New York State
Office of
Children & Family Services

Report to the Legislature
Quality Enhancement Fund

State Fiscal Year 2005-06
Governor Pataki’s Child Welfare Financing structure promotes safety, well-being and permanency for children, with the following three components:

1. 65 percent/35 percent State/local funding for all child welfare services except foster care services after applying available Federal funds;
2. A Foster Care Block Grant capping State reimbursement to social services districts for foster care services to the annual amounts appropriated; and
3. A Quality Enhancement Fund administered by the Office of Children and Family Services (OCFS) to increase the availability and quality of children and family services programs.

Chapters 53 and 83 of the Laws of 2002, the Child Welfare Financing law, require that OCFS submit a report to the Governor and the Legislature annually that describes the disbursements from the Quality Enhancement Fund and the status of the projects financed by the fund.

With regard to the Quality Enhancement Fund, the enacted 04-05 State budget called upon OCFS to “conduct activities to increase the availability and/or quality of children and family services programs which may include, but not be limited to, staff recruitment, retention and training activities, research projects to test innovative models for service delivery which may include areas such as health, mental health and substance abuse services.” The enacted 05-06 budget appropriated $1.9 million in Local Assistance General Funds for these purposes.

OCFS applied the following selection criteria for funding proposals from the allocation for the Quality Enhancement Fund:

- Programs must meet one or more of the TANF goals and serve families with incomes up to 200 percent of the Federal poverty level;
- Programs must be outcome based;
- Programs must produce outcomes and spend the money timely;
- Programs must have the proper level of technology support to be evaluated; and
- Programs must build on already existing infrastructure.

Based on those criteria, the Office selected the following areas for investment of Quality Enhancement funds:

1. Care Coordination for children in foster care
2. Support for the Child and Family Services Review Program Improvement Plan
3. Mentoring for youth transitioning from foster care
4. Evaluation of the impact of the child welfare financing structure

The above stated criteria are intended to address Federal TANF priorities Number 1 -- providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives -- and Number 3 - preventing or reducing the incidence of out-of-wedlock pregnancies. In addition, income eligibility is determined in any program providing direct services to youth.

**TANF Priority 1** – “Provides assistance to needy families so that children may be cared for in their own homes or in homes of relatives.” Care coordination, permanency mediation, local program improvement plan activities directed toward support for families to promote permanency, and mentoring all will enhance the child welfare system's ability to reduce the length of stay in care and expedite return home. This is the intended result that will be achieved by facilitating comprehensive assessments, improving local district and agency practice in the areas of services provision, case management, and discharge planning. The evaluation will inform OCFS and its stakeholders of the impact of these efforts.

**TANF Priority 3** – “Prevents or reduces the incidence of out-of-wedlock pregnancies.” It is through the establishment of ongoing, comprehensive care and education around family planning and reproductive health care services, and health care monitoring, that care coordination will reduce the number of out-of-wedlock pregnancies. In addition, the program improvement plan activities that improve overall case planning and case management and services, support for families and caretakers and the mentoring of adolescents leaving foster care are designed to reduce risk of out-of-wedlock pregnancy and assist young people to successfully transition to their families and communities.

1. **Care Coordination: $999,639**

Children in foster care have significant mental health and physical health needs compared to the general population. Care coordination plays a vital role in enabling each child to receive necessary medical, developmental, mental health, dental and substance abuse services in the specified time frames while in foster care; gaining the foster family’s and birth family’s support of the medical plan for the child; and facilitating the appropriate sharing of information among professionals involved in the child’s care. Care coordination is designed to create a locus of responsibility for individual health care coordination by developing and implementing a comprehensive medical treatment plan that integrates and updates all known physical health, mental health, developmental and substance abuse needs. Coordinated health care supports the case manager’s ability to address the safety, well-being and permanency outcomes for children in foster care.

The following five outcomes were identified by OCFS as key indicators in measuring the success of care coordination.

1. Increase the stabilization of placement by reducing the number of movements while in care.
2. Increase the participation of birth families in health care visits/service plan reviews.

3. Complete and document the following five child assessments within the first 30-45 days of care: physical health, mental health, development, dental, and substance abuse assessment.

5. Complete a treatment plan for each child that is integrated with the permanency plan.

6. Provide pregnancy prevention education sessions to the target population.

OCFS also anticipated the following: improved access to needed health services; improved coordination of needed health services; decreased duplication of services; improved documentation and communication of health needs and services; and improved continuity of care, resulting in improved compliance with Federal and State foster care and Medical Assistance regulations. A final report on the evaluation of the impacts of care coordination is available from OCFS.

