



# Office of Children and Family Services

Andrew M. Cuomo  
Governor

52 WASHINGTON STREET  
RENSSELAER, NY 12144

Sheila J. Poole  
Acting Commissioner

## Local Commissioners Memorandum

<b>Transmittal:</b>	18-OCFS-LCM-19
<b>To:</b>	Local District Commissioners of Social Services Local District Directors of Services
<b>Issuing Division/Office:</b>	Child Welfare and Community Services
<b>Date:</b>	November 1, 2018
<b>Subject:</b>	<b>CAPTA/CARA State Grant FY2018</b>
<b>Contact Person(s):</b>	See page 4
<b>Attachments:</b>	Attachment A: <i>SFY 2018-19 District Allocation Amounts</i> Attachment B: <i>Attestation of Use of CAPTA/CARA Funds</i> Attachment C: <i>Comparable Groups Charts</i> Attachment D: <i>CAPTA/CARA Grant for Plans of Safe Care Quarterly Report</i>

### I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local social services districts (districts) of the availability of federal Child Abuse or Neglect Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the State Fiscal Year (SFY) 2018-19. The Consolidated Appropriations Act of 2018 has made available to New York State \$4,466,822 in federal funds for to help states improve their response to families and infants affected by substance use disorders (both alcohol and drugs). The Office of Children and Family Services (OCFS) intends to make available to districts \$3,620,000 of the federal CARA funds each year for the next five years contingent on New York State receiving these federal funds each year. This LCM also provides information on each district’s allocation, how districts may use the funds, and planning and claiming requirements.

### II. Background

The Consolidated Appropriations Act of 2018, signed into law on March 23, 2018, appropriated \$85.3 million for the CAPTA State Grant in FY 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 use of 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 the Comprehensive Addition and Recovery Act of 2016(CARA).

On June 4, 2018, an LCM was disseminated districts requiring them to utilize the newly developed *Plan of Safe Care* form for infants born and identified as affected by prenatal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (*OCFS-2196 Plan of Safe Care*). In addition, districts are required to monitor the activities in the plan of safe care and document the implementation and progress of the plan in the case record.

One of the primary goals of child protective services (CPS) is preserving families and protecting children. Yet, when a caregiver is experiencing a substance abuse issue, the goals of preserving families and protecting children can seem at odds with each other. In exploring the need for such coordination, specifically, in New York State, we see that of the 48,598 reports that were indicated, 11,870 (24 percent) had a substantiated allegation of parent drug use<sup>1</sup>.

Furthermore, of the many risk factors that could be present for families, it is likely that substance use is underreported. The stigma of mental health and substance abuse diagnoses may lead many parents/caregivers away from seeking the very support and services that could preserve their ability to parent their children and reduce the need for CPS. Frequently concerns are raised about the safety of children with parents who have mental health or substance abuse issues; however, the presence of mental illness or substance abuse does not necessarily correlate with the inability to be a competent parent. With targeted screening, assessment and referral to the appropriate services and supports, many such families can be preserved.

In addition, children born to a mother who used alcohol and/or drugs during her pregnancy often present with various health related issues. The early identification, referral, and implementation of services is critical to these families.

OCFS had previously funded the use of behavioral health consultants in 14 districts and found that these positions provided direct support to child protective and preventive caseworkers. The lessons learned from that initiative will be used going forward.

OCFS is making available funding to upstate districts for the purpose of hiring behavioral health consultants or public health nurses to assist in the identification of families experiencing substance abuse disorders, and in the development, implementation, and monitoring of plans of safe care with infants and families affected by substance abuse. OCFS will also accept the sharing of a behavioral health consultant or public health nurse among smaller counties within upstate New York State.

### **III. Program Implications**

Districts must use the funds to hire or to contract for a full-time or part-time behavioral health consultant or public health nurse to work alongside CPS and preventive services caseworkers to identify and support the behavioral health needs of both the adults and

---

<sup>1</sup> Data source – Connections – 8/2/18

children where substance abuse is an issue. This includes the development, implementation, and monitoring of the plan of safe care for children born prenatally exposed to substances. It is required that the behavioral health consultant or public health nurse be co-located on-site at the district. Small districts will receive \$50,000, medium districts \$70,000, and large districts \$90,000. District size for this purpose is based on the comparable groups as noted in Attachment C. Comparable groups were established to permit meaningful comparison between counties with similar child welfare populations.

Local districts must provide or contract for services provided by the behavioral health clinician or public health nurse to include the following:

- Become knowledgeable about the CPS process and requirements
- Accompany CPS and preventive caseworkers in the field to visit with identified families using a screening tool (e.g. Uncope+) and/or provide direct consultation with CPS/preventive caseworkers regarding families who might benefit from substance abuse screening
- Conduct screenings for adults and/or children for early identification of substance abuse treatment needs
- Assist in the development, implementation and monitoring of the plan of safe care for any infant born and identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder
- Provide clinical assessments and documentation to support the CPS process
- Use knowledge of resources within the local district to provide referrals for identified children and/or adults who may need ongoing services

To receive the allocated funds, districts must complete Attachment B: Attestation of Use of Funds. Districts must indicate on the form how they will utilize these funds, either to hire a full-time or part-time behavioral health consultant or public health nurse. Funds can be used for the cost of salary, fringe benefits, and travel costs, and must be spent by November 30, 2019.

