of future harm. This course is provided to a combined audience of Child Protective and other Child Welfare caseworkers.

390 trainees
17 offerings

51 training days

- **Training for Experienced CPS Caseworkers**

This is advanced level training for child protective service caseworkers who have completed basic training. These trainings enable experienced caseworkers to strategically apply the skills they acquired in foundation training in a variety of critical areas of practice. The courses include: Advanced Medical and Legal Issues, Forensic Interviewing Best Practices, CPS In-Service training programs that are district specific training. All experienced caseworkers, including CPS staff, are also able to participate in an Advanced Child Welfare Interviewing course. This course was piloted in February of 2014, and following post pilot revisions will be rolled out mid-year. For those acting in a CPS On-Call capacity, an online iLinc class is offered.

1,666 trainees
63 offerings
1 teleconference
108 training days

- **Child Welfare/Child Protective Services Common Core for New Caseworkers**

The current program is required for all new CPS caseworkers and strongly recommended for all new caseworkers. The objective of the training is to equip new workers with the knowledge, attitudes, and skills to practice effectively. The training provides caseworkers with opportunities to practice using a set of skills that research and best practice standards have shown positively impact the achievement of child safety, permanency, and child and family well-being outcomes. Sixteen days of classroom training are provided for practice on assessment, safety, risk, abuse and maltreatment, interviewing children, professional casework relationships, decision making, case management, and legal skills. There is one day of integrated CONNECTIONS Systems training, for a total of 17 classroom days. The program also includes synchronous and asynchronous web-based training and on-the-job training to impart knowledge on policies, procedures, and casework practices that will prepare trainees for the skills based classroom portion of the training.

In 2012-2013, the CW/CPS Common Core for New Caseworkers training curriculum was revised to incorporate the basic principles and practices of Family Assessment Response (FAR) so that the caseworkers, whether they are assigned to FAR or an investigative unit, will have a skill set that supports effective practice with families reported to the State Central Register.

399 trainees
16 offerings
256 total training days

- **Child Protective Services Response Training**

This course completes the mandated core training for child protective staff. The course builds on a set of interpersonal engagement, assessment, and decision making skills and values learned in the Common Core and apply them to the CPS role and responsibilities in the context of the CPS Response. This course focuses on the principles and techniques of investigations, relationships with other investigative bodies, legal issues in child protection, interviewing children, and methods of remediation, diagnosis, treatment, and prevention. It is currently being revised to integrate Family Assessment Response.

310 trainees
12 offerings
84 training days

- **Supervisory Core**

Supervisory Core is composed of two components: Module I Foundations, a five-day course for all supervisors that focuses on leadership, supervisory effectiveness behaviors, and generic supervision; and Module II A, the Child Protective Services Specialty, a six-day course for CPS supervisors. Both courses are under revision.

Module I

75 trainees
5 offerings
25 training days

Module II A

63 trainees
4 offerings
16 training days

- **Building a Sustainable Support System in Child Welfare Supervision (BASSICS) and KEYS/Keys to Excellence in Your Supervision**

This training program focuses on building supervisory capacity and a system of support for child welfare supervisory practice. Six counties participated in the pilot phase of this program, and were provided one-on-one coaching for supervisors and managers. KEYS is New York State's model of supervision; it describes standards of supervision, defines expectations, and provides an array of career-long learning and practice enhancement opportunities for child welfare supervisors of all levels. It is a model of supervision that actively engages staff in solution-focused casework through development, support, and management. The KEYS CORE for Child Welfare for New Supervisors was developed and piloted during 2013. It is the foundation training for new child welfare supervisors, designed to promote learning and skill development through a program that is outcomes driven and reflects the parallel process in a practice-based learning environment through learner-centered instruction and application of real situations. Transfer of learning is a key component that includes self-assessment, planning, peer-networking, coaching, and evaluation. KEYS CORE is a model that offers supervisors at all levels practice with career-long, practical, and accessible supports.

30 trainees
6 days
2 offerings

- **Family Assessment Response Training and Coaching**

In response to 2007 legislation enabling New York State to pilot an alternative response to CPS investigations, OCFS began working with six local districts to develop and implement alternate response, known as Family Assessment Response (FAR). Throughout the three year period authorized by that legislation, additional counties implemented FAR and many expanded their FAR program. The evaluation and report to the legislature and the Governor recommended making FAR a permanent Child Protective service. Legislation making it permanent was signed into law in June 2011. OCFS has begun to build New York State capacity to train Family

Assessment Response by training university partners and local district staff in FAR. Training and technical assistance is provided to district administrators, managers, supervisors, and caseworkers so that pilot staff has the knowledge and skills necessary to implement an alternative protective response.

Training and Coaching:

683 trainees

62 training days

- **Foster/Adoptive Parent Training**

Foster/Adoptive Parent Training consists of an integrated, comprehensive series of training courses that will be available to foster and adoptive parents from pre-placement of a child to their permanency goal. This program consists of several foster/adoptive parent leader certification preparation components, including: Group Preparation and Selection II/Model Approaches to Partnerships in Parenting (GPSII/MAPP), Caring for Our Own, Shared Parenting, and Deciding Together. These training programs prepare local district and voluntary agency staff and foster/adoptive parents to lead training groups in their areas on the topics above. A description of components follows:

- GPSII/MAPP: A 30-hour preparation and selection program delivered over a period of ten weeks by districts and voluntary agencies to prospective foster and adoptive parents to assess, develop, and strengthen the attitudes, skills, and knowledge needed by parents intending to foster or adopt children.
- Caring For Our Own: A preparation program specifically for relative caregivers given over a period of nine weeks.
- Shared Parenting: An eight-week program focusing on relationship building between foster parents and birth parents for best outcome of children in care.
- Mini-MAPP: Provides an overview of the basic concepts in the GPSII/MAPP training program to child welfare staff and foster and adoptive care staff within the agencies.
- Deciding Together: Seven consultations are provided in this model to individual families to prepare them to foster or adopt.
- COMPASS, the in-service (post-certification) portion of this training program, includes first-year basic and advanced courses for subsequent years in such topics as Loss and Separation, Preparing Children for Adoption, Managing Difficult Behaviors, Sexual Abuse, Child Development and Discipline among others. There is also a leader certification component to this training similar to the preparation trainings listed above.
- Special Topics and use of the iLinc electronic training platform are other trainings available to foster/adoptive parents, local district staff, and voluntary agency staff statewide.

4,942 trainees

425 training days

- **Therapeutic Foster Boarding Home Training (TFBH)**

TFBH provides training and technical assistance in a set of core problem-solving and intervention skills for foster parents, agency workers, and trainers in therapeutic foster boarding home programs.

764 trainees
101 training days

- **Core Essential Skills for Experienced Caseworkers**

This training program is designed for staff having one or more years of direct child welfare experience who did not attend the Common Core Training. The program provides a strengths-based solution focused framework of practice that defines workers as agents of change who use a professional casework relationship to engage families in the assessment, service planning, and change process to achieve child welfare goals of safety, permanency, and well-being. This 8-day program builds skills consistent with those presented in the Common Core training. This program includes an optional one day ‘engagement’ skills clinic for supervisors.

183 trainees
13 offerings
104 training days

- **Special Topics Days**

Special Topics Days are delivered in groups or on a one-on-one basis. Supervisors and caseworkers receive assistance to plan, implement and make operational the Outcome Based Training system in their local districts. Special Topics Days can also include training of trainer activities and providing training and follow-up training to large local districts that provide their own Core training.

24 days of training assistance

- **Family Preservation/Reunification**

This is an eight-day specialty course for Preventive, Foster Care and Adoption staff. It can follow the CWS/CPS Common Core and is presented in two modules. This program builds upon the generic caseworker skills and abilities developed by trainees during their participation in the Common Core training. It focuses on the strategic use of professional casework, assessment, and service planning skills to work with families to promote children’s safety and to achieve rapid permanency. Module I is designed for Preventive, Adoption, and Foster Care caseworkers, and is a prerequisite for Module II. Module II is designed for Adoption and Foster Care caseworkers.

Module I

25 trainees
1 offering
5 training days

Module II

17 trainees
1 offering
3 training days

- **Adoption Specialty Training**

This training currently consists of one course, “Achieving Permanency through Surrender and Termination of Parental Rights.” The six-day program provides participants with the basic knowledge and skills to assess the effectiveness of diligent efforts; determine the appropriateness of setting a goal of adoption; prepare children for adoption; use the legal process to free children

for adoption and to comply with Title IV-E and State statutes. This training also includes training delivered by an attorney on diligent efforts, how to obtain a TPR and how to take a voluntary surrender. Portions of the program may be delivered through LearnLinc or comparable technology.

Achieving Permanency through Surrender and Termination of Parental Rights

28 trainees
2 offerings
12 training days

- **Family Engagement Specialist Training/ Family Engagement Toolkits**

The focus of this program is on training and consultation for the individual, unit and organization. The program highlights practices that promote and sustain family engagement. The program includes delivery of a set of toolkits designed to promote locating and engaging fathers, coached family visits and family meetings to promote safety, permanency, and well-being. Technical assistance is provided, along with district/agency specific training.

Training
1,001 trainees
151 days
178 offerings

Meetings
769 trainees
124 days
237 offering

- **Directors of Services Leadership Training Forum**

OCFS introduced the Directors of Services Leadership Training Forum in 2006. This is an annual two-day event (delivered in half day/full day/half day format) intended to provide local district Directors of Services with the knowledge and skills necessary to apply generic and program-specific management principles and skills to the changing landscape of Child Welfare (Child Protective Services, Preventive Services, Foster Care, and Adoption Services). (This accomplishment also applies to Goal 2.)

66 trainees
1 offering
2 training days

- **Child Welfare Eligibility Training**

The purpose of this project is to provide social services districts with training so that staff will have the knowledge and skill needed to accurately, effectively, and efficiently determine eligibility for federal funding of child welfare and Medicaid programs. Topics include the history and rationale of federal funding streams, how to define and understand the distinct use of each category of eligibility, the use of the Welfare Management System (WMS) and how to

identify and access the resources available to help accomplish these objectives.

438 trainees

45 offerings

- **Training for OCFS Bureau of Special Hearings Staff**

This project provides specialized training in a variety of topics for Bureau of Special Hearings staff to respond to the challenges made to the decisions of LDSS and State officials.

37 trainees

1 two-day offering

- **Child Welfare Core for Voluntary Agencies**

The Voluntary Agency Core curriculum is designed for caseworkers and supervisors who work in New York City voluntary agencies. The program provides caseworkers, child care workers, administrators, and other agency staff with the skills and knowledge they need to maintain safe and stable placements, to assess safety and risk, and to promote permanency and well-being. The program provides an overview of the child welfare system in New York City as well as the policy and regulatory framework that guides practice in New York State. The program consists of two components: a 12-day core curriculum and special topics component.

691 total trainees (334 for Core; 357 for Supplemental topics)

5 offerings of Core

35 supplemental offerings

(Training Formerly Listed Under Goal 2)

- **Targeted Training to Support Social Services District Permanency Planning**

This statewide and regional child welfare training resource project provides district-specific training and technical assistance to improve practice and performance to achieve the goals of safety, permanency, and well-being. Trainees for this program include: local district and voluntary agency child welfare administrators, supervisors, and caseworkers. Also provides consultation to OCFS Home Office on the development, design and delivery of child welfare training.

- **Child Welfare Training for Voluntary Agencies**

Training for New York City voluntary agencies, development and operation of a training consortium (a network of training providers), provides a 12-day core curriculum, a competency-based foundation program, for child welfare caseworkers and supervisors, and a variety of in-service training resources to voluntary agencies. Technical assistance is provided. A one-day conference for child care staff was also delivered in New York City. In addition, the training project provides resources to support Children's Services Improved Outcomes for Children initiatives.

804 trainees

96 training days

- **Foster/Adoptive Parent Training**

This program consists of several foster/adoptive parent leader certification preparation components, including Group Preparation and Selection II/Model Approaches to Partnerships in Parenting (GPSII/MAPP), Caring for Our Own, Shared Parenting, and Deciding Together. These training programs prepare local district and voluntary agency staff and foster/adoptive parents to lead training groups in their areas on the topics above.

- GPSII/MAPP: A 30-hour preparation and selection program delivered over a period of ten weeks by districts and agencies to prospective foster and adoptive parents to assess, develop, and strengthen the attitudes, skills, and knowledge needed by parents intending to foster or adopt children.
- Caring For Our Own: A preparation program specifically for relative caregivers given over a period of nine weeks.
- Shared Parenting: An eight-week program focusing on relationship building between foster parents and birth parents for best outcome of children in care.
- Mini-MAPP: Provides an overview of the basic concepts in the GPSII/MAPP training program to child welfare staff and foster and adoptive care staff within the agencies.
- Deciding Together: Seven consultations are provided in this model to individual families to prepare them to foster or adopt.
- COMPASS, the in-service (post-certification) portion of this training program, includes first-year basic and advanced courses for subsequent years in such topics as Loss and Separation, Preparing Children for Adoption, Managing Difficult Behaviors, Sexual Abuse, Child Development and Discipline among others. There is also a leader certification component to this training similar to the preparation trainings listed above.
- Special Topics and use of the iLinc electronic training platform are other trainings available to foster/adoptive parents, local district staff, and voluntary agency staff statewide.

4,942 trainees
425 training days

- **Therapeutic Foster Boarding Home Training (TFBH)**

TFBH provides training and technical assistance in a set of core problem-solving and intervention skills for foster parents, agency workers, and trainers in therapeutic foster boarding home programs.

764 trainees
101 training days

- **Behavior Support, Crisis Prevention and Intervention in Residential Settings**

The program focuses on building the competence of staff to work more effectively and in a safe, positive, therapeutic manner with children in institutional settings. The training includes

techniques on preventing, de-escalating, and intervening in crisis situations. The training leads to certification of Therapeutic Crisis Intervention (TCI) trainers. In addition to the core program, refresher training and technical assistance is provided to previously certified TCI trainers, to assist them in keeping their certification current.

555 trainees
26 technical assistance days

(Training Formerly Listed Under Goal 3)

- **Domestic Violence Training for Child Protective Services Caseworkers**

This mandated training provides CPS staff and supervisors with the knowledge and skills to identify domestic violence, recognize its dynamics within their caseloads, to conduct comprehensive safety and risk assessments, and to develop intervention strategies in cases where domestic violence is present that promote child safety, permanency, and wellbeing. Chapter 280 of the NYS Laws of 2002 requires this mandatory training for all CPS workers. The program redesigned in 2013 with consultation from the National Resource Center for Child Protective Services.

282 trainees
17 offerings
34 training days

- **Domestic Violence Training for Child Welfare Caseworkers**

This training provides caseworkers with the knowledge to identify domestic violence, recognize its dynamics within their caseloads, to conduct comprehensive safety and risk assessments, and to develop service plans that promote safety, permanency, and wellbeing.

292 trainees
16 offerings
32 training days

(Training Formerly Listed Under Goal 4)

- **Adolescent Services Resource Network (ASRN) for Training and Technical Assistance**

This network provides training and technical assistance to caseworkers, voluntary agency staff, foster parents and Division of Juvenile Justice and Opportunities for Youth (DJJOY) staff who works with all youth ages 14-21 to promote well-being and prepare them for self-sufficiency. A variety of specialized programs address regional needs around adolescent services/skills. This includes the outcome based Adolescent Services Core Training “Introduction to Self Sufficiency” and the Adolescent Services “Toolbox” Skills Development Training that is delivered statewide. Youth leadership is emphasized through youth forums and speak outs statewide. The New York State Adolescent Services Resources Network administers the Regional and Statewide Youth Advisory Leadership Team called “Youth in Progress” (YIP). YIP consists of a team of foster care youth, including youth in OCFS facilities who represent each of the six regions in New York State.

295 training days

Adolescent Services Resource Network (ASRN)

The ASRN provides individualized training and consultation to support the well-being and preparation of foster care youth for discharge to self-sufficiency. Each regional provider offered services in all competency areas of life skills. They assisted workers with the skills needed to engage and motivate youth through the developmental milestones and those steps required to achieve permanency and self-sufficiency in the community. Services are provided through training, educational forums, technical assistance, newsletters, curriculum seminars, practicum, etc. The network provided an integrated delivery of coordinated services.

The outcome-based Adolescent Services Core Training called “Introduction to Self Sufficiency” will be replaced with the course “Promoting Positive Youth Development and Well-Being (PPYD). This program will develop participants’ abilities to support positive youth development and well-being by engaging adolescents who have experienced trauma, developing partnerships with adolescents, and implementing positive youth development strategies.

The Adolescent Services “Toolbox” training provides caseworkers, foster parents and DJJOY staff with the tools needed to assist youth in developing competencies needed for transition to adulthood. The Toolbox provides participants with practical, concrete instruction and materials to engage youth either in groups or individually to assess and promote life skill development. It was updated in 2013 to reflect the updated Casey Life Skills Assessment.

A training developed in 2010 to address the federally required Transition Plan for youth preparing to be discharged from foster care continues to be delivered in multiple districts statewide. This training provides participants with comprehensive information about how and when to engage youth in developing their transition plan. This training was developed in consultation with OCFS Youth Summer Interns and is now offered to Child Welfare and DJJOY staff either via iLinc or as classroom training.

The statewide youth advisory group, Youth in Progress, formed in August 2003, addresses and provides input into improving the CW and DJJOY systems. This group is composed of foster care adolescents and their adult mentors, including youth in OCFS facilities and representing each of the six regions in New York State. YIP focuses on making targeted improvements in the quality of foster care services and improving positive outcomes for children and families. YIP training activities in 2013-14 continued to focus on strengthening the practice around permanency for youth in care. Foster care and DJJOY youth met quarterly with the OCFS Commissioner.

OCFS Evaluation and Research

The OCFS Bureau Research, Evaluation and Performance Analytics (BREPA) designs and conducts research studies in a wide range of program areas in order to: (1) evaluate the effectiveness of policies, programs, and practices in achieving desired goals; (2) assess whether a program is consistent with best practices in the field; (3) improve understanding of the extent, nature, causes and effects of particular problems or issues; (4) measure the performance of OCFS

in improving outcomes for children, youth, and families; and (5) develop and validate risk and needs assessments. The Bureau also approves outside research proposals involving children, youth, and families served by programs operated, regulated, or supervised by OCFS, and provides technical assistance on research methodology, sampling, performance measurement, and data collection and analysis to OCFS staff.

Evaluation of HFNY:

Since 2000, Healthy Families New York (HFNY) has been rigorously evaluated using a longitudinal Randomized Controlled Trial (RCT). Women who met the assessment criteria for HFNY were randomly assigned to either an intervention group that was offered HFNY services or a control group that was given information and referrals to other appropriate services. Baseline and follow-up data were collected for the 1,173 women in the HFNY and control groups at the time of the child's birth, and the first, second, third, and seventh birthdays (with various levels of retention) from in-depth interviews with mothers, child welfare and public assistance administrative records, the HFNY Management Information System (MIS), and videotaped observations of parent-child interactions. The target children were also interviewed for the first time when they are approximately seven years old and their first grade school records were requested directly from their schools.

To date, the RCT has demonstrated that HFNY is effective in improving birth outcomes and child health, preventing child abuse and neglect, enhancing parenting competencies, and improving children's educational outcomes. The RCT has also demonstrated that the program has the potential to save money.

Birth Outcomes & Child Health

- 48 percent reduction in low birth weight deliveries among women who enrolled before the 31st week of pregnancy.
- Children were more likely to have health insurance by age one.

Child Abuse & Neglect

- Sustained reductions in maternal reports of harmful parenting practices at ages one, two and seven.
- 50 percent reduction in subsequent confirmed child protective services reports after seven years for mothers with a confirmed CPS report prior to program entry.
- 49 percent reduction in the rate at which children of young, first-time moms who enrolled early in pregnancy were confirmed as victims in CPS reports between ages five to seven.

Parenting Competencies

- At age two, home-visited mothers were more likely to endorse appropriate limit setting strategies.
- At age three, home-visited mothers were more likely to be observed using parenting strategies that stimulated the child's cognitive skills and were sensitive to the child's needs and cues.
- At age seven, home-visited mothers used non-violent discipline strategies more often.

Educational Outcomes

Home visited children were:

- 50 percent less likely to repeat first grade.
- 70 percent more likely to score above grade level in first grade on three specific behaviors that promote learning: working or playing cooperatively with others, following directions or classroom rules, and completing home or class work on time.
- 2.7 times more likely to be participating in a gifted program by age seven.
- 26 percent reduction in receipt of special education services by age seven.
- 23 percent reduction in below average scores for receptive vocabulary for children of young, first-time mothers who enrolled early in pregnancy.

Cost Savings

- As a result of reductions in low birth weight births, the cost to serve a family during pregnancy (~\$1000) is totally recovered by the time of the child's birth.
- For mothers with histories of substantiated CPS reports, HFNY generates a return of over \$3 for every \$1 invested by the child's seventh birthday.

A 15-year follow-up study is currently in the start-up phase. In-depth interviews with mothers and their now adolescent children will assess outcomes such as maternal life course, child abuse and neglect, parenting practices, family conflict, educational experiences, youth behaviors, delinquent/criminal activity, and health and access to health care. Administrative database searches will be conducted to obtain child maltreatment reports, foster care services use; food stamps and public assistance benefits; birth records; juvenile justice experiences; school record requests; and criminal justice system involvement. Data collection and preliminary analyses are expected to be completed in 2019.

Based on the evaluation's rigorous random assignment design and program's significant and positive effects on a range of outcomes, HFNY was designated as a "proven program" by RAND's Promising Practice network and an effective program by both Child Trends and the Office of Juvenile Justice and Delinquency Prevention. These findings also played a substantial role in the designation of Healthy Families America home visiting programs like HFNY, as meeting the federal DHHS criteria for an evidence-based early childhood home visiting service delivery model.

OCFS also engages in a variety of continuous quality improvement activities to support ongoing HFNY services. Current quality improvement activities include: (1) the implementation of a study examining fathers' involvement in home visits, (2) the creation of a work-group to examine current practices and develop program-wide standards for Family Assessment Worker caseloads, (3) the development of standardized home visit and supervision forms, (4) an examination of how program practices influence family planning discussions between home visitors and families, and (5) a statewide examination of factors that influence service delivery, with a specific focus on worker needs and competencies as they relate to various challenging issues that may arise during home visits.

Child Protective Services (CPS)/Domestic Violence (DV) Collaboration Evaluation

While it is well-known that child welfare services and domestic violence (DV) providers often serve the same families, there is frequently a lack of coordination between the two systems. In New York State, one approach to improve coordination is to physically place (or co-locate) a domestic violence advocate (DVA) in child protective services (CPS) offices. On-site DVAs provide ongoing consultation to caseworkers, participate in joint home visits and provide cross systems training. The goal of the program is to increase safety for children and families experiencing DV and child maltreatment by jointly improving the case practices of both CPS and DV workers.

OCFS contracted with the Center for Human Services Research (CHSR) at the State University of New York at Albany to evaluate the CPS/DV co-location model between October 2011 and September 2013. The five evaluation components are briefly described below. Detailed reports on the methods and specific findings from each of the five components of the evaluation (interviews, focus groups, CPS caseworker survey, DV Advocate survey, and CPS case reviews) can be accessed at the CHRS website at <http://www.albany.edu/chsr/csp-dv.shtml>. A final evaluation report that synthesizes and summarizes the findings is also available at this link.

While OCFS currently funds 11 co-location programs, other counties support their own co-location or collaboration programs. As the first part of a multi-stage, mixed methods evaluation, interviews were conducted with all Directors of Services in 54 districts (excluding New York City) to identify the various practice models in use across the state. In addition to the 11 funded co-location programs, co-location programs were identified in eight other counties, creating a total of 37 percent of districts with a co-location program. Sixteen districts (30%) described a collaboration program that did not include co-location, and 18 districts (33%) did not collaborate with a local DV program at all.

Although OCFS specifies certain activities for the local co-location programs it funds, the guidelines allow for a broad range of practice across sites. To better understand how the co-location program has been implemented, CHSR conducted focus groups with CPS and Family Assessment Response (FAR) workers and supervisors, and interviews with DVAs and DV agency administrators in the 11 OCFS-sponsored counties. Wide variation was found between the co-location sites in all their CPS/DV activities: identification and referral of DV cases, joint home visits, case consultations, DVA client services, and client engagement. However, along with significant variation, common themes and patterns were identified across collaborations, allowing overall findings and recommendations to be made for co-location projects as a whole.

In the next stage of the research, all CPS and FAR caseworkers in counties outside New York City were invited to take an online survey about their case practice with families experiencing DV. The surveys completed by 1,121 respondents represented an 87 percent response rate. Three hypotheses were tested and significant results were found within each of them.

Hypothesis 1: CPS workers in counties with a co-located DVA report better relationships with DV agencies than CPS workers in counties without a co-located DVA.

CPS workers in co-located counties reported better communication and more positive experiences with DV providers than workers without a DVA on-site. They also reported more positive perceptions of DV service providers. The collaboration does seem to improve staff

relationships between these systems, likely through increasing the amount of personal and working contacts CPS workers have with on-site DVAs as well as through formal collaborations and agreements.

Hypothesis 2: CPS workers in counties with a co-located DVA report better casework practice with clients experiencing DV than CPS workers in counties without a co-located DVA.

Collaborative case practices, such as consulting with DV staff, were much more likely to be reported by CPS workers in co-located counties. For example, 65 percent of CPS caseworkers in co-located counties reported that they consult with DV staff on cases compared to 29 percent of CPS workers in counties without a co-location program. This particularly strong result provides support for the project's hypothesis that co-location has a stronger impact on how CPS caseworkers work with DV agencies than other standard efforts to affect DV practice, such as classroom training without the co-location aspect.

Hypothesis 3: CPS workers in counties with a co-located DVA possess a higher level of knowledge about DV and greater understanding of DV victims than CPS workers in counties without a co-located DVA.

In co-located counties, CPS workers were more likely to feel that they were adequately trained in DV and knew about the services available to DV perpetrators. Workers from all counties reported good knowledge of services available to DV victims. About half of all workers felt that CPS workers' training and knowledge of services for DV perpetrators could use improvement.

In a companion survey designed to understand the effects of co-location on DV professionals, the 68 agencies that provide domestic violence services in all counties (except New York City) provided the names and email addresses of employees who provided direct services to families experiencing DV. The 84 percent response rate resulted in 458 valid surveys. The results from the DV Advocate survey were analyzed three ways:

- The entire sample was analyzed to get an overall picture of DV workers views about working with the CPS system.
- Respondents with CPS office co-location experience were compared to respondents who had never had the co-location experience.
- Respondents in DV agencies that were participating in co-location programs were compared to respondents in DV agencies that were not partners in co-location programs.

Overall, the DV Advocate survey found that for the entire sample of DV Advocates, a majority had positive perceptions of CPS and were generally satisfied with coordination between the CPS and DV systems. Most DV Advocates addressed child safety in their work with clients, and nearly all felt confident that they knew what to do if they suspected that a client's child was at risk of maltreatment.

Co-location had a large number of significant effects on DV workers who had personal experience as a co-located DVA in CPS offices currently or in the past. Compared with DV Advocates who had never been co-located, DV Advocates with co-location experience reported:

- Significantly more collaborative case practice with CPS, such as attending CPS home visits and case conferences.
- Better systems coordination, such as rates of case referrals from CPS and fewer organizational restraints precluding collaborative case practice
- Better knowledge and attitudes about CPS (for example, feeling they had enough knowledge about the CPS process to help their clients through that system).

In the fifth and final component of the evaluation, the case records of 230 CPS investigations that involved domestic violence were read and coded for indicators of good CPS/DV practice. The case records of 107 CPS investigations from three co-location counties were compared with 123 case records from three counties without co-location programs.

The case record reviews revealed that child welfare caseworkers in counties in which DV Advocates were co-located were more likely to skillfully address DV with their clients than caseworkers in counties without co-located DV Advocates. Specifically, the case study review found that caseworkers in co-located counties were significantly more likely to:

- Use less victim-blaming language
- Identify DV offender behavior patterns through consultation with DV victim
- Discuss with DV victims the DV offender's impact on the children
- Conduct joint home visits with DV Advocates
- Speak with DV offenders about DV and taking responsibility for their actions
- Address the DV offender's substance abuse and mental health issues
- Make service referrals for DV victims and DV offenders

Individual reports on the findings from all completed stages of the evaluation (interviews, focus groups, CPS caseworker survey, DV Advocate survey, CPS case reviews), as well as a final report summarizing the findings can be accessed here: <http://www.albany.edu/chsr/csp-dv.shtml>.

Program Changes as a Result of Evaluation

Findings from each part of the study were discussed with the OCFS project leaders and the local district co-location teams as they were completed. As a result, adjustments and enhancements were made by the local programs and by OCFS to improve CPS practice with families experiencing DV. These improvements included the development of a quality assurance tool, a standard referral process, the development and provision of training available to all CPS workers on how to engage DV abusers as parents, the provision of safety training for DVAs to increase comfort with joint home visits, efforts to increase the number of co-located DVAs and bilingual DVAs, and improvements to the child abuse hotline intake process to better identify domestic violence before the CPS worker meets the family.

Close to Home (CTH) Performance Metrics and Evaluation

In April 2012, the New York State Legislature passed legislation authorizing the Close to Home (CTH) initiative. Recognizing that the well-being of youth, families, and their communities would be best served by “minimizing the dislocation of youth from their families and building on positive connections between young people and their communities,” the law required the shifting of responsibility for the residential care of New York City youth adjudicated as juvenile

delinquents (JDs), from state to local custody. The transfer of responsibility was to take place in two phases. Phase I was to involve the creation of a non-secure system of care and was initiated as planned in September 2012. Phase 2, which requires New York City to assume responsibility for JD youth placed into limited secure settings, is scheduled to begin in 2014. Once both phases are complete, all JDs residing in non-secure or limited secure settings will be in the custody of New York City Administration for Child Services (ACS) and served through the foster care system.

OCFS' role in this new system is threefold. As the state regulatory agency charged with promoting the safety, permanency, and well-being of New York State's children, the agency is responsible for overseeing and monitoring: 1) New York City's overall implementation of the CTH plan, 2) ACS' direct provision of case management and aftercare services, and 3) the licensing and functioning of the voluntary agencies providing residential care. OCFS is rigorously monitoring implementation of CTH initiative for plan fidelity and will eventually evaluate the impact of the new model on youth, families and communities served. To date, this has involved OCFS staff working with child welfare and juvenile justice stakeholders on both the local and state level to develop a series of performance metrics aimed at describing/monitoring program performance and community safety, including indices of system flow and critical incidents. The OCFS Bureau of Research, Evaluation and Performance Analytics is also developing evaluation designs to compare CTH and non-CTH involved JD youth on short-term (e.g., family contact, community connections, and modification rates) and long-term outcomes (e.g., re-arrest, reconviction, re-incarceration, foster care re-entry). Potential comparison groups include: a historical sample of New York City JDs served prior to the implementation of CTH and contemporary samples of JD youth served in other jurisdictions throughout New York State. To better understand how CTH works for different subgroups of youth, follow-up analyses may also seek to compare outcomes separately for: boys, girls, non-secure and limited secure youth. Evaluation findings will not be available for several years, as sufficient program start-up and follow-up time must be allotted.

B2H Evaluation

An evaluation of the Bridges to Health (B2H) Medicaid Waiver Program will examine the outcomes of an entry cohort of children who enrolled in B2H between January and June 2011. The goal of the evaluation is to measure the impact of the program on the following outcomes:

- (1) changes in child functioning as measured by the Child and Adolescent Needs and Strength (CANS) instrument completed at B2H initiation and again after one year;
- (2) changes in the hospitalization use as measured by the difference in hospitalization days in the one year prior to B2H compared to use during the first year of B2H participation, and later follow-up periods as available; and
- (3) changes in foster care placements: stability and level of care changes from enrollment through year of B2H participation.

The data collection and data cleaning phases of the project were extensive and with one exception have been completed. Paper copies of individual health plan and assessment forms were received from 20 B2H funded Health Care Integration Agencies (HCIA) serving the 880 children in the entry cohort/evaluation sample and had to be entered into a database. B2H

waiver service and hospitalization payment records were received from the Health Department and matched to the entry cohort. Foster care data from OCFS administrative database (CCRS) was matched and added to the evaluation database. The one exception to the completion of data collection and cleaning is that OCFS learned that the facility level of care data in CCRS is highly inaccurate. As changes in level of care is one of the major study outcomes, a manual process of reading the CONNECTIONS cases records to identify and code the children's foster care settings at entry to B2H and subsequently is now being planned. Analyses of service utilization, hospitalization, functional assessment levels, and changes in functioning are either completed or underway. The data will be summarized in a written report that is expected to be completed in late 2014.

Evaluation of Parent for Every Child Project

BREPA developed an evaluation design for the Parent for Every Child (PFEC) project that called for a randomized, controlled trial to be conducted in each of the three project sites, and contracted with the Chapin Hall Center for Children to carry out the evaluation. Approximately 175 children who meet the eligibility criteria for the project were randomly assigned to either an intervention group who received services under the initiative or to a control group who received services as usual. The randomized trial addressed the question: "Do freed children with serious mental health, mental retardation, or criminal justice histories who receive the specialized permanency intervention program achieve permanency at higher rates and sooner than other children with the same characteristics who do not receive the specialized services?"

Between fall of 2009 and fall of 2011, four cohorts of children who met the study criteria were identified, randomly selected and assigned to the intervention or control groups, and their eligibility confirmed or a replacement randomly selected, meeting our goal of enrolling 87 children in each study group. Chapin Hall submitted their evaluation report to BREPA in the last quarter of 2013. BREPA researchers wrote a detailed final project report that explains the project activities and evaluation findings and submitted it to the Children's Bureau in December 2013. The final report can be found on the OCFS website. A very brief summary is provided below.

PFEC specialists used diligent recruitment methods to establish a pool of eligible families from which caring adults were connected to youth in need of either relational or legal permanency. The recruitment work involved the use of a variety of strategies, the choice of which was based on an individualized assessment of the youth. The strategies included: family search and engagement efforts; Adoption Chronicles videos; internet and Heart Gallery photo listings; parent-specific targeted recruitment; adoption panels and adoption exchanges; youth panels; and outreach through weekly radio and cable TV "Adopting Teen and Tweens" shows.

PFEC specialists were well-prepared to provide the individualized casework that is essential in helping youth develop sustainable and permanent relationships with caring adults. PFEC staff worked with youth to identify potential permanent resources; helped youth overcome resistance to adoption or permanency; facilitated the development of relationships between youth and permanent resources; provided adoption navigation services; provided specialized training and support services, and assisted prospective foster and adoptive parents with the certification process.

In addition to the individual level permanency work, the PFEC project aimed to make sustainable system-wide changes by increasing the awareness and competency of local district and voluntary agencies to achieve permanency for other children with special needs. The OCFS Director of Adoption Services, the PFEC Director, and the three partner agencies participated in numerous cross-systems meetings and conferences and provided or arranged for numerous trainings and workshops open to all.

The randomized control study found that PFEC youth were more likely to become or remain open to adoption than the control group youth. While youth in both groups participated equally in photo-listings, 29 percent of PFEC youth and none of the control group youth produced an Adoptions Chronicles video. A full family search and engagement strategy was employed for 29 youth; nearly half (45 percent) of these youth were matched to a family member located through this method; and one-quarter (seven) established legal or relational permanency with the identified family member. Even without a formal permanency pact, family search enabled many youth to establish connections and regular visitations with family members that had not been occurring before PFEC.

Over the course of the PFEC project, 122 families indicated interest in working with PFEC as potential permanent resources for youth with special needs. PFEC was successful in matching recruits to PFEC youth regardless of family recruitment method. However, it was more difficult to turn matches into formal permanent relationships. As PFEC youth could be matched to more than one potential family and vice versa, 125 matches, involving 51 youth and 112 families, were made.

Eighteen youth in the intervention group achieved permanency with a family by the end of the project. These outcomes included six adoptions, a legal guardianship, and eleven youth with signed permanency pacts or commitment contracts. In the control group, five youth achieved legal permanency during that same time period (three adoptions and two legal guardianships). No children in the control group finalized an alternative permanency arrangement.

Youth who were assigned to the PFEC intervention group were significantly more likely ($p < .01$) to achieve legal or relational permanency than youth in the control group, but the differences between the two groups on finalized legal permanency exclusively (adoption or legal guardianship) were not statistically significant. That is, youth enrolled in PFEC were not more likely to have an adoption or legal guardianship finalized than youth in the control group. However, in addition to the six finalized PFEC adoptions and three control group adoptions, the only youth with pending adoptions are five PFEC youth. Given a little more time, it looks promising but remains to be seen whether PFEC will have a statistically significant impact on achieving finalized adoptions.

By bringing sustained attention to the permanency needs of this population, the PFEC project contributed to a 62 percent decrease in the number of children in the target population - from 351 children when the program began on October 1, 2009 to 133 children when the program ended on September 30, 2013. There were large decreases in all systems and for all demographics, with significant reductions in the average length of time in foster care (129 to 110 months) and time freed (84 to 69 months) between the 2009 target population and 2013 target population.

In conclusion, there are multiple key recommendations developed based on the grant findings. However two key recommendations stand out. The first is permanency planning must begin upon admission to out-of-home care. Local district case planners must continue permanency planning activities for children with special needs who are placed in mental health, developmental disability, or other congregate care facilities. Solution-focused permanency plans must demonstrate persistence and urgency toward permanency for every child. All youth permanency plans must include a detailed description of the post-permanency services that will be needed and how and by whom they will be provided. Secondly, cross-system communication and collaboration is essential to successful outcomes for foster children being served by one or more systems of care. Involvement has to be more than an acknowledgement that collaboration is necessary. It must be an active collaboration of staff from the various systems as part of the team that share common goals and are responsible for permanency efforts/outcomes on behalf of the overall well-being of children in care.

4. Consultation and Coordination between Tribes and States

OCFS Tribal Consultation

The OCFS Assistant Commissioner of Child Welfare and the Native American Affairs Specialist participated in 2013-2014 Tribal Consultation Meetings with Tribal Leaders and delegates. These meetings provided an opportunity for OCFS to present updates on initiatives for ICWA compliance. The May 2013 Tribal Consultation meeting was held at the OCFS Home Office to encourage more participation from OCFS and state officials. The agenda for this meeting focused primarily on tribal relationships with state agencies.

Tribal leaders were able to express their need directly to the state agencies present, which opened up discussion on how the state agencies would be able to meet them. There has been greater participation of state agencies at the Tribal Consultation meetings.

The second Tribal Consultation meeting of 2013 was held at the Oneida Indian Nation on October 11. The on-site meeting allowed the Tribal Nation delegates and OCFS representatives to meet with a variety of tribal service providers from Health, Substance Abuse & Treatment Programs and Tribal Administrations. OCFS invited the New York State Division of Criminal Justice Services, Department of Health and OCFS Office of Prevention of Domestic Violence to join our dialogue to support access to services to at-risk families.

With the support of the Center for Development and Human Services (SUCB), Native American Services was able to conduct four meetings with the Native American Family Services Commission in April, June, September and November 2013. The Commission includes tribal caseworkers and administrators from around the state, as well as local districts and voluntary agencies. The quarterly meetings provide an excellent forum to introduce other OCFS-supported initiatives such as Court Collaboration, and Protective Services for Adults, to Tribal and agency staff who need additional resources to serve their respective Tribal and Urban Indian communities. Other guest speakers this year were representatives from International Institute of Buffalo, Amy Fleischer, Keahi Kimo Souza, and OASAS' Margo Singer.

Throughout 2013-2014, the OCFS Native American Specialist worked with representatives from New York City's Administration for Children's Services and staff from the American Indian Community House to promote ICWA trainings plan for New York City child welfare workers.

Also, in May and October 2013, the OCFS Native American Specialist attended the Federal/State Tribal Courts Meeting held at Syracuse Federal Court House. This full day meeting provided an opportunity for OCFS to hear about broader legal issues impacting New York State's tribal communities.

Further, to support the development of tribal programs and staff development, NAS distributed 516 training opportunities and 37 funding announcements to the Tribal Nations in 2013. (Please see Goal 5 for additional Tribal Information)

5. Foster Care and Adoption Parent Recruitment

Throughout New York State, OCFS conducts and supports a variety of programs and initiatives to improve and expand the recruitment and retention of foster care and adoptive families. Much of this work is spearheaded by the six OCFS Regional Offices. Many of the most successful activities occur in most all of the Regions. A summary of these activities include:

Heart Gallery:

Heart Gallery is a traveling exhibit featuring portraits of foster children in need of adoption. Photographers donate their time and talent to create high quality portraits of children which are displayed in prominent venues to raise awareness about the hundreds of children available for adoption.

Permanency Panel Reviews:

These reviews include children that are in need of specific adoption recruitment efforts. Staff from local districts, courts, and voluntary agencies is often involved in these collaborative activities. Barriers facing these children are discussed and frequently individual adoption plans are developed for the child. This approach has resulted in permanency plans for many children.

Adoption Day, Week or Month Celebrations:

Celebrations associated with successful adoption activities occur throughout New York State. They provide an opportunity to highlight the collaborative work and supports needed to achieve adoption for children with special needs and generate positive publicity for ongoing adoption efforts. Adoption month was observed across the state with a calendar of events throughout November and into the first week of December. Events included a full array of activities; adoption finalizations featured on the *Today Show*, Family Court adoption finalizations with public celebration events, television commercial campaigns, Heart Gallery events, and an annual tree lighting ceremony. In November, revisions to the publication 1128, "Adopting a Child from New York State Foster Care" were completed. The OCFS Public Information Office (PIO) continues to use social media to raise awareness.

Adoption Exchanges:

Adoption Exchanges provide a networking opportunity for adoption staff to share with each other and to exchange information about waiting children with prospective adoptive families.

Training:

Training activities include specific topics such as the impacts of legislative and regulatory changes, targeted recruitment strategies, and techniques to utilize foster parents as recruiters. Additionally, training initiatives occur in each region which addresses issues that are identified at the regional level.

Publicity:

In conjunction with various media many programs and initiatives have been developed to inform the public of the number of children in New York State awaiting adoption. Many local television stations produce weekly segments highlighting children who wish to be adopted. Feature articles or series are found in many newspapers which not only identify children awaiting adoption but provide viewers and readers with resources if they wish additional information.

OCFS has been working with the National Resource Center for the Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids to assist OCFS with providing technical assistance to districts and voluntary agencies on recruitment and retention of foster and adoptive parents. The Recruitment Specialists work directly with OCFS Regional Office staff in providing technical assistance to local districts and agencies on recruitment and retention. These efforts will also help address a New York State need to address recruitment and retention efforts as required by the CFSR.

As a result of the last New York State CFSR Program Improvement Plan (PIP), all local districts and authorized voluntary agencies having a purchase of services contract with a local district for the operation of an adoption or foster boarding home program, are required to update their Recruitment and Retention Plans focusing on compliance with the federal Multiethnic Placement Act of 1994 (MEPA). OCFS Regional Offices provide ongoing monitoring of the plans.

Accomplishments for 2010-2014:

- Adoption Exchanges were held quarterly, regional offices continue to provide technical assistance to LDSS/VA's as they plan recruitment and retention events in their county/agency.
- Regional Offices held quarterly meetings with adoption supervisors to review and discuss policy, practice, and program and agency support needs.
- Permanency Panels were held throughout the regions to review specific child needs in order to highlight opportunities as well as identify any barriers to securing permanency for children in foster care.
- Monitoring and oversight is conducted on all LDSS and VA's recruitment and retention plans through onsite visits, as well as discussion on implementation efforts and to create planned activities within each county.

- Regional Office staff has provided technical assistance to LDSS and VA's regarding OCFS data available.
- Local social services districts sponsored a variety of events in conjunction with November as Adoption Month. Participants in the events included district staff, adoptive families, general public, potential adoption resources, adoption agency staff, and in several cases, staff representing Family Court and OCFS.
- Maintained a continued focused effort on the federal mandate that requires that the "pool" of committed families recruited reflect the racial/ethnic backgrounds of the children in foster care in each county.

Adoption Opportunity Grant Award

In October 2008, the U.S. Department of Health and Human Services awarded OCFS a five-year Adoption Opportunities grant totaling \$2.2 million to support an initiative entitled "A Parent for Every Child (PFEC)" that was designed to promote the diligent recruitment of permanent families for freed older foster care youth with severe emotional, behavioral and developmental needs that require residential treatment in a New York State facility of the Office of Mental Health (OMH), the Office for People with Developmental Disabilities (OPWDD), the Division of Juvenile Justice and Opportunities for Youth (DJJOY/OCFS) or in a Residential Treatment Facility (RTF). As PFEC-eligible children were in facilities or treatment centers all across New York State, OCFS contracted with three highly regarded, geographically dispersed service agencies with experience in serving older youth in foster care to provide the direct services with PFEC children and families; Hillside Children's Center, Parsons Child and Family Center and You Gotta Believe. The project recruited a pool of families willing to adopt youth with special needs and provided training to assist parents with special parenting requirements to meet the needs of these youth.

September 29, 2013, marked the conclusion of the grant. A large body of work continued throughout the final month including, review and editing of the process evaluation, participation in two webinars to disseminate lessons learned to Diligent Recruitment Cohort 2 grantees, identification of appropriate recruitment/ training activities that could be supported with the remaining PFEC funds and review of child specific final reports. The final reports were completed by the PFEC Permanency Specialists for each youth on their caseload. The reports identify recruitment efforts, resources identified, outcomes and barriers. Final reports were then forwarded to the appropriate local department of social services to support continuation of permanency efforts for each youth.

The PFEC grant report including evaluation was finalized in 2013. Key to sustainability of the project design was to take the experiences learned from working with the most challenging cross-system cases to get an in-depth knowledge of why permanency work was not occurring with this particular population, figure out what was needed to change this situation, and start implementing policy and practice changes system-wide. The goal is to make everyone involved in these children's care, no matter which system hired them, become attuned to the urgent need for permanency work for all freed foster children, including the target population of this project. PFEC made a good start at raising awareness about the plight of these children and the

practicalities of working with these youth toward real permanent relationships that will last into adulthood as caseworkers and others with responsibility for these youth were equipped with the knowledge, skills, and time to conduct family finding.

As part of the sustainability efforts of the PFEC project and in keeping with statewide efforts to continue to stress the importance of securing permanency for older youth in foster care, educational and informational items were purchased and provided to commissioners of local departments of social services in December of 2013. These items are aimed at improving staff efforts at preparing youth to successfully live with a family or transition from foster care to live independently connected to a committed, supportive adult.

- The book “*Getting Solid*”: A Youth’s Guide to Permanence.” It provides information on the importance of establishing permanent connections for foster youth and preparing them to “participate in positive, caring, life-long relationships” (Two copies);
- A fantastic binder “*FY13 – Involved, Informed, Independent*” helps a youth to identify and organized all the important forms, papers, contacts, medical and work-related information a youth needs to function as an independent adult (Two copies);
- “It’s T Time: Transition Planning Toolkit – this toolkit is for caseworkers and facility staff to help them to assist foster youth in preparing for a successful transition into adulthood (a poster and CD).

Commissioners were advised to remind staff of the New York States’ policy, “Transition Plan Requirements for Youth 18 and Older Aging Out of Foster Care,” as well as the availability of information on the OCFS website including, guides on educational, employment, vocational services and Health Care Integration Services needed to assist youth to successfully transition from foster care.

Training

Hillside Family of Agencies provided the Family Finding curriculum and committed to training internal staff and local district staff as well as staff from voluntary agencies serving youth from OPWDD, OMH and OCFS prior to September of 2013. Parsons has incorporated several of the project strategies in their efforts to find resource parents for older foster care youth. Adoption Chronicles and other forms of video will continue to be used by Hillside and You Gotta Believe!, with equipment and staff training acquired though the grant. Partnerships with Children Awaiting Parents and The Heart Gallery will be sustained.

Family Finding Training: During the period of this project, Hillside became qualified to provide Family Finding training. By the end of the project, OCFS had provided funding for staff from over 20 local districts to attend this training. New York City, the state’s largest district is working on having this training provided for their workers. OCFS expects to continue to encourage districts to have their staff receive this training.

Trauma-Informed Training: All three partner agencies hosted trauma workshops in their region of the state. Staff, foster and adoptive parents, child welfare providers and other interested persons working with the PFEC target population or other foster care youth

attended these training sessions. Parsons training institute offered a workshop “Caring for Children Who Have Experienced Trauma” for parents which enabled them to gain 16 credit hours towards therapeutic certification. Other workshops included the effects of trauma on youth development, and how to effectively parent youth who have experienced significant trauma in their lives. The Parson’s training institute will continue to provide training on trauma- informed care across the state.

Permanency Status for the Reporting Period ending April 30, 2013:

Permanency Status of Intervention Group (88 youth)

Adopted	6
Adoption Pending	5
Guardianship	1
Guardianship Pending	1
CC/PP/OCC*	11
CC/PP/OCC pending	1
No permanency arrangement pending	38
Youth left the study**	25
Total	88

Post-Adoption Services

The continued encouragement of timely adoptions of foster children has resulted in increased attention to the need for services following the adoption. Adoptive parents, service providers and advocates have underscored the importance of a broad range of services provided by specially trained professionals which recognize the unique needs of adoptive families. In addition, social service districts provide preventive services to those adoptive families experiencing turmoil that threatens to result in placement of their child(-ren). Two factors curtailed expansive and effective provision of these post-adoptive services: (1) lack of service providers with expertise to serve adoptive families and (2) reliance on social services districts to routinely develop and deliver (either directly or through purchase) specialized services.

Refinement of our understanding of the unmet service needs of adoptive families is important to OCFS and social service districts for developing programs to deliver services. The availability of uncapped 98 percent of 65 percent state reimbursements to social service districts for this purpose allows for targeted district investments in filling gaps in services. On-going demand for post-adoption services promise to distinguish for the state and its social services districts which services must be tailored to the unique circumstances of adoptive parents to achieve a suitable level of efficacy. For example, must a respite program incorporate information on adoption and its impact on family relationships to be effective? This question could be repeated for a wide range of health, mental health, educational and social services. The more information that is garnered through studies, demonstrations and research, the more programs can be provided to facilitate the ongoing success of adoptions.

New York's Child Welfare Finance Legislation, Chapters 53 and 83 of the Laws of 2002, enacted for a five year period, was extended by Chapter 57 of the Laws of 2007 to June 30, 2009 and by Chapter 57 of the Laws of 2009 to June 30, 2012. This provides districts uncapped state matching reimbursement for local spending on protective, preventive, aftercare, independent living and adoption services. OCFS has conducted regional training to train on the implementation of this spending. Among other things, the uncapped reimbursement allows districts to consider expansion of existing services or use of innovative strategies for supporting adoptive families.

The Adoption Album

The Adoption Album is a web-based system which caseworkers throughout New York are using to photo-list children on the Internet, and register and photo-list potential adoptive families. Since 2008, OCFS has maintained the Adoption Album which interfaces with CONNECTIONS. Training is provided via Learnline which allows instructors and trainees from across the state to gather in a classroom environment using their desktop computers. OCFS Regional Office Adoption Specialists are also available to provide training and technical assistance. The Adoption Album allows caseworkers and photo listing contacts to continue the critically important recruitment work of photo listing children freed for adoption and registering families who have expressed an interest in adopting these children. The Adoption Album has always been a valuable resource as a first step in matching children with families and this redesign will encourage greater use of this valuable tool. The time required to photo-list a child has been significantly reduced from weeks to, in most cases, the same day as referral to OCFS and workers are now able to upload digital photos. Additionally, New York State families with a completed and approved adoption home study can now register via the internet in the same manner out-of-state families can register. New York State families and out-of-state families interested in registering on New York State's Family Adoption Registry must: (a) complete the form online; and (b) submit the form to New York State Adoption Services (NYSAS) with the appropriate verification identifying that they have an approved home study. NYSAS reviews the registration and the supporting documentation and, if all materials are acceptable, the family is then placed into the Family Adoption Registry. This online form allows an out-of-state family to complete the registration online and electronically submit the information to NYSAS. The family will then mail the appropriate verification to NYSAS. Families can also digitally upload a photo that can also be placed on the Family Photo listing Registry. Once NYSAS receives and reviews the family's information, the family can be registered. The family will receive an e-mail message with notification that their family has been registered. Implementing the online registration eliminates the need for NYSAS to data enter the family's information into the Family Registry and helps to expedite the process of registration. The Adoption Album continues to be an invaluable recruitment tool for providing prospective adoptive parents the ability to view New York State children available for adoption online. The Album provides general information on the individual needs of each child. The internet version of the Adoption Album provides the name and phone number of each child's photo-listing contact on line. This provides prospective adoptive parents the information they need to make an initial inquiry of a child. In 2013, letters were sent to local district Commissioners asking their support in strengthening statewide child-specific recruitment efforts by referral to *The Adoption Album* of all eligible freed children and registration of all eligible adoptive applicants.

In 2011, OCFS introduced the Silverlight Adoption Album on the internet. The Silverlight Album is an alternative way for the public to view children currently photo-listed on the internet in the Adoption Album. It provides prospective adoptive parents with thumbnail photos of all children currently in the Adoption Album. Photos can be sorted by gender or age and the child's narrative and contact information is viewed by clicking on each photo. This new feature is a user friendly addition to support recruitment of families for photo-listed children.

Statewide Central Register Database Checks

Improving processes for adoption-related cases for database checks against the SCR and for administrative reviews of cases involving indicated reports of child abuse or maltreatment. Additional training in search techniques is being provided to local districts.

Adoption Services

Development continues on the comprehensive Adoption Discovery Project, a web-based system designed to allow data sharing with many stakeholders with completion of the Adoption Album and Subsidy modules, the project is now focused on development of a new Interstate Compact on the Placement of Children (ICPC) database that began in 2012 and is scheduled for piloting in 2014.

Adoption Subsidy

Since 2011, the submission of subsidy applications through the electronic subsidy database eliminated paper processing statewide. Agencies are required to scan and upload all supporting documentation allowing for submission of subsidy applications with the click of a button thereby eliminating mailing costs and reducing delays. Electronic submission and tracking of adoption subsidies, also significantly reduces errors, returns, copying and mailing costs. Training is provided via Learnline as needed. Since implementation of the database, the average length of time from receipt of the application to the approval/denial of the application by OCFS was three days.

Subsidy applications are stored within the system allowing for easy access to copies of the application in the future. One of the major barriers to completing Interstate Compact on Adoption and Medical Assistance (ICAMA) requests for children moving out of New York State has been the difficulty adoptive parent's face in locating a copy of their child's subsidy. Applications that are created electronically will be accessible to districts, agencies and OCFS as needed to support more timely submissions of amendments, upgrades and ICAMA requests.

Criminal History Review

OCFS has expedited processes for criminal history background checks for adoption-related cases. Rapid turnaround of requests for current documentation is being provided as cases are identified through the case review process.

In addition to making improvements in its operational systems, OCFS is bringing additional supports to this effort.

Termination of Parental Rights (TPR) Barriers

A work group including attorneys, judges, social workers and OCFS convened from 2004 to 2008 to explore barriers surrounding the termination of parental rights. This group identified one barrier to adoption related to unclear lines between custody and guardianship, the TPR process and the need to explore methods to expedite appeals. In 2008, legislation was crafted by OCFS and was enacted as Chapter 519 of the Laws of 2008. It clarified the rights and responsibilities of custodians and guardians and created a permanent guardianship.

Other initiatives aimed at expediting adoptions statewide included the following accomplishments:

- Revising the Lawyers Guide, Publication 5054, “*What to Expect from an Adoption Attorney*” was revised in August 2013, for the purpose of using this document as a statewide guide of the responsibilities of attorneys in the adoption process.
- The Comprehensive Adoption Report (CAR) is now available online for use by social services districts and voluntary agencies. The CAR was developed to provide a standard model/template that will guide practice and training on the contents of an agency’s adoption report to be submitted to the court. The CAR provides a guide so that adoption reports prepared and submitted by agencies meet the requirements of state statute and the courts. In New York City, CAR training was provided to ACS, voluntary agency and the court personnel in an effort to initiate use of the CAR in all five boroughs.
- Collaborative effort to focus on the needs of older youth in foster care, the services available to them and improving permanency planning for these youth.

Collaboration to AdoptUSKids:

The Collaboration to AdoptUSKids is a service offered by the Department of Health and Human Services’ (DHHS) Children’s Bureau. This is a national foster care and adoptive initiative to recruit new foster care and adoptive families for children in our foster care system. At the conclusion of the contract for the Response Recruitment teams in 2009, OCFS has taken on the responsibility of responding to inquiries for all upstate families by linking them to the local agency with responsibility for a child or linking them to the state/county/local agency responsible for providing pre-service training and home studies. The Administration for Children’s Services continues to respond to inquiries from New York City. OCFS worked with AdoptUSKids to assist in updating New York State children with overdue or outdated photo listings and assisted AdoptUsKids in their efforts to clean up outdated family information.

ADOPTION MONITORING SYSTEM
 FREQUENCY COUNTS FOR STATEWIDE
 WAITING CHILDREN (FREED NOT PLACED) – 761
 April 21, 2014

Age Group	NUMBER	PERCENT
0 TO UNDER 2	38	5.0
2 TO 5	176	23.1
6 TO 9	160	21.0
10 TO 13	191	25.1
14 TO 17	174	22.9
OVER 17	22	2.9
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TOTAL	761	100.0

Ethnic groups	NUMBER	PERCENT
WHITE	256	33.6
BLACK	276	36.3
HISPANIC	83	10.9
INTERRACIAL	47	6.2
OTHER	99	13.0
	-----	-----
TOTAL	761	100.0

Sex	NUMBER	PERCENT
FEMALE	349	45.9
MALE	412	54.1
	-----	-----
TOTAL	761	100.0

Number of siblings	NUMBER	PERCENT
01	710	93.3
02	19	2.5
03	18	2.4
04	3	0.4
05	8	1.0
06	1	0.1
08	2	0.3
TOTAL	761	100.0

6. Adoption Incentive Payments

Not Applicable - New York does not participate at this time.

7. Child Welfare Demonstration Activities

No activity for this period.

8. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

Child Abuse Prevention and Treatment Act (CAPTA) Overview

New York State CAPTA Coordinator:

Judy Richards
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Rensselaer, NY 12144
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CAPTA Initiatives and Accomplishments

The federal Child Abuse Prevention and Treatment Act (CAPTA) (42 USC 5101, et seq.) supports a number of activities designed to develop and strengthen child abuse and neglect prevention programs in New York State. CAPTA funds continue to support the federal Children's Justice Act programs, and management of the Healthy Families New York (HFNY)

Program, the William B. Hoyt Memorial Children and Family Trust Fund (Trust Fund) and the federal Community-Based Child Abuse Prevention program. In addition, funds supported scientific research; training and technical assistance, public awareness, and data collection and analysis to support development of best practices and to better serve children and families of New York State.

Through CAPTA project coordination, OCFS verifies that the state's utilization of CAPTA funds is in compliance with federal requirements and guidelines and that CAPTA projects meet stated objectives. The CAPTA Coordinator assumes the role of State Liaison Officer and works with OCFS' policy, legal and regional office staff to fulfill that responsibility. The CAPTA Coordinator oversees the Trust Fund, and the Community-Based Child Abuse Prevention Grant, as well as contributes to activities under the Basic State Grant, Children's Justice and Assistance Grant, and the HFNY Program as needed. In this capacity, the CAPTA Coordinator is able to facilitate collaboration and integration with other child welfare and other services for children and families, respond to individual requests for information on programs available in New York State, and respond to complaints from individuals that are brought to the attention of the Department of Health and Human Services, Administration for Children and Families (ACF). Additionally, as previously indicated OCFS is the state agency responsible for the administration for both the Title IV-B and the CAPTA Grant funds, allowing for improved coordination and collaboration.

Accomplishments in 2013-2014:

OCFS continued a variety of strategies and initiatives to prevent and treat child abuse and maltreatment which are described below.

Services to Support Youth with Disabilities

Currently, approximately 600 OCFS-licensed beds are targeted to serve youth with a developmental or intellectual disability who may have co-occurring mental health/medical or chemical dependency issues. OCFS staff charged with oversight responsibility of voluntary agencies serving this population need additional technical assistance and training to fully assess the adequacy of staffing capacity and qualifications, treatment needs and behavioral support planning considerations for this vulnerable population of youth in residential care.

OCFS contracted the services of Dr. Deborah Napolitano, Assistant Professor and Co-Director of the Community Consultation Program in the Department of Pediatrics in the Division of Neurodevelopmental and Behavioral Pediatrics at the University of Rochester to provide technical assistance to staff in the oversight of these specialized programs. During 2013-14, Dr. Napolitano assisted OCFS staff in reviewing OCFS licensed residential care programs that serve youth with intellectual and developmental disabilities and reviewed proposals from voluntary agencies seeking to establish new programs to serve this specialized population. Dr. Napolitano also developed an oversight module for regional office staff to use when conducting a review of a voluntary agency to assess the adequacy of agency programs to meet the needs of youth with intellectual and developmental disabilities.

Domestic Violence Training

OCFS secured the services of David Mandel & Associates. Mr. Mandel is author of the Safe and Together Model™ that employs a field tested approach to help child welfare and its partners to respond effectively to families affected by domestic violence. Mr. Mandel presented a two-day training for the OCFS funded CPS/DV collaborations in June 2013. This training encouraged the CPS caseworkers to take a different approach when investigating CPS cases involving DV to improve outcomes for victims and their children. Attendees were shown how the non-offending parent's strengths and preventive strategies can be used to effectively implement a safety plan for the family and empower the adult victim. They also learned techniques for holding the offending parent accountable while supporting the victim and children.

David Mandel and his staff also trained the Statewide Central Registry staff on how to use concepts from his Safe and Together Model™ when interviewing callers regarding DV situations. Holding the abuser accountable and exploring the non-offending parents' protective actions during the interview were stressed.

Services to Support Youth

Dr. Napolitano will provide in person training to the regional office staff on the oversight module to be used when conducting a review of a voluntary agency, and will continue to provide technical assistance to build the capacity of regional office staff in the monitoring and oversight of these specialized programs.

Child Welfare Data System

In the coming year, Chapin Hall Center for Children (Chapin Hall) will provide the OCFS with access to information management and research tools that can improve outcomes for the children and families OCFS serves. Chapin Hall provides a service in which certain information regularly maintained by OCFS (and other state welfare agencies) is reformatted into a database for tracking child welfare service careers longitudinally. Chapin Hall offers computer programs and internet-based tools it has developed for accessing the database and generating reports, including reports amenable to such federal outcomes as: time to adoption, time to reunification, placement stability, and foster care reentry. Chapin Hall provides technical assistance on extracting, interpreting and using information from the database to help understand child welfare system performance. Chapin Hall provides OCFS with up to five hours of training and technical assistance annually on how to access and read the database, and to generate and interpret reports.

Healthy Families New York –Randomized Controlled Trial - 15 Year Follow Up

Research Scientist Dr. Miranda-Julian, will collaborate with the HFNY Research Team and the HFNY Central Administration Team to research, identify and develop instruments for collecting and coding data; develop and document data collection methods; analyze and interpret data; and present the results obtained from key informants for the 15 year follow-up of the HFNY randomized controlled trial. Dr. Miranda-Julian will also play a substantial role in obtaining data from New York State administrative data sources for the study's key informants, coding the data in accordance with study developed procedures, and analyzing the data in conjunction with the information obtained directly from key informants. She will also be involved with the ongoing

HFNY program evaluation activities that are used to assess whether or not HFNY programs are being implemented with fidelity to the HFA model and to improve the quality of services provided. This position benefits the HFNY program and New York State in that it provides the internal support necessary to engage in high-quality research and evaluation activities that contribute to understanding the short and long-term effectiveness of the HFNY program.

Federal Family Violence

Federal Family Violence funding continues to provide financial support to residential and non-residential programs experiencing low occupancy or needing health and safety enhancements to their residential program.

Children's Justice Act

The federal Children's Justice Act (CJA) Program Grant continues to enhance OCFS' ability to develop, establish, and operate programs designed to improve (1) the handling of child abuse and maltreatment cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim; (2) the handling of cases of suspected child abuse and maltreatment-related fatalities; (3) the investigation and prosecution of cases of child abuse and maltreatment, particularly child sexual abuse and exploitation; and (4) the handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.

Children's Justice Act program funds are primarily used to promote start-up and/or improved functioning of local community coordination of the investigation, prosecution and treatment of child abuse and neglect cases. Through the implementation of local multidisciplinary investigation teams (MDTs), child advocacy centers (CACs) and child fatality review teams (CFRTs), child protective services, law enforcement, prosecution, medical, mental health, and advocacy agencies are better able to coordinate, collaborate and communicate on cases. The goals of all funded programs are to reduce additional trauma to child victims after their disclosure, improve the handling of cases for all agencies involved, and improve the skills and knowledge of all professionals involved.

The federal Children's Justice Act Program has allowed OCFS to expand its efforts to develop and maintain MDTs, CACs and CFRTs across the state. The New York State Child Advocacy Resource and Consultation Center (CARCC) provides services that include specialized and/or interdisciplinary training, team functioning analysis, technical assistance, resource development, and coordination of a statewide coalition of CACs and MDTs wishing to develop CACs. CARCC also assists MDTs throughout the state with access to current information and research on: child sexual abuse; child fatalities; child abuse and neglect data from a multidisciplinary perspective; training resources and opportunities, including a directory of discipline specific consultants; and technical assistance material to assist in team development.

One of the primary programs funded through CJA has been the CARCC Program. During the last year, CARCC was instrumental in assisting the CJA staff with providing technical assistance for many innovative programs as well as provision of assessment and consultation services; a mentoring program; marketing and co-sponsorship; the CARCC website; the CARCC listserv; the Case Tracking Database; a toll free telephone number; the Child Abuse and Disabilities website; an enhanced website and training module development. These activities are described in more detail below.

Assessment and Consultation Services

CJA staff worked closely with CARCC staff to provide more individualized consultation services to MDTs and CACs throughout the state. At the request of CJA staff five on-site consultation sessions/county events/collaboration with New York State Child Advocacy Resource were provided. These events include such activities as participating in a webinar, and attending training workshops on human trafficking and commercial sexual exploitation of children. CARCC provides on-going consultation by phone, email, and additional site visits as necessary. Common issues and goals included:

- Obtaining accreditation for a CAC
- Fund development and awareness
- Education on key organizations and how they overlap
- Providing an overview of the different CAC models used in each county covering similarities and differences

CARCC also provides information to professionals, students and concerned citizens throughout the nation, responding to over 352 technical assistance requests in the past 12 months. Technical assistance included, but was not limited to, current Child Advocacy Center policies and procedures, information on the recording of forensic interviews nationwide, legal and educational advocacy referrals, and the New York State Children's Justice Task Force Forensic Interviewing Best Practices. CARCC's resource library has expanded and offers users a wealth of printed, audio and video materials. In addition, CARCC's website, listserv, and resource guides have aided in the provision of this service.

Mentoring Program

Of the several approaches used by CJA staff to improve team building, one of them is team-to-team mentoring. Mentoring sessions between counties has proven to be mutually beneficial. These are essential connections as teams learn from each other and work through useful solutions to shared problems. This concerted effort also encourages ongoing associations between counties. In the past 12 months, CJA staff requested four mentoring sessions to be facilitated by CARCC. Several key areas that have been addressed through the mentoring program include prevention programs to reduce child sexual abuse, board development, and case review guidelines.

Marketing and Co-Sponsorship Program

CARCC's marketing and co-sponsorship program is utilized by CJA staff in order to assist MDTs and CACs with initiatives to support training, awareness events, and team-related needs. The co-sponsorship program is comprised of initiatives designed for an audience of multiple counties. Both programs serve as an additional benefit to the MDTs and CACs of New York State by making possible collaborative events where expertise is openly shared. Support is made available in the form of financial reimbursement for event-related expenses, such as but not limited to promotional materials, meeting rooms, and honorarium fees. In addition, the marketing program provides support to MDTs and CACs via the CARCC website and listserv, which offers the equivalent of free advertisement of events and employment posting services. In the past 12 months, CARCC has supported two events in counties throughout the state, with one of those trainings being a multi-city co-sponsorship with over 350 people in attendance. The other event sponsored by CARCC was the Southern Tier Child Advocacy Center Trauma-Focused Cognitive Behavioral Therapy training. This two-day training plus one year of monthly consultation clinical calls will increase access to effective evidence-based treatment for the children and families impacted by trauma. The conference included professionals throughout New York State such as psychiatrists, psychologists, social workers, and licensed counselors.

CARCC Website

A valuable tool for sharing and collecting information is through CARCC's website (www.nyscarcc.org); New York State's child abuse response efforts receive a worldwide audience and can offer resources and information to virtually anyone with access to the Internet. Professionals from academic institutions and nonprofits as well as concerned citizens worldwide often learn of CARCC via the website, which includes technical assistance materials, up-to-date training opportunities from across the country and program outcome data on CACs. The site is linked to numerous relevant government, private and public websites addressing a wide range of topics of interest to child abuse professionals.

Not only are CJA staff able to reach a wider audience through this website, but this technology also provides for a means of dissemination and information sharing for the teams themselves. The Directory of MDTs and CACs provides a detailed profile report of all the teams in New York State, highlighting demographic information, case criteria, funding sources, and interagency partners. A photographic virtual tour of CACs highlights the various designs that support a child-friendly setting and offers a perfect opportunity for those CACs to showcase their dedicated efforts. Teams also utilize the website to post job announcements and training opportunities.

The website was updated again in 2013 to make it a more user-friendly site, with easy navigation and information that is most often requested.

CARCC Listserv

CJA staff often use the CARCC listserv to reach out to professionals in the field. By inviting professionals to join crucial discussions concerning issues such as investigation, prosecution, medical and mental health treatment we have extended our ability to provide considerable information and knowledge on a larger level. There are 194 members currently on the listserv. The members participate in a forum for exchange of information and ideas. The listserv is

designed to provide an opportunity for electronic dialogue and facilitate information sharing. Members have the ability to pose questions, request feedback or join a discussion regarding funding or other pertinent discourse. Information continues to be exchanged at an active rate on the listserv, with over 105 messages posted in the past year.

New York State Case Tracking Database for Child Advocacy Programs

In order to meet the growing need for sound data collection methods, CJA staff continues to use CARCC to assemble MDT/CAC data through the Case Tracking Database (CTDB). This system can be used by all MDTs/CACs throughout the state. With the database, a MDT or CAC can track some of the most common demographical information of children seen and services provided, as well as generate common reports, such as NCA statistics and Crime Victims Board services. There is also a feature that allows a MDT or CAC to produce a specialized report tailored to their individual queried needs. Because the database is provided free of charge, there has been a welcomed response and now all New York State CAC programs use this format or the NCATrak data collection instrument. Technical assistance is always provided either by CJA staff, CARCC staff or a technical consultant, and this past year over 352 requests for assistance were answered by CARCC staff alone.

Toll-Free Telephone

Programs are encouraged to use CARCC services when CJA staff is not available. To facilitate this option, a toll-free telephone number has been established in order to accommodate those teams who have limited or no long distance access. CARCC received 174 calls on the toll-free number from 38 different counties in New York State, in addition to two international calls and calls from 14 other states. This has helped facilitate program access to more professionals in the field. The toll-free number is (866) 313-3013.

Child Abuse and Disabilities: Enhanced Website and Training Module Development

CJA staff continues to work with CARCC and Columbia University on expanding the *Child Abuse and Disabilities* website (<http://online.tc.columbia.edu>). Since the website's launch in 2007, there have been over 28,000 hits to the site and visitors from over 150 countries. Over 750 individuals have fully registered on the site, receiving full access to the articles, video clips and other resources that are available. During 2013, the program continued to add more state contacts on disabilities. Disability resources for all 50 states have been completed during this quarter. Project Team graduate students have identified 100 users of the website from across all 50 states for an Online User Survey being developed. The Training module is under final development and will be "piloted" in April 2014, within the New York State Advanced training session. Discussions and meetings were held with members of the OCFS who have supported this project throughout these years.

Accomplishments for 2013-2014

As of FFY 2013, all CAC programs are approved as Tier I programs by OCFS. There are now 40 OCFS-approved programs serving 43 counties, involving over 18,000 physically and/or

sexually abused child victims. There are a growing number of MDT/CAC programs exploring the feasibility of expanding services into surrounding counties. The Genesee County Justice for Children CAC Program is often used by surrounding counties such as Livingston, Orleans and Wyoming. Chemung County CAC is used by Tioga and Schuyler counties. Clinton is used by Essex and Franklin County's at times, particularly for law enforcement-only cases. The National Children's Alliance (NCA) has accredited 34 of the programs through their national standards. CJA staff continues to provide technical assistance to the remaining eight programs in their application for NCA accreditation.

All MDT/CAC Programs are required to submit annual Program Standard Evaluation Instruments. The instrument is a key tool in the annual evaluation and assessment process conducted by CJA staff. All programs receive a comprehensive review that includes attendance at an MDT case review meeting, individual interviews with key MDT members and a follow up site review letter that identifies the strengths and weaknesses of the program. This letter is then used as a foundation for performance targets and/or corrective actions.

CJA staff conducted 42 on-site technical assistance and/or monitoring reviews during 2013. Some programs required numerous visits to provide necessary program development services. Staff also provided an average of three technical assistance phone consultations per month. Many consultations can be very lengthy and/or require considerable follow up.

CJA staff worked to develop of 43 contracts during the year. They include:

- 40 county or regional specific work plans, performance targets and budgets;
- Three statewide initiatives through the Children's Justice Act Program;
- Two contract reassignments to other MDT members agencies to improve or expand ability to provide services;
- Assisting contractors in contract development; and
- Assisting contractors in budget revisions and/or amendments.

CJA staff continued to collaborate on intra-agency initiatives with the Bureau of Training, Continuous Quality Improvement; Strategic Planning and Policy Development, and Program and Community Development. Activities included participation on curriculum design for Forensic Interviewing Best Practices. CJA staff also provided technical assistance to the Child Fatality Review Team Program, OCFS Regional Offices, New York State Safe Harbour initiative; child sexual abuse prevention initiatives, and written directives related to investigation, treatment or management of child abuse cases.

CJA staff has been actively involved with development of two training initiatives supported by the New York State Chapter of the National Children's Alliance and the New York State Division of Criminal Justice Services. They are the "Less is More" and "First Responders" trainings.

The purpose of the "Less is More" training is to equip mandated reporters with the knowledge and skills needed to effectively recognize and respond to allegations of child abuse. This training is designed to give school and child care personnel, along with medical, mental health and other therapeutic providers the tools needed to optimally respond when a child discloses or

indicates that he or she may be a victim of child abuse. The response from a mandated reporter can impact a child's ability to move forward with the "First Responder" or system response.

The purpose of the "First Responder" training is to equip first responders with the knowledge and skills needed to respond to child abuse when an allegation comes to light. Responding to child abuse allegations is a challenging undertaking. It can be difficult during an investigation to find the balance where children are kept safe, while at the same time minimizing the potential for negative effects. This training was developed to break down common misconceptions and clearly explain the correct procedures for response. As a result, more children will receive the help they need, in a timely and sensitive manner. The training has been piloted through the Genesee County Justice for Children CAC, the Putnam County CAC and the Otsego County CAC program.

CJA staff is actively involved with supporting the Safe Harbour initiative in New York State. A contract with the International Organization for Adolescents (IOFA) was established in January 2013, to launch ChildRight: New York in five pilot areas including the counties of Erie, Monroe, Onondaga, and Westchester as well as the five boroughs of New York City.

The key elements of ChildRight: New York include:

- The development of community-based action plans in each of the pilot area;
- The creation and facilitation of a steering committee and sub-committees to participate in the creation of a statewide blueprint or action plan for developing a comprehensive statewide approach to addressing child trafficking;
- Implement a blueprint to strengthen the child welfare response to child trafficking;
- Integrating key child trafficking identification and screening tools into existing OCFS and local social service systems;
- Training 1,000 key responders and child welfare professionals on child trafficking; and
- Increasing the number of child trafficking victims identified and served across New York.

CJA staff will assist IOFA in the development and implementation of this specialized training during 2014 and 2015 FFYs.

CJA staff assisted in development of numerous specialized training initiatives for MDT/CAC investigations, treatment, management and prosecution of child abuse cases, particularly sexual abuse and exploitation. A number of CAC Programs across the state have collaborated with local YMCA Programs across the state to present Darkness 2Light: Steward of Children training programs to schools, church congregations, Healthy Families staff and many other child-serving community groups. Some of the trainings have included:

- Understanding the New York State Family Court System – Southern Tier Health Care Center CAC and the Northeast Regional Child Advocacy Center on April 22, 2013.
- Protecting our Children: "Advice from Child Molesters" Train the Trainers - by Child Advocacy Center of Putnam County on April 29-30, 2013.
- Sex Trafficking of Children Conference – Bivona CAC and the National Center for Missing and Exploited Children on May 29, 2013.
- Topics in Forensic Interviewing and Abuse Investigations – New York State Association of Treatment for Sex Abusers and the Albany Child Advocacy Center on May 20, 2013.

- Medical Aspects of Child Physical Abuse-Bivona Child Advocacy Center and Strong Memorial Hospital on June 26, 2013.
- Trauma-Focused Cognitive Behavioral Therapy for Traumatized Children and Their Families by the Southern Tier Child Advocacy Center on August 26-27, 2013.
- Play Therapy Training - Dr. Stephen & Suzanne Menkes Child Advocacy Center of Columbia and Greene Counties on September 5, 2013.
- Adolescents with Illegal Sexual Behavior: How Dangerous Are They? - Southern Tier Health Care Center CAC on September 20, 2014.
- National CAC's Advanced Forensic Interview Training - Nassau County Child Advocacy Center on September 24-26, 2013.
- 15th Annual Safe at Home Conference by the Niagara County Child Advocacy Center on October 1, 2013.
- Individuals with Disabilities and Crime Victimization by the Saratoga Center for Children Child Advocacy Center on October 3, 2013.
- Protecting our Children: Advice from Child Molesters Conference by the Otsego County Child Advocacy Center on October 28, 2013.
- Identifying and Working with Commercially Sexually Exploited Children by The Safe Center on November 6, 2013.
- Video Recording Training for CAC programs by Bivona Child Advocacy Center on November 20, 2013.
- Working with Autistic Children and Their Families - Bivona Child Advocacy Center on January 14, 2014.
- 3rd Annual Southern Tier Multidisciplinary Team Trauma Education Summit - Southern Tier Child Advocacy Center on January 31, 2014.
- Stewards of Children Training by the Chautauqua County Child Advocacy Center on February 6, 2014.
- Advanced Forensic Interviewing 2 Day Workshop - Child Advocacy Center Program of Chautauqua County on February 6-7, 2014.
- Preventing Child Abuse – CHAMP Program and Bellevue Hospital on March 12, 2014.
- 6th Annual Bivona Summit on Child Abuse – Bivona Child Advocacy Center on April 22-23, 2014.
- Protecting our Children: Advice from Child Molesters- Schenectady County CAC on April 28, 2014.

CJA staff continued to establish and maintain linkages with other national, state and local organizations that support inter-agency and multidisciplinary collaboration on child abuse cases, particularly child sexual abuse cases. These collaborations included attending meetings and/or teleconferences with:

- NYS Coalition Against Sexual Assault
- NYS Association for Treatment of Sexual Abusers
- NYS Alliance of Sex Offender Service Providers
- New York State Children's Alliance
- NYS Prevent Child Abuse
- National Center for Missing and Exploited Children

- Child Abuse Medical Provider Program
- National Children's Alliance
- American Prosecutors Research Institute/National Center for Prosecution of Child Abuse
- National Child Protection Training Center
- International Organization for Adolescents
- National Children's Justice Act Program Coordinators Grantee's meeting and webinar's
- Keeping New York Kids Alive
- NYS Sudden Infant and Child Death Resource Center
- National Center for Child Death Review

CJA staff developed draft *Guidelines for Multidisciplinary Team Response for First Responders to Child Death and Near Death*. The guidelines will provide a comprehensive response to cases of death or near death. These guidelines will be presented to local CFRT programs for input during a statewide training to be held in the summer of 2014.

CJA staff established parameters for satellite offices for CAC programs. Only an OCFS-approved CAC can have a satellite office.

To be approved or maintain approval as a CAC satellite office, the CAC must:

1. Have the capacity for medical, mental health services on-site or through existing linkages with the CAC.
2. Demonstrate how the satellite links to their OCFS-approved program and does not duplicate service coverage of any existing multidisciplinary team (MDT) services.
3. Provide OCFS with documentation, such as a letters of support, from all MDT member agencies.
4. Demonstrate sound administrative and programmatic oversight of the satellite site.
5. Provide agreements/Memorandums of Understanding with any new partner agency representatives from the satellite service area.
6. Demonstrate case review and tracking systems that identify children specific to the satellite location.
7. Have designated staff that coordinates the responses and provision of services.
8. Remain in good standing with OCFS, inclusive of its satellite office.

The guidelines were developed to provide a more codified process for approval; assist local MDT members by reducing travel time; and improve access to services for child victims and their families that have been victims of abuse.

CJA staff continued to work closely with the New York State Police Special Victims Unit to conduct a five-day comprehensive training seminar for training professionals in investigation of sex offenses. The training included a four-day comprehensive training on physical abuse and serious neglect cases. The sexual offense seminar was held in May and the physical abuse seminar was held in November. These annual seminars encouraged professionals to participate as members of their MDT. The seminars were attended by approximately 200 professionals from law enforcement, child protective services (CPS), probation, parole, corrections, prosecution, victim advocacy, Sexual Assault Nurse Examiner (SANE) Program, Child Abuse

Medical Provider (CHAMP) Program and mental health disciplines throughout the state. The collaboration between the State Police, OCFS and the CJTF members has produced a training seminar recognized across the state as a model of excellence. Due to increases in personal service related costs and reductions in the federal grant award amounts the CJTF has agreed to consolidate the two training programs into one 5-day training called “Crimes Against Children Training Seminar” The training will be held in May 2014. It will much of the same training topics but a stronger focus on commercial sexual exploitation of children (CSEC) and children with disabilities.

CJA staff manages the contract for the New York State Citizen Review Panels but do not attend meetings. New York State established three Citizen Review Panels (CRP) as required by the CAPTA Amendments of 1996. One panel was established specifically for New York City to address the issues particular to the City. The New York City panel also established one subcommittee for each borough. The other two panels meet in Buffalo and Albany with jurisdictions representing the rest of the state. Panels are required to examine the practices (in addition to policies and procedures) of state and local agencies to evaluate the extent to which the agencies are effectively discharging their child protective responsibilities. The panels provide for public outreach and comment in order to assess the impact of current procedures and practices upon children and families in the community. The panels also submitted their 2013 recommendations which included ways to possibly improve the child protective services system at the state and local levels. The response from OCFS will include a description of whether or how the state will incorporate the recommendations of the panel (where appropriate) to make measurable progress in improving the state and local CPS systems. The panels are authorized to:

- review the procedures, policies and practices of the state and local agencies relating to child protective services;
- examine specific cases to evaluate the effectiveness of the agency’s discharge of its duties and responsibilities;
- have access to pending and indicated cases reported to the SCR;
- have reasonable access to public and private facilities providing child welfare services within their respective jurisdictions. OCFS is required to assist the panels to have reasonable access to public facilities that receive public funds and are providing child welfare services;
- provide for public outreach and/or call public hearings on issues within their jurisdiction;
- review and evaluate any criteria that the panel considers important to provide for the protection of children; and
- issue an annual report, setting forth a summary of the panel activities and the findings and recommendations of the panels.

New York State Children and Family Trust Fund (Trust Fund) and Federal Community-Based Child Abuse Prevention Program

Accomplishments in 2013-2014:

In December 2012, OCFS released the Trust Fund Request for Proposals (RFP), combining state-allocated funds to the Trust Fund and federal Community-Based Child Abuse Prevention

(CBCAP) grant funds aimed at improving the safety and wellbeing of children and families who may be at risk of and/or experienced some form of family violence.

Due to the complex issues facing families, better aligning public and private resources to support effective neighborhood-based interventions can create a continuum of care to improve outcomes for all community residents. OCFS relies on both community-based services and the local departments of social services (LDSS) to help strengthen and support families. This partnership is critical to improving the safety and well-being for children, adults and families in New York's highest need communities.

In keeping with the mission of the Trust Fund to engage families before the system intervenes, funded programs address the following outcomes:

- To strengthen families by building protective factors to reduce the risks of child abuse and maltreatment;
- To improve safety and well-being of children and families affected by domestic violence;
- To improve the safety and well-being of the elderly at risk of abuse by family members.

A 2012-13 Trust Fund state budget allocation combined with 2012 CBCAP funds were awarded to 21 programs with approximately \$1.96 million. Two programs were initiated in June of 2013 and 19 programs initiated services in September, 2013.

State and federally funded child abuse prevention programs include:

- Family Resource Centers providing early and evidence-based support to parents and caregivers of young children – 1) Association to Benefit Children, East Harlem, 2) Niagara Falls City School District, Niagara Falls, 3) Crestwood Children's Center, Rochester, 4) Child Care Coordinating Council of the North Country, Plattsburgh, (also serves Franklin and Essex counties), 5) Cornell Cooperative Extension of Tioga County, Owego, 6) Pro Action of Steuben and Yates, Inc., Bath;
- Programs offering home visiting, evidence-based parenting education and kinship services – 7) Cornell Cooperative Extension of Tompkins County, Ithaca, 8) Jewish Family Services of Buffalo and Erie County, Inc., Buffalo, 9) Catholic Charities of the Diocese of Albany dba Community Maternity Services, Albany, 10) The Family Center, Brooklyn, 11) Sunset Park Health Council dba Lutheran Family Health Centers, Brooklyn, 12) Inwood House, New York City; and
- Programs offering trauma-informed therapeutic services for families affected by domestic violence – 12) Westchester Jewish Community Services, Inc., Mt. Vernon, and 13) Edwin Gould Services for Children and Families, Central and East Harlem.

The Trust Fund continues its support of the New York State Shaken Baby Prevention hospital-based education program now known as Safe Babies New York, which targets outreach to all maternity and birthing hospitals in the state. The purpose is to educate all parents of newborns to the dangers of shaking and reduce the incidence of abusive head trauma or Shaken Baby Syndrome (SBS). Continued tracking of the incidence of SBS in the Western New York, Finger Lakes and Hudson Valley regions documents a sustained 50 percent reduction in the incidence of

SBS in the Western New York region, a 54 percent reduction in the Finger Lakes region, and a 75 percent reduction in the Hudson Valley region of the state.

In 2013, over 159,000 parents of newborns received information through the project, close to 88 percent of live births in the service areas. Collaboration with the DOH continues in an effort to promote child safety and the prevention of SBS. The new shaken baby prevention video which will replace “Portrait of Promise” will be released in April 2014, by DOH. This video meets the requirements of Chapter 219 of the Laws of 2004 signed in July of 2004, which requires every birthing and maternity hospital to show the video to all parents prior to discharge and ask them to sign a consent form that they viewed the video or declined to participate in the educational programs.

Kaleida Health/Woman and Children’s Hospital of Buffalo, which oversees the program in Western New York, Finger Lakes and Capital regions, and WMC-NY (Westchester Medical Center) which educates all maternity nurses in the Hudson Valley Region, New York City and Long Island, remain committed to sustaining this educational program. Similarly, with additional resources through the Trust Fund, the scope of the program will expand to educate parents about safe sleeping practices, to further strengthen OCFS and DOH efforts to reduce child fatalities where unsafe sleeping environments are a factor. Data indicates that of those child death notifications reported to OCFS in 2010-12, 51 percent cited unsafe sleep conditions. (Source: OCFS reviewed fatalities). “A Guide for Parents” brochure developed for the hospital-based program offers strategies for coping with a crying baby and stresses the importance of safe sleeping practices. The brochure will be translated into the required six languages: Spanish, Chinese, Haitian-Creole, Korean, Russian, and Italian.

In 2014, a “Safe Sleep for Your Baby” video was distributed to child welfare staff and community-based programs to reinforce safe sleeping practices for families engaged through preventive or protective services as well as family-serving programs. The Missouri Children’s Trust Fund agreed to partner with OCFS and the Trust Fund to replicate the video produced in Missouri to appeal to New York families. The simple message conveys that babies sleep safest ALONE, on their BACKS, in a CRIB. Since 2012, requests from the local departments of social services (including New York City) tripled, with over 50 percent of the local districts requesting publications. In 2013, local districts, health agencies, child care agencies, and community-based programs distributed over 96,000 publications and videos, reaching families in 42 counties.

Helpful Tips to Keep Your Baby Safe are posted on the OCFS website and available in six languages. Other materials developed include Personalized Safety Tips and Emergency Contact Sheet for Caregivers, a Helpful Strategies for Keeping Infants and Young Children Safe video, and a Keeping Sleeping Babies Safer brochure. These are both available in English and Spanish. Efforts to identify and promote child safety issues will continue as resources allow.

The Trust Fund recognizes the multi-generational nature of family violence and emphasizes primary prevention by supporting domestic violence and elder abuse prevention and intervention programs. Domestic violence prevention programs focus on therapeutic visitation and abusive partner intervention services, and child protective services and domestic violence collaboration and joint safety planning. Elder abuse prevention programs focus on educating both seniors and communities regarding the problem/risks of elder abuse, special outreach to the Hispanic

community, and coordination, counseling, and advocacy services to victims of elder abuse. Programs funded in 2013-14 included: (1) Orange County Safe Homes Project, Inc., Newburgh, (2) The Children's Aid Society, New York City, (3) Family Services of Westchester, Inc., Mt. Vernon, (4) Lifespan of Greater Rochester, Inc., Rochester, and (5) Victims Information Bureau of Suffolk, Inc. (VIBS), Islandia.

OCFS/Trust Fund continues its role as convener and member of the Executive and Steering Committees for the New York State Parenting Education Partnership (NYSPEP) along with the New York State Council on Children and Families, Prevent Child Abuse New York, and the New York State Office of Mental Health. NYSPEP includes direct service providers from communities across the state, other state agency staff and other organizations that serve families and children.

During this reporting period, NYSPEP conducted *Strong Roots* Training Institutes on topics related to the core competencies of the NYSPEP Parenting Education Credential. The one-day workshop includes a keynote speaker or panel and a selection of breakout sessions. The Institutes are offered in several locations throughout the state. To date, over 870 participants have been reached through 22 one-day workshops. Topics included vicarious trauma, fatherhood, sexual education, media literacy, adult learning and parenting styles. Participants' evaluations indicate their knowledge of the topics increased and more than half were able to describe how they would immediately apply their new knowledge in their work with families. In addition, NYSPEP hosted seven webinars on such topics as parenting styles, social-emotional development, and fetal alcohol spectrum disorder. NYSPEP's website and bi-weekly e-news routinely alerts NYSPEP members to professional development resources and training opportunities. www.nyspep.org

The federal 2013 Community-Based Child Abuse Prevention funding is in keeping with the mission of the Trust Fund, which administers the federal program to support child abuse prevention and including families affected by domestic violence. Trust Fund initiatives also support some of the strategies of the OCFS Child and Family Services Review (CFSR) such as increased efforts to support strength-based and family-centered practices that engage parents, evidence-based and evidence-informed programs and practices, and efforts to promote safety, permanency and child wellbeing through enhanced family support services.

The 2013 CBCAP federal grant award of \$1,402,594 allows OCFS to continue funding programs awarded grants under the 2012 Trust Fund RFP, including the Family Resource Center Network and other evidenced-based parenting education programs engaged in efforts to support high risk families, and work collaboratively with local departments of social services where appropriate. Funds will also support the PCANY's Prevention and Parent Helpline, and New York's annual child abuse prevention conference, along with providing training and technical assistance.

During 2013, state and federally funded programs administered under the Trust Fund served approximately 162,242 children, parents, caregivers and professionals through direct services, training and educational opportunities. OCFS applied for and received federal CBCAP grant funds to complement Trust Fund child abuse prevention efforts in 2013-14.

In response to limited funding for Kinship services, 2012 CBCAP funds were allocated to partially support eight Kinship Programs serving kinship caregivers and their children for 2013-14. Programs deliver or link families to services that address the multiple needs of the caregivers and children including: counseling, support groups, respite, legal information, financial assistance, parenting education, advocacy, and case management. Services reached close to 1000 caregivers and children in 2013. Programs include: (1) Catholic Charities of the Albany Diocese, Hudson, (2) Cornell Cooperative Extension of Dutchess County, Millbrook, (3) Family Service Society of Yonkers, Yonkers, (4) Hispanic Counseling Center, Hempstead, (5) Jewish Board of Family & Children's Services, New York City, (6) Lutheran Social Services of Metropolitan New York, (7) Children's Village, Bronx, and (8) The Neighborhood Center, Utica.

Prevent Child Abuse New York (PCANY) is a long standing partner of the Trust Fund with a shared mission to promote the safety and well-being of all children and families. The agency addresses individual, community, and societal responsibility through four inter-related strategies: the Parent Helpline, the New York State Parenting Education Partnership (NYSPEP), prevention education, and an annual professional training conference. The Helpline provides direct assistance, in the form of information and referrals, to parents, family members, service providers and other community members.

During 2013, 1,672 New York families and professionals were directly assisted through the Helpline. Sixty-nine percent of the calls were from or about at-risk families, and 49 percent were from parents themselves. Of the parents in at risk families who called, 43 percent were involved with child welfare and/or court, Eighteen percent were overwhelmed and 10 percent have a mental or physical health issue. Other callers were friends/relatives, youth or service providers. About 56 percent of people who use the Helpline are known to be from the five boroughs of New York City and 30 percent of the callers are known to be from upstate counties. The most frequent requests for information or assistance received in 2013 included:

- Parenting education and support;
- Preventive services including supervised visitation, respite care, substance abuse services and mental health evaluation family counseling;
- Services for out of control teens;
- Complaints about CPS or ACS;
- Home care services (child care) or respite for parents who are stressed or have medical emergency, mental illness, with no support system to assist; and
- Emergency goods/concrete services.

The agency recently updated the Helpline database for preventive services in all five boroughs in New York City, which allows them to provide the most accurate referrals to caregivers and professionals. Complaints concerning CPS or ACS generally come from caregivers and are focused on communication issues with the caseworker, not enough action by ACS/CPS, investigative protocols, and concern about foster care placement.

Public education efforts include a variety of outreach strategies, including literature development and distribution, presentations and exhibits, media activities, and a parenting education and

services database and website. More than 59,464 people received prevention information through these avenues this past year. Prevention information went to 27,931 web-site users, 9,816 blog users, 4,994 e-newsletter subscribers, 2,103 Facebook fans, and 113 Twitter followers. A total of 14 e-newsletters were sent. As of December 2012, the resource and referral database contained 2,881 records of programs.

PCANY launched the New York State Enough Abuse Campaign (NYSEAC) to address the epidemic of child sexual abuse. Based on the campaign initiated in Massachusetts, EAC was piloted in three communities in New York - Broome, Suffolk and Tompkins counties. Seventy-seven individuals are now trained to deliver EAC trainings in these counties. Evaluations from the trainings reflect a high degree of satisfaction with the quality, content, and knowledge gained. Each county continues to receive technical support from the leadership team of EAC to advance their local campaigns. Strategies include mobilizing communities to establish public awareness efforts and infrastructures to implement prevention/response programs, and educate professionals and members of the public about prevention strategies and responses to disclosures of sexual abuse.

PCANY will continue its efforts to identify outcomes for Helpline callers and systemic gaps in services needed, increase the knowledge and skills of those attending the annual training conference, and educate the public to take action to prevent child abuse and strengthen families.

The 2014 Conference, “Ideas, Inspiration, & Innovation,” held in April, once again afforded the opportunity to showcase best practices and to recognize parent partners who demonstrate their leadership as a result of participation in local programs. Trust Fund-sponsored programs and staff are regular presenters at the conference. Funds also support networking activities, training and technical assistance that focused on trauma-informed care, family engagement, working with families affected by domestic violence, implementing Community Cafés, peer mentoring in the delivery of the Incredible Years, as well as FRC regional networking.

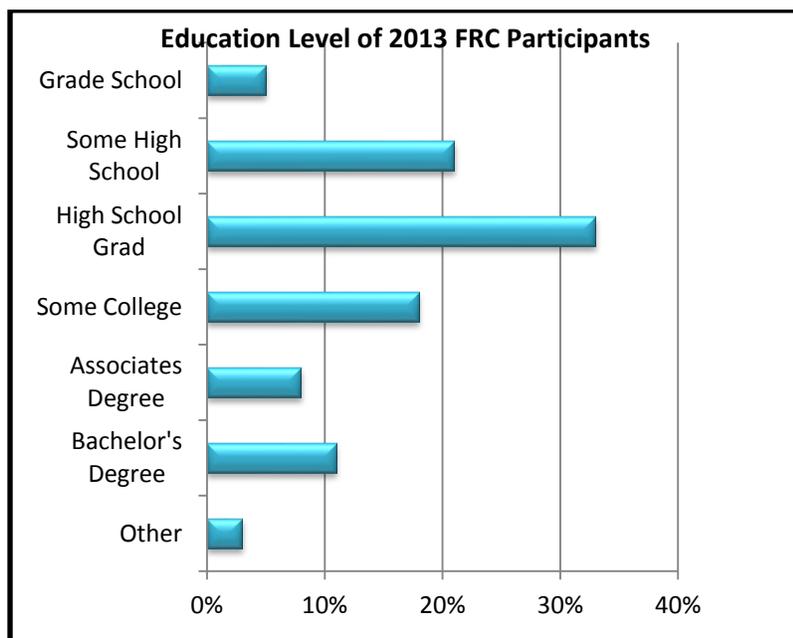
The Trust Fund-sponsored Family Resource Center (FRC) Network meets on a quarterly basis for the purpose of receiving technical assistance and training related to program development, service delivery, evaluation, and data analysis. Training and networking opportunities this past year included building on efforts over the last two years to engage and retain high risk families; strategies to deepen connections to local departments of social services, understanding the culture of poverty, infant mental health and trauma-informed care, and identifying opportunities to support families in New York’s alternative response to allegations of child abuse and maltreatment known as Family Assessment Response (FAR).

In addition to quarterly meetings, the Network continued to meet in regional groups. Regional meetings allow for deeper discussions and opportunities to include local partners and department of social services staff to focus on specific issues. Additionally, more FRC staff can participate in regional meetings than statewide meetings because of reduced travel expenses. OCFS regional office staff and other experts in the field are included in these regional discussions.

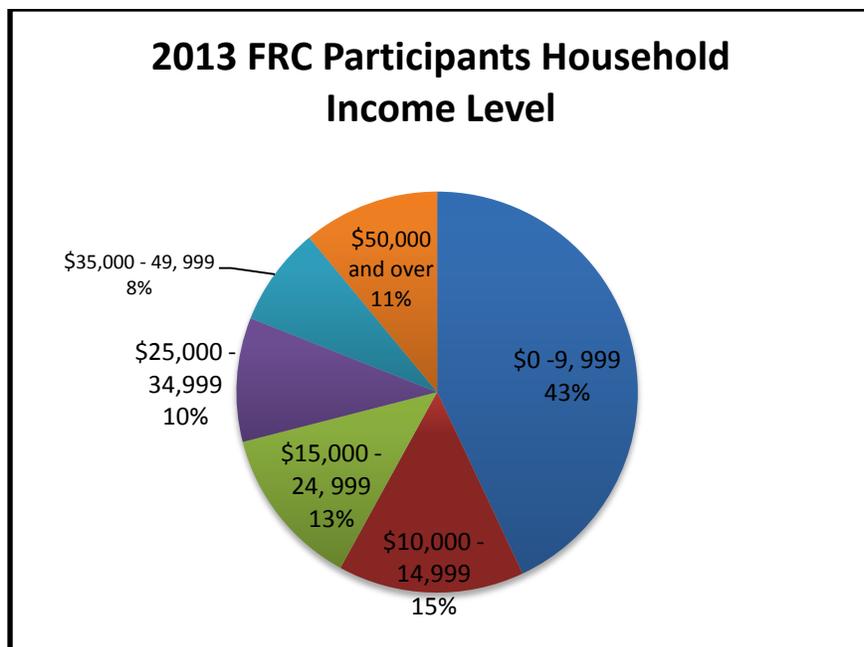
In their efforts to engage and retain at risk families, all Family Resource Centers were able to meet and/or exceed most of their goals for outreach and retention. Several FRCs more than

doubled their rates for engaging families living below the poverty line. In the Northern region, the number of participants with military ties more than doubled from seven percent to 16 percent. Although teen parents can be challenging to engage, the FRCs made significant gains in reaching this population, with Steuben County doubling their engagement from three percent to eight percent. The FRCs also made significant gains with reaching caregivers or children with special needs. The Central region tripled the number of new participants with special needs from 15 percent to 50 percent. In New York City participation of families exiting the child welfare system increased from 30 percent to 49 percent. In 2013, 78 percent of families served at FRCs had one or more risk factors for child abuse and neglect; of these 33 percent had three or more risk factors.

One risk factor is low educational attainment. In 2013, 59 percent of participants reported no additional education beyond high school completion; and 26 percent did not complete high school. This proportion of participants with lower education levels increased from 56 percent in 2011. The chart below delineates education levels of FRC participants in 2013.



Another risk factor is low-income. In 2013, over 43 percent of FRC participants had household incomes below \$10,000, regardless of family size. The proportion of participants with incomes below \$15,000 was 58 percent in 2013, and 71 percent of families had incomes below \$25,000.



An analysis of longer term data, from 2010 to July 2013, shows year after year significant increases in the number of low-income participants engaged at Family Resource Centers, from 42 percent of families served in 2010 to 61 percent by July 2013. High-risk families were likely to visit more often than other participants, visiting three to five times on average.

The Family Resource Center Network continues to use the Protective Factor Survey (PFS) to assess changes for all new and returning participants. Analysis of PFS scores showed that Family Resource Center services strengthened families. While all participants showed improvements in their scores, the results were greatest for those with low baseline scores—an indicator of high risk. Over 60 percent of families who had low scores in two or more protective factors when they began services attained higher scores in those protective factors after services. Fifty five percent of all participants who completed a follow up displayed improvement on the caregiver resiliency subscale. These increases point to a reduced risk of child abuse through increases in protective factors.

Programs implementing The Incredible Years trainings communicated regularly through conference calls. Meeting by phone addresses the challenges of demanding schedules, diminished travel budgets and geographic distances between programs. This group shared strategies, developed a common participant evaluation tool, and standardized their approach to service delivery issues such as adapting program to specific populations and keeping at risk families engaged. In 2013, more than 200 caregivers were engaged in building their skills, with 38 percent mandated by court or the local department of social services. Incredible Year program participants demonstrated similar improvements to all other FRC participants in building family protective factors.

In 2013, the National Alliance of Children's Trust and Prevention Funds (Alliance) continued its technical support to the Trust Fund to spur local level engagement of families and community partners in an approach based on the World Café process, which engages parent leaders and

community members in spirited conversations. Community Cafés are planned, facilitated and monitored by trained parents and community members who can relate to the participants and build on the assets of their community or neighborhood. This technique “harvests” collective knowledge and transforms it into action. Built on the protective factors necessary for children to thrive, questions posed during the Café can spark leadership development, effective partnerships with parents, and strengthen families in the context of the cultures represented at each café. The Community Café Leadership Team, including the Trust Fund, Council on Children and Families, the Alliance consultant and two Parent Leaders, continued its support of community members and parents from sixteen community organizations. The Parent Leaders conducted final interviews with the local teams to capture the experience of building parent partnerships, and to compile the outcomes from over 60 local cafés that occurred statewide. The results of those interviews will be shared at the annual child abuse prevention conference with the participants attending the workshop institute entitled “Community Cafés: Building Community Leadership.” Trust Fund programs sending Parent Leaders to the conference are encouraged to participate. For more information about community cafés, go to: http://www.ctfalliance.org/initiative_parents-2.htm.

Efforts to strengthen families through early care and education by engaging child care providers in preventing maltreatment continued through a partnership with ZERO to THREE (ZTT) and the state leadership team created through the Preventing Child Abuse and Neglect (PCAN) Project. The leadership team remains committed to supporting this initiative and creating opportunities for sustaining the program at state level conferences and through future training and networking opportunities for trainees. The Trust Fund supported child care and early childhood professionals implementing the *Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care* (PCAN) ZERO to THREE curricula. This research-based curriculum helps child care providers and other caregivers work with parents to develop healthy relationships with young children, and quickly respond to early signs of stress. In 2013, over 2,100 child care providers, early childhood providers and home visitors attended PCAN workshops gaining insights on culture, building relationships with families on public assistance, and considering a child’s temperament in creating play environments. More information on the PCAN curricula is available at www.zerotothree.org. PCAN trainers are also presenters at the annual child abuse prevention conference.

Evaluation of CPS/DV Collaboration Programs

Recognizing the significant overlap in families served by the child welfare and domestic violence (DV) service systems, and the benefits of coordinating services, in 1996 OCFS began supporting a “co-location” model in which a DV Advocate is physically placed in a Child Protective Services (CPS) office. The goal of the program is to increase safety for families experiencing both domestic violence and child maltreatment by improving case practice and system relationships.

Using CBCAP funds, OCFS contracted with the Center for Human Services Research at the University at Albany to evaluate the impact of the CPS/DV collaborations. The multi-stage, mixed method study has provided insight into the effectiveness of co-location as a model and gathered information to improve CPS/DV collaborative practice. The study was conducted over

a two-year period and concluded in 2013. Findings showed that collaborative programs produced multiple benefits. Overall, co-location of a DV Advocate in a CPS office fostered positive case practice and improved system relationships.

9. Statistical and Supporting Information

a. CAPTA Annual State Data Report Items

Information on Child Protective Service Workforce:

Education and qualifications

- a) Social Services Law §421(4)(b) states that child protective services supervisors must have a minimum of a baccalaureate or equivalent college degree and three years of relevant work experience in a human services field.
- b) New York State regulation 18 NYCRR 432.2(e)(5)(iii) requires “Each child protective service worker must have a baccalaureate or equivalent college degree and/or must have relevant human services experience.”

Training

- a) New York State regulation 18 NYCRR 432.2(e)(5)(ii) requires that “Each child protective worker, including supervisors, must satisfactorily complete a basic training program in child protective services within the first three months of his/her employment in the child protective service. Such program must be approved by the department [OCFS] and must focus on the skills, knowledge, and attitudes essential to working in the child protective service. Such training program must include, but need not be limited to: basic training in the principles and techniques of child protective service investigation, including relationships with other investigative bodies; legal issues in child protective service matters, diagnostic assessment of child abuse and maltreatment cases; methods of remediation, treatment and prevention of child abuse and maltreatment; and case management and planning of child protective service cases, including the relationship of the child protective service issues to permanency planning for children who remain at home or who are in out-of-home care.”
- b) Social Services Law §421(5)(b) requires that all persons employed by a child protective service must complete six hours of annual in service training, beginning in the second year of their employment.
- c) Social Services Law §421(5)(c) requires that all persons assigned to be a supervisor, within the first three months of employment as a supervisor, must satisfactorily complete a course on the fundamentals of child protection. Such training course shall, among other things, strengthen and expand current training procedures for child protective service supervisors; provide the skills, knowledge and standards to practice effective case planning and case management; provide comprehensive assessment tools needed in critical decision making; require participation in the existing common core training required by child protective service case-workers; strengthen recognition and response to safety and risk indicators; improve skills to promote consistent implementation of training and practice; provide the necessary tools and assistance to build the ability to

coach and monitor child protective service caseworkers and model effective investigation practice; increase cultural competency and sensitivity; and establish an annual in service training program specifically focused on child protective service supervisors.

- d) New employees of the OCFS New York Statewide Central Register for Child Abuse and Maltreatment (SCR) must complete an intensive five week training program comprised of three weeks of instructor-led classroom and two weeks of on-the-job training. The curriculum includes but is not limited to:
- NYS Social Services Law
 - Child abuse and maltreatment allegations and definitions
 - Interviewing public and mandated callers
 - Decision-making/evaluating information against the law
 - Criteria for registering a CPS report
 - Decision-making and criteria necessary for taking a law enforcement referral
 - Jurisdiction and assigning CPS reports for investigation
 - Report narrative construction
 - Use of CONNECTIONS for recording report information and searching the database for prior CPS history
 - Use of SCR Business Continuity Application (BCA)

Data on the education, qualifications, and training of such personnel

Please see Appendix “D” for specific information regarding training taken in 2013 by child protective services staff who work in social services districts throughout New York State. The data shows that 4,751 individual CPS caseworkers attended 30,082 classes in 2013, for a total of 239,427 class hours, or an average of approximately 50 hours of training per worker.

OCFS does not track data on the education or experience of child protective service workers throughout the state. Because child protective services are locally administered, these staff persons are hired by each county and their personnel records are maintained by the counties. Each county may establish its own hiring requirements, subject to the minimum state requirements, which are described above. In 2006, OCFS surveyed all counties regarding their minimum requirements for education and qualifications for CPS supervisory staff. All responding counties required significantly more than the state minimum requirements. Of 30 counties (out of 58) responding to this question, all but three required at least a bachelor’s degree. Those three required up to seven years’ experience for those with less formal education. All counties required new supervisors to have experience, with all but three requiring three years or more.

Demographic information

Information on the location of child protective service personnel, i.e. the number of caseworkers in each county of the state, can be found in Appendix “D.” OCFS does not track other demographic information on its child protective services workers. As stated above, each county is responsible for its own hiring of such personnel; OCFS has no role in the hiring or supervision of individual local staff members.

Caseload or workload requirements for child protective service workers

Aside from the requirement in Social Services Law §423(1)(c) that the CPS unit must have sufficient staff of sufficient qualifications, New York State does not have statutory or regulatory caseload requirements for child protective service workers. OCFS issued an informational letter in 2006 (06-OCFS-INF-08, New York State Child Welfare Workload Study) in which it presented the results of a workload study it had commissioned. That study recommended that each child protective service set a caseload goal of no more than 12 investigations per month per CPS worker.

Juvenile Justice Transfers:

The number of youth transferred to juvenile justice facilities in FFY 2012-13 was 136 youth, a decrease from FFY 2011-12 which was 179. This population consists of children who:

- Were in CCRS shown as in the custody of a social services district as a result of a judicial dispositions of PINS (Person in Need of Supervision), JD (if placed, and placement not exceeding 12 months), JD (initial placement exceeds 12 months), and do not have a disposition of OCFS custody within the same hearing; or
- Have a judicial disposition of transfer custody and guardianship (Surrender or Terminated Parental Rights only) or care and custody to a social services district; or
- Have a voluntary or emergency removal; and
- Have a subsequent hearing with a disposition of OCFS custody during FFY 2012-13 (the two events must occur between the track open date and the first discharge date, if any that lasts more than one day); plus
- Children that were discharged to an OCFS Facility during FFY 2012-13; and
- Do not have an open admission in the juvenile justice system between the last movement and discharge in CCRS.

b. Sources of Data on Child Maltreatment Deaths

Child Maltreatment Deaths Reporting

By state statute, all child fatalities due to suspected abuse and neglect must be reported by mandated reporters, including, but not limited to, law enforcement, medical examiners, coroners, medical professionals, and hospital staff, to the *Statewide Central Register of Child Abuse and Maltreatment*. As of June 30, 2013, fatality reports involving vulnerable persons must go to the Justice Center's Vulnerable Persons Central Register (VPCR).

c. Education and Training Vouchers:

New York State's Education and Training Voucher program is designed to help youth aging out of foster care to make the transition to self-sufficiency and receive the education, training and services necessary to obtain employment. Under this program, eligible youth may receive the lesser of \$5,000 per year or the cost to attend a post-secondary education or vocational training program. The following categories of individuals may be eligible to receive vouchers under the Education and Training Voucher program: (1) youth otherwise eligible for services under the Chafee Foster Care Independence Program; (2) youth adopted from, or entered into a kinship guardianship assistance (KinGap) agreement from, foster care after attaining age 16; and (3)

youth participating in the voucher program on their 21st birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or vocational training program and are making satisfactory progress toward completion of that program.

OCFS currently contracts with the Foster Care to Success to administer and serve as New York State's fiscal agent for the Education and Training Voucher Program. Social services districts continue to be responsible for determining program eligibility. Priority for funding will be given to former foster care youth who are participating in the voucher program on their 21st birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or vocational training program and are making satisfactory progress toward completion of that program.

New York State's Permanency legislation, Chapter 3 of the Laws of 2005, brought about many changes to laws that will affect adolescents. The law includes a requirement to provide life skills services to foster care youth beginning at age 14, regardless of permanency goal. Regulations were filed on an emergency basis to implement the new law. With these new regulations, the discharge-planning goal of independent living has been renamed "Discharge to another planned living arrangement with a permanency resource." This permanency planning goal is to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills and, upon discharge, connecting the youth with any needed community and/or specialized services. An adult permanency resource is a caring committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice and guidance to the youth and to assist the youth as the youth makes the transition from foster care to responsible adulthood.

Accomplishments

887 youth received ETV awards during FFY 2012-2013

378(43%) were New 2012-2013 Students and 509(57%) were Returning 2011-12 Students

Male: 285 (32%)

Female: 602 (68%)

Age and Number of students:

18 227 26%

19 234 26%

20 204 23%

21 130 15%

22 92 10%

Ethnicity:

African-American: 440 (50%)

Asian American: 20 (2%)

Caucasian: 138 (16%)

Latino: 183 (21%)

Mixed Race: 98 (11%)
 Native American: 4 (<1%)
 Pacific Islander: 4 (<1%)

Funding awarded to New York students: \$2,989,018

All eligible New York youth who completed the application and attended school were funded. Students who applied, but were ineligible to receive funding include those who were not in foster care, did not attend school, were first time applicants over the age of 21, or were previous recipients who are older than 23.

* Data is derived from the Foster Care to Success report (Appendix C)

OCFS will continue to build on the education work we began in 2007-2008. Beginning in 2010, and continuing through 2013, the regional forums target population include youth.

d. Inter-Country Adoptions:

On October 6, 2000, the federal Inter-country Adoption Act (ICAA) of 2000 (P.L. 106-279) was signed into law. In compliance with the ICAA, currently 15 New York State-authorized voluntary agencies and one New York State private attorney are accredited by the Council on Accreditation to provide adoption services for Hague adoption cases. Two of the 15 accredited agencies have the authority to provide adoption services for incoming and outgoing adoption cases. The remaining 13 agencies are accredited to provide adoption services for incoming adoption cases only. In 2009, OCFS issued Administrative Directive 09-OCFS-ADM-12 Inter-country Adoptions. This ADM informs local districts and voluntary agencies of the impact of the Hague Convention and provides the circumstances under which non-Hague Convention inter-country adoptions may take place.

As residents of New York State, children adopted from other countries have access, if they otherwise satisfy the eligibility standards to mandated preventive services. In addition, all New York State-authorized agencies providing inter-country adoption programs are regulated and supervised by OCFS. Prospective adoptive parents are evaluated for suitability to adopt through a home study process, which includes a national and state criminal history record review and a check against the Statewide Central Register of Child Abuse and Maltreatment data base.

OCFS directive 04-OCFS-LCM-05 requires social services districts to collect and maintain information on foster placements of children who are adopted from other countries. During the reporting period for 2012-2013, of the districts reporting, there were **eight** placements of children into foster care who had been adopted from other countries. Four of the children were initially adopted from China, and remain in foster care as of this report. Two children placed in foster care were adopted from Russia, and remain in foster care. One youth adopted from Romania will be placed in an adult mental health facility through the Office of Mental Health. Lastly, one youth adopted from Paraguay, now 19 years of age, was placed on trial discharge to independent living.

e. Monthly Caseworker Visit Data:

In Federal Fiscal Year (FFY) 2013, OCFS continued its year-over-year improvement in contacting Foster Children. OCFS achieved a FFY 2013 Contact percentage of 94.2 percent. This surpassed 90 percent Foster Children Contact mandate established by the Administration for Children and Families (ACF).

In FFY 2013, the primary metric used to measure Foster Children Contacts is 'In Care Contact %'. OCFS has always done well with the 'In Care Contact %' metric; OCFS tracked this metric for FFY 2011 and achieved an 'In Care Contact %' = 81.5.1 percent. Interim data for FFY 2014 (October 2013 - March 2014) Foster Children contacts showed an 'In Care Contact %' = 93.5 percent. There is usually a data entry lag of up to two months and this is expected to be higher once caseworkers enter all data. For FFY 2012-2014, the ACF mandate for Foster Children contacts, remains at 90 percent.

Target percentages:	10/1/08	15%, reported actual 21.3%
	10/1/09	45%, reported actual 47.3%
	10/1/10	75%, reported actual 67.5%
	10/1/11	90%, reported actual 81.5%
	10/1/12	90%, reported actual 94.6%
	10/1/13	90%, reported actual 94.2%

Beginning in FFY 2015, the mandate increases to 95 percent and work is underway to reach this target. Bureau of Research, Evaluation and Performance Analytics (BREPA) staff conducted analysis on casework contact files to identify locations and/or characteristics of children short of casework contact target of 95 percent. Results from these analyses will be utilized by OCFS Child Welfare and Community Services (CWCS) to increase casework contacts.

OCFS implemented a Foster Children data mart and created production reports that provide Foster Children Contact summary and detail information. These reports measure monthly performance and access has been expanded to social services district and voluntary agency staff. This data mart is updated weekly; these timely updates enable districts, voluntary agencies, and OCFS staff to monitor progress and to take action to improve child contacts.

OCFS is working toward increasing the Child Care Review System (CCRS) and CONNECTIONS Foster Children data available in Foster Children Contact reports. Data relating to Case Manager and Case Planner, including associated organizational codes (i.e., site-unit), will enable agencies to monitor and improve accountability by work units.

The New York City Regional Office has five contractors and an administrator to work with agencies that provide child and family services to New York City (in New York City most services for foster children are subcontracted to voluntary agencies). These contractors have worked collaboratively with voluntary agencies resulting in measurable improvements to agency foster children contacts.

In Albany, one contractor works with the Data Warehouse Information Technology team and BREPA to develop requirements, perform data analysis, testing, and provide assistance to OCFS, district, and voluntary agency staff.

OCFS continues to send a quarterly Foster Children Contact letter to districts and voluntary agencies. The letter is accompanied by summary reports of Foster Children Contact metrics for districts and voluntary agencies. The reports cover the following timeframes: October-December, October-March, October-June, and October-September. This communication reinforces the importance of foster children casework contacts.

Monthly workgroups are held to discuss performance and strategies for improving casework contacts. Workgroups are comprised of staff from Legal, Budget, Child Welfare and Community Services, Strategic Planning and Policy Development, Information Technology, and Division of Juvenile Justice and Opportunities for Youth. These workgroup meetings are utilized to explore ways of achieving the 95 percent target by FFY 2015.

2015-2019 Child and Family Services Plan

1. General Information

The Office of Children and Family Services (OCFS) serves as the Title IV-B Agency for New York State. OCFS is dedicated to improving the integration of services for New York's children, youth, families and vulnerable populations; to promoting their development; and to protecting them from violence, neglect, abuse and abandonment. The agency provides a system of family support, juvenile justice, child care and child welfare services that promote the safety and well-being of children and adults.

OCFS is responsible for programs and services involving foster care, adoption and adoption assistance, child protective services including operating the Statewide Central Register for Child Abuse and Maltreatment, preventive services for children and families, and protective programs for vulnerable adults. OCFS is also responsible for the functions performed by the State Commission for the Blind (NYSCB) and coordinates state government response to the needs of Native Americans on reservations and in communities.

OCFS provides oversight and monitoring of regulated child care (family day care, group family day care, school-age child care and day care centers outside of New York City), legally exempt child care, child care subsidies, child care resource and referrals, and the Advantage After-

School Program, and also provides services and programs for infants, toddlers, preschoolers, and school-age children and their families.

OCFS is responsible for all elements of state-operated juvenile justice programs, including administering and managing residential facilities, a day-placement center, and a reception center for male and female adolescents, adjudicated as juvenile delinquents and juvenile offenders by family and criminal courts.

OCFS operates 11 juvenile justice facilities (one of which has a reception unit), one reception center, and one day-placement program for youth placed in the custody of the OCFS Commissioner. There are also 12 Community Multi-Services Offices (CMSO) and four satellite offices, statewide, that are responsible for the provision of services to the youth and his/her family from day one of OCFS placement. OCFS works closely with municipalities such as local social services districts and county youth bureaus so that adequate youth development services and programs are available at the local level.

The Executive Office of OCFS, encompassing the Office of the Commissioner, the Office of the Executive Deputy Commissioner, the New York City Executive Office, the Office of the Ombudsman, the Office of Equal Opportunity and Diversity Development, and Executive Services, provides overall leadership, management, coordination, and administration of agency operation and mission-driven priorities.

OCFS divides its responsibilities into two main areas: program and support. The program divisions/offices include: Division of Child Care Services (DCCS), Division of Child Welfare and Community Services (DCWCS), Division of Juvenile Justice and Opportunities for Youth (DJJOY), and the New York State Commission for the Blind (NYSCB). The support divisions/offices include: Division of Administration (Admin), Division of Legal Affairs (Legal), Office of Communications (Communications), Office of Strategic Planning and Policy Development (SPPD), and the Office of Special Investigations (SI).

OCFS maintains regional offices in Buffalo, Rochester, Syracuse, Albany, Spring Valley, Long Island, and New York City to support local department of social services, agency programs and partnerships with stakeholders and providers.

Mission Statement

The New York State Office of Children and Family Services (OCFS) serves New York's public by promoting the safety, permanency and well-being of our children, families and communities. We will achieve results by setting and enforcing policies, building partnerships, and funding and providing quality services.

Collaboration

The creation of OCFS was accompanied by a statutorily created Children and Family Services Advisory Board comprised of 24 members. The Board's purpose is to help OCFS construct a better system of services for New York's children, families and individuals. The Governor appoints 12 members and the State Senate and Assembly appoint six each. Its duties broadly include consideration of matters relating to the improvement of children and family services,

review of proposed rules and regulations of the OCFS prior to their adoption, advocacy for OCFS programs, and liaison with local stakeholders.

The OCFS Native American Services (NAS) unit actively interacts with the Tribes to offer general forums for discussions of issues, as well as to address specific child/family circumstances and consult with the Tribal communities. Monthly meetings with Tribal representatives provide the opportunity for ongoing dialogue. The NAS unit is very active in supporting and sharing feedback from the Tribes and for facilitating meetings for direct feedback to Home Office.

OCFS is also committed to hearing the voice of youth impacted by service systems. To that end, OCFS has supported the development and growth of Youth in Progress (YIP), a statewide foster care youth leadership advisory board. This group of young people, accompanied by adult mentors, has provided ongoing input related to a wide range of topics that impact their experience in foster care and beyond.

OCFS seeks the input of its partners in the social services districts, youth bureaus and voluntary authorized agencies using a variety of methods. Communication occurs through state level associations - the New York Public Welfare Association (NYPWA), the Council of Family and Child Caring Agencies (COFCCA), the Empire State Coalition of Youth and Family Services (Empire State Coalition), the New York State Juvenile Police Officers Association (NYSJPOA), Foster and Adoptive Parent organizations and the Association of New York State Youth Bureaus (NYSAYB). OCFS staff participates in association meetings and conferences, and frequently communicate with individual members of sub-groups as needed and appropriate.

Additionally, OCFS meets frequently with the Office of Court Administration (OCA) on three levels. There is the OCFS/OCA Leadership Team, which consists of high level staff from OCA and OCFS; Specifically, from OCA: Deputy Chief Administrative Judge for outside of New York City, the Administrative Judge for New York City, and the Supervising Judge of Family Court in the Ninth District, the coordinator for the Court Improvement Project; and from OCFS: the Deputy Commissioner for Child Welfare, the Deputy Counsel for Legal, the Associate Commissioner for Prevention, Permanency and Program Support, the Associate Counsel for Legislation and Special Projects, and the Assistant Commissioner for Special Populations. This group oversees the implementation of our collaborative efforts to improve safety, permanency, and well-being at the state level and at the local level through the work of county multidisciplinary collaboration teams.

The second level is the Statewide Multidisciplinary Child Welfare Work-group – this work group consists of selected local commissioners or their designees, Family Court judges, Court Attorney Referee, attorneys for the parents, attorneys for children, Executive Directors, county attorneys, and coordinators from the counties with the highest foster care populations. Work group members are selected based on their reputation for excellent work and depth of knowledge. The group operates as a “think tank” and strategic planning body, providing information to the Leadership team, as well as to the local collaborative teams, pertaining to improving collaboration between Family Court, local departments of social services, attorneys for children and parents, and other stakeholders. The work-group identifies systemic issues that

need to be resolved at the leadership level and programmatic issues that need to be resolved on the local level. Training and technical assistance to the local collaborations is arranged by the work-group.

The third level is the Regional Collaborative Work that groups representatives from local departments of social services, Family Court Judges, attorneys for children and parents and any other local entity that supports the work of the local collaborative from a particular region. Training is often offered at the regional level and includes opportunities for networking with peers from nearby counties. Regional meetings allow county teams to learn from each other and share successes and challenges. The Regional collaborative meetings/events are supported by OCFS and OCA staff relative to training, data, and technical assistance.

2. Assessment of Performance

Safety Outcomes 1 and 2 – (A) children are first and foremost, protected from abuse and neglect; and (b) children are safely maintained in their own homes whenever possible and appropriate.

Absence of Child abuse and/or Neglect in Foster Care

NYS' performance on the outcome measure, Absence of Child Abuse and /or Neglect in Foster Care is below the national standard by .58 percent. In 2013, New York State's performance increased slightly and this may be due to several factors.

On June 1, 2013, Governor Cuomo established the Justice Center for the Protection of People with Special Needs, an agency whose primary focus is the protection of vulnerable persons. This agency was established in response to a desire to strengthen and standardize the safety net for vulnerable persons, adults and children alike, who are receiving residential care from New York's human service agencies and programs. Currently, however, data specific to the Justice Center is not readily available, and plans are underway to develop informative quantitative data. Another sweeping change to New York State's older foster care population was the implementation of the Close to Home initiative. In an effort to improve family and community connections, custody for adjudicated juvenile delinquent youth from New York City who were in non-secure detention facilities was transferred from New York State to the New York City local department of social services, the Administration for Children and Families. Further analysis is needed to understand the impact of these initiatives on the federal measure.

Lack of Recurrence of Child Abuse and Maltreatment

Achievement of a rate of 88.3 percent in 2013 represents an improvement. There are several factors that impact this measure, particularly in relation to the nationwide standard. In order to protect our children, New York State adheres to a low threshold of "some credible evidence" when determining if abuse or maltreatment did, in fact, occur. Between 31 percent and 35 percent of all CPS investigations result in an indicated report. This is a much higher indication rate than most other states.

There are many factors are likely to impact on the repeat maltreatment measure, including CPS staffing, the adequate assessment of risk factors, and the availability of services. The adequacy of the initial safety assessment is reviewed in OCFS' On-going Monitoring and Assessment (OMS) case review process. In 2013, OCFS conducted a review of 352 CPS case records in 19 counties and found that the adequate assessment of immediate danger within 24 hours of receiving a child protective report was 82 percent.

At least 90 percent of the cases were found to have the following strengths:

- The CPS investigation included contact with source (93 percent)
- The CPS investigation included alleged subject interviewed face to face (90 percent)
- The CPS investigation included at least one home visit (99 percent)
- All children were observed (96 percent)
- Determination was appropriate when sufficient info gathered (94 percent)
- All appropriate/needed services were offered, when needed (90 percent)

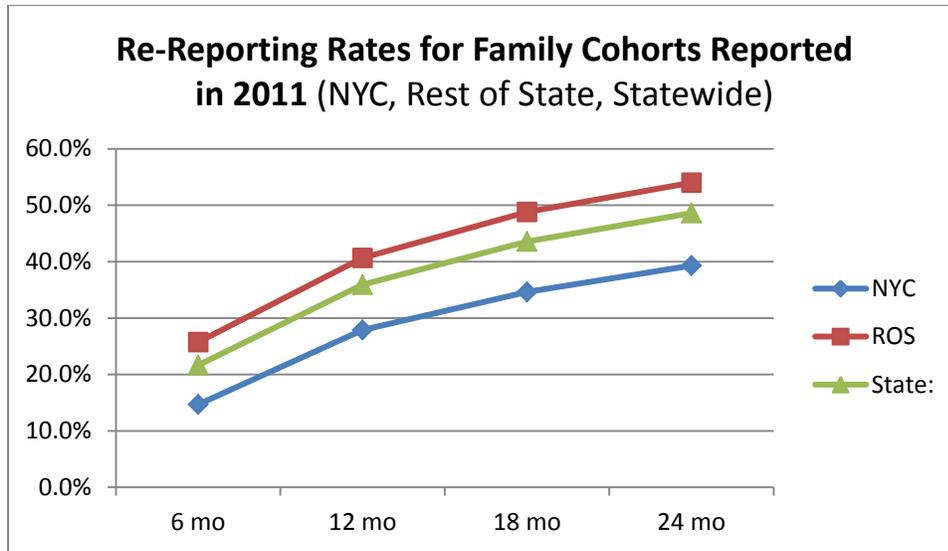
Specific themes identified through the OMA process as needing the most improvement fall within the areas of collateral contacts and the adequacy of the safety assessment and the risk assessment.

Additionally, through various assessment processes, New York State has identified some practice area strengths and areas needing improvements, which are discussed within the "*Plan for Improvement*" section of this CFSP.

Continued research will be conducted in year one of the CFSP to fully understand the issue and inform New York State's CQI process.

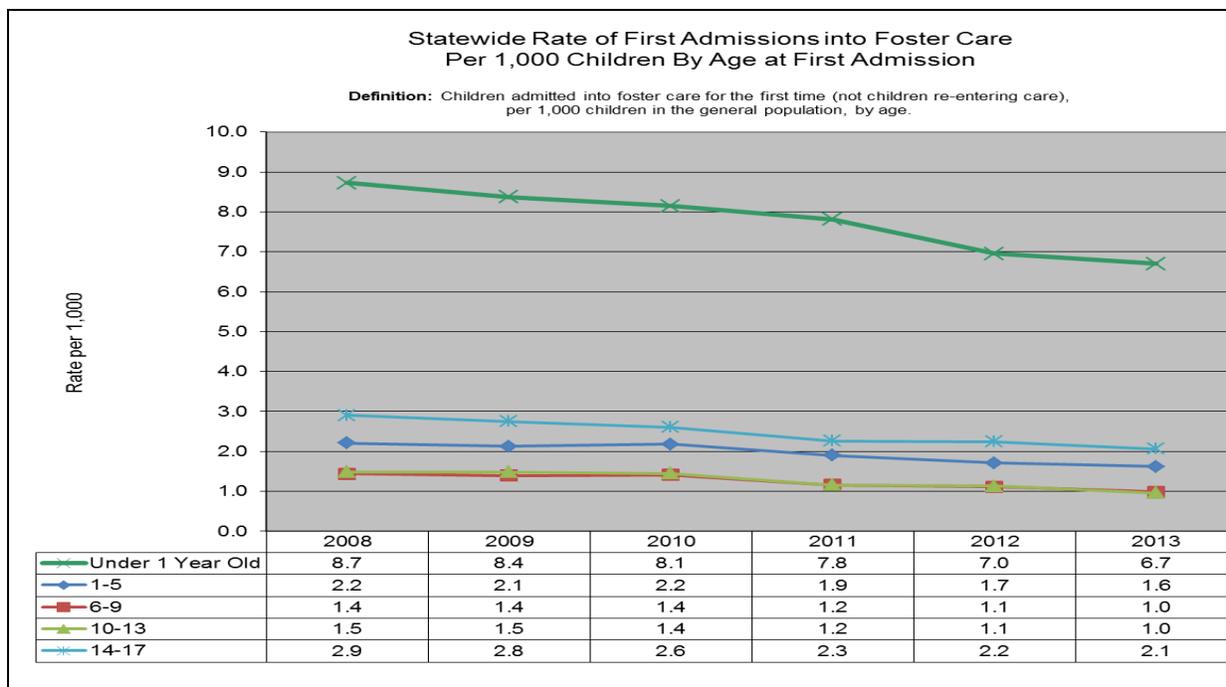
Reporting Rates

New York State has begun monitor re-reporting for families who enter through child protective services. It is through this measure we plan to analyze the reasons why families come back to the attention of child protective services, and to determine if additional services may be warranted.



An additional measure that is analyzed is the rate of first admissions into foster care. As noted by the chart below, New York State has made progress in the reduction of children entering foster care, with a decrease of 29 in the rate.

Statewide: Number and Rate of First Admission into Foster Care, all ages		
Admission Year	Number of First Admissions	Rate of First Admission
2008	10,625	2.4
2009	10,150	2.3
2010	9,858	2.3
2011	8,568	2.0
2012	8,055	1.9
2013	7,424	1.7



Permanency Outcome 1: Children have permanency and stability in their living situations.

Permanent Exits:

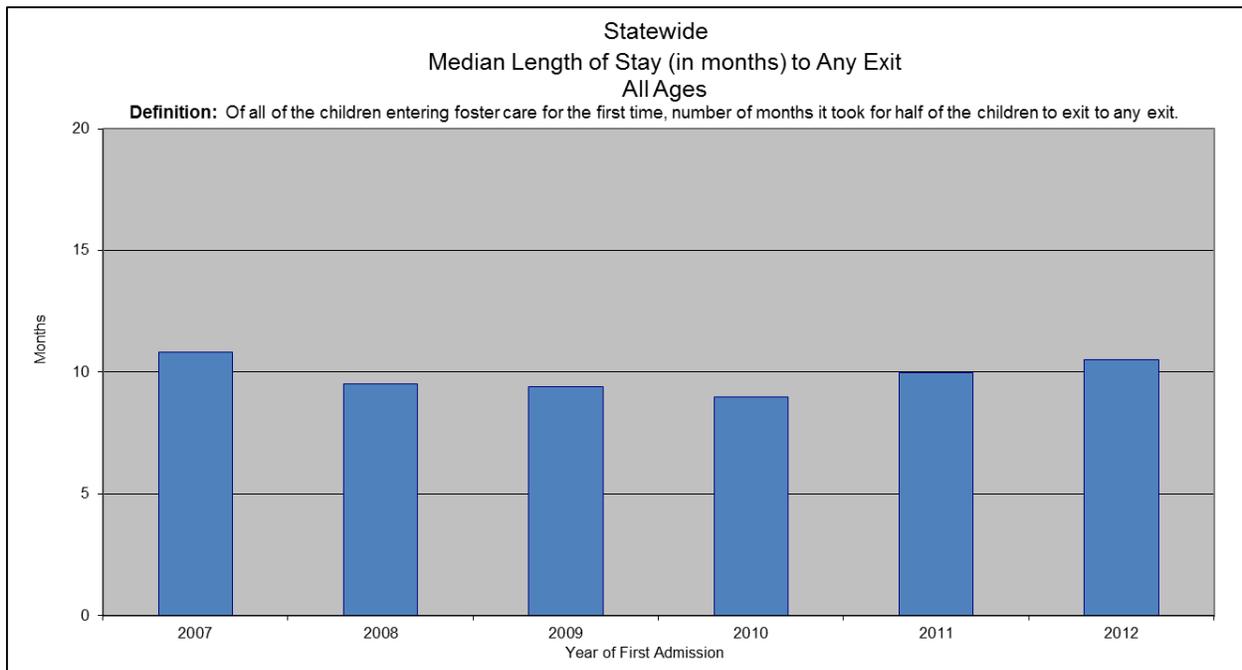
The table below shows the percent of permanent exits for children admitted to foster care for the first time. A permanent exit includes the following exit types: reunification, exit to relatives, kinship, or adoption. The percent has declined in recent years.

Statewide: Percentage of Permanent Exits for Children Admitted to Foster Care for the First Time, by year								
Cumulative Percent Discharged to a Permanent Exit								
Admission Year	First Admissions	In 6 Months	In 1 Year	In 18 Months	In 2 Years	In 3 Years	In 4 Years	In 5 Years
2008	10,636	34%	48%	57%	62%	70%	75%	79%
2009	10,162	33%	48%	57%	62%	69%	75%	
2010	9,866	33%	49%	57%	62%	70%		
2011	8,575	30%	46%	54%	59%			
2012	8,065	30%	45%	52%				
2013	7,431	25%						

Statewide: Rate and Number of First Admission into Foster Care		
	Number of First Admissions	Rate/1,000
Admission Year	All Ages less than 18	
2008	10,625	2.4
2009	10,150	2.3
2010	9,858	2.3
2011	8,568	2.0
2012	8,055	1.9
2013	7,424	1.7

Research shows an inter-relationship between admission rates and permanent exit rates. In New York State, it is expected that this relationship is a primary factor in the decline of permanent exits for first admissions. Our hypothesis is that districts are working diligently to maintain children safely in their homes, and only when that is not possible, children enter foster care. The families of children who enter foster care, therefore, are more likely to have complex issues that prevent early exits to reunification.

The safety of children in New York State is a primary goal of New York State’s child welfare system; therefore, safety is a greater concern than a quick exit.



The permanent exit rate for children in care for long periods of time, according to the federal data profile is above the national standard. In FFY 2013, New York State's score was 125.8; the national standard for Placement Stability is 101.5 or higher. The complete federal data profile is located in Appendix A

Additional research, including a comprehensive analysis of quantitative and qualitative data will be conducted in year one of the CFSP to fully understand performance and inform New York State's CQI process, especially in light of new federal data measures which were not available at the time we are submitting our 2015-2019 Plan.

Exits to Adoption:

Timeliness of Adoptions: Time from First Admission to Foster Care to Adoption Discharge								
Admission Year	First Admissions *	In 6 Months	In 1 Year	In 18 Months	In 2 Years	In 3 Years	In 4 Years	In 5 Years
2008	10,636	0%	0%	1%	2%	6%	9%	12%
2009	10,162	0%	0%	1%	2%	5%	9%	
2010	9,866	0%	0%	1%	2%	6%		
2011	8,575	0%	0%	1%	2%			
2012	8,065	0%	0%	1%				
2013	7,431	0%						

Timeliness of Adoptions for Children in Care on the Last Day of the Year: Time from Last Day of the Year to Foster Care to Adoption Discharge										
In Care Year	Total In Care as of 12/31	In Care 2 years or less	In Care more than 2 years	In 6 Months	In 1 Year	In 18 Months	In 2 Years	In 3 Years	In 4 Years	In 5 Years
2006	26,568	58%	42%	4%	9%	13%	18%	24%	28%	31%
2007	26,056	62%	38%	4%	9%	13%	17%	23%	28%	31%
2008	25,427	60%	40%	4%	9%	13%	17%	24%	29%	

2009	24,535	60%	40%	4%	9%	13%	18%	25%		
2010	23,071	59%	41%	4%	10%	14%	19%			
2011	21,588	60%	40%	5%	10%	15%				
2012	20,730	61%	39%	5%						

Adoption is slow to occur early in a child's foster care placement, as shown in the tables, above. The first permanency planning goal (PPG) is most frequently "return to parent". Roughly seven to nine percent of the population of all children who enter foster care for the first time has a PPG of adoption within 18 months; by 24 months, close to 15 percent of those children have their PPG changed to adoption. When possible, it is preferable to maintain a child's connection to family; therefore, sufficient time is provided to allow families to access services and prepare for a safe environment in which the children may reside.

The New York State Child Welfare/Court Improvement Project (CW/CIP) prepares data that supplements information used in New York State's practice improvement planning process. This data, the Child Welfare Court Data Metrics report is published annually. Although the court's system, Universal Court Management System (UCMS) population differs slightly from those captured in New York State's system of record, analysis of the data shows similar trends child welfare outcome trends.

When termination of parental rights is in the best interests of the child, timeliness is essential when addressing a child's need for permanency. Given the courts' impact on this measure, many local CQI efforts utilize the CW/CIP data, which indicates:

- The median time from initial TPR petition to disposition in recent years has steadily remained between eight and nine and a half months.
- Of all TPR filings in 2010, by 12/31/2011, the dispositions are as follows:
 - Termination of parental rights: 65 percent
 - Suspended judgment: 16 percent
 - Not yet disposed: 10 percent
 - Other: eight percent
 - Withdrawn: two percent
- When the disposition is TPR, it takes approximately seven to nine months from TPR filing to disposition.

The recent trend is showing an improvement in timeliness of TPR dispositions. Additional research, including a comprehensive analysis of quantitative and qualitative data will be conducted in year one of the CFSP to fully understand performance and inform New York State's CQI process.

Of note, in most TPR cases, the disposition to terminate parental rights in appealed cases will not proceed with issuing an order of adoption until the appeal has been resolved.

Re-Entry:

The federal CFPSR data profile indicated that New York State's performance in the area of Re-entry has decreased slightly since federal fiscal year 2011 (15.5 percent in 2013 compared to 14.7 percent in 2011).

The NYS data packets, show approximately the same percent of youth re-entering care, however, the re-entry rate has shown slight improvement in the past several years.

As shown in the table below, youth under age five and over age 18, have shown a slight increase in re-entry rates. A youth over the age of 18 who re-enters care may, in fact, be a positive step toward becoming a productive adult.

Additional research, including a comprehensive analysis of quantitative and qualitative data will be conducted in year one of the CFSP to fully understand performance and inform New York State's CQI process.

Statewide								
Cumulative Re-Entry from Exits to Reunification, Relative, or KinGAP Children Placed - All Ages, First Admissions								
Cumulative Number Re-entered from Discharge to Reunification, Relative, or KinGAP ¹			Cumulative Percent Re-entered from Discharge to Reunification, Relative, or KinGAP					
Exit Year	Exit Age Group	Number of Exits to Reunification, Relative or KinGAP	In 3 Months	In 6 Months	In 9 Months	In 1 Year	In 18 Months	In 2 Years
2011	Ages 1-5	1,827	5%	10%	13%	15%	18%	21%
	Ages 6-9	1,018	3%	7%	9%	12%	14%	16%
	Ages 10-18	813	4%	8%	12%	14%	17%	19%

¹ The primary difference in the New York State data and the federal data profiles is that in New York State, we include only youth in the custody of the local department of social services; youth in the custody of the Office of Children and Family Services are not included in this population.

	10-13							
	Ages 14-17	1,757	5%	9%	13%	15%	17%	18%
	Ages 18+	78	3%	5%	6%	6%	9%	9%
	All Ages	6,029	5%	9%	12%	14%	17%	19%
2012	Under 1 Yr Old	479	5%	11%	14%	16%		
	Ages 1-5	1,686	5%	8%	10%	13%		
	Ages 6-9	904	4%	7%	10%	11%		
	Ages 10-13	708	3%	8%	11%	15%		
	Ages 14-17	1,501	5%	9%	12%	14%		
	Ages 18+	98	2%	6%	7%	8%		
	All Ages	5,376	4%	8%	11%	13%		

Stability of Foster Care Placement

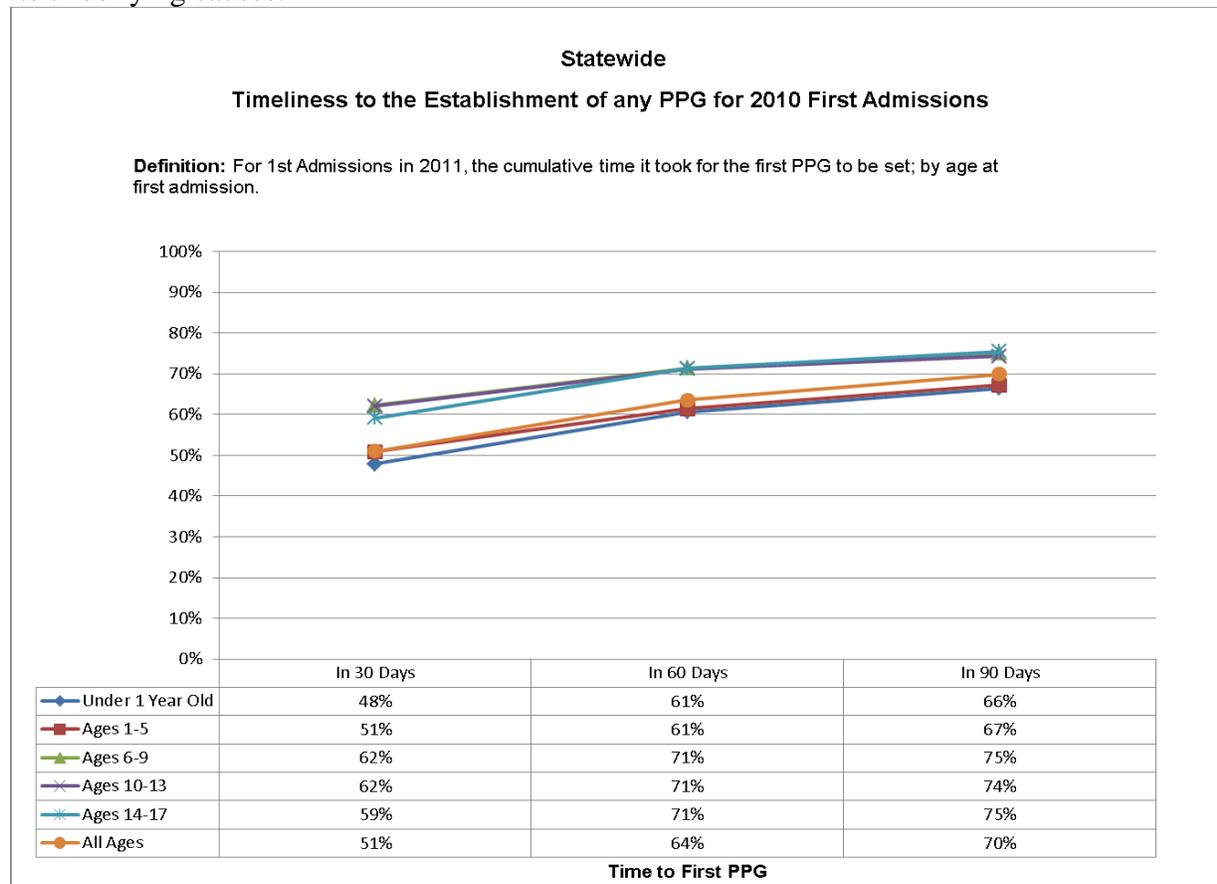
The federal data profiles have shown that New York State's performance to be consistently above the national standard. The national standard for Placement Stability is 101.5 or higher, and New York State's performance as of federal fiscal year 2013, is 110.1.

Additional research, including a comprehensive analysis of quantitative and qualitative data will be conducted in year one of the CFSP to fully understand performance and inform New York State's CQI process.

APLA: In 2013, the number of youth with a goal of Independent Living now called *Another Planned Living Arrangement with an adult resource* or APLA was 2,471 or 13.4 percent of the total number of children in care. This percentage is slightly higher than the percentage of children in care in 2012 with a goal of Independent Living.

Permanency Outcome 2: The continuity of family relationships is preserved

The timely establishment of a permanency planning goal (PPG) is a key first step in effective casework practice. As the graph shows, approximately 70 percent of the children entering care for the first time have a documented PPG within 90 days of admission. New York State’s standard is that all children in foster care have a PPG established within 30 days of entering care. A component of this plan is to utilize the first year to analyze the issue by using quantitative and qualitative data. It is premature to identify a plan for improvement without a comprehensive understanding of the issue and its underlying causes.



Preserving family is a primary focus of New York State’s permanency and well-being agenda. On December 31, 2013, there were approximately 19,500 children in foster care in the state. The PPG for half of those was reunification. It is noteworthy that although 28 percent of the in-care population has a PPG of adoption, only one percent of the children coming into care had a PPG of adoption at the time of admission.

Permanency Planning Goal (PPG)	Statewide: PPG for Children in Care on 12/31/2013	
Discharge to Parents/Legal Guardian	9,689	50%

Discharge to Independent Living	2,608	13%
Discharge to Adoption	5,505	28%
Discharge to Adult Residential Care	184	1%
Discharge to Other Relative	376	2%
Other Goal	598	3%
No Goal	458	2%
Total In Care 12/31/2013	19,418	100%

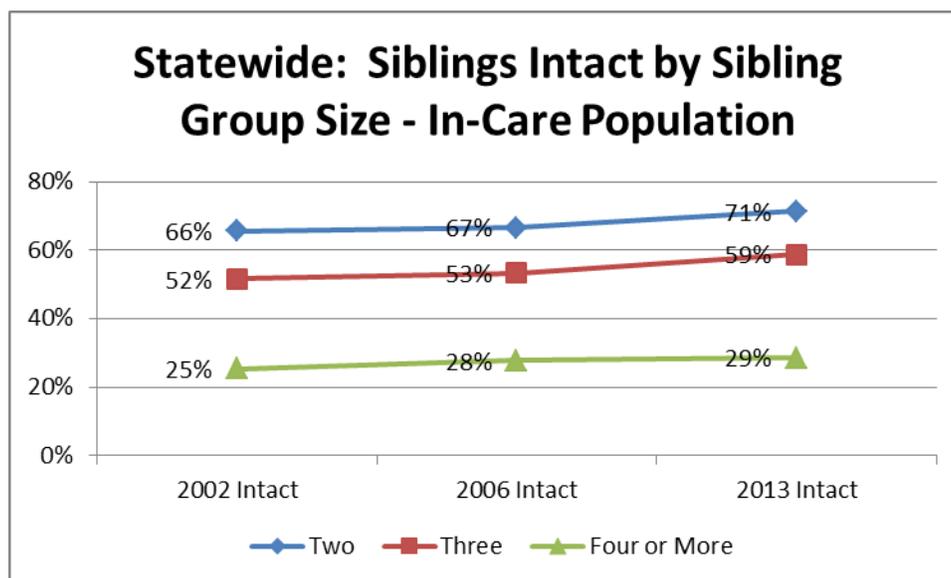
Over 25 percent of the children in foster care in New York State are placed in relative foster homes. Approximately 1,852 youth were directly placed in the legal custody of relatives for the first time in 2013. This is a placement with a relative when the child is not in the legal custody of the local department of social services. A child/family in direct placement (under Article 10 placement), receives the same case management and case planning services as children and families where the child is in LDSS legal custody.

Placement Type							
For children in care on the last day of each year – number and percent of all children in care.							
	Total In Care	Foster Home	Boarding	Kinship Care	Foster	Residential Care	
2008	25,425	13,920	55%	6,379	25%	5,126	20%
2009	24,541	13,473	55%	6,349	26%	4,719	19%
2010	23,069	12,958	56%	6,035	26%	4,076	18%
2011	21,590	12,387	57%	5,626	26%	3,577	17%
2012	20,723	11,770	58%	5,217	25%	3,463	17%
*In Care counts include children who have been in LDSS custody for all or a portion of their foster care stay.							

The residential care population has decreased from 21 percent at the end of the year 2000 to 17 percent at the end of 2012. This is seen as a positive indicator, because most group care settings tend not to be located in the child's home community or neighborhood.

Out-of-State Placements: In recent years, significant strides have been made to reduce the number of out-of-state residential care placements. At the end of the 2005, there were 294 New York State foster care children placed in congregate care settings outside of the state; at the end of 2013, there were 76.

Placement with Siblings: Statewide, the percentage of siblings placed together when there was a sibling group of two or three children has shown improvement; 71 percent and 51 percent respectively, were placed together. It is more difficult to keep siblings together as the size of the sibling group increases, and continues to be an area of focus.



The OCFS Safety and Permanency Assessments (SPA) case review instrument contains a set of questions that explores the adequacy of the visitation plan and the consistency of visiting events. It also contains review questions related to notification and participation by the family in Service Plan Reviews and Court Permanency Hearings. In an effort to fully understand performance and inform New York State's CQI process, information from the SPA will be compiled and reviewed in-depth during year one of the CFSP.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Service Plan Reviews, Family Assessment Service Plan, and Permanency Hearings

Various case review instruments (OMA, SPA, and VAR) explore the adequacy of assessment and service planning throughout the life of the case. They capture the level of family and/or youth involvement in planning, as well as the adequacy and availability of service provision. The data warehouse maintains management data related to the timeliness of service plan reviews, family assessment service plans, and permanency hearings. It also contains several sets of

review questions related to the required notice to caregivers and to participation by the family and/or youth in Service Plan Reviews and judicial reviews (Permanency Hearings).

During the permanency hearing, the case circumstances, the appropriateness of the permanency goals, and the efforts made to achieve permanency are reviewed. The CW/CIP data metrics identified the proportion of *initial* permanency hearings that have been completed within nine months of the data of entry into out-of-home care; their data indicate improvement over time, from 76 percent in 2006 to 83 percent in 2010. The CW/CIP data also identifies that 95 percent of *subsequent* child permanency hearings are completed within seven months from the date of the prior completed permanency hearing.

In an effort to fully understand the quality and timeliness of these three case review processes, additional information will be compiled and reviewed during year one of the CFSP.

Casework Contacts with Children

In Federal Fiscal Year (FFY) 2013, 94.2 percent of all children in care were contacted each month. This represents continued improvement (FFY 2011 = 81.5 percent), and surpassed the 90 percent mandate established by ACF.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs; and

Well-being Outcome 3: Children receive adequate services to meet their physical and mental health.

Some limited case-level educational information is available via a details report in data warehouse. These reports provide information to the case planner. A need in New York State is to have direct access to contemporaneous New York State Education Department (SED) data for children in foster care. OCFS and SED are actively working on a process, and have recently executed a MOU that will allow for the transfer of data.

All medical information on each child is to be maintained in the case record. In recent years, OCFS has developed a process to remind districts to input medical information into the Connections electronic case record. In an effort to improve data input, several predefined reports exist that provides case-level information on children served with missing clinical diagnosis. Similar to the SED work, OCFS is working with New York State Department of Health to develop a system that will allow case planners access to the medical information that is covered by Medicaid.

These enhancements will be informative to New York State's wellbeing initiative.

Systemic Factors

Statewide Information System

The OCFS Data Warehouse system, with roughly 5,000 users statewide, pulls a wide array of information from OCFS' CONNECTIONS and CCRS systems. Information that identifies the

status, demographic characteristics, location and goals for the placement of every child who is in foster care (or was within the immediately preceding 12 months) is available via predefined reports and/or user-developed reports.

A continued strength is OCFS' on-going work to improve the usability from both the input and reporting perspectives. Several enhancements are scheduled to occur in 2014. For example, CCRS is scheduled to be incorporated into CONNECTIONS in mid-2014; this is expected to significantly improve the end user's experience. Additional scheduled enhancements include improvement to the ability to record and report out, information related to Family Assessment Response.

OCFS continues to work toward becoming SACWIS compliant.

Case Review System

For information related to Written Case Plan, refer to Quality Assurance System information, provided below.

For information related to Periodic Reviews Permanency Hearings, refer to Well-Being Outcomes, *Service Plan Reviews*, *Family Assessment Service Plan*, and *Permanency Hearings*.

For information on Termination of Parental Rights, refer to Permanency Outcome 1, Exits to Adoption.

For information related to Notice of Hearings and Reviews to Caregivers, refer to Well-Being Outcomes, *Service Plan Reviews*, *Family Assessment Service Plan*, and *Permanency Hearings*.

Quality Assurance System

New York State participated in a pilot phase of the CQI assessment instrument, and the thorough process revealed the following strengths and areas for improvement.

Foundational Requirements:

Strengths

- Having a Child and Family Services Plan.
- Collecting and distributing data on a scheduled basis.
- Conducting case reviews.
- Working with LDSS and VA partners in performance reviews as well as improvement action planning and implementation.
- Existing CQI responsibilities are embedded throughout OCFS.
- OCFS has written guidance documents for several CQI activities, most notably Case Record Review processes, which communicate basic expectations for uniformity in the implementation of those activities.

Opportunities to Enhance this Component

- LDSS are strongly encouraged but not required to have a CQI systems. The state may consider strengthening training in other CQI components.

- The state does not have an overarching written policy that connects the existing CQI elements into an integrated structure.
- Resources and capacity to support the operation of a comprehensive CQI process are not assured.

Data and Analysis:

Strengths

- In-house Data Warehouse and participation in the Chapin Hall Data Center assist OCFS to develop a number of pre-defined and ad-hoc data reports.
- Electronic access to data, including the ability to create reports, is available at tiered levels including to external stakeholders at the LDSS, VAs and courts.
- Guides for understanding the data are available.
- Qualitative and quantitative data are used to understand practices and trends at the local level.

Opportunities to Enhance this Component

- National Youth in Transition Database (NYTD) data collection and limited preventive services data is available statewide.
- Need to systematically access the data needs of its stakeholders.

Case Record Review:

Strengths

- Case Record Review processes provide case level and contextual.
- The state has practices to train reviewers, address conflict of interests and ensure consistency of review ratings.

Opportunities to Enhance this Component

- Reviews are not applied in all counties with similar frequency.
- Case-related interviews are only conducted in voluntary agency reviews
- Multiple case record review instruments could be consolidated and streamlined.

Feedback and Adjustment:

Strengths

- Data is available to stakeholders at various levels to LDSS and VA and posted on the website.
- New York State has a variety of opportunities to develop feedback, including through the Regional Office (RO) quarterly meetings with each LDSS and VA, court collaboratives, and through the LDSS development process.
- Case review results and data are used by the RO and LDSS to inform planning, monitoring, and adjustment at the local level with the primary focus on practice.

Opportunities to Enhance this Component

- The volume of data may render the information non-user friendly. OCFS may consider periodically assessing its communication mechanisms to assure they are varied, accessible, and reaching their intended targets.
- Lack of formalized, consistent feedback process statewide with stakeholder participation.

Staff Training:

For information regarding initial and on-going staff training, refer to the Training Plan (located under “Specialized Plans within the CFSP” section).

Service Array:

The array of services is located in the “*Child and Family Services Continuum*” section of this CFSP. In the CFSR Round 2, New York State’s ability to individualize services to meet the unique needs of children and families was noted as a strength. In year one of this CFSP, OCFS plans to gather qualitative information related to the ability of our services continuum to meet the various needs of the children and families serves.

Agency Responsiveness to the Community:

The Round 2 CFSR process identified this systemic factor as one of New York State’s strengths. OCFS continuously works with other agencies, both state and federal, to establish services that are coordinated across agencies to promote effective service delivery. Additional services coordination information is located under the “*Child and Family Services Continuum – Services Coordination*” section of this plan.

Foster and Adoptive Home Licensing, Recruitment, and Retention:

The 2014 Recruitment and Retention plans, submitted by each LDSS and voluntary agency that directly serves children in family-based foster care, provided detailed information about their current successes and challenges regarding recruitment and retention, and described activities planned to enhance their efforts. During the year one assessment phase of this CFSP, the information from the Recruitment and Retention plans will be compiled and reviewed in relationship with the child welfare outcomes.

Additional information related to this systemic factor is located within the *Foster and Adoptive Parent Diligent Recruitment Plan* section of this CFSP.

3. Plan for Improvement

Goals

New York State has three goals in which we will be focusing on over the next five years:

1. Improve the safety of children
2. Improve permanency for children
3. Improve well-being for children and families

These goals were selected based on New York State's performance as of the March 21, 2014 Data Profile related to Safety:

- Absence of Maltreatment Recurrence – National Standard 94.6%
 - New York State Performance – 88.3% (Fiscal Year 2013)
- Absence of Child Abuse and/or Neglect in Foster Care – National Standard 99.68%
 - New York State Performance – 99.10% (Fiscal Year 2013)

In relationship to Permanency, OCFS has created its own data to better reflect entry and in-care cohorts and has been monitoring ourselves based on this data since 2008. Listed below are the measures OCFS has been using and our performance is noted in Section 2 – Assessment of Performance:

- Rate and Number of First Admissions into Foster Care
- Statewide Percent of Permanent Exits for Children Admitted to Foster Care for the First Time Within Two Years
- Exits to Adoption - Timeliness of Adoptions – Time from First Admission into Foster Care to Adoption Discharge Within Two Years
- Exits to Adoption – Timeliness of Adoptions – Time from Last Day of the Year (2011) to Adoption Discharge
- Re-entry from exits to Reunification, Relative, or KinGap
- Stability of Placement

Objectives to meeting Goals

1. Implementation of a Statewide Practice Model

To obtain the goals over the next five years, OCFS plans to implement the New York State Child Welfare Practice Model, which was developed in 2014. The statewide implementation of the Practice Model will help to move our performance closer to the national standards for safety, permanency and improve well-being. The Practice Model incorporates the following practices:

- Engage families
- Engage youth and provide normative experiences
- Strengthen caregiver capacity to protect and provide for children
- Support safe out-of-home placements
- Support a trauma-informed system
- Support a racially equitable and culturally competent system
- Address individual family needs through comprehensive family assessments
- Develop organizational effectiveness
- Support a statewide continuous quality improvement process

Through the implementation of the above-noted practices, districts are encouraged to select strategies that support these practices. The following strategies are designed to support specific practices.

Engage families

- Family Meetings
- Locating and engaging absent fathers/parents

- Coached family visits
 - CPS Family Assessment Response
 - Child-Centered, Family-Focused Practice using Solution Focused Techniques
- Engage youth and provide normative experiences
- Promotion of Independent Living Skills
 - Educational stability through child welfare liaison in schools
 - Youth advisory boards
 - Education and Training Voucher Program
 - Connections to adult resources
 - Positive youth development programs
- Strengthen caregiver capacity to protect and provide for children
- Healthy Family NY Home Visiting Program
 - Bridges to Health
 - CPS/DV Collaboration
 - Evidence-based, evidence-informed and promising community-based programs
 - Family Resource Centers
 - Parenting programs
 - Prevention programs
- Support safe out-of-home placements
- Post-Adoption Services
 - KinGap
 - Kinship support services
 - Heart Gallery
 - Permanency Roundtables
 - Runaway and Homeless Youth Shelters
 - Family Finding
 - Fostering Hope – Foster Parent Support
- Support a Trauma-Informed System
- Trauma training for caseworkers, supervisors, foster/adoptive parents
- Support a Racially Equitable and Culturally Competent System
- Racial Equity and Cultural Competency Learning Exchange
 - Undoing Racism Training
 - Multi-Ethnic Placement Act Training
 - State and Tribal Nation Collaboration
 - Court Improvement Project
- Address individual family needs through comprehensive family assessments
- Child and Adolescent Needs and Strength (CANS-NY)
 - Kempe Assessment
 - Commercial sexual exploitation of youth screening tool (Human Trafficking)
- Develop organizational effectiveness
- Keys to Excellence in Your Supervision
 - Critical Thinking Training
 - Teaming
- Support statewide Continuous Quality Improvement process
- Implement Continuous Quality Improvement process

Through the implementation of the Practice Model and the associated strategies, it is anticipated that the outcomes of Safety, Permanency and Well-being, as well the systemic factors will improve for all age groups.

Measures of progress

During the next five years OCFS will monitor our progress through the use of the federal Data Profile of the National Standards, and through our Continuous Quality Improvement (CQI) Process. Our CQI process will include the sharing of quantitative and qualitative data with local districts and voluntary authorized agencies, as well as community-based organizations that OCFS funds. OCFS is currently enhancing our CQI process and will be able to outline the enhancements process during our next annual update.

Staff training, Technical Assistance and Evaluation

During the next five years, OCFS will continue to provide training to local departments of social services and authorized voluntary agencies around our Practice Model and specifically around the strategies.

Implementation Supports

Supports for implementation of the Practice Model will be around training and coaching. OCFS will continue to review our annual training plan; prioritizing training that supports the strategies that enhance our Practice Model.

4. Services

Child and Family Services Continuum

OCFS and its Local Social Service District and community-based partners provide an array of services designed to achieve the prevention, safety, permanency and well-being outcomes outlined in the Practice Model. Services are available beginning prenatally and through adulthood, and range from primary prevention to permanency and adult services. Below is a brief description of some of the significant services on the continuum; additional information is available on the OCFS website:

- Family Resource Centers (child abuse prevention programs) – Through state Children and Family Trust Fund dollars and the federal Community-Based Child Abuse Prevention fund, OCFS supports Family Resource Centers (FRCs) across the state. FRCs offer evidence-based parenting training and other formal and informal supports to families. FRCs focus on families with children under five years of age aimed at improving parent resiliency, parenting skills, social connections and child development.
- Healthy Families NY Home Visiting Program (HFNY) – HFNY is an evidence-based prevention program which offers systematic assessments for pregnant women and new parents. Trained paraprofessionals from the community served provide home visiting services weekly for the first six months and less frequently until the child enters

kindergarten or Head Start. Services include parenting, family support and linkages to community supports.

- Prevention Services – mandated and optional Preventive services offered directly by the Local Department of Social Services and/or through a purchase of service agreement are designed to prevent child abuse and maltreatment and prevent out of home placements. Supportive and rehabilitative services for children and adults include, but are not limited to; day care, homemaker services, parenting training, transportation, clinical services, respite and 24-hour access to emergency services.
- Protective Services for Children – investigation, assessment, counseling, therapy, training for adults, emergency shelter, rehabilitation services, case management and other support services as needed for children named in a report of child abuse and/or maltreatment.
- Protective Services for Adults – for individuals over 18 with mental or physical impairment including investigation, needs assessment, counseling, alternate living arrangements and assistance accessing medical, legal and other service needs.
- Domestic Violence Services – emergency shelter and supportive services including shelter, hotline assistance, information and referral, advocacy, counseling, community education/outreach, children’s services, support groups, medical support, transportation, and translation.
- Bridges to Health Home and Community-Based Waiver program – provides expanded services to children with serious emotional disturbance, development disability and/or who are medically fragile.
- Kinship Services – OCFS directly funds eight Kinship support programs which address the multiple needs of Kinship caregivers including financial stability, respite, parenting education, family support, and legal information and support groups.
- Foster Care – assessing needs and providing placement and services to children under 18 in a foster home or group care facility; medical services, alternatives to placement, counseling, independent living services, therapeutic services, after-care services and support.
- Adoption Support Services – assistance in securing an adoptive home and the provision of legal services, recruitment and training of adoptive parents, pre-placement planning, counseling, information and referral, respite and crisis services.
- Post-Adoption Services – provided directly by Local Departments of Social Services (LDSS) and through purchase of service agreements, these services address the unique needs of adoptive families and include respite, parenting support, support groups and counseling. OCFS administers TANF funds directly to community-based programs to provide services to pre and post-adoptive families to support adoption finalizations and reduce disruptions.
- Independent Living Services – the Independent Living Program for current and former foster care youth is offered directly by the LDSS or through a purchase of service

agreement. The program provides youth in facilities with assessment services, counseling, educational, vocational and life skills services and other supports as needed.

- Youth Development - programs are designed to prevent juvenile delinquency and promote positive youth development through programs which provide general development, recreational and youth services for the young people under 21 years of age.
- Aftercare Services - assisting children, youth and families to reduce the likelihood of those children or youth returning to either child welfare or juvenile justice placement. Aftercare consists of an array of supervision and support services.

Services Coordination

Local Departments of Social Services are required to submit annual Child Welfare plans which address Child Protective Services, Preventive Services, Foster Care Services and Adoption Services and in doing so, must consult with other government agencies concerned with the welfare of children residing in the districts, authorized agencies and other concerned individuals and organizations. Examples of these agencies/organizations include: Youth Bureaus, Departments of Probation, Family Court judges, mental health agencies and legal and law enforcement agencies.

As a state-supervised, county-administered system, effective collaboration is imperative.

In the upcoming five years, OCFS will focus its resources on those collaborative efforts most likely to achieve the desired outcomes as outlined in the Practice Model. As part of the roll-out of the Practice Model, OCFS will be seeking input from a myriad of internal and external stakeholders including Local Departments of Social Services, Youth Bureaus, courts, voluntary agencies, community-based organizations, families and others impacted by the Practice Model.

One of the significant strategies included in the Practice Model is the statewide implementation of a CQI process. In order for the process to be effective, stakeholders must be informed and the data must be applied to practice improvement. OCFS will continue to expand on its communication methods with internal and external stakeholders to inform policy and practice.

Additional collaborative initiatives planned over the next five years include:

- Bridges to Health - The Bridges to Health (B2H) Medicaid Home and Community Based Waivers were authorized through 2015. OCFS fully intends to reauthorize B2H and will do so with New York State's strong desire to enroll all Medicaid recipients into Medicaid Managed Care.

OCFS Quality Management and Oversight activities, including significant data collection and analysis, will continue to inform and improve performance and practices.

OCFS anticipates hosting the Regional Forums and annual B2H Summits. The B2H Summits provide an opportunity to recognize the success of the B2H Waiver Program and to share effective practices and develop creative strategies.

B2H requires CMS reauthorization effective January 1, 2016. To prepare for this, OCFS will work with the Department of Health to submit the required Evidence-Based Report in summer 2014, and then the authorization packets in the fall of 2015. Upon approval, B2H will be authorized through 2021.

- CPS/DV Collaboration Projects – OCFS will continue to support CPS/DV Collaboration Projects whereby a DV advocate is out-stationed at the local CPS office. These collaborations are designed to improve safety for families experiencing both domestic violence and child abuse/maltreatment. Other anticipated outcomes include preventing recurrence of child abuse/maltreatment and reducing out-of-home placements of children. OCFS will be implementing quality assurance reviews of these programs and will continue to assist in the provision of domestic violence training and guidance for child protective workers and other child welfare workers across the state.
- Educational Stability – With support from Casey Family Programs, OCFS is engaging Local Departments of Social Services to develop and implement liaisons in both child welfare and education systems. The goal of the liaisons is to increase awareness of the unique educational needs of youth in foster care. By developing liaisons in child welfare and education, both systems become well-versed in the policies, procedures, and practices of the other and create common understandings of the needs of youth in care. Moreover, the liaisons will serve as a point of contact and ongoing dialogue between child welfare and the educational institution with the goal of improved academic performance.
- Human Trafficking - OCFS is working with the Office of Temporary and Disability Assistance, Division of Criminal Justice Services, Department of Labor and Department of State to create a website for the Statewide Interagency Taskforce. The site will house information about the taskforce, trafficking laws and referral sources.

OCFS will continue to train various stakeholder agencies and provide presentations and information at relevant conferences. OCFS plans to reach out to other agencies/organizations where awareness materials may be crucial. OCFS will explore ways to proactively prevent children and youth from becoming trafficking victims, especially those who come into contact with the child welfare system.

OCFS is in the process of preparing a best practices policy that will become a blueprint for statewide prevention, identification, and treatment of child trafficking victims. The goal is to align the plan with the “Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013-2017.”

- Kinship Support Services - OCFS in cooperation with OTDA will continue quarterly conference calls with Local Department of Social Services and voluntary agency and community-based service providers in an effort to increase Kinship care as a permanency option. OCFS and OTDA will collaborate to address challenges in supporting Kinship caregivers. OCFS will also be reaching out to other state agencies

to identify resources for relatives and their children particularly around unmet mental health needs.

- Parenting Programs - In partnership with New York State Parent Education Partnership (NYSPEP), the OCFS Children and Family Trust Fund will continue efforts to improve the quality and access to parenting education and to promote skill development for parenting educators. Dissemination of resources and information on the impact of evidence-based and evidence-informed parenting programs to local districts, community-based programs, and other key partners remains a priority. Results from local “Community Cafés” will be compiled into a final report, identifying best practices, lessons, learned and barriers, with recommendations for continued promotion of this family engagement strategy.
- New York State Teaming Model - OCFS will continue to support counties in the implementation of the Teaming Model designed to provide supports to the child welfare workforce, reduce turnover and support quality decision-making. OCFS and its training partner, the Center for Development of Human Services (CDHS), continue to adapt its Teaming Model and expand to additional counties.

In addition to the federal funds which support the mandated child welfare programs, OCFS administers CAPTA funding which includes the Community-Based Child Abuse Prevention Grant Program (CBCAP), the Children’s Justice and Assistance Act (CJAA) and the Federal Family Violence Prevention and Services Act (FFVPSA) as described below.

CBCAP

- Promotion of the Safe Babies New York program, which expands parenting education of all parents of newborns to include information on safe sleeping practices, will continue in all maternity and birthing hospitals in the state. Further tracking of the incidence of shaken baby syndrome in the Western New York, Finger Lakes and Hudson Valley regions as well as efforts to assess the effects of this combined message will be undertaken. OCFS will continue to track child fatality data as it relates to unsafe sleeping practices, requests for our child safety publications, and feedback from family service agencies as a means to monitor the geographic incidence and community response to this child safety issue.
- The Incredible Years’ (IY) Family Resource Center training staff will continue to network and share experiences to strengthen their facilitation skills and increase participation by families at high risk for child abuse. Other evidence-based and evidence-informed programs which will be supported with federal funds include the Triple P, the Nurturing Program, Parent/Child Home, and SPIN Video Interaction Guidance Program.
- Support for Prevent Child Abuse New York’s (PCANY) Parent Helpline will include a new focus on the internet and technologies to better serve families looking for assistance. Statistics for the parenting education program public-access database on the NYSPEP website show between 750 and 1,000 program searches per month, a

demonstrating a significant need for referral information. PCANY is committed to researching and identifying new technologies that can improve access to the Helpline and increase staff efficiency in maintaining a referral database.

CJAA

- The CJAA program in collaboration with the New York State Children’s Justice Task Force (CJTF) will develop a new set of three-year recommendations for 2015 through 2018. These recommendations will be the impetus for future activities.
- A new Request for Proposals will be issued to provide services currently supported through the CARCC. Until that time, CARCC will continue to implement the Advanced Forensic Interviewing Best Practices Training (Advanced FIBP) curriculum in response to the growing need for the development of advanced forensic interviewing skills in New York State.
- OCFS will continue to implement program standards for all Child Advocacy Centers (CACs) and Multidisciplinary Child Abuse Teams (MDTs) in New York State. The standards were developed through input from New York State Children’s Alliance, Multidisciplinary Team/Child Advocacy Center projects, and the Children’s Justice Task Force.
- OCFS staff will continue to provide technical assistance, training and, monitoring to all MDTs/CACs in an effort to improve the handling of child abuse and neglect cases. There will be a stronger focus on providing identification, investigation, treatment and management of child exploitation cases.
- OCFS will continue to support the Citizen Review Panels which review policies, procedures and practices of state and local agencies to evaluate the extent to which the agencies are effectively discharging their child protective responsibilities. The contract for administration of the panels is held by the Schuyler Center for Advocacy and Analysis (SCAA). SCAA has taken a proactive role in helping the three panels develop specific work plans.

FFVPSA

- FFVPSA funds are allocated to states on an annual basis in accordance with a population driven formula. New York State receives approximately \$4 million annually, five percent of which supports OCFS administrative expenses. OCFS recently issued an RFP for the FFVPSA funds for the first time in over 15 years. The RFP priorities include CPS/DV collaboration projects, trauma-informed services and services for underserved populations. Funds will also be allocated on a non-competitive basis to approved providers in counties in most financial need.

New York engages in strong and extensive efforts to include input and consultation with a broad array of stakeholders to assist in informing and improving the child welfare agenda. In addition to those partners noted above, OCFS will continue to participate in regular and on-going coordination with:

- COFFCA – Council of Family and Child Caring Agencies

- NYPWA – NY Public Welfare Association
- YIP - Youth in Progress
- NYSCADV – NYS Coalition Against Domestic Violence
- NYS DDPC – Developmental Disabilities Planning Council
- OCA – Office of Court Administration

Service Description

OCFS allocates Title IV-B, Subpart 2 funds to four categories of services; reunification services, adoption and post-adoption services, family support, and family preservation services. The Title IV-B funds are one of several sources of funding supporting child welfare. These services are provided directly through Local Department of Social Services and/or through purchase of services agreements. Twenty percent of the funds are applied to each category with an additional 20 percent applied to Family Support Services.

In an effort to improve safety, permanency and well-being outcomes, services supported through IV-B Part 2 are focused on family engagement strategies. Family engagement work begins with the “knock on the front door” by child protective services. Child protective investigations are usually perceived by families as adversarial since there is, by definition, a questioning of a parents’ ability to adequately care for their children. The caseworker needs to engage the family as partners in identifying the resources and needs of the family, and in securing the safety and well-being of the children.

From the initial contacts and through-out the life of the case, family engagement is at the core of helping a family address their children’s need for safety, permanency and well-being. In addition to the casework relationship itself (including regular and consistent casework contact with the child and parent/caregiver with a focus on assessing safety and risk of the child) and the impact of that relationship on influencing change, several family engagement strategies will be supported and further evaluated over the course of the next five years.

Family Meetings

In a Family Meeting, parents, children if age appropriate, and relevant extended family or others identified as important to finding solutions, come to the table to plan for protecting the children and keeping them safe. Extended family and fictive kin are vital to developing a web of informal supports around the family and the child(-ren) which can be kept in place long after the case is closed. These meetings will help elicit information from the family which will be used in making better safety decisions and risk assessments both initially and on an ongoing basis. If out-of-home placement becomes necessary, the focus of the Family Meeting will include addressing the child’s permanency and well-being. Once the family has decided what they need to keep their children safe, they can ask the service provider to assist them in achieving their goals. Included in these meetings is the identification of any services the child and parents/caregivers need, a review of the child’s stability, the geographic proximity of the placement, whether it is appropriate to place the siblings together, the appropriateness of the child’s permanency

goal, and a review of the child's educational, medical, and mental health needs. Copies of written case plans and notices of reviews and hearings are shared with the family.

Locating and Engaging Fathers

Fathers, who too frequently have been "invisible" in the child welfare planning process, are an essential resource to their child, not only psychologically but also as a resource for helping a caseworker make better safety and risk assessments as well as being a potential permanency resource. Engaging fathers may begin with locating an absent father. Bringing the father into the case planning process requires sensitivity to complex family dynamics. Once engaged, the father may be able to develop a meaningful relationship with his children, provide a safe home for them, and can model effective parenting to his children. Consideration of not only the father, but his entire extended family, broadens the opportunity for the child to experience meaningful family connections and potential permanency resources.

Coached Family Visiting

When a child is placed in out-of-home care, focused visiting is essential to expediting a successful return home. Utilizing visiting coaches, the caseworker and the parent identify together what the parent needs to learn and use during visiting in order to bring their child safely back home. Coached visiting focuses on the presenting issues that brought the child into care, and may include practicing a skill, developing awareness of child developmental needs, or healing a wounded relationship. An individualized visitation plan is a key part of the overall case plan to support the child's permanency goal.

Child-Centered, Family-Focused Practice using Solution Focused Techniques

When a child is placed in out-of-home care, the caseworker addresses the child's need for permanency with a sense of urgency. This requires the caseworker to engage the parents in developing a plan to return the child home, including identifying an alternative placement resource in the event the child is not able to return home. The caseworker must work concurrently, not sequentially, with the parent and with the identified alternative placement resource.

As part of the Practice Model to be implemented over the course of the next five years, OCFS and its partners will evaluate the effectiveness of these practices, assess service gaps and needs, and address lessons learned through program improvements.

Service Decision-Making process for Family Support Services

Title IV-B, subpart 2 funds are available for all local departments of social services to fund family support services. All LDSSs submit claims for expenses incurred which are then reimbursed through the state. As local social service departments determine the need for specific family support strategies, OCFS Regional Office staff will assist in determining county readiness and resource needs and will work the county on an implementation plan. As needed, local departments of social services may choose to purchase services from a community-based organization and/or voluntary agency based on a procurement process.

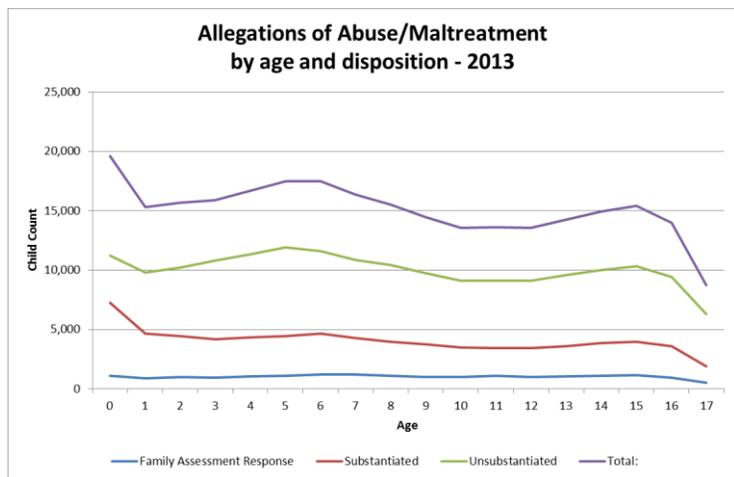
Populations at Greatest Risk of Maltreatment

New York State utilizes performance and outcome measures to identify children at greatest risk. Child welfare data is made available to districts and agencies for their use in monitoring their own progress towards improving practice.

Many factors are likely to impact maltreatment risk, age, geographic area, cultural risk factors, availability of services, to name a few. Statewide, approximately five percent of New York State children are involved in a report to the Statewide Central Register of Abuse and Maltreatment (SCR). The percent of children from each of the seven largest counties is between 2.9 percent and 6.9 percent of the county’s child population; each large county is below the statewide median of eight percent.

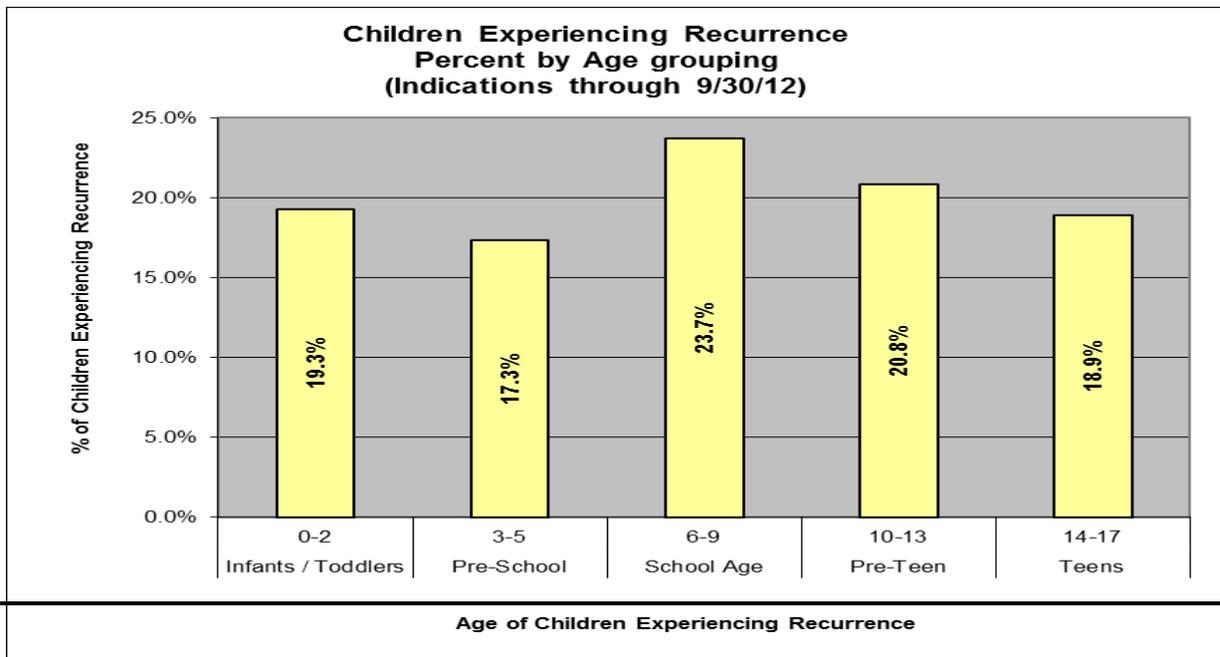
Data indicated that children less than one year of age are most likely to be involved in a report to the SCR, and the allegations within those reports are most likely to be substantiated.

New York State also compiles data on the frequency of risk factors identified in during the preliminary risk assessment profile for indicated reports. Statewide, the top five most frequently noted factors that place a child at risk of abuse/maltreatment within the next two year period are:



- Domestic violence or other dysfunctional adult relationship;
- Unreasonable expectations of children by the caregiver;
- Prior foster care placement;
- Primary caregiver’s mental health problems; and
- Drug problem by caregiver.

It is also worth noting that school age children (ages six through nine) have been identified as the



largest age category that experienced recurrence of abuse/maltreatment.

Services for Children Under the Age of Five

OCFS, with the support of Casey Family Programs, has been holding Permanency Roundtables to assist local departments of social services in identifying children in foster care who would benefit from a review of their case to assist in identifying activities that can be taken to find permanency for the child. Counties with a large number of children under the age of five in care, and for who they are struggling to obtain permanency would be included in the roundtable. Additionally, in years 2015-2019, OCFS will look to continue the permanency roundtables, as well as a focus on adoption targets, which were set in 2014 in an effort to enhance adoptions for those children freed.

OCFS will also continue to fund Health Families New York programs as preventive services to pregnant and parenting mothers and fathers as a means to reducing the need for foster care services. Additionally, OCFS will look to continue funding Family Resource Centers (FRC). FRCs are accessible to all families in their communities without screening or other eligibility requirements, with a focus on families at risk with children age five and under. Over the past year, OCFS worked closely with the FRCs to focus on higher risk families and to make valuable connections with the local social service district priorities and strategies as funds allow.

OCFS will also continue to offer Bridges to Health waivers for children with serious emotional disturbance, development disability and/or who are medically fragile, in hopes that services will also aid in their being returned to their parent/caregiver or adopted.

Describe the activities that the state has undertaken to support the families of children adopted from other countries.

For all adoptive families, including international adoptive families, OCFS maintains the Parent Connection Helpline, 1-800-345-(KIDS). The Helpline receives nearly 300 calls monthly and is available during normal business hours providing information and referral to foster and adoptive families. Additionally, the OCFS website has a number of webpages providing information on support services for families. From the Adoption tab you will find a link to *Post-Adoption Help for Families* which provides; crisis and hotline numbers, resources and information and services for children and families. From the Parents & Families tab there is a link to *Find Services for Children and Families* including a link to *Compendium of Services* where services are listed by selecting your county.

Describe the activities that the state plans to take over the next five years to support children adopted from other countries, including the provision of adoption and post-adoption supports.

The supports listed above will continue to be provided by OCFS. Looking ahead, OCFS is working on developing changes to CONNECTIONS in order to collect data on post-adoption services provided to children and families seeking post adoption support. The data is intended to identify the type of adoption, the services offered and the services received by the child and/or family. This data will be used to inform legislators on the types of post-adoption services utilized for consideration of allocation of resources for post adoption services in the future.

5. Consultation and Coordination Between States and Tribes

As indicated in the Final Report, OCFS has used several means to consult and coordinate with, as well as gather input from New York's federally recognized tribes. These tribes are identified in the Final Report, as well as the outcomes and activities accomplished. Additionally, this report provides a description of the child welfare services provisions for tribal children.

OCFS Bureau of Native American Services continues to host quarterly stakeholder meetings with Tribal and local district caseworkers in both urban and reservation settings. The primary purpose of these meetings is to support and improve compliance with the Indian Child Welfare Act. These meetings also serve in the development of training initiatives; provide input into the CFSP Title IV-B plan and to strengthen service delivery to Native American children and families. The quarterly meetings provide an excellent forum to introduce other OCFS-supported initiatives such as Court Collaboration, Protective Services for Adults, and Chaffee Independent Living Services to Tribal and agency staff who need program support to serve their respective Tribal and Urban Indian communities.

Site visits are also planned to continue to Indian Reservations in New York by the Native American Affairs Specialist. The primary purpose of the site visits is to assess the needs of the Indian Nations and to address concerns related to the delivery of child welfare services.

The interactions that take place through Native American Services (NAS) are complemented and strengthened by ongoing interactions between the social services districts, OCFS and those who provide services to Native Americans.

OCFS will look to continue to improve its data collection within CONNECTIONS in order to assess ongoing compliance with ICWA.

Consultation with tribes will continue to address the following:

- Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene;
- Placement preferences of Indian children in foster care, pre-adoptive, and adoptive homes;
- Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption; and
- Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

Plans for 2015– 2019:

- OCFS will continue to promote interaction with directors of services from social services districts to reiterate and strengthen awareness regarding the need to identify Native American children and to make the appropriate notifications with assistance from the NAS staff.

- OCFS' Native American Services Unit will continue to participate in quarterly meetings with Tribal and local district representatives in both urban and reservation settings to improve ICWA services to this population.
- OCFS will be available to support efforts of Tribes interested in establishing or expanding services under a State/Tribal Agreement.
- New York State will continue to utilize existing structures to promote that appropriate federal Indian Child Welfare Act (ICWA) continued goals can be identified in consultation with the Tribal Leadership. There continues to be a need to support social services districts to inform Tribal Nations of Native American children and families in preventive and child protective caseloads.
- OCFS will continue to support regional and statewide training to social services districts, other public and private agencies, tribal staff and community members to develop strategies to keep Native families intact and to identify resources to support at-risk families.
- OCFS will continue to make the New York State CFSP available to Tribes, as it will continue to support and provide assistance to the St. Regis Mohawks Tribe in its CFSP-County Plan submission.
- OCFS will continue efforts to improve child welfare services in Native American families. Regional training events are being planned to address cultural competency and ICWA related issues.

[Please also refer to the Tribal Consultation Section on page 80]

6. Chafee Foster Care Independence Program (CFCIP)

Agency Administering CFCIP

OCFS is the state agency responsible for administering the John H. Chafee Foster Care Independence Program (CFCIP), including the Federal Education and Training Voucher program carried out under this plan. OCFS has a strong commitment to supporting positive youth development and assisting youth in their transition from foster care to self-sufficiency. OCFS and its predecessor agency have been responsible for administering the federally funded Title IV-E Independent Living Program for foster care youth in New York State since the program's inception in 1987.

Program Design and Delivery

The Independent Living Program for foster care youth is directly administered by OCFS for the facilities it operates, each of the 58 social services districts, and the St. Regis Mohawk Tribe (hereinafter included in the reference to social services district) in New York State. Social services districts have the option of providing independent living services to foster care youth either directly or through a purchase of services contract. Each social services district's Independent Living Program must have available the array of services described below.

The Independent Living Skills program provides youth in OCFS direct care facilities, which are found in several locations throughout the State, twice-weekly life skills training sessions. In addition, youth returning to the community continue to receive community living skills training.

The Education and Training Voucher program for foster care youth and former foster care youth, including youth currently in or discharged from OCFS direct care facilities, is currently directly administered by Foster Care to Success, under contract with OCFS, with the cooperation of local social services districts.

Independent Living Program

New York State has a state-supervised, locally administered child welfare system. New York's Independent Living Program and Education and Training Voucher Program for foster care and former foster care youth is administered by the social services districts. In addition, OCFS has direct service responsibilities for the Independent Living Program for youth adjudicated as juvenile delinquents receiving care in our direct care residential centers.

New York State's Independent Living Program for foster care youth, which is operational on a statewide basis, is designed to help youth who are under the responsibility of social services districts or the state to develop skill in areas that promote self-sufficiency.

New York State addresses the needs of youth of various ages and at various stages of achieving independence through the following activities/services such as: assessment and case planning activities, after care services, self-sufficiency training and room and board services.

The Independent Living Program consists of the following service components:

- A. Assessment Services and Case Planning activities include the setting of a permanency planning goal and documentation of case planning and service provision in the Uniform Case Record, self-identified goals and activities of the foster child and at a minimum, joint discussion of the plan semi-annually. Assessment services must include educational and vocational assessments as well as documentation of Life Skills competencies as a minimum, with semi-annual assessments and modifications of the plan to reflect continued growth and learning.

Upon discharge, the social services district, in consultation with the youth, must identify any persons, services or agencies that would help the child maintain and support him/her and must assist the child to establish contact with such agencies, service providers, or persons by making referrals and by counseling the child about these referrals prior to discharge. In addition, each youth who will be discharged to Independent Living must receive a written 90-day notification of discharge, including the established transition plan. The transition plan developed in consultation with the youth also outlines coordination of services otherwise available to the youth.

- B. Educational Services are integral parts of the Independent Living plan in helping youth receive the education, training and services necessary to obtain employment.
1. Academic Support Services are provided to assist youth in achieving literacy and basic academic skills required for completing a high school degree program or equivalency or, where appropriate, to help youth prepare for and enter post-secondary education institutions. Academic Support Services include, but are not limited to, educational and career assessment and counseling, tutorial and mentoring services, examination preparation and resource and referral services. These services, particularly the mentoring services, should provide personal and emotional support to youth and promote interactions with dedicated adults.
 2. Vocational Training, which should be selected on the basis of assessments of interests and aptitudes, is provided, where appropriate, to those youth in foster care who will not pursue post-secondary education or who may not graduate from high school before their 20th birthday. Remedial education is required prior to the provision of the vocational training for youth with limited academic proficiency. Vocational training includes, but is not limited to, training programs in a marketable skill or trade or formal on the job training. Vocational training may include two-year college programs with specific vocational objectives, occupational training supported by other state or federal funds or provided by organizations, which have demonstrated effectiveness in providing such training. Agencies will advocate and arrange for youth with special needs to receive specialized assessments in order to qualify them as eligible for Vocational and Educational Services for Individuals with Disabilities (VESID), mental health or other specialized services.
 3. Life Skills Training offers, at a minimum, job search, career counseling, locating housing/apartments, budgeting and financial management skills, alcohol and substance abuse prevention, preventive health activities, shopping, cooking and house cleaning.

Youth should be provided with experiential learning or practice opportunities in all areas under the guidance of coaches or mentors.

- C. Independent Living Stipends are provided to foster care youth who are actively participating in the Independent Living programs and serve as an incentive to participate

in the program; provide money management experience; and provide the means where savings can accumulate to assist in the transition to independent living.

- D. Aftercare Services are provided to youth between the ages of 18 and 21 years and include financial, housing, counseling, employment, education and other appropriate support and services. Aftercare services are required for any foster care youth over the age of 16 who is discharged to Independent Living through a trial discharge period. Trial discharge is required for every child discharged to independent living. Custody of the youth is retained for at least six months and certain requirements for casework contacts and service provision apply. The trial discharge period may continue until a youth reaches the age of 21. If a youth loses housing during the period of trial discharge, the social services district must assist the youth to find other appropriate housing or replace the youth in a foster care setting, if necessary. In addition, when custody ceases, the social services district must maintain supervision of the youth until the youth is 21 years of age. Supervision includes casework contacts, referral to needed services, including income and housing services, with sufficient follow-up so that the youth has begun to receive the necessary services.
- E. Room and Board Services, as defined include, but are not necessarily limited to, money for rent, ongoing maintenance (e.g. utilities), furnishings and start-up costs generally associated with renting an apartment, (e.g. money for security deposits on apartments or a utility deposit). For a residence to be considered appropriate under room and board services there needs to be a reasonable expectation that the housing the youth enters will be available to the youth for at least 12 months. Appropriate residence proposed will exclude shelter for adults, shelter for families, or any other congregate living arrangement that houses more than 10 unrelated persons, with the exception of college dormitories or new, innovative models which provide intensive employment or other supportive services in residential settings. In addition, youth receiving room and board services will be required to be supervised. Supervision will include at least monthly contact with the youth if the youth has not sustained adequate housing and income continuously for six months. Additionally, face-to-face quarterly contacts would be required. Quarterly casework contacts are required to be maintained for youth who have sustained adequate housing and income continuously for the past six months.

New York State's approach to room and board services affords social services districts the flexibility to determine how much of their Independent Living federal allotment (up to 30 percent) they will spend on room and board services and whether they will provide limited housing assistance (e.g. security deposits on apartments) or a more complete package of housing services. This approach will support the development of creative strategies to assist youth in a successful transition to adulthood. Social services districts that choose to provide room and board services must establish written policies and procedures for room and board services that address:

- The categories of youth that will be provided room and board services; including if room and board will be provided to the optional category of eligible youth who left care before attaining the age of 18; the maximum levels of funding for the provision

of room and board assistance to former foster care youth who aged out of foster care at 18, 19 or 20, but who have not attained the age of 21; and the expenses that will be covered under the room and board program; and

- The maximum dollar amount that will be paid to any youth for room and board assistance; the length of time room and board assistance can be provided to eligible youth; and any stipulations related to employment or school for the provision of room and board

In addition, New York State provides preventive housing services, including rent subsidies of up to \$300 per month, and up to three years, to youth in foster care who have a goal of independent living when the acquisition of housing is needed to complete the discharge.

In New York State, social services districts have the option of providing room and board services for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. These services may be provided for youth upon discharge from foster care or at a later point in time, provided the youth has not yet attained the age of 21. In addition, social services districts have the option to provide room and board services to former foster care youth who were in foster care and eligible for Independent Living Services while in care, but who left foster care before they attained the age of 18.

OCFS' Supervised Independent Living (SILP) Program assists older youth in making the transition to self-sufficiency. On February 13, 2008, new OCFS regulations were adopted governing the approval and operation of Supervised Independent Living Programs and Supervised Independent Living units. The regulatory amendments implemented the legislative change enacted by Chapter 160 of the Laws of 2004. The regulations enable authorized agencies that operated supervised independent living programs approved by OCFS to certify homes or apartments as supervised independent living units. The benefit of authorized agencies operating supervised independent living programs and certifying supervised independent living units, is to facilitate expanded use of supervised independent living programs and increase the number of older youth having access to and placed in these programs. In addition, the regulatory change adds the definition of a Supervised Independent Living Unit. Supervised Independent Living Unit means a home or apartment certified in accordance with OCFS regulations by an authorized agency approved by OCFS to operate a supervised independent living program for the care of up to four youth, including their children. Each unit must be located in the community separate from any of the authorized agency's other congregate dwellings. Youth under supervision live on their own in the community in apartments or homes that more closely approximate the type of living quarters youth will be residing in after they are discharged. To participate in the program, youth must be between 16 and 21 years of age, have been in foster care for at least 45 consecutive days immediately preceding the placement in the program or have been in the care and custody or the custody and/or guardianship of the local commissioner of the social services district in a status of trial discharge. Youth must be visited in their unit at least twice per week. The services must provide youth with opportunities to achieve positive outcomes and make successful transitions to self-sufficiency.

To support the development of these skills by youth, OCFS currently offers its Independent Living Core Curriculum, "Introduction to Self-Sufficiency," to child welfare caseworkers in voluntary authorized agencies and social services districts, working with adolescents in foster care who will be discharged to independent living. This outcome-based training program is designed to give caseworkers and caregivers the knowledge, values, and skills that they need to prepare youth to lead self-sufficient and productive lives after they leave care. The Independent Living Core Training Program was developed in partnership with the Adolescent Services Resource Network staff (formerly known as the Independent Living Training Network), a network of four regionally based training centers, which provides training and technical assistance to those preparing youth 14 to 21 for self-sufficiency, and an advisory committee of social services district and voluntary authorized agency caseworkers, administrators and caregivers. The Independent Living Core is interactive and focuses on building the skills needed to achieve positive outcomes for youth through the use of case scenarios, group work and role-plays. The Independent Living Core is comprised of five days of classroom training, pre-training reading, and on-the-job training activities.

In addition to the Independent Living Core Training Program, OCFS provides a series of advanced courses for caseworkers that have completed the Independent Living Core. These programs highlight skill building around issues such as education and employment, and accessing community resources. Regionally requested training and technical assistance are also given through the Adolescent Services Resource Network. The Network offers regional training conferences and an annual "Youth Speakout" that gives foster care youth the opportunity to voice their concerns and feelings about being in placement, to state and local administrators, family court staff, and of course, their peers.

Services to Youth Across the State

New York State has a state-supervised, locally administered child welfare system. New York's Independent Living Program and Education and Training Voucher Program for foster care and former foster care youth is administered by the social services districts. In addition, the OCFS has direct service responsibilities for the Independent Living Program for youth adjudicated as juvenile delinquents receiving care in OCFS direct care residential centers.

OCFS, in conjunction with the Adolescent Services Resource Network, conducts ongoing needs assessments of social services district and voluntary authorized agency training needs around working with youth in care. Additionally, OCFS Regional Offices provide periodic technical assistance and monitoring of Independent Living service provision. This allows programs to be responsive to emerging needs.

Foster and adoptive parents need many of the same skills and abilities that caseworkers need to prepare adolescents to live self-sufficiently. Using the Independent Living Core concepts, OCFS has developed in-service training that meets the specific needs of this group and the training curriculum for foster/adoptive parents is now available.

OCFS Direct Residential Care

A life skills assessment and career interest inventory are completed at Ella McQueen Reception Center and Industry Welcome Center by all youth placed in OCFS DJJOY facilities. These assessments are conducted using the following tools: Ansell Casey Life Skills Assessment and New York State Department of Labor CareerZone ONET interest assessment web portal. Currently, career preparation is conducted in our education program where youth take part in a Career and Financial Management course.

Youth at select residential facilities are able to participate in a variety of training programs from culinary arts to automotive. Life skills programming is offered during a range of program activities within DJJOY residential facilities.

Transition planning is conducted with youth in DJJOY residential facilities and documented using the integrated Support Team Plan and Community Reentry plan in DJJOY Juvenile Justice Information System (JJIS). This planning will guide the services and programs offered to youth in residential placement and the community.

OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) continues to refine its strength-based Life Skills Training program throughout its direct care system as a key core component of the OCFS residential programming. Additional life skills interventions are being identified and integrated within OCFS direct care programs to better engage youth.

In an effort to better prepare and support eligible youth with lifelong learning skills that will enhance their educational and employment prospects, OCFS DJJOY merged its Bureau of Independent Living and Office of Workforce Development to create the Bureau of Youth in Transition Programs (BYTP) on September 12, 2013. This new Bureau will work with direct care programs and aftercare staff to link youth with comprehensive services designed to help in the transition to adulthood and self-sufficiency. The new unit will also be better able to support direct care programs in offering life skills programming throughout a youth placement.

DJJOY has implemented a new transition plan form that will allow staff to better document and track the services that will be offered to youth as part of their permanency planning. The new form is an electronic based record which will allow all staff working with youth to know their transition plan.

OCFS has also begun using as part of its intake process the Ansell Casey Life Skills Assessment Tool in conjunction with the career interest tool, Career Zone. The Ansell Casey Tool, a free set of assessments, learning plans and resources, is used to help engage youth to gain the life skills they need for self-sufficiency. The assessment consists of questions about life skills domains deemed critical by youth and caregivers for successful adult living. These domains include Daily Living, Career Planning, Work Life, Self-Care, and Money Management.

Fatherhood Program

In non-secure facilities around the state with young fathers, a BYTP team member meets with these young fathers individually to explain their parental rights while they are placed with OCFS. A BYTP team member discusses with them the importance of education, their future plans, and assists with identifying community resources. Lastly, the young father is given responsible

parenting brochures/literature; videos; and the Inside Out Dads Curriculum to better prepare them for fatherhood upon return to the community.

Through the new Bureau, OCFS will continue to provide technical assistance and support to independent living program sites serving youth in its custody and on aftercare status. Those youth who are in residential placement in OCFS-operated facilities continue to receive independent living skills (life skills training) as part of a Focus Intervention Process and an integrated model. This two-pronged approach will better prepare youth and offer more opportunities to develop life skills. In addition, OCFS will work to enhance Life Skills programming through community partnerships, training, site visits including group observations, and the provision of various materials to support this program.

Youth in Progress (YIP)

The OCFS' new framework for practice also supports youth involvement in improving the child welfare system. Youth In Progress, commonly referred to as YIP, is the New York State Foster Care Youth Leadership Advisory Team. YIP was established in 2003 and is comprised of teams of youth leaders, each with an adult mentor, from each of the six regional foster care youth leadership groups. Activities of the regional groups are supported by participation of OCFS Regional Office Liaisons, the New York State Adolescent Services Resource Network and other OCFS partners. The motto of YIP is "We are Today's Youth, Tomorrow's Leaders." The mission of Youth in Progress is:

"To enhance and advance the lives of today's and tomorrow's youth by supporting their sense of self and responsibility. To do this, we pledge to educate everyone involved in the various systems Youth In Progress members represent to the realities of this experience."

The Ongoing Goals of Youth In Progress are to:

- Raise public awareness of the experiences of youth in care;
- Increase youth involvement in all systems that touch their lives;
- Empower youth through the development of leadership and decision-making skills;
- Improve policies and practices to assist youth transition out of foster care; and

Increase awareness, availability, and participation in services provided to youth transitioning out of care.

Plans for 2015-2019

OCFS currently contracts with the Foster Care to Success to administer and serve as New York State's fiscal agent for the Education and Training Voucher Program. Social services districts continue to be responsible for determining program eligibility. Priority for funding will be given to former foster care youth who are participating in the voucher program on their 21st birthday, until they turn 23 years old, as long as they are enrolled in a post-secondary education or vocational training program and are making satisfactory progress toward completion of that program.

(Please also refer to Goal 4 under Independent Living on page 29 for additional Chafee information)

7. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

New York State has specific regulations on casework contacts with the parent or relative, with child and with the child's caretakers.

Casework Contact with Parent or Relative

Content and purpose: Casework contacts are for the purpose of assessing whether the child would be safe if he or she was to return home, and the potential for future risk of abuse or maltreatment if he or she was to return home. These contacts are also for the purpose of guiding the child's parents or relatives towards a course of action aimed at resolving problems or needs of a social, emotional, developmental or economic nature that are contributing to the reason(s) why such child is in foster care. In the case of children with the permanency planning goal of another planned living arrangement with a permanency resource or adult residential care, such contacts are for the purpose of mobilizing and encouraging family support of the youth's efforts to function independently, and to increase his/her capacity to be self-maintaining; evaluating the ability of the parents or relatives to establish or reestablish a connection with the youth and serve as a resource to the youth; and, where appropriate, encouraging an ongoing relationship between the parents or relatives and the youth.

Casework contacts must be made by one of the following individuals: (a) the case manager; (b) the case planner; (c) a caseworker assigned to the case, as directed by the case planner; or (d) a parent advocate when the contacts are directed, arranged, or otherwise coordinated by the case planner.

Frequency: (a) During the first 30 days of placement, casework contacts are to be held with the child's parents or relatives as often as is necessary but at a minimum, must occur at least twice unless compelling reasons are documented why such contacts are not possible. Such initial casework contacts within 30 days of placement must be made by the case manager, the case planner or a caseworker assigned to the case, as directed by the case planner; (b) After the first 30 days of placement, casework contacts are to be held with the child's parents or relatives at least once every month unless compelling reasons are documented why such contacts are not possible. Such monthly casework contacts made after the first 30 days of placement must be made by one of the approved types of individuals listed above. However, no more than two of the monthly casework contacts in any six-month period may be made by a parent advocate.

Casework Contact with Child

Content and purpose: The purpose of the contacts is to access the child's current safety and well-being, to evaluate or re-evaluate the child's permanency needs and permanency goal, and to guide the child towards a course of action aimed at resolving problems of a social, emotional or developmental nature that are contributing towards the reason(s) why such child is in foster care. The focus of the initial contacts with the child must include, but need not be limited to, determining the child's reaction to the separation and his/her adjustment to the out-of-home placement and arranging for services necessary to meet his/her needs.

Casework contacts must be made by one of the following individuals: (a) case planner; (b) the caseworker assigned to the child, as directed by the case planner; or (c) the case manager. These should be individual or group face-to-face contacts with the child.

Frequency: (a) During the first 30 days of placement, casework contacts are to be held with the child as often as is necessary to implement the services tasks in the family and children's services plan but must occur at least twice. At least one of the two contacts must be held at the child's placement location. (b) After the first 30 days of placement, casework contacts are to be held with the child at a minimum of once a month. At least two of the monthly contacts every 90 days must be at the child's placement location. If the youth is age 18 or older and is attending an educational or vocational program 50 miles or more outside the local social services district, the casework contacts may be made by telephone or mail.

Casework Contact with Child's Caretakers (Person Immediately Responsible for the Child's Day-to-day Care)

Content and purpose: The purpose of these contacts is obtaining information as to the child's adjustment to foster care and for facilitating the caretaker's role in achieving the desired course of action specified in the child and family services plan.

Casework contacts must be made by one of the following individuals: (a) the case planner; (b) the caseworker assigned to the child, as directed by the case planner; or (c) the case manager. These must be face-to-face contacts.

Frequency: (a) During the first 30 days of placement, casework contacts are to be held with the child's caretaker as often as is necessary, but at a minimum must occur at least once at the child's placement location. (b) After the first 30 days of placement, casework contacts must be held with the child's caretaker at least monthly, and at least one of the monthly contacts every 90 days must be at the child's placement location.

State Plans for the use of the Monthly Caseworker Visit Grant over the next five years.

“New York State will utilize the funding provided for monthly casework contact visits to support supervisory and casework training. The OCFS supervisory and casework training models

coincide with the goals of SSA § 436(b)(4)(B), which states a portion of the discretionary funding shall be used to improve the overall quality of monthly casework visits with children who are in foster care under the responsibility of the State, with an emphasis on improving caseworker decision making on the safety, permanency, and well-being of foster children and on activities designed to increase retention, recruitment, and training of caseworkers.

The New York State Keys to Excellence in Your Supervision (KEYS) training model is designed to equip new and existing supervisors with the tools necessary to improve supervision and thereby improve the quality of caseworker contact visits with youth in their caseload that support positive youth development. The KEYS model will further support effective decision making, mastery thinking skills, dependability, resiliency, organizational skills and other essential characteristics that will facilitate a trauma informed, nurturing and supportive environment for caseworkers to thrive.

In addition to the implementation of the KEYS training curriculum, New York State has developed a caseworker resiliency model designed to support the work efforts of caseworkers. The potential outcome would be to create a trauma informed environment that recognizes the trauma endured by caseworkers every day. This training model will help to alleviate onset trauma by supporting caseworkers and thereby supporting the children and the families they serve.”

8. Adoption Incentive Payments

New York State does not receive Adoption Incentive Payments.

9. Child Welfare Waiver Demonstration Activities

New York State’s Title IV-E waiver demonstration project granted under section 1130 of the Social Security Act will focus on foster care children who are at risk of more restrictive settings and long-term foster care as well as on their families. At this time, New York City’s Administration for Children Services (ACS) is the only district participating in New York’s project. ACS plans to implement Child Success NYC (CSNYC).

Child Success NYC is aimed at improving stability, enhancing well-being, and expediting permanency for children in foster care. The project is intended to accomplish the following goals that fully align with New York State outcomes.

- a. Increase permanency** for all infants, children, and youth by (a) increasing the likelihood of a permanent exit, (b) reducing the time in foster placements when possible and (c) promoting a successful transition to adulthood for older youth.

- b. Increase positive outcomes** for infants, children, youth, and families in their homes and communities, including tribal communities, and improve the safety and well-being of infants, children, and youth.
- c. Prevent child abuse and neglect** and the re-entry of infants, children, and youth into foster care.

In 2014, ACS began a gradual implementation of Child Success NYC allowing them to provide and enhanced rate to the voluntary agencies that was used to hire supervisors and case planners necessary to achieve the new staffing ratios, and receive training on the CANS-NY assessment. The gradual implementation allowed for a more stable organizational context – establishing firmer ground on which to add the identified interventions beginning in 2015. This process allowed ACS to establish implementation and saturation of the CANS-NY instrument, gather some baseline well-being and assessment data, and make any data system or quality assurance improvements necessary, either within the local jurisdiction or its contractors, to support both the CANS-NY instrument and any broader data collection efforts necessary under the waiver.

Upon a review of all available data, including the interim evaluation of the pilot which was received from Chapin Hall in April 2014, as well as OCFS' administrative data, pilot saturation rates and system wide performance indicators, an assessment to better understand the fit of the interventions to the needs of our target population will occur during mid-2014. Once the fit of the interventions to the needs of the target population is understood and any necessary adjustments or modifications are made, ACS anticipates rolling out the rest of the interventions beginning on or about January 2015. OCFS' annual plan update for 2015 will detail which interventions have been selected.

10. Targeted Plans within the CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

In 2014, OCFS required and received from each of the districts and voluntary authorized agencies who provide foster care services their three-year Recruitment and Retention plans. The plans, which were Multiethnic Placement Act (MEPA) compliant, were reviewed and approved by OCFS Regional Offices. These plans included detailed data of their needs and assessment of their current successes and challenges to recruitment and retention, and described activities planned to enhance their efforts. Adoption Specialists within each Regional Office consistently work with each county to provide technical assistance and support related to their efforts.

Additionally, New York State received a federal Diligent Recruitment Grant. Awarded on October 30, 2013, the first year has been a planning year. OCFS subcontracted with the Welfare Research Inc. (WRI) to manage and coordinate the grant. WRI subcontracted with Child Trends to provide the evaluation, and with Fostering Hope Foundation to provide support to foster and adoptive families.

During 2015 - 2018, the following activities are planned:

2015

Implementation of the strategic action plans will begin in three counties within the identified regions, supported by project staff. Project staff will also work with at least two additional counties to guide and support a blueprint approach to assessing the strengths and weaknesses of their recruitment strategies, followed by the development of strategic action plans.

The compendium of evidence-based, best and promising recruitment practices will be distributed statewide to increase the knowledge of counties and agencies and to promote sustainability of the project beyond the grant. These materials will include models of professional foster parenting that have been identified. These materials will be updated in Year 5 so they are current at the end of the project.

2016

Work will continue with participating counties in Regions IV (Albany) and V (Spring Valley), with a new focus on steps that can be taken across the regions to promote recruitment and inter-jurisdictional placements. These could include regional adoption exchanges; cross-county agreements to complete home studies based on the location of prospective parents, and jointly held orientation sessions for prospective parents.

The project will distribute the recruitment blueprint to counties and agencies in all regions of the state through a series of regional forums and written materials. Counties and agencies, in addition to those already working with the project, will be encouraged to undertake a systematic review of their recruitment process using the blueprint model and will be supported by project staff and OCFS regional office staff.

2017

On-site support from project staff will continue for counties in Regions IV and V, and will begin for at least two counties and/or agencies in Region III to support the blueprint process for data collection. A strategic action plan will be developed by the end of the third quarter to allow for implementation during the final five quarters of the project, with plans for sustainability beyond the project.

2018

Support for participating counties and agencies will continue. There will be a plan in place for sustainability in each county of at least one strategy they are implementing beyond the end of the project.

The compendium of evidence-based, best and promising recruitment practices will be updated and redistributed statewide.

Regional trainings for counties, agencies and OCFS regional office staff will be held to disseminate information about lessons learned in the project and potential for replication in other counties and agencies. The emphasis will continue to be on selecting strategies and practices only after a careful data assessment so the “solution” is aligned with the underlying causes of poor performance.

Health Care Services Overview

Health care services: The Federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) amended the section 422(b)(15) of the Act which previously required an update regarding ongoing efforts by the state agency to actively involve and consult physicians or other appropriate medical professionals in assessing the health and well-being of foster children and determining appropriate medical treatment. The law now requires states and Tribes, in coordination with the State title XIX (Medicaid) agency, and in consultation with pediatricians and other experts in health care, and experts in and recipients of child welfare services, to develop a plan for ongoing oversight and coordination of health care services for children in foster care. States are required to submit a copy of the Health Care Services Plan with their CFSP.

New York State has a state-supervised, locally administered system of foster care. As such, provision and oversight of the medical care received by these children is the responsibility of the social services districts, that are the legal custodians and case managers, and the authorized foster care agencies with which these departments contract to provide foster care services. Over 80 percent of New York State children in foster care are cared for by non-public foster care agencies (voluntary authorized agencies) rather than local departments of social services. OCFS routinely conducts site visits and provides technical assistance to departments and agencies to monitor the quality of services provided.

The models of delivery for health care services to children in foster care vary significantly across New York State. Some authorized foster care agencies deliver primary health care directly through on-site clinics. Some agencies have contractual agreements with health care providers; for example, an agency may contract with one psychologist in the community to conduct mental health evaluations on all new admissions. Most agencies have medical staff that provide some tracking and oversight of routine and specialty health services. Children residing in foster homes often use community health providers.

While OCFS does not provide direct clinical services to children in foster care, OCFS promulgated regulations regarding appropriate medical care [18 NYCRR 441.22]. OCFS regulation 18 NYCRR 441.22 sets forth the schedule for initial and follow-up health screenings for children in foster care. OCFS has developed draft regulations to 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. The proposed draft regulations are still pending approval in the required administrative process. New York State Social Services Law (SSL) provides the statutory authority for OCFS to supervise social services districts and promulgate regulations. OCFS regulations require that licensed medical professionals assess the health and well-being of children in foster care and determine appropriate medical treatment. OCFS has also provided practice guidance on necessary and optimal health services for children in foster care with our comprehensive manual, "Working Together: Health Services for Children in Foster Care". This manual was developed in close collaboration with our medical director (a

pediatrician), and a representative group of foster care agency and social services staff that included medical professionals in 2009.

To support optimal health services for children in foster care, social services districts and voluntary authorized agencies use the services of licensed medical practitioners to inform policy and practice. For example, the New York City Administration for Children's Services (ACS) has a Medical Services Office that is led by a physician. This office provides policy guidance and oversees the health services provided to New York City children in foster care. They meet regularly with medical staff from the authorized foster care agencies to discuss new policies and address concerns.

NYC has a local coalition, the Committee of Mental Health and Healthcare Professionals in Child Welfare, which provides a forum for members to consult with each other on common concerns around health services for children in foster care. This group has also advised OCFS on the contents of CONNECTIONS, New York's SACWIS system. The Health Care Workgroup of the Council of Family and Child Caring Agencies (COFCCA) was instrumental in development of the Foster Care Initiative (FCI). FCI is a project in two New York City agencies that demonstrated new approaches for mental health services for children in foster care, including addressing trauma.

In the Albany area, a foster care agency has contracted with Albany School of Pharmacy to advise their medical staff on medication matters. In central New York, several counties have contracted the services of a child psychiatrist, who must approve all prescriptions for psychotropic medications for children in foster care before the prescriptions can be filled. This psychiatrist has also conducted chart reviews of medication usage for children in congregate care settings in Onondaga County and advised the county on the appropriateness of the prescribing practices.

The Coordinated Children's Services Initiative (CCSI) legislation requires that counties employ a collaborative approach to children with intensive cross-system needs. These collaborations vary in accordance with local government and community resources, and typically include representatives from social services, mental health, developmental disabilities, substance abuse services, schools, and community providers. The goal is to implement a comprehensive, coordinated, individualized service plan for each child. In 2002, the Center for Governmental Research, Inc. (CGR) concluded that CCSI is a viable model that should be continued and strengthened, and presented a number of recommendations designed to strengthen the state-local partnership. Many of the recommendations in the report were subsequently implemented. In addition, a coordinated children's services statute that amended state Executive Law went into effect subsequent to the report and incorporated a number of issues raised in the report.

At the state level, the OCFS medical director is involved in any regulatory or guidance documents disseminated on health issues. OCFS employs a chief treatment officer, chief psychiatrist and psychologists. OCFS routinely engages local and national experts, including psychiatrists, physicians, pharmacists, and psychologists to assist in health-related initiatives. Activities in 2008 included a series of three teleconferences on trauma, the development and distribution of a guidance document on the use of psychiatric medication for children in out-of-

home care, and an interagency collaboration to address Fetal Alcohol Spectrum Disorders (FASD). OCFS has used an expert consultant to customize the Child and Adolescent Needs and Strengths (CANS) assessment tool for use in our Bridges to Health foster care waiver program.

Bridges to Health (B2H) (*Working Together Manual* B-21, B-175) continues to assess for service needs and plan for goals; B2H utilizes the Childhood Adolescent Needs and Strengths Assessment (CANS). Recently, OCFS and the Office of Mental Health collaborated to update the CANS for use across both systems. The new CANS-NY includes a wider range of domains to better identify and address the multi-system needs of children.

Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A *Quality Improvement Collaborative* - OCFS is collaborating with NYS Department of Health and NYS Office of Mental Health on the federal project being conducted by The Center for Health Care Strategies on Psychotropic Medication: Improving the Use of Psychotropic Medication Among Children & Youth in Foster Care: A *Quality Improvement Collaborative*. New York State was among 32 states that sent letters of interest and 24 states that applied for five available slots. New York was among the five top-rated applicants, and was invited to participate in the three-year quality improvement collaborative. The work done on this project will inform New York State in the ongoing efforts to improve Health Services and enhance planning. Project information is available at the following link:
http://www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=1261326

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 Department 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.

As per the expectation of the Health Services Plan, this provides further direction in securing Medicaid for transitioning youth and continuity of health care coordination.

http://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma011.pdf

These efforts by OCFS with active collaboration and coordination with sister agencies resulted in our continuous development and improvement of a health care services plan for coordination and oversight of health care for children in foster care. As required per P.L. 111-148 of the Act, OCFS is submitting an updated Health Care Oversight and Coordination Plan with the CFSP on June 30, 2014, identified in the table of contents as Appendix "E."

Disaster Planning

Emergency Preparedness/ Disaster Plans:

OCFS continues to refine and test its disaster plan to identify, locate and service children in care in the event of disaster. The approach will include responding to new cases as needed, maintaining communication with essential personnel, and how to maintain records and coordinate services under such circumstances.

OCFS plans address state and local needs as well as federal requirements to:

- Identify, locate and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Reserve essential program records and coordinate services and share information with other States (Section 422(b) (16) of the SSA).

OCFS' paramount priority has been to protect the health and safety of our employees, stakeholders and the children and families we serve. As part of this commitment, OCFS has developed plans to strengthen the agency's ability to prevent, respond and recover from any type of emergency disruption. The following agency plans are available:

- An updated copy of the OCFS Continuity of Operations Plan (COOP) formally known as the OCFS Business Continuity Plan (BCP). This Plan formalizes the policies and procedures developed by the agency and serves as a foundation for all OCFS staff to continue to provide essential services during emergencies. There are four divisional program COOP plans which focus on directing resources to support the essential services required to maintain the health and safety of OCFS stakeholders. There are two support units' plans which identify critical functions to support program divisions in the reestablishment of services.
- An updated copy of the OCFS Continuity of Operations Plan (COOP) formally known as the Business Continuity Plan Light. This Plan is an action document used to reestablish essential services during emergencies. It includes listing of agency critical functions, organizational structure, notification chart, 24 hour contact information, relocation sites, and stakeholder contact information.
- An updated copy of the OCFS Division of Child Welfare and Community Services (CWCS) Continuity of Operations Plan (COOP) formally known as the CWCS Business Continuity Plan. This Division has the primary responsibility for the oversight of child welfare services delivered by local departments of social services plan

- A copy of the template used by OCFS juvenile facilities to develop a “Ready Emergency Data Book,” which details each DJJOY facility’s continuity of operations plan in the event of an emergency.
- Comprehensive Emergency Management Plan (CEMP) in an internal agency management tool which sets forth basic information necessary to prevent, mitigate, respond to and recover from emergencies.
- Emergency Response Plans (ERP) which are individual office plans needed to effectively react to building emergencies.
- OCFS Pandemic Influenza Plan: Established in response to the outbreak of the H1N1 virus in New York State.

The COOP provides the foundation for OCFS staff to continue to provide essential services during emergencies, and to facilitate an orderly recovery from emergency situations. In support of this, they:

- Outline key concepts of business continuity operations;
- Identify roles and responsibilities of key OCFS staff;
- Describe how the agency and its four programs and two support units will function in the event that their essential services are disrupted;
- Outline the mechanics and flows of communication within and outside the agency;
- Identify when and by whom the plan is activated and provides procedures for relocation and for a return to normal operations;
- Outlines agency requirements for COOP awareness training and exercises;
- Establish procedures to update and maintain the COOPs.

In relation to OCFS’ role in oversight, OCFS issued 07-OCFS-ADM-10: “New York State Disaster Plan – Local Department of Social Services Requirements,” on July 30, 2007. This ADM outlines the requirements for local departments of social services pursuant the federal Child and Family Services Improvement Act of 2006, P.L. 109-288. The submitted local plans will be incorporated into state planning.

Every year OCFS staff members are sent to a State Emergency Operations Center course sponsored by the New York State Office of Emergency Management (SOEM). This training ensures that in response to and support of disasters or major emergencies, personnel are prepared when assigned to work at the OCFS desk at the Emergency Operations Center.

OCFS keeps an active volunteer list to assist in disaster response.

OCFS remains compliant with the National Incident Management System (NIMS) required by the federal government which establishes standardized incident management processes,

protocols, and procedures that all responders -- federal, state, tribal, and local -- will use to coordinate and conduct response actions.

OCFS has maintains a Geographic Informational Center (GIC) mapping computer application which is widely used as a tool to identify impacted areas for disaster response.

OCFS is a member of the New York State Disaster Preparedness Commission (DPC).

OCFS serves on the New York State Human Services Task Force under the DPC and is the Co-Lead of the NYS Disaster Assistance Center Group.

OCFS is a member of the Regional Catastrophic Planning Team (RCPT) which brings together New York , New Jersey, Pennsylvania and Connecticut to collaborate on Human Service response should a catastrophic event occur in the region.

OCFS has been deployed to assist in several New York State emergency response efforts.

Accomplishments 2013-2014:

OCFS NY-Alert

OCFS has begun the rollout OCFS NY-Alert, an all hazards notification system, which will allow the agency to contact employees in an efficient and simultaneous manner when emergency notification is necessary.

Disaster Recovery Centers (DRC) Closures

In the aftermath of Super Storm Sandy, after 27 weeks in operation, the final Disaster Recovery Centers closed. OCFS, in our role as the co-lead of the Disaster Assistance Center Group with OTDA, under the New York State Disaster Preparedness Commission's Human Services Branch, directed the overall state operations of DRC's across all 13 declared counties. A total of 65 DRC's were opened with a total cumulative number of 183,145 visitors. The first DRC opened on November 1, 2013 and with the final closures on April 30, 2013.

Upstate Flood Recovery Program July 2013

In support of the Governor's 2013 Upstate Flood Recovery Program initiative led by New York State Homes and Community Renewal, OCFS staff were deployed to all five application intake centers in the following counties; Oneida, Herkimer, Madison, Montgomery and Niagara.

Federal After Action Review of Super Storm Sandy Task Force: On February 28, 2014, the federal Office of Human Services Emergency Preparedness Response (OHSEPR) conducted an After Action Review of the New York Children's Issues Task Force, which was co-chaired by OCFS staff and the federal Region II administrator for the Administration for Children and Families, and which was operational from late November 2012 through December 2013.

Disaster Preparedness Commission (DPC) Commissioners Training/Exercises/Meetings

OCFS Commissioner and Executive Deputy Commissioner participated in the following trainings and exercises run by the DPC which focused on disaster training and response protocols.

- June 25, 2013: Bright Light I: Nuclear Detonation
- August 7, 2013: Bright Light II: Nuclear Detonation
- Sept 25, 2013: Hurricane Preparedness
- Dec 18, 2013: Multi- Hazard Mitigation Plan Adoption

OCFS participated in the following Radiological Emergency Planning (REP) Exercises/Drills:

- Indian Point Emergency Practice Exercise Nov. 20, 2013
- Nine Mile Point State Practice Plume Exercise May 14, 2013
- Nine Mile Point State Federally Evaluated Exercise June 19, 2013
- Hostile Action Based (HAB) Exercise for the Ginna Power Plant Sept. 17, 2013
- Onondaga County Reception Center Drill Oct. 17, 2013

Indian Point Emergency Planning Zone (EPZ) Child Care Seminar

OCFS partnered with Westchester County to offer emergency planning training to child care providers located within the 10 mile EPZ surrounding the Indian Point Nuclear Power Plants. The training held on December 12, 2013, provided information on how to plan for the evacuation and relocation of children, the risks the power plant presents to the community, and the role of the child care provider in the county's emergency plan. Planning resources were made available to participants including Tone Alert Radios, Potassium Iodide supplies, facility plan templates and emergency brochures.

OCFS serves as a member/participant in the following:

- NYS Human Services Branch Executive Steering Committee
- DHSES Homeland Security Senior Advisory Committee (HSSAC)
- Radiological Emergency Preparedness Working Group (REPWG)
- NYS Nuclear Safety Sub Committee Power Pool bi-annual Meeting
- National Reunification Planning Workgroup
- Regional Catastrophic Planning Team (RCPT)
- NYS Forum Business Continuity work group
- NYS Hazard Mitigation Plan review
- NYS Human Services Annex review

New York Public Welfare Association Presentation (NYPWA)

OCFS presented with the New York State Human Services Group on preparedness activities for disaster response on January 30, 2014 at the NYPWA conference.

E-FINDS

OCFS's Juvenile Justice Facilities participate in the Governor's e-FINDS initiative and in the event of an evacuation; the agency will affix a tracking bracelet to assure the accounting of all youth being evacuated.

Post Super Storm Sandy

As a result of a Super Storm Sandy after-action item, OCFS and OTDA, as joint leads to the Disaster Assistance Center (DAC) Group of the Human Services Committee, are currently developing a 4-part training project on Disaster Recovery Centers for site managers, partner agencies and local jurisdictions.

Disaster Assistance Center Training Projects

OCFS and OTDA as leads to the Disaster Assistance Center Group of the Human Services Committee, are currently working on a four-part training project to enhance the response capabilities of the Disaster Assistance Center Group for future response. Through the corrective action process from recent disasters including the response to Hurricane Irene, Tropical Storm Lee, and Super Storm Sandy, it was identified that there is the need to provide a more detailed training to personnel that may be involved in the management of Disaster Assistance Center sites established following a disaster declaration.

New York's responses to the past disasters have included hundreds of volunteers and man-hours committed by OTDA, OCFS and other partner agencies to help individuals recover from the aftermath of a disaster.

Listed below is a summary of the four training projects that OCFS is looking to have developed and rolled-out to facilitate recruitment and retention of trained staff to assist with disaster response.

- **DRC Training for Local Jurisdictions** - This training provides an overview of Disaster Recovery Center (DRC) considerations that local jurisdictions should be aware of in advance of the opening of these centers. It covers materials related to the services offered at the DRCs, requirements related to the site location selection, and role of the local jurisdictions to prepare and participate in this process, promoting timely and cost-effective operations.
- **DRC Training Overview (Volunteer Recruitment)** - This training provides an overview of the DRC environment. This training is geared towards OTDA and OCFS audiences planning, or considering volunteering to deploy to a DRC to support operations, specifically in our intended capacity as site managers. This training provides information related to the role of the DRC to help the community, details about the layout and flow of the centers, and focuses on the skills needed to successfully complete this task. Emphasis will be placed on flexibility, responsiveness and commitment to service.

- **DRC Training for Site Management (OTDA/ OCFS specific)** - This training provides detailed information about DRC Operations and Management to OTDA/OCFS Site Management audience. This training will serve as a “How-To” Guide to help Site Managers understand the expectations of them from preparing the site for opening, supporting daily operations through the demobilization closure of the centers. The training will focus on their role as Liaison with Group Supervisors and working as part of a combined federal/state leadership team, and resources available to support their center operations.
- **DRC Training Provider Agencies** - This training will be geared towards partner agencies from other state, federal, local and non-governmental partners that will be supporting DRC operations. This training will focus on what providers should expect at the DRC and will provide an overview of the services commonly offered at the DRCs. This training will cover the expectations for service providers from preparedness to demobilization, and should provide them with an understanding of some of the challenges related to DRC operations specifically involving staffing.

Plans for 2015-2019

OCFS will continue to build capacity for preparedness, response and recovery activities in the future through continued planning, trainings, and exercises. As a member of the Disaster Preparedness Commission, OCFS will continue to keep preparedness an agency priority and stay the course in our current roles and responsibilities on the various workgroups mentioned above.

In the immediate future OCFS has partnered with the American Red Cross to deliver future preparedness trainings to OCFS staff and stakeholders statewide. The agency is also developing a four-part training on Disaster Recovery Centers for site managers, partner agencies and local jurisdictions.

OCFS Divisions will continue to update Divisional Plans to address changing needs of the agency and our stakeholders going forward.

Training Plan

Training Planned For Federal Fiscal Year 2015-2019

It is expected that many of the training programs provided in 2013-2014, as described in the Program Support section of the Final Report, will be offered again during the next five-year plan, based upon OCFS’ Practice Model and subject to the availability of funding and vendor contracts. The following trainings are planned for 2015-2019:

- **Child Welfare/Child Protective Services Common Core for New Caseworkers**

Child Welfare/Child Protective Services Common Core provides outcome-based training for all new child welfare services and child protective services caseworkers. It focuses on building skills that lead to positive outcomes for clients and the achievement of program objectives. The training uses a variety of methodologies, including self-instructional materials, to impart knowledge on policies, procedures and practice concepts. The program was redesigned in 2009-2010 and was fully implemented in 2011. In the new program, 16 days of classroom training, including legal training, and four days of web-based training focus on the abilities required to conduct assessments of safety, risk, abuse/maltreatment and family strengths and needs; the professional casework relationship; decision-making; and case management skills. The program includes a module on child interviewing, solution focused trauma sensitive practice, and an enhanced on-the-job training component that is conducted by social services districts and voluntary agencies to reinforce and integrate the knowledge and skills portions of the training with the realities of the job. A Supervisor's Guide to Common Core is provided to the trainees' supervisors to assist them with the OJT component. The program includes one day of integrated CONNECTIONS Systems training.

An additional feature of the core training is an enhanced trainee evaluation process. OCFS developed a feedback loop between Core trainers and trainees' supervisors to provide a developmental feedback on the trainees' participation in and progress through Core. A midpoint and final conference will be conducted. A written assessment tool was developed to continue to provide valuable feedback to trainees and their supervisors on trainees' progress and developmental needs.

374 trainees
17 offerings
340 training days

- **Keys to Excellence In Your Supervision (KEYS) CORE Training**

This project is a continuation of the BASSICS project developed and piloted in 2013. KEYS Core Training focuses on the development of leadership and supervisory effectiveness skills and the competencies that new supervisors most need within the first six months of assuming a supervisory position. KEYS CORE topics include Transitioning from Worker to Supervisor, The Process of Supervision, and Case Consultation. This training will be enhanced and supported with specialized skills clinics, coaching and peer networking, as well as supplemental supervisory topics.

375 trainees
15 offerings
30 training days

- **Supervising CPS Investigations (fka Supervisory Core Module 11A)**

This mandatory course is for supervisors who have successfully completed CPSRT and KEYS Core Training. This training will build supervisors' ability to coach and monitor child protective services caseworkers through the CPS investigative process, safety and risk decisions, decisions about ongoing services and any Family Court involvement. The course is being revised in 2014 for a better fit and flow with KEYS Core Training.

45 trainees

3 offerings
12 training days

- **Special Topics Days**

Special Topics days will be delivered to groups or on a one-on-one basis and will supplement training on the Common Core, Supervising CPS Investigations, Core Essential Skills, Child Protective Services Response Training, and Achieving Permanency through Surrender and Termination of Parental Rights. Supervisors and caseworkers will receive training support to maintain the Outcome-Based Training system in their local districts. Special Topics days may also include training of trainer activities and providing training and follow-up training to large local districts that provide their own Core training.

55 days of training support

- **Child Welfare Casework Documentation Training**

This training program prepares caseworkers to effectively document on-going case activities, decisions and milestones with families and children in a manner consistent with the practice framework, policy, and procedures of New York State. The program provides a structure for the management of the case through assessment, service planning, implementation, evaluation, and documentation. One component of this project focuses on Progress Notes and Family Assessment and Service Planning (FASP) where caseworkers document casework practice. The Progress Notes curriculum will be updated in 2014. Additional changes to course materials may be necessary in 2015-16 to align with updated assessment practices.

1,100 trainees
220 training days

- **Adoption Specialty Training**

This training currently consists of one course, “Achieving Permanency through Surrender and Termination of Parental Rights.” The six-day program provides participants with the basic knowledge and skills to assess the effectiveness of diligent efforts; determine the appropriateness of setting a goal of adoption; prepare children for adoption; use the legal process to free children for adoption and to comply with Title IV-E and state statutes. This training will also include training delivered by an attorney on diligent efforts, how to obtain a TPR and how to take a voluntary surrender. Portions of the program may be delivered through Learn Linc or comparable technology.

Achieving Permanency through Surrender and Termination of Parental Rights

75 trainees
5 offerings
30 training days

- **Child Protective Services Response Training**

This course completes the mandated core training for child protective staff by building upon a set of interpersonal engagement, assessment, and decision making skills and values learned in the Common Core and applying them to the CPS role and responsibilities in the context of the CPS

Response. This course focuses on the principles and techniques of investigations, relationships with other investigative bodies, legal issues in child protection, and methods of remediation, diagnosis, treatment, and prevention.

264 trainees
12 offerings
84 training days

- **Training for Experienced Child Welfare and CPS Caseworkers**

A variety of advanced level training programs are offered to child welfare and CPS caseworkers who have completed basic training. These training programs enable experienced caseworkers to strategically apply the skills they acquired in foundation training in a variety of critical areas of practice. The programs include: Advanced Medical and Legal Issues, Forensic Interviewing Best Practices and Interviewing Children: A Skills Clinic. For those acting in a CPS On-Call capacity, an online iLinc class is offered.

1,510 trainees
55 offerings
1 teleconference
111 training days

- **Sexual Abuse Dynamics and Intervention Training**

Statewide training provided to child welfare staff on the dynamics of sexual abuse as well as on the treatment modalities currently utilized to protect and support victims, and to treat and support the family. This course will be provided to a combined audience of Child Protective and other Child Welfare caseworkers.

400 trainees
16 offerings
48 training days

- **Working with Alcohol and Substance Affected Families**

This training program builds the knowledge and skills necessary to identify, assess, and plan with families affected by alcohol and substance abuse. Local district and voluntary agency child welfare caseworkers and supervisors develop competencies in recognizing the natural resilience of families, in utilizing strengths to motivate and facilitate change, and in supporting families throughout a member's treatment and recovery.

1,300 trainees
65 offerings
65 training days

- **Foster/Adoptive Parent Training**

This program consists of several foster/adoptive parent leader certification preparation components, including Group Preparation and Selection II/Model Approaches to Partnerships in Parenting (GPSII/MAPP), Caring for Our Own, Shared Parenting, and Deciding Together. These training programs prepare local district and voluntary agency staff and foster/adoptive parents to lead training groups in their areas on the topics above. A description of components follows:

- GPSII/MAPP: A 30-hour preparation and selection program delivered over a period of 10 weeks by districts and agencies to prospective foster and adoptive parents to assess,

develop, and strengthen the attitudes, skills, and knowledge needed by parents intending to foster or adopt children.

- Caring For Our Own: A preparation program specifically for relative caregivers given over a period of nine weeks.
- Shared Parenting: An eight-week program focusing on relationship building between foster parents and birth parents for best outcome of children in care.
- Mini-MAPP: Provides an overview of the basic concepts in the GPSII/MAPP training program to child welfare staff and foster and adoptive care staff within the agencies.
- Deciding Together: Seven consultations are provided in this model to individual families to prepare them to foster or adopt.
- COMPASS, the in-service (post-certification) portion of this training program, includes first-year basic and advanced courses for subsequent years in such topics as Loss and Separation, Preparing Children for Adoption, Managing Difficult Behaviors, Sexual Abuse, Child Development and Discipline among others. There is also a leader certification component to this training similar to the preparation trainings listed above.
- Special Topics and use of the iLinc electronic training platform are other trainings available to foster/adoptive parents, local district staff, and voluntary agency staff statewide.

3,873 trainees
425 training days

- **Therapeutic Foster Boarding Home Training (TFBH)**

TFBH provides training and technical assistance in a set of core problem-solving and intervention skills for foster parents, agency workers, and trainers in therapeutic foster boarding home programs.

1,220 trainees
100 training days

- **Core Essential Skills for Experienced Caseworkers**

This program provides training for experienced Child Welfare and Child Protective Services caseworkers. Like the Common Core for New Caseworkers training program, this training focuses on building skills most likely to result in positive outcomes for clients and the achievement of child welfare outcomes, including an emphasis on the impact of trauma, basic child welfare legal practice, child development, and interviewing children. This program consists of eight days of classroom training and 1.5 days of web-based training. The program also includes up to 15 one-day “Engagement Skills Clinic for Supervisors.”

246 trainees
15 offerings
142.5 training days

- **Safety and Risk Refresher Training – Upstate**

The purpose of this two-day training program is to review knowledge-based information on safety and risk and to build or enhance the ability of casework staff to assess safety and risk.

The program reviews the safety and risk definitions, the process and protocol used to assess safety and risk, including the safety factors and risk elements, safety criteria, safety decisions,

and safety plans. The program also reviews the risk elements, expanded risk elements, the risk assessment profile, risk ratings and the decision to open a case for services. The program includes skill development through case examples and case simulations.

120 trainees
6 offerings
12 training days

- **Family Engagement Specialist Training**

This program is designed to provide training and consultation to districts and provider agencies to support their ability to initiate and maintain ongoing engagement with families. The focus of the project is to support the transfer of learning, enabling districts and agencies to fully integrate family engagement processes and practices learned in foundation level training. This is done through the use of the Family Engagement Toolkits: Locating and Engaging Fathers, Family Meetings, Coaching Family Visits, and Child-Centered Family-Focused Practice.

The implementation of a toolkit is a process that is unique to each district or agency and is initiated as both staff and organizational development strategy. However, there are two activities that are required for the implementation process for every toolkit: Implementation Meetings and Toolkit Training. Each activity has several components.

Implementation Meetings activities include Preparation Meetings, Workgroup Meetings, and Support Meetings.

Toolkit Training activities include Toolkit Orientation, Toolkit Online Training, and Toolkit Skills Practice Session.

Implementation Meetings

1,400 trainees
200 offerings
100 training days

Toolkit Training

900 trainees
60 offerings
150 training days

- **Directors of Services Leadership Training Forum**

This component is a two-day event (delivered in half day/full day/half day format) intended to provide local district Directors of Services with the knowledge and skills necessary to apply generic and program-specific management principles and skills to Child Welfare (Child Protective Services, Preventive Services, Foster Care and Adoption Services).

Possible topics may include, but not be limited to: measuring outcomes; practices to supports and indicators to measure child well-being; assessing and providing services through a race equity lens; use of service plan reviews; visitation; coaching; strengths-based child-centered, family-focused practice; how the case management model supports good practice; the Data Warehouse.

75 trainees
1 offering
2 training days

- **Training and Technical Assistance for Child Welfare Teams**

OCFS supports a model of service delivery by casework teams, with 26 teams in 12 local districts. The project is designed to support local districts to provide effective and efficient protective, preventive or foster care services by assigning casework teams instead of individuals. Training and technical assistance include team building, the process of group supervision and case conference facilitation, family engagement skills, and other strategies as identified by the individual participating districts. At least one new district will be added in 2014 -2015 along with team expansion in districts already having one team or more.

- **Family Assessment Response Training**

In response to 2007 legislation enabling New York State to pilot an alternative response to CPS investigations, OCFS began working with six local districts to develop and implement alternate response, known as Family Assessment Response (FAR). Throughout the three year period authorized by that legislation, additional counties implemented FAR and many expanded their FAR program. The evaluation and report to the legislature and the Governor recommended making FAR a permanent Child Protective service. Legislation making it permanent was signed into law in June 2011. Coaching will continue to be provided to all FAR counties to increase their level of skill in delivering FAR. OCFS will continue to build New York State capacity to train Family Assessment Response by training university partners and select local district staff in FAR.

Training and Coaching:

1,181 trainees
63 days

Symposium:

150 trainees
2 days

- **Child Welfare Eligibility Training**

The purpose of this project is to provide social services districts with the knowledge and skill needed to accurately, effectively, and efficiently determine eligibility for federal funding of child welfare and Medicaid programs. Topics include the history and rationale of federal funding streams, how to define and understand the distinct use of each category of funding eligibility: Title IV-E; TANF-EAF; Title XX below 200 percent, Kinship/Guardianship Assistance (KinGap), Non-Reimbursable Payments; and Candidacy in Foster Care. Trainees learn how to determine and document each category of eligibility, the use of the Welfare Management System (WMS) and to identify and access the resources available to support their ability to accurately determine and document eligibility.

450 trainees
45 offerings

- **Training for OCFS Bureau of Special Hearings Staff**

This project provides specialized training in a variety of topics for Bureau of Special Hearings staff to respond to the challenges made to the decisions of LDSS and State officials.

37 trainees
1 two-day offering

- **Child Welfare Core Training for Voluntary Agencies**

The Voluntary Agency Core curriculum is designed for caseworkers and supervisors who work in New York City voluntary agencies. The program provides caseworkers, child care workers, administrators, and other agency staff with the skills and knowledge they need to maintain safe and stable placements, to assess safety and risk, and to promote permanency and well-being. The program provides an overview of the child welfare system in New York City as well as the policy and regulatory framework that guides practice in New York State. The program consists of two components: a 12-day core curriculum and special topics component.

925 total trainees (400 for Core; 525 for Supplemental topics)

5 offerings of Core

35 supplemental offerings

- The training programs provided in 2013-2014, as described in FY 2010-2014 CFSP have been judged effective, and continue to reflect an ongoing need. Therefore, all of these training programs will be offered in the coming five-year plan, subject to the availability of funding and vendor contracts.
- The work of the Social Work Education Consortium will continue. OCFS has developed a Consortium of Schools of Social Work to work in partnership with the agency to elevate public child welfare practice. The Consortium activities include a full range of training and education activities including degree programs for local district staff, field instruction, curriculum development as well as short term training and workforce development.

- **Domestic Violence Training for Child Protective Services Caseworkers**

This mandated training provides CPS staff and supervisors with the knowledge and skills to identify families who are affected domestic violence. The training prepares participants to engage each family member safely, including the offending parent, to conduct comprehensive safety and risk assessments, and to develop effective intervention strategies that promote child safety, permanency, and well-being. Chapter 280 of the NYS Laws of 2002 requires this training for all CPS workers.

This two-day training is designed to provide a comprehensive skill base for child protective workers. Course topics include, but are not limited to, identifying domestic violence, interviewing each member of the family affected by domestic violence, assessing safety, and making the determination decision. The training will be delivered to CPS workers in LDSS offices throughout the state.

The training was developed in collaboration with the National Resource Center for Child Protective Services and the New York State Office for Prevention of Domestic Violence and reflects current research-based domestic violence/child welfare best practice.

440 trainees

22 offerings

44 training days

- **Domestic Violence Training for Child Welfare Staff**

Provides training in Domestic Violence including the dynamics of family abuse and safety planning interventions for child welfare caseworkers and supervisors who are working with families experiencing domestic violence.

400 trainees

20 offerings

40 training days

- The course “**Promoting Positive Youth Development and Well-Being (PPYD)**,” previously titled “Introduction to Self-Sufficiency” will be offered across the state. The Adolescent Services “Toolbox” Training, revised in 2013, will be offered statewide. Topic-specific training and technical assistance are courses designed to help foster care youth transition from care to self-sufficiency and will continue to be offered. The trainee population for these programs includes caseworkers, supervisors and foster parents of the local social service district and residential child care facilities, Youth Bureau staff and OCFS DJJOY facility staff.

OCFS continues to support the regional and statewide Youth Advisory Leadership Team, “Youth in Progress” (YIP) which consists of a team of foster care youth, including youth in OCFS facilities who represent each of the six regions in New York State.

Each Network member presents an annual youth speak out and leadership development event that gives youth the opportunity to inform agency and OCFS and LDSS administrators, judges and elected officials of issues of youth in care.

For 2015-2019, training programs that promote youth well-being focus on adolescent issues, and support state and federal legislation including ASFA and the 1999 Chafee Foster Care Independence Act will continue.

Additionally, OCFS will look to provide training on trauma and its effect on children and families, as well as secondary trauma and its impact on the workforce. OCFS is currently working with experts in the field to develop appropriate training.