The following agencies participated in this initiative in 2005-06:

- Children & Adolescent Treatment Services ......................$ 146,000
- Kinship Family & Youth Services.......................................$ 83,639
- House of Good Shepherd...............................................$ 122,525
- Abbott House ..................................................................$ 194,475
- Catholic Guardian Society .................................................$ 126,000
- Green Chimneys..................................................................$ 82,000
- Episcopal Social Services ....................................................$ 99,000
- St. Vincent’s Services ........................................................$ 146,000

Total:..................................................................................$ 999,639

2. OCFS Child And Family Services Review (CFSR) Program Improvement Plan (PIP): Total $572,361

The Federal Administration for Children and Families (ACF) conducted a review of the delivery of child welfare services in every state during 2001 through 2004. The review looks at the state’s achievement of outcomes in the areas of child safety, permanency, and well-being using the results of each state’s self-assessment, performance on six ACF-established national standard data measures, an on-site review of 50 cases, and stakeholder interviews. This Child and Family Services Review (CFSR) process was conducted in New York State during 2001. ACF issued a “Final Report of the Child and Family Services Review in New York State” in January 2002. The report required that New York State, like all states, develop a Program Improvement Plan to address those areas in which the State was not in substantial conformity with Federal expectations.

While the findings from the CFSR pointed to a need for improvement in several areas, they most clearly demonstrated the need to discharge children from foster care to safe, permanent homes more quickly. The State, local districts, and voluntary agencies must
implement strategies that will decrease the length of time children spend in foster care. New York must demonstrate improvement in these areas by the time ACF returns to conduct the second CFSR review, or there is the potential for fiscal sanctions. Most importantly, reductions in the lengths of stay for children in foster care are necessary so that children grow up in safe, permanent homes and not in foster care. Improvements in these areas were well underway prior to the CFSR process, but the CFSR provides another opportunity to heighten efforts in this regard.

A portion of the Quality Enhancement Fund is being used to help local social services districts implement the CFSR PIP.

2a. Permanency Mediation Projects:

- $317,511 1 program serving Brooklyn, Bronx and Manhattan
- $51,950 1 program serving Monroe County
- $55,000 1 program serving Westchester and Rockland Counties
- $424,461

As the co-sponsor of the permanency mediation programs, the New York State Office of Court Administration (OCA) provides funding to four other programs serving five additional counties.

Child Welfare Permanency Mediation is a promising strategy that may improve the outcomes of children in foster care by reducing the length of stay in such care, reunifying families safely and sooner, or -- where that is not possible -- achieving permanency sooner for the child through adoption or guardianship. It supports progress towards meeting the TANF goal of providing assistance to eligible needy families so that children may be cared for in their own homes or in homes of relatives. The program improvement plan activities that improve overall case planning, case management and services promote the TANF goal of preventing or reducing the incidence of out-of-wedlock pregnancies. Other states have shown significant cost benefit results by instituting this program.

New York’s Permanency Law amended the Family Court Act to include a definition of mediation (FCA § 1018): *Conferencing and mediation. In any proceeding initiated pursuant to this article, the court may, at its discretion, authorize the use of conferencing or mediation at any point in the proceedings to further a plan for the child that fosters the child's health, safety, and well being. Such conferencing or mediation may involve interested relatives or other adults who are significant in the life of the child.*

Permanency mediation is a process that involves all stakeholders: the family (including the child as circumstances warrant), the caseworkers, service providers, foster parents, law guardians, attorneys for all parties, and a neutral mediator. The mediator’s role is to help identify issues, clarify perceptions and explore alternatives for a mutually acceptable outcome. It can be done at any stage of the child welfare case and often can obviate the need for protracted litigation in the courts. Because it is non-adversarial, parents are more engaged and empowered in reaching decisions about their families. It is also a mechanism that provides more useful information to the courts and assists with service plan development.
Through joint funding with the Office of Alternative Dispute Resolution (ADR) of the Office of Court Administration and the Permanent Judicial Commission on Justice for Children, OCFS has participated in funding Child Welfare Permanency Mediation programs. In the first year, seven counties participated: Albany, Chemung, Monroe, New York City (Brooklyn and Manhattan), Oneida and Westchester. In Year 2, the New York City program expanded to the Bronx, the Westchester program expanded to Rockland County, and a new agency serving Erie and Niagara counties came under the permanency mediation umbrella.

Despite splitting the contracts between the two state agencies, the overall permanency mediation project is still viewed by all participants as a collaborative project between OCFS and OCA. In keeping with a unified collaborative structure, the programs have been jointly trained by OCFS and OCA and are using the same reporting requirements regardless of contract source. On November 9, 2004, all programs attended a joint OCFS-OCA workshop about developing a continuous improvement plan that includes specific performance targets and activities they will undertake to achieve those numeric goals. The continuous improvement model was chosen by OCFS and OCA as the appropriate method for tracking program progress because it accommodates the unique features of each program, while still requiring accountability and demonstrated progress towards quantifiable goals. Each site requires its own continuous improvement plan as the sites are in different stages of program development, even if it is the same contractor working in two or more counties. In other words, a new program site is not expected to be conducting as many mediations as a program that hired staff more than a year ago. Detailed performance targets allow a realistic vision of how many families the program will be serving a year when the program is fully operational. The continuous improvement plan specifies the actions that the staff will take over the coming year. These measurable activities will be assessed and revised as needed to produce satisfactory progress toward reaching the target number of families to be served by permanency mediation.