To receive the funds, districts must submit **Attachment B** to Renee Hallock at [Renee.Hallock@ocfs.ny.gov](mailto:Renee.Hallock@ocfs.ny.gov) **by November 26, 2018**, that includes the following information:

- If the funds will be used to hire a full-time or part-time behavioral health consultant/public health nurse
- If the funds will be used to contract for a full-time or part-time behavioral health consultant/public health nurse
- If you plan on sharing a behavioral health consultant/public health nurse, and if so with what county

Districts awarded funding will be expected to submit quarterly report as shown on Attachment D detailing the number for each of the following:

- Visits made with CPS and/or preventive services
- Number of Plans of Safe Care developed, implemented and monitored
- Screenings and/or assessments completed for children and adults by the behavior health consultants/public health nurse
- Children and adults with a positive screen
- Referrals made by the behavioral consultant/public health nurse to services identified through the Plan of Safe Care

#### IV. Fiscal and Claiming

There is \$3,620,000 in federal funds in the SFY 2018-19 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 expenditures beginning December 1, 2018, and ending November 30, 2019. Continuation of funding is dependent upon New York State receiving federal CAPTA funding.

Reimbursement is 100 percent federal share, up to the amount of the district's allocation. These project expenditures should be claimed through the RF17 claim package for special project claiming. These costs should be identified as F17 functional costs (Other Reimbursable Programs) and reported on the Schedule D, *DSS Administrative Expense Allocation and Distribution by Function and Program* (LDSS-2347), in the F17 column in the RF2A claim package. The individual project costs should also be reported under the project label **CARA SFY 2018-19** on the LDSS-4975A, *RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs*. Salary and fringe benefit costs related to the CARA program may be directly charged to the RF17 claim package. Total project costs and shares should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)*. Please note that the associated Central Services (previously known as A-87 costs) are not reimbursable from state funds and, therefore, are 100 percent local share.

The expenditures must be made by November 30, 2019, and claims must be final accepted in the Automated Claiming System no later than February 20, 2020. OCFS may reallocate any unspent funds from a local district to other local districts that have claims in excess of their allocation.

Instructions for the Schedule D and RF17 claim package are found in Chapters 7 and 18, respectively, of the *Fiscal Reference Manual* (FRM), Volume 3. The FRMs are available online at <http://otda.state.ny.net/bfdm/finance/>.

#### V. Contact Persons

Any programmatic questions should be addressed to the appropriate Division of Child Welfare and Community Services regional office.

BRO – Amanda Darling	(716) 847-4446	<a href="mailto:Amanda.Darling@ocfs.ny.gov">Amanda.Darling@ocfs.ny.gov</a>
RRO – Karen Lewter	(585) 238-8201	<a href="mailto:Karen.Lewter@ocfs.ny.gov">Karen.Lewter@ocfs.ny.gov</a>
SRO – Sara Simon	(315) 423-1200	<a href="mailto:Sara.Simon@ocfs.ny.gov">Sara.Simon@ocfs.ny.gov</a>
ARO – John Lockwood	(518) 486-7078	<a href="mailto:John.Lockwood@ocfs.ny.gov">John.Lockwood@ocfs.ny.gov</a>
SVRO – Thalia Wright	(914) 708-2499	<a href="mailto:Thalia.Wright@ocfs.ny.gov">Thalia.Wright@ocfs.ny.gov</a>
NYCRO – Ronni Fuchs	(212) 383-1788	<a href="mailto:Ronni.Fuchs@ocfs.ny.gov">Ronni.Fuchs@ocfs.ny.gov</a>

Any claiming questions should be directed to:

Regions 1-4: Lauren Horn, (518) 474-7549 [Loren.Horn@otda.ny.gov](mailto:Loren.Horn@otda.ny.gov)

Regions 5-6: Michael Simon, (212) 961-8250 [Michael.Simon@otda.ny.gov](mailto:Michael.Simon@otda.ny.gov)

*/s/ Laura M. Velez*

---

**Issued By:**

Name: Laura M. Velez  
Title: Deputy Commissioner  
Division/Office: Child Welfare and Community Services

*/s/ Derek Holtzclaw*

---

**Issued By:**

Name: Derek Holtzclaw  
Title: Deputy Commissioner  
Division/Office: Administration

**Attachment A****SFY 2018-19 District Allocation Amounts**

<b>District</b>	<b>Allocation</b>	<b>District</b>	<b>Allocation</b>
Albany	\$90,000	Onondaga	\$90,000
Allegany	\$50,000	Ontario	\$70,000
Broome	\$70,000	Orange	\$90,000
Cattaraugus	\$70,000	Orleans	\$50,000
Cayuga	\$70,000	Oswego	\$70,000
Chautauqua	\$70,000	Otsego	\$50,000
Chemung	\$70,000	Putnam	\$50,000
Chenango	\$50,000	Rensselaer	\$70,000
Clinton	\$70,000	Rockland	\$70,000
Columbia	\$50,000	Saint Lawrence	\$70,000
Cortland	\$50,000	Saratoga	\$70,000
Delaware	\$50,000	Schenectady	\$70,000
Dutchess	\$70,000	Schoharie	\$50,000
Erie	\$90,000	Schuyler	\$50,000
Essex	\$50,000	Seneca	\$50,000
Franklin/St. Regis	\$50,000	Steuben	\$70,000
Fulton	\$70,000	Suffolk	\$90,000
Genesee	\$50,000	Sullivan	\$70,000
Greene	\$50,000	Tioga	\$50,000
Herkimer	\$50,000	Tompkins	\$50,000
Jefferson	\$70,000	Ulster	\$70,000
Lewis	\$50,000	Warren	\$50,000
Livingston	\$50,000	Washington	\$70,000
Madison	\$70,000	Wayne	\$70,000
Monroe	\$90,000	Westchester	\$90,000
Montgomery	\$50,000	Wyoming	\$50,000
Nassau	\$90,000	Yates	\$50,000
Niagara	\$70,000		
Oneida	\$90,000	Statewide Total	\$3,620,000

**Attachment B**

**Attestation of Use of CAPTA/CARA Funds**

This is to certify that \_\_\_\_\_ social services district will use the allocation of these funds authorized in the amount of \$\_\_\_\_\_ to hire or contract with a behavioral health consultant or public health nurse 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 abuse 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 for a part-time behavioral health consultant
- Hiring or contracting for a full-time behavioral health consultant
- Hiring or contracting for a part-time public health nurse
- Hiring or contracting for a full-time public health nurse

Name of person completing the form:

Date:

Name of commissioner:

Commissioner's signature

Date:

**Attachment C**

**Comparable Groups**

Comparable groups were established to permit meaningful comparison between counties with similar child welfare populations. In 2013, the comparable groups were revised based on an analysis of child welfare data for 2011. The district variables analyzed were:

This classification is based on the 2010 child population: Children Census: 0-17 years of age.

This classification is updated based on the following indicators:

- Total number of children with preventive and/or protective services cases open as of 12/31/11
- Total number of CPS/FAR reports during calendar year 2011
- Total number of children admitted into foster care during calendar year 2011

<b>Comp. Group 1</b>	
Albany	Oneida
Erie	Onondaga
Monroe	Orange
Nassau	Suffolk
New York City	Westchester

<b>Comp. Group 2</b>				
Broome	Clinton	Niagara	St. Lawrence	Ulster
Cattaraugus	Dutchess	Ontario	Saratoga	Washington
Cayuga	Fulton	Oswego	Schenectady	Wayne
Chautauqua	Jefferson	Rensselaer	Steuben	
Chemung	Madison	Rockland	Sullivan	

<b>Comp. Group 3</b>				
Allegany	Essex	Herkimer	Otsego	Tioga
Chenango	Franklin	Lewis	Putnam	Tompkins
Columbia	Genesee	Livingston	Schoharie	Warren
Cortland	Greene	Montgomery	Schuyler	Wyoming
Delaware	Hamilton	Orleans	Seneca	Yates



**Attachment D  
Office of Children and Family Services  
Child Welfare and Community Services Division  
CAPTA/CARA Grant for Plans of Safe Care Quarterly Report**

<b>Name of County</b>			
<b>Person Completing Report</b>		<b>Title or Position</b>	
<b>Email Address</b>		<b>Phone Number</b>	

**Instructions:**

Please complete the following information on a quarterly basis and email to [Shelly.Aubertine-Fiebich@ocfs.ny.gov](mailto:Shelly.Aubertine-Fiebich@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**

**1. Joint Visits Conducted with Behavioral Health Specialist/Public Health Nurse and LDSS**

	<b>This Quarter</b>	<b>Cumulative</b>
	<b>Number of Unique Families receiving Joint Visits</b>	<b>Total Number to Date:</b>
<b>With CPS Worker</b>		
<b>With Preventive Services Worker</b>		
<b>Total Visits</b>		

**2. Plans of Safe Care for each Unique Family**

	<b>This Quarter</b>	<b>Cumulative</b>
<b>Developed</b>		
<b>Implemented</b>		
<b>Monitored</b>		

**3. Screening and/or Assessments Completed by Behavioral Health Specialist/Public Health Nurse**

	<b>This Quarter</b>				
	Number Screened or Assessed for Substance Use Disorders	Number of Positive Indication of Need SUD	Number of Positive Indication of Need for treatment or services	Number of Referrals Made	<b>Total Number to Date</b>
Adults					# Adults 
Children					# Children 
<b>Total Performed This Quarter</b>					# Screening/ Assessments 
<b>Total (PI) Positive Indication This Quarter</b>					# PI 
<b>Total Unique Families Served This Quarter</b>					# Unique Families Served 
<b>Total Unique Families with PI This Quarter</b>					# Unique Families with PI 
<b>Total Referrals Made this Quarter per Unique Family</b>					# Unique Family Referrals 

**Of the screenings or assessments completed for both adults and children, list the names of instruments used:** |