



Office of Children and Family Services

Kathy Hochul
Governor

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Commissioner

Local Commissioners Memorandum

Transmittal:	24-OCFS-LCM-27
To:	Local Departments of Social Services Commissioners
Issuing Division/Office:	Division of Child Welfare and Community Services
Date:	October 8, 2024
Subject:	CAPTA/CARA State Grant SFY 2024-25
Contact Person(s):	See section V.
Attachments:	Attachment A: <i>SFY 2024-25 District Allocation Amounts</i> Attachment B: <i>Attestation of Use of CAPTA/CARA Funds</i> Attachment C: <i>CAPTA/CARA Grant for Plans of Safe Care Quarterly Report</i> Attachment D: <i>Attachment for U.S. Department of Health and Human Services Grants</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of federal Child Abuse Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the state fiscal year (SFY) 2024-25. The purpose of this funding is to help states improve their response to families and infants affected by substance use disorders (including alcohol and other substances). The New York State Office of Children and Family Services (OCFS) is making available to LDSSs \$4,430,000 of the federal CARA funds in this SFY. This LCM also provides information on each district’s allocation, how districts may use the funds, and planning and claiming requirements.

OCFS has restructured the district’s allocation amounts for (SFY) 2024-25, see Attachment A. OCFS increased the minimum allocations in 2024-25 to allow the LDSS to be more competitive in their hiring and contracting for these services. The minimum allocations were increased from \$50,000 to \$70,000. The maximum allocation remains at \$90,000.

II. Background

The Consolidated Appropriations Act of 2018, signed into law on March 23, 2018. The committee report for the appropriations act agreement specified that the increase in funding is intended to help states improve their response to families and infants affected by substance use disorders. States are required to prioritize the funds for the development, implementation, and monitoring of plans of safe care for substance-exposed infants, consistent with the requirement found in section 106(b)(2)(B)(iii) of CAPTA, as amended by CARA.

On June 4, 2018, an LCM¹ was disseminated to LDSSs requiring them to utilize the newly developed *Plan of Safe Care* form for infants born and identified as affected by prenatal substance use disorder or experiencing neonatal withdrawal symptoms or Fetal Alcohol Spectrum Disorder (OCFS-2196, *Plan of Safe Care*: https://ocfs.ny.gov/main/Forms/Foster_Care/OCFS-2196.docx). In addition, LDSSs are required to monitor the activities in the *Plan of Safe Care* and document the implementation and progress of the plan in their case record.

Infants born to a person who used alcohol and/or other substances during their pregnancy may present with various health-related issues. The early identification, referral, and implementation of services are critical factors to promote positive long-term outcomes for children and families. OCFS is making funding available to upstate districts for the purpose of hiring behavioral health consultants, public health nurses, early childhood specialists, peer recovery specialists, and/or parent advocates to assist in the identification of families adversely impacted by substance use and in the development, implementation, and monitoring of plans of safe care with infants and families affected by substance use. OCFS will allow smaller counties within upstate New York to share a behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocate.

III. Program Implications

LDSSs must use the funds to hire or to contract for a full-time or part-time behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocates to work alongside child protective services (CPS) and preventive services caseworkers, to identify and support the behavioral health needs of children and their caregivers who have been affected by substance use. This includes assisting with the development, implementation, and monitoring of the plan of safe care for children when the following circumstances occur: an infant is “exposed” to substance use disorder and does not exhibit symptoms of withdrawal; an infant is identified as being “affected” by substance use or substance use disorder (i.e., exhibiting symptoms of substance withdrawal) or receives a diagnosis of Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS); or a newborn who receives a diagnosis of Fetal Alcohol Spectrum Disorder.

It is required that the behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocates be co-located, on-site at the LDSS. Extra-large LDSSs and LDSSs in the Westchester Region will receive \$90,000, and the rest of state LDSSs will receive \$70,000. LDSSs must provide or contract for services provided by a behavioral health clinician, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocates who is knowledgeable or will become knowledgeable about the CPS process and requirements. The person will assist with the following as allowed by their credentials:

- Assist CPS and preventive caseworkers by
 - accompanying caseworkers in the field to visit with families already identified or needing an assessment (e.g., Uncope+) and
 - providing direct consultation with caseworkers regarding families who are affected by substance use.
- Assist in the development, implementation, and/or monitoring of a plan of safe care for an infant and family affected by substance use requiring a plan of safe care.
- Provide clinical assessments and documentation to support the CPS process (peer recovery specialists and/or parent advocates cannot perform this function).

¹ [18-OCFS-LCM-06](#), *Plan of Safe Care Forms*.

- Use knowledge of resources within the LDSS to provide referrals for identified children and/or adults who may need ongoing services.

To receive the allocated funds, LDSSs must complete Attachment B, *Attestation of Use of CAPTA/CARA Funds*, and must indicate on the form how they will utilize these funds. Funds can be used for the cost of salary, fringe benefits, and travel costs and must be spent by November 30, 2025.

LDSSs must submit Attachment B, which includes the following information, to: ocfs.sm.cara.pqi@ocfs.ny.gov by November 30, 2024:

- Whether the funds will be used to hire a full-time or part-time behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocate(s).
- Whether the funds will be used to contract a full-time or part-time behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocate(s).
- Whether you plan on sharing a behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocate(s) and if so, with what LDSS.

LDSSs awarded funding will be expected to submit quarterly reports to include the following:

- Number of visits to families by provider type.
- Number of plans of safe care assisted in development, implementation, and/or monitoring.
- Number of assessments completed for children and adults by the behavior health consultants/public health nurse/early childhood specialist. (The peer recovery specialists and/or parent advocates cannot perform this function.)
- Number of children and adults identified as benefiting from services.
- Referrals made by the behavioral consultant/public health nurse/early childhood specialist/peer recovery specialist and/or parent advocate(s) to services identified through the *Plan of Safe Care* form.

IV. Fiscal and Claiming

There are \$ 4,430,000 in federal funds in the SFY 2024-25 budget for expenditures related to the implementation of CARA. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse LDSS expenditures beginning December 1, 2024, and ending November 30, 2025. Continuation of funding is dependent upon New York State receiving additional federal CAPTA funding.

Reimbursement is 100% federal share, up to the amount of the LDSS's allocation. A cooperative agreement is not needed for approval to access CAPTA/CARA funds. These project expenditures should be claimed through the RF17 claim package for special project claiming. Prior to entry of the RF17, costs are first identified on the RF2A claim package as F17 functional costs (Other Reimbursable Programs) and reported in the F17 column on the *Cost Allocation Schedule of Payments Other Than Salaries* (LDSS-923) and the Schedule D, *DSS Administrative Expense Allocation and Distribution by Function and Program* (LDSS-2347). After final accepting the RF2A claim package, the individual project costs should be reported under the project label **CARA SFY 2024-25** on the RF17.

Salaries, fringe benefits, staff counts, and central services costs are directly entered on the RF17 Worksheet, *Distribution of Allocated Costs to Other Reimbursable Programs* (LDSS-4975A), while

overhead costs are automatically brought over from the RF-2A, Schedule D, and distributed based upon the proportion of the number of staff assigned to this project. Employees not working all their time on this project must maintain time studies to support the salary and fringe benefit costs allocated to the program.

Non-salary administrative costs are reported with the appropriate object of expense code(s) on the Summary, *Administrative Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs* (LDSS-923B), while program costs are reported as object of expense code 37 – Special Project Program Expense – on the Summary, *Program Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs* (LDSS-923B).

Claims for LDSS expenditures that occur during the period December 1, 2024, through November 30, 2025, must be final accepted in the Automated Claiming System no later than February 27, 2026. OCFS may reallocate any unspent funds from a local district to other local districts that have claims that exceed their allocation.

Instructions for completing time studies, the LDSS-923, the LDSS-923B, the Schedule D, and the RF17 claim package are found in Chapters 4, 7, and 18, respectively, of the *Fiscal Reference Manual* (FRM), Volume 3. The FRMs are available online at <https://intranet.otda.ny.gov/bfdm/finance/>.

Please note: These expenditures must be processed offline. They cannot be processed through purchase of service authorizations in the Welfare Management System paid through the Benefits Issuance Control System.

V. Contacts

Division of Child Welfare and Community Services regional offices:

Albany Regional Office: John Lockwood (518) 486-7078, John.Lockwood@ocfs.ny.gov

Buffalo Regional Office: Amanda Darling (716) 847-3145, Amanda.Darling@ocfs.ny.gov

New York City Regional Office: Sandra Davidson (212)-383-1820,
Sandra.Davidson@ocfs.ny.gov

Rochester Regional Office: Christopher Bruno (585) 238-8201, Christopher.Bruno@ocfs.ny.gov

Syracuse Regional Office: Sara Simon (315) 423-1200, Sara.Simon@ocfs.ny.gov

Westchester Regional Office: Sheletha Chang (845) 708-2499, Sheletha.Chang@ocfs.ny.gov

Native American Services: Heather LaForme (716) 847-3123, Heather.Laforme@ocfs.ny.gov

Any claiming questions pertaining to the Administration for Children's Services should be directed to the Office of Temporary and Disability Assistance, Bureau of Financial Services.

Regions 1-5: Justin Gross (518) 474-7549, otda.sm.Field_Ops.I-IV@otda.ny.gov

Region 6: Michael Simon (212) 961-8250, Michael.Simon@otda.ny.gov

/s/ Gail Geohagen-Pratt

Issued by:

Name: Gail Geohagen-Pratt

Title: Deputy Commissioner

Division/Office: Division of Child Welfare and Community Services

/s/ Sharon Devine

Issued by:

Name: Sharon Devine

Title: Deputy Commissioner

Division/Office: Division of Administration

Attachment A
SFY 2024-25 District Allocation Amounts

District	Allocation	District	Allocation
Albany	\$90,000	Oneida	\$90,000
Allegany	\$70,000	Onondaga	\$90,000
Broome	\$70,000	Ontario	\$70,000
Cattaraugus	\$70,000	Orange	\$90,000
Cayuga	\$70,000	Orleans	\$70,000
Chautauqua	\$70,000	Oswego	\$70,000
Chemung	\$70,000	Otsego	\$70,000
Chenango	\$70,000	Putnam	\$90,000
Clinton	\$70,000	Rensselaer	\$70,000
Columbia	\$70,000	Rockland	\$90,000
Cortland	\$70,000	Saratoga	\$70,000
Delaware	\$70,000	Schenectady	\$70,000
Dutchess	\$90,000	Schoharie	\$70,000
Erie	\$90,000	Schuyler	\$70,000
Essex	\$70,000	Seneca	\$70,000
Franklin	\$70,000	Saint Lawrence	\$70,000
Fulton	\$70,000	St. Regis Mohawk Tribe	\$70,000
Genesee	\$70,000	Steuben	\$70,000
Greene	\$70,000	Suffolk	\$90,000
Hamilton	\$70,000	Sullivan	\$90,000
Herkimer	\$70,000	Tioga	\$70,000
Jefferson	\$70,000	Tompkins	\$70,000
Lewis	\$70,000	Ulster	\$90,000

Livingston	\$70,000	Warren	\$70,000
Madison	\$70,000	Washington	\$70,000
Monroe	\$90,000	Wayne	\$70,000
Montgomery	\$70,000	Westchester	\$90,000
Nassau	\$90,000	Wyoming	\$70,000
New York City	\$90,000	Yates	\$70,000
Niagara	\$70,000	Statewide Total	\$4,430,000

Attachment B

Attestation of Use of CAPTA/CARA Funds

This is to certify that _____ department of social services will use the allocation of these funds authorized in the amount of \$_____ to hire or contract with a behavioral health consultant, public health nurse, early childhood specialist, peer recovery specialist, and/or parent advocate who will be co-located within the district for the purpose of developing, implementing, and monitoring plans of safe care for infants affected by prenatal exposure to substance use and their caregivers.

Such funds will not be used to supplant any other state or local funds. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.

Plan for use of funds:

- Hiring or contracting a part-time behavioral health consultant
- Hiring or contracting a full-time behavioral health consultant
- Hiring or contracting a part-time public health nurse
- Hiring or contracting a full-time public health nurse
- Hiring or contracting a full-time early childhood specialist
- Hiring or contracting a part-time early childhood specialist
- Hiring or contracting a full-time peer recovery specialist
- Hiring or contracting a part-time peer recovery specialist
- Hiring or contracting a full-time parent advocate
- Hiring or contracting a part-time parent advocate
- Sharing a behavioral health consultant/public health nurse/early childhood specialist/peer recovery specialist/parent advocate with another county:

_____ (county's name)

Name of person completing the form:

Date:

Name of commissioner:

Commissioner's signature:

Date:

Attachment C
Office of Children and Family Services
Child Welfare and Community Services Division
Year 7: 2024-2025
CAPTA/CARA Grant for Plans of Safe Care Quarterly Report

County	Person Completing Report	Title or Position
Email Address	Phone Number	

Instructions: Please complete the following information on a quarterly basis and email to:
ocfs.sm.cara.pqi@ocfs.ny.gov

- Quarter 1: December – February – report due by 3/30
- Quarter 2: March– May – report due by 6/30
- Quarter 3: June – August – report due by 9/30
- Quarter 4: September – November– report due by 12/30

I. Visits Conducted by Provider

This section should only include visits related to assessing and/or developing, implementing, monitoring Plans of Safe Care.

Type of Provider Visit to Unique Families*	Current Quarter	YR7 Cumulative 2024-2025
Number of visits by behavioral health specialist (BHS) <i>without CPS/PS</i>	0	0
Number of visits by public health nurse (PHN) <i>without CPS/PS</i>	0	0
Number of visits by early childhood specialist (ECS) <i>without CPS/PS</i>	0	0
Number of visits by peer recovery specialist (PRS) <i>without CPS/PS</i>	0	0
Number of visits by parent advocate (PA) <i>without CPS/PS</i>	0	0
Number of joint visits by CPS worker and BHS	0	0
Number of joint visits by CPS worker and PHN	0	0
Number of joint visits by CPS worker and ECS	0	0
Number of joint visits by CPS worker and PRS	0	0
Number of joint visits by CPS worker and PA	0	0
Number of joint visits by preventive services (PS) worker and BHS	0	0
Number of joint visits by PS worker and PHN	0	0
Number of joint visits by PS worker and ECS	0	0
Number of joint visits by PS worker and PRS	0	0
Number of joint visits by PS worker and PA	0	0
Total:	0	0

Comments:

** Unique Families refers to the identification of a single-family unit. By identifying a single-family unit, duplicate counts for data will be avoided. For example: A father might not live with the child and mother yet screening and/or visits are made with the father. The father is not counted as a secondary household and is considered part of the unique family count.*

II. Number and Type of Action by Provider

PROVIDER	ASSESSMENT	REFERRALS	DEVELOPED POSC	IMPLEMENTED POSC	MONITORED POSC
BHS	0	0	0	0	0
PHN	0	0	0	0	0
ECS	0	0	0	0	0
PRS		0	0	0	0
PA		0	0	0	0
CPS WORKER & BHS	0	0	0	0	0
CPS WORKER & PHN	0	0	0	0	0
CPS WORKER & ECS	0	0	0	0	0
CPS WORKER & PRS		0	0	0	0
CPS WORKER & PA		0	0	0	0
PREVENTIVE SERVICES WORKER & BHS	0	0	0	0	0
PREVENTIVE SERVICES WORKER & PHN	0	0	0	0	0
PREVENTIVE SERVICES WORKER & ECS	0	0	0	0	0
PREVENTIVE SERVICES WORKER & PRS		0	0	0	0
PREVENTIVE SERVICES WORKER & PA		0	0	0	0
CURRENT QUARTER TOTALS	0	0	0	0	0
YEAR 7: 2024-2025 CUMULATIVE TOTALS	0	0	0	0	0

III. Plans of Safe Care

Plans of Safe Care (POSC) for Each Unique Family	Current Quarter	YR7 Cumulative 2024-2025
Number of POSC Developed	0	0
Number of POSC Implemented	0	0
Number of POSC Monitored	0	0
Total:	0	0
Comments:		

IV. Services

Identified as Benefiting From Services	Current Quarter	YR7 Cumulative 2024-2025
Number of Adults	0	0
Number of Children	0	0
Number of Unique Families	0	0
Total:	0	0
Type of treatment or services needed:		
Comments:		

Attachment D
Attachment for U.S. Department of Health and Human Services Grants

Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, section 354(a), states “all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, includes the changes in subsequent subaward identification.”

(i)	Subrecipient's name	Attachment A
(ii)	Subrecipient's unique entity identifier	County LDSS office
(iii)	Federal Award Identification Number (FAIN)	2101NYNCAN 2201NYNCAN
(iv)	Federal award date to the recipient by the HHS awarding agency	April 28,2021 (2101NYNCAN) September 22, 2022 (2201NYNCAN)
(v)	Subaward period of performance start and end date	Section IV: Fiscal and Claiming
(vi)	Amount of federal funds obligated to the subrecipient by this action by the pass-through entity to the subrecipient	Attachment A
(vii)	Total amount of the federal funds obligated to the subrecipient by the pass-through entity including the current obligation	Attachment A
(viii)	Total amount of the award committed to the subrecipient by the pass-through entity	Attachment A
(ix)	Federal award project description	Section I: Purpose
(x)	Name of the HHS awarding agency, pass-through entity, and contact information for awarding official of the pass-through entity	Administration for Children and Families Section I: Purpose Section V: Contacts
(xi)	CFDA number and name	93.669 – Child Abuse and Neglect State Grants
(xii)	Identification of whether the award is Research and Development (R&D)	N
(xiii)	Indirect cost rate for the federal award (including if the de minimis rate is charged per section 75.414)	Please see uniform guidance 45 CFR 75.