A final report on the evaluation of the implementation and of the impacts of permanency mediation is available from OCFS.

2b. Local PIP Implementation/New York City Court Diversion: $147,900

A portion of the Quality Enhancement Fund is being used in New York City for a court diversion project. This project is a collaborative effort among the Administration for Children’s Services, Legal Aid Society, the Office of Court Administration, and The Center for Family Representation. The Court Diversion Initiative provides intensive children and family services on the front end of cases, to determine whether a family can engage in services and a child can safely remain or return home. This initiative also utilizes alternative dispute resolution as a means to divert court involvement or achieve early settlement of Article 10 (child abuse and neglect) proceedings.

3. Foster Care Transitioning - Youth Mentoring Quality Enhancement Program: $165,000

The investment of Quality Enhancement Funds in mentoring is consistent with OCFS’s commitment to long-term, broad-based strategies to build community supports for
children, youth and families that focus on youth development and asset-based solutions. The mentoring of adolescents leaving foster care is designed to support the TANF goals of preventing or reducing risk of out-of-wedlock pregnancy and assisting eligible young people to successfully transition to their families and communities. Programs modeled after the Big Brothers Big Sisters of America (BBBSA) programs help high-risk youth to build attachments to pro-social others, commit to socially appropriate goals, and become involved in conventional activities. Research indicates that youth who achieve these three core skills engage in less high-risk behavior and more pro-social behavior.

In August 2003, OCFS contracted with the Big Brothers/Big Sisters of NYC to provide mentors for 100 youth in custody of the NYC Administration for Children Services, ages12-20, who were discharged from placement to a biological parent, to a relative, or to independent living.

The program targets youth who are returning to one of the five high-risk neighborhoods that generate the majority of Foster Care placements in NYC: Bedford Stuyvesant; Brownsville; East New York in Brooklyn; Central Harlem; and East Harlem in Manhattan. These five locations are ACS’s Neighborhood Network boroughs that contract with organizations to provide mentoring and case coordination programs to improve outcomes for youth. The desired outcomes of this mentoring initiative are consistent with the New York State Child and Family Services Review Program Improvement Plan and OCFS’s goal to provide permanency for adolescents and to prevent out-of-wedlock pregnancy. By the program’s third year of operation, twenty-seven relationships were established with contract agencies, 408 youth referrals were made, 328 potential mentors were identified and 88 volunteer mentors were screened and matched with foster care youth.


The Child Welfare Financing legislation requires that OCFS submit a preliminary report on the implementation of the child welfare financing provisions. The final report was required to include “information regarding service delivery trends under the financing structure…and…innovative models of service provision to be considered for replication.” Quality Enhancement funds were applied to a portion of the costs of the evaluation.

The evaluation examined the implementation of -- and outcomes resulting from -- the Child Welfare Financing initiative, including changes in service delivery patterns and progress toward achieving key child welfare outcomes. Additionally, the evaluation included an assessment of the effectiveness of the program models funded through the Quality Enhancement Fund.

The evaluation assessed the success of the Child Welfare Financing initiative in achieving the safety, permanency and well-being outcomes.

The evaluation also explored the implementation and impacts of the programs receiving funding from the Quality Enhancement Fund, specifically Care Coordination and Permanency Mediation. The final report is available form OCFS.
Conclusion:
The three key components of Child Welfare Financing provide a fiscal structure designed to redirect resources from out-of-home placements of children to maintaining them safely and appropriately in their homes wherever possible. Uncapped services funding facilitates the expansion of the services necessary to prevent placement, expedite the return home of foster children, and avert the re-placement of children in foster care. The Foster Care Block Grant provides a financial incentive for districts to reduce unnecessary days in foster care and, when placement is unavoidable, to keep foster children in their own communities rather than distant institutions. The final and equally critical component, the Quality Enhancement Fund, enables OCFS to invest in innovative programs that have been proven to, or have significant potential to, accomplish the goal of enhancing the safety, well being, and permanency of vulnerable children.

OCFS has strategically invested Quality Enhancement funds in program development and evaluation of services and interventions that promise to yield positive outcomes for families and children. These investments are made at all points on the continuum of children and family services. The approach is consistent with OCFS’s commitment to providing outcome-focused and evidence-based services.
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For information on the Abandoned Infant Protection Act, call:
1-866-505-SAFE
To report child abuse and/or neglect, call:
1-800-342-3720
For child care and adoption information, call:
1-800-345-KIDS