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| LOCAL COMMISSIONERS MEMORANDUM |  
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Transmittal No: 93 LCM-141

Date: October 18, 1993

Division: Services and  
Community  
Development

TO: Local District Commissioners

SUBJECT: 1994 Social Services Block Grant Report and IV-B Plan for  
1993 - 1997

ATTACHMENTS: I: 1994 NYS Title XX Block Grant Pre-Expenditure Report  
(Available on-line)  
II: IV-B Plan for 1993-1997 - Introduction and Overview  
(Available on-line)

Enclosed for your information and review are copies of the Federal Social Services Block Grant Report for FFY 1994 and the Child Welfare Services Plan (Title IV-B) for October 1993 - September 1997. The Social Services Block Grant Report outlines the intended use of federal funds made available under the Social Services Block Grant (Title XX). It includes the current definitions for the 21 services supported through Title XX funds within New York State.

The Title IV-B plan provides an overview of State efforts throughout the child welfare system. The plan is organized according to key outcomes the Department seeks to achieve.

Should you require additional copies, or wish to comment on these reports, please contact Suzanne Zafonte Sennett. Ms. Sennett's User Id is AW1160. Her telephone number is 1-800-342-3715, extension 3-6237.

I trust that you will find these documents informative.

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Frank Puig  
Deputy Commissioner

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES  
BLOCK GRANT REPORT TO THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
FEDERAL FISCAL YEAR 1994

I. Introduction

This report is submitted by New York State pursuant to the requirements set forth in Section 2352 (a) of the Omnibus Budget Reconciliation Act of 1981. P.L. 97-35), which enacts a new Section 2004 of Title XX of the Social Security Act, and implementing regulations (45 CFR 96.10 and related sections). This law requires that, prior to the expenditure by a State of payments made to it under Section 2002 of the Social Security Act, the State shall report on the intended use of Title XX payments, including information on the types of activities to be supported and the categories and characteristics of individuals to be served.

This report provides the following information concerning the Social Services Block Grant:

- o Anticipated funding levels
- o State funds required
- o Allocation formula to counties and/or providers
- o Administrative costs
- o Allocation of discretionary funds
- o Allocation among services
- o Transfers between block grants
- o Any eligibility requirements
- o Estimated number of persons to be served
- o Data concerning the prior year's administration of the grant

II. Funding Levels

Title XX of the federal Social Security Act remains a major source of funds for services to low-income persons who are the responsibility of the New York State Department of Social Services (State Department of Social Services). However, it should be noted that the Social Services Block Grant is only one of several sources of funding for these services. Consequently, this report provides an important, but incomplete account of New York State's delivery of social services.

A. Federal Allocations

For federal fiscal year 1992-1993, New York State's allotment of federal Title XX Social Services Block Grant funds was \$201.4 million.

B. State Appropriations

Chapters 50 and 53 of the Laws of 1993 provide appropriation authority permitting the State Department of Social services to spend the federal grant award on local district services and State training initiatives. Pursuant to this authority, \$197.4 million of the Social services Block Grant funds are

being used to reimburse social services districts for services and related administration and training, and \$4.0 million is allocated for use by the State Department of Social Services for training purposes during State fiscal year 1993. As federal law does not require that matching funds be provided, Chapter 53 of the Laws of 1993 did not include an allocation of State funds for Title XX services in State fiscal year 1993. No State match was provided for federal funds used for training either.

For State fiscal year 1992, Chapter 53 of the Laws of 1991 appropriated no State funds to reimburse social services districts for services, administration and training conducted under Title XX. No State match was provided for federal funds used for training.

Appropriation authority will be sought to expend federal grant award funds for Title XX services in State fiscal year 1994.

C. Transfer of Funds

Federal law permits the transfer of up to ten percent (10%) of a State's allotment under a block grant to support activities under another block grant. No funds were transferred from the Social Services Block Grant to fund programs under any other block grant during federal fiscal year 1993, nor will any such funds be transferred for such purposes in federal fiscal year 1994.

III. Allocation to Social Services Districts

A. Amount to be Allocated

For federal fiscal year 1994, it is anticipated that New York State's allocation will be \$199.4 million, a reduction of over \$ 2 million from 1992-93. In past years, 98 percent of the federal funds has been allocated to social services districts, with 2 percent retained by the State Department of Social Services for training purposes. Assuming that this practice continues, \$195.4 million will be available for district allocations in federal fiscal year 1994 from the State's allocation of Social Services Block Grant Funds.

B. Method of Allocation

Allocations to local districts from Social Services Block Grant funds for federal fiscal year 1993 were based on the existing Title XX allocations formula. This formula was originally devised using factors reflecting district population and expenditures. Subsequent modifications were incorporated reflecting movement toward a uniform per capita floor, and a separate formula was developed for additional funds which first became available in 1982 from the Low-Income Home Energy Assistance Block Grant. This methodology is described more fully in Appendix A. The formula is subject to annual re-examination and revision.

C. District Allocations

Allocations to social services districts during federal fiscal year 1992 from the basic allocation of Social Services Block Grant funds totaled \$197.3 million. These funds were allocated among the social services districts as shown in Appendix B. Allocation of Social Services Block Grant funds for federal fiscal year 1994 to social services districts will be based on the existing formula, subject to such modifications and revisions as may be deemed appropriate in the circumstances.

IV. Anticipated Uses of Funds

A. Overview

Funding provided by the Social Services Block Grant will be used for two broad purposes:

1. to provide specific services by the 58 social services districts, including related training and administrative costs, either directly or through purchase-of-service contracts; and
2. to provide training or other services by the State Department of Social Services, or by other agencies through purchase-of-service agreements.

B. Services Provided by Local Districts

The following 21 types of services provided by local districts are supported by the Social Services Block Grant. These services are defined in Appendix C.

Adoption Services  
Child Care Services  
Educational Services  
Employment Services  
Family Planning Services  
Foster Care Services for Children  
Health-Related Services  
Homemaker Services  
Home Management Services  
Housekeeper/Chore Services  
Housing Improvement Services  
Information and Referral Services  
Preventive Services for Adults  
Preventive Services for Children  
Protective Services for Adults  
Protective Services for Children  
Residential Placement Services for Adults  
Services to Victims of Domestic Violence  
Social Group Services for Senior Citizens  
Transportation Services  
Unmarried Parent Services

Related training and administrative activities of local districts are also funded by the Social Services Block Grant.

C. State Agency Services and Training Activities

In past years, two percent of the State's Social Services Block Grant allocation has been dedicated to support training activities of the State Department of Social Services. Pursuant to Chapter 50 of the Laws of 1993, \$4.0 million was provided for such activities in State fiscal year 1993. This training is provided directly by the State Department of Social Services or by other agencies under contract with the Department. Training is furnished

primarily to staff of social services districts and also to staff of organizations from whom such districts purchase social services, and relates to high priority service areas and needs. Approximately \$450,000 of these funds are being used to finance State Department of Social Services administration of training activities and contracts in federal fiscal year 1993. Funds for administration of training activities and contracts in federal fiscal year 1994 are projected at \$450,000.

V. Estimated Levels of Service

Certain of the 21 services noted previously are required by State law to be provided to all persons in need of the service, without regard to income. Other services are mandated only to certain income or other categorical groups or under certain conditions. Delivery of services which are not mandated is a matter for determination by the local social services district. The following is a general outline of mandated and non-mandated services:

Services Mandated Without Regard to Client Income

- o Adoption
- o Information and Referral
- o Preventive Services for Children
- o Protective Services for Children
- o Protective Services for Adults
- o Services to Victims of Domestic Violence (as of 1/1/92)
- o Foster Care for Children

Services Mandated to all Clients Whose Income Falls Within State-Specified Limits

- o Residential Placement Services for Adults
- o Unmarried Parent Services

Other Services Mandated Under Certain Conditions

- o Child Care Services
- o Family Planning Services
- o Home Management Services
- o Homemaker Services
- o Housekeeper/Chore Services
- o Housing Improvement Services
- o Health Related Services

Other Services Not Mandated

- o Educational Service
- o Employment Service
- o Preventive Services for Adults
- o Social Group for Senior Citizens
- o Transportation Services

As noted above, certain services are required to be provided without regard to income. Eligibility categories are described more fully in the service definitions set out in Appendix C. Statewide maximum income eligibility standards apply to certain other services, but social services

districts may set lower income eligibility standards for any such services. Income eligibility standards for the various mandated and optional services and Statewide fee structure for Child Care Services are summarized in Appendixes D and E respectively.

B. Estimated Expenditures and Persons to be Served, by Service Category

To estimate how Social Services Block Grant funds for federal fiscal year 1994 will be spent, we must rely partially on the planned pattern of expenditures and number of clients to be served during the services plan year 1993. Available data, derived primarily from the 1993 Annual Implementation Report (the update to the 1991-1993 Consolidated Services Plan) submitted by the social services districts, indicate the following levels of service planned for calendar year 1993:

<u>Service Category</u>	Gross Title XX Funds (In Thousands)	Persons To Be Served
Adoption Services	\$ 905	13,287
Child Care Services	141,548.8	222,433
Educational Services	795.3	4,835
Employment Services	116.2	35,471
Family Planning Services	277.5	60,971
Foster Care Services for Children	8,348.6	84,615
Health-Related Services	739.9	12,499
Home Management Services	1,036.2	7,080
Housekeeper/Chore Services	846.8	9,944
Housing Improvement Services	1,541.1	28,040
Homemaker Services	7,333.8	18,999
Information and Referral Services	8,625.2	377,189
Preventive Services for Adults	5,028	6,762
Preventive Services for Children	142,619.6	172,210
Protective Services for Adults	1,902.9	35,440
Protective Services for Children	7,953.5	519,637
Residential Placement Services for Adults	6,282	8,808
Services to Victims of Domestic Violence	596.7	38,484
Social Group Services for Senior Citizens	146.7	1,960
Transportation Services	529.3	83,733
Unmarried Parent Services	931.6	11,372

The estimated persons to be served include children and adults in each service category. An unduplicated count of all persons served across all service areas is not available. The total gross Title XX funds represents federal and local contributions. Final expenditures will reflect adjustments in light of allocation ceilings.

VI. Expenditures and Administration of Social Services Block Grant in Federal Fiscal Year 1992

A. Consolidated Services Planning Process

Chapter 231 of the Laws of 1987 provides the Department with permanent authority to require social services districts to develop and submit multi-year Consolidated Services Plans and Annual Implementation Reports. The

provisions for such consolidated planning were originally enacted by Chapter 681 of the Laws of 1981 and extended to September 30, 1987 by Chapter 539 of the laws of 1983.

The Guidelines promulgated for the 1993 Annual Implementation Report called for the submission of Reports by social services districts on October 31, 1992 to be effective January 1, 1993 through December 31, 1993. The State Department of Social Services reviewed all 58 Annual Implementation Reports submitted by the social services districts. While the three year plans submitted in October 1990 outline and describe the major directions and priorities for the period of 1991 through 1993, Annual Implementation Reports provide an update on implementation activities and detail any proposed amendments to the plan.

The Department is currently revising the structure and procedures for local planning. Therefore, rather than initiating a new three-year planning cycle, the existing planning cycle was extended for a fourth year. Annual Implementation Reports covering the period of January 1994 through December 1994 are currently in preparation in each of the districts.

During the 1992-93 program year, staff of the Division of Family and Children Services monitored local district implementation of the Plan through site visits, review of data and telephone contacts. At least one on-site visit was conducted with each of the fifty-eight local districts. The purposes of this monitoring effort were:

- o to maintain district accountability regarding the service intentions stated in the Plan;
- o to gather information on each district's successes and to identify obstacles encountered in the implementation of the Plan;
- o to provide on-site technical assistance to districts including direction for the development of Annual Implementation Reports; and
- o to promote the ability of the State Department of Social Services staff to assist local districts in the implementation of State policy, through a better understanding of local district programmatic strengths and problems.

B. Services Expenditures by Local Districts

The most recent year for which preliminary estimates of expenditures can be provided is federal fiscal year 1992. In that year, local district claims for services eligible for Title XX reimbursement totaled \$717.7 million. Because the amount of federal funds available for such purposes was limited, reimbursement from Title XX was provided for only a portion of such services. Other funding sources were used to reimburse remaining expenditures as appropriate. The following is a preliminary accounting of local district expenditures by service category for federal fiscal year 1992. The most current figures are for expenditures through October 1992, and are not a final accounting.

Expenditures for Title XX  
Eligible Services  
FFY 1992  
(\$ in millions)

Adoption	6.3
Child Care Services	96.9
Educational Services	0
Employment Services	0
Family Planning Services	1.1
Foster Care Services for Children	32.7
Health-Related Services	.047
Home Management Services	.058
Housekeeper/Chore Services	2.2
Housing Improvement Services	.988
Homemaker Services	5.5
Information and Referral Services	1.4
Preventive Services for Adults	.301
Preventive Services for Children	208.1
Protective Services for Adults	44.0
Protective Services for Children	197.9
Residential Placement Services for Adults	0
Services to Victims of Domestic Violence	1.5
Social Group Services for Senior Citizens	13.4
Transportation Services	.150
Unmarried Parent Services	.146
Training	3.5
All Other Direct Services	101.5

C. Administrative Costs

Administrative costs are not reported separately from other programs costs, but they may be estimated by identifying those direct costs incurred by local districts in the provision of social services other than the salaries and other direct expenses incurred exclusively by services staff. In FFY year 1992, administrative costs were estimated to be 14 percent of the total expenditures for all services eligible for Title XX reimbursement. This ratio suggests that administrative costs accounted for an estimated \$27.6 million of the \$197.3 million in federal funds available to local districts in federal fiscal year 1993.

D. Services and Training

As noted previously, two percent of the Social Services Block Grant funds are used by the State Department of Social Services for training activities in Child Protective Services, Day Care, Protective Services for Adults (including the homeless), and other services-related areas. For federal fiscal year 1993, the amount allocated was \$4.0 million, of which approximately \$450,000 was used to support Department staff administering the training contracts funded by the remaining \$3.65 million. In federal fiscal year 1994, approximately \$450,000 of the approximately 4.0 million anticipated for training funds will be used to administer training and the training contracts.



VII. Coordination with Other Funding Streams

The Title XX funds available to New York State are insufficient to support the level of service delivery required across the State. Therefore, for each of the twenty one services other Federal, State and local resources are applied. The use of a particular funding source for a specific service is determined by applicable Federal and State laws and regulations. In addition, local practice or preference may effect the funding profiles across districts. Listed below are the primary additional federal funding sources contributing to the support of one or more of the twenty one Title XX services:

Child Care Development Block Grant  
Emergency Aid to Families (EAF)  
Low Income Day Care Program  
SSI and Congregate Care Supplement  
Title IV-A  
Title IV-B  
Title IV-E  
Title XIX

METHODOLOGY USED  
FOR THE ALLOCATION OF  
FEDERAL TITLE XX FUNDS  
TO SOCIAL SERVICES DISTRICTS

INTRODUCTION

A methodology for allocating federal services funds among social services districts was established for the first time in 1972. Since that time, a number of modifications have been made to the allocation methodology. The purpose of this paper is to explain the original methodology and each change to it.

ORIGINAL METHODOLOGY

According to the original 1972 Title XX methodology, a district's allocation for Title XX services and administration was based on the sum of two amounts: one half was determined by the district's proportion of the State's population, and the other half was determined by the district's expenditure of federal Title XX funds for services. A district's allocation could be no more than twice its federal expenditure amount, which in effect became a ceiling. Any remaining federal funds were reallocated among those districts whose allocations were less than their ceilings. The data used for this Title XX allocation methodology were 1970 Census population statistics and federal fiscal year 1972 expenditures for services.

In this manner, \$217 million of federal Title XX funds were allocated to local districts in federal fiscal year 1973. For the next five years, all changes in federal Title XX funding levels were passed on to local districts proportionately. That is, if a district received 5% of all federal funds allocated to districts in 1972-73, that proportion was maintained in each subsequent year, until 1978-79.

CHANGE IN 1978-79

In federal fiscal year 1979, the Department reviewed the existing methodology at that time, and believed that at a minimum, the allocation formula should permit a floor of \$6 per person in each county. Therefore, the additional dollars made available to local districts in 1978-79 were used to take the first step to achieve this goal. Forty-six local districts had their allocations increased by 40% of the difference between their existing per capita allocation and the \$6 per capita floor; however, none of these districts received less than \$20,000. In addition, New York City received \$4 million dollars. All other counties which were already at or above the \$6 per capita figure received no additional funds.

For the next three years, each local district's Title XX allocation was their proportion of total federal Title XX funds according to the 1978-79 modification.

CHANGE IN 1981-82

As a result of the Omnibus Budget Reconciliation Act of 1981, Title XX, Title XX Day Care, and Title XX training funds were combined into a Social Services Block Grant with authorized funding of \$2.4 billion in federal fiscal year 1982, of which New York State's allocation was \$184.9 million. The New York State legislature enacted legislation requiring that all federal Title XX funds appropriated by the Congress were to be allocated solely to social services districts, with up to and no more than 2% of such funds able to be used by the Department for training purposes.

Based upon these federal and State legislative actions, \$181.2 million of federal Title XX funds were allocated among local districts according to the existing Title XX allocation formula. These funds constituted 98% of the total federal allocation. Because of the severe reduction in federal Title XX funds available and the need to undertake such reductions in a staged manner, \$10.0 million of federal Low-Income energy Assistance Program Block Grant funds were allocated to finance Title XX services, administration, and training as permitted by federal and State law. Therefore, a total of \$191.2 million of federal funds were made available to local districts in that year.

The allocation of \$191.2 million of federal funds among local districts was based upon the following approach:

1. \$181.2 million or 95% of all such funds were allocated according to the existing Title XX formula.
2. The \$10 million in federal Low-Income Energy Assistance Program Block Grant funds, or the remaining 5% of the \$191.2 million was allocated among local districts to create a floor so that:
  - a) No district would receive a reduction in their total allocation of federal funds resulting in gross funds for mandated services being less than the amount reimbursed through Title XX for such services in federal fiscal year 1980 in that district.
  - b) No district would have its total allocation reduced to a level resulting in a per capita allocation less than the mean for all counties (\$5.69), or per capita expenditures for optional services less than the mean for all counties (\$2.05).
3. It was assumed that funds for mandated services through 50/50 reimbursement and that existing alternative sources for shifting claims would remain available.

**APPLICATION TO FUNDS AVAILABLE IN 1982-83 THROUGH 1993-94**

The allocation methodology described above was used in federal fiscal year 1982. For federal fiscal year 1983, an additional \$3.9 million became available to the State for Title XX purposes. Ninety-eight percent of such funds were allocated to local districts in direct proportion to their allocation according to the revised methodology implemented in 1981-82.

The basic allocation of Social Services Block Grant funds for 1983-84 permitted an allocation of funds to social services districts of an amount equal to the total amount of such funds which had been allocated to local districts for Title XX purposes in the previous year. In this same year, however, an additional \$5 million of such funds became available for distribution to social services districts. This additional amount was allocated among the social services districts in the same proportion as the total allocation of funds for federal fiscal year 1983.

For federal year 1984-85, the basic allocation of Social Services Block Grant funds again permitted an allocation of funds to social services districts of an amount equal to the total amount of such funds which had been allocated to local districts for Title XX purposes in the previous year. The distribution of these funds was based on the relationship between each district's 1983-84 allocation and the total of FFY 83-84 allocation to arrive at each district's proportion of the 1984-85 total. The same methodology has been applied in each subsequent federal fiscal year to derive the proportion of funds allocated to each local district.

**Appendix B**

**DISTRICT REIMBURSEMENT CEILINGS FOR SOCIAL SERVICES**

OCTOBER 1, 1992 -SEPTEMBER 30, 1993

<u>District</u>	<u>Allocation of Federal Funds</u>	<u>District</u>	<u>Allocation of Federal Funds</u>
Albany	2,411,603	Oneida	1,396,012
Allegany	243,602	Onondaga	2,813,515
Broome	1,288,470	Ontario	395,390
Cattaraugus	476,622	Orange	1,582,305
Cayuga	525,099	Orleans	185,641
Chautauqua	905,961	Oswego	524,479
Chemung	530,052	Otsego	379,522
Chenango	284,415	Putnam	348,758
Clinton	536,105	Rensselaer	1,103,330
Columbia	280,350	Rockland	1,537,416
Cortland	216,819	St. Lawrence	696,639
Delaware	265,760	Saratoga	651,295
Dutchess	1,116,399	Schenectady	810,249
Erie	6,239,052	Schoharie	153,467
Essex	193,345	Schuyler	120,529
Franklin	306,174	Seneca	190,414
Fulton	357,339	Steuben	546,130
Genesee	300,926	Suffolk	8,121,218
Greene	246,233	Sullivan	360,078
Hamilton	28,770	Tioga	202,632
Herkimer	284,162	Tompkins	476,947
Jefferson	491,022	Ulster	622,362
Lewis	160,409	Warren	310,637
Livingston	267,143	Washington	260,413
Madison	323,248	Wayne	446,576
Monroe	5,777,878	Westchester	8,843,689
Montgomery	322,344	Wyoming	210,118
Nassau	7,953,162	Yates	104,977
Niagara	1,429,125	NYC	<u>130,217,570</u>
		TOTAL	<u>197,373,897</u>

SERVICES DEFINITIONS

This appendix presents current definitions for the social services to be provided in New York State in federal fiscal year 1992.

ADOPTION SERVICES

DEFINITION: Assisting a child to secure an adoptive home (through counseling with biological parent(s) unwilling or unable to care for a child to surrender such child for adoption or instituting legal procedures to separate the child from his/ her parent(s) under appropriate circumstances and arranging for and providing legal services to accomplish this purpose; the recruitment, study and evaluation of interested prospective adoptive parents; training for prospective and approved adoptive parents, evaluation of placement need, pre-placement planning, selection and placement of available children; counseling for families after placement; supervision of child in adoptive homes until legal adoption is completed; post- adoption services including counseling of the child, adoptive parents, and biological parents for up to three years following legal adoption.

NATIONAL GOAL RELATIONSHIP: II, III, IV

METHOD OF PROVISION: Direct provision, purchase private

CATEGORIES OF ELIGIBLE INDIVIDUALS:

All individuals without regard to income.

CHILD CARE SERVICES

DEFINITION: Assessing the need for, arranging for, providing, supervising, monitoring and evaluating the provision of care of a child for less than 24 hours per day when such care is provided by a caregiver operating in compliance with State laws and regulations for child care; and developing, and recruiting out-of-home child care. Child care services may only be provided to children under 13 years of age except in the following circumstances:

Children with special needs may receive care until age 18.  
Children under court supervision may receive care until age 18.  
Children who attain the maximum age allowed during the school year may continue to receive child care services, if otherwise eligible, through the end of the school year.

Child Care services for children are allowable, if the local district so elects, only in the following instances:

- (a) As a necessary part of a plan of self-support for the parent(s) or caretaker(s) who meet the following requirements:
- 1) are employed, or
  - 2) are participating in an approved program of vocational training or rehabilitation which, for purposes of this section, includes enrollment in a two- year undergraduate program with a specific vocational objective. Under this requirement day care services, except for JOBS shall be authorized only for the following training programs:
    - (i) those which have a specific occupational goal and are conducted by an institution licensed or approved by the State Department of Education other than a college or university. Enrollment in more than two consecutive such training programs is not allowable;
    - (ii) those undergraduate or community college programs with a specific vocational sequence leading to an associate degree or certificate of completion within a determined time frame which shall not exceed 30 consecutive calendar months;
    - (iii) those pre-vocational skill training programs such as basic education and literacy training;
    - (iv) those demonstration projects designed for vocational training or others as approved by the State Department of Social Services;
    - (v) those programs leading to a high school diploma or high school equivalency diploma;
    - (vi) notwithstanding the potential of some vocational training programs as detailed above, to allow for the eventual attainment of a bachelor's degree or like certificate of completion for a



four-year college program, this regulation does not permit the renewal of such vocational training program enrollment for any additional period; or

- 3) are actively seeking employment. Under this requirement day care may be authorized for up to six months to only those who can document that they are currently registered with the New York State Employment Service.
- (b) As part of a plan to achieve or maintain self-sufficiency, including the reduction or prevention of dependency and maintenance of the family unit, when the parent(s) or caretaker(s) is unable to provide care or supervision of the child due to:
  - 1) illness;
  - 2) incapacity; or
  - 3) necessary absence from the home for a substantial part of the day.
- (c) As a service in two parent families. Under this requirement both parents shall meet the program eligibility requirements specified in (a) and (b) above.
- (d) As a necessary and integral part of an approved child services plan of services to:
  - 1) provide preventive services;
  - 2) provide protective services for children who have been reported neglected, abused or maltreated.
- (e) As a required part of an approved service plan to prevent or reduce institutional care by providing for community-based care.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV

METHOD OF PROVISION: direct provision, purchase private, purchase public

Title XX funds will be used for the provision of care in settings operating in accordance with applicable State law and regulations.

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

EDUCATIONAL SERVICES

DEFINITION: Assessing the need for and arranging educational counseling and training for a person; providing an educational service which is not generally made available by a local public school district to any individual without cost and without regard to income (such programs should be discussed with local school officials prior to proposing their funding).

NATIONAL GOAL RELATIONSHIP: I, II, III

METHOD OF PROVISION: Direct Provision

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

EMPLOYMENT SERVICES

DEFINITION:

- (a) Exploring interests and potential for self-support, individual counseling necessary to deal with family and/or individual barrier(s) which prevent or limit individuals in their use of training and employment opportunities and providing for referral to and use of public and voluntary agencies in the field of health, education and employment; arranging for vocational services including but not restricted to vocational diagnosis, vocational education and vocational training for individuals who appear to possess the necessary talents, aptitudes and skills. For the blind and handicapped, consideration should be given to utilization of the services available through the Office of Vocational Rehabilitation of the State Department of Education or the Commission for the Blind and Visually Handicapped at the State Department of Social Services.
- (b) Providing diagnostic assessment, when necessary, to determine the employability of an applicant for or recipient of AFDC or Home Relief financial assistance.
- (c) Arranging for other necessary services to support, gain or retain the employment including counseling and legal services.

NATIONAL GOAL RELATIONSHIP: I, II

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

FAMILY PLANNING SERVICES

DEFINITION: Services to enable individuals (including minors who may be sexually active) to plan their families in accordance with their wishes, to limit family size, space their children, to correct infertility, or prevent or reduce incidence of unwanted pregnancies by arranging for and providing the following component services:

Component A: Social and educational services which include the distribution of printed material, group discussions and individual sessions to discuss family planning, educational and medical resources available in the community.

Component B: Medical services which include diagnosis, treatment, drugs, supplies and related counseling furnished or prescribed by or under the supervision of a physician.

Districts are mandated to provide Component A to AFDC, HR, and SSI recipients. Component A may be provided through Title XX or through the State's Title XIX (Medical Assistance) Program. Districts may opt to provide Component B to income eligibles who are not eligible for Medical Assistance. A district which selects Component B for optional groups may choose, by so indicating in its local plan component, not to pay for drugs and supplies prescribed thereunder. In that instance, recipients of family planning services who are not eligible for medical assistance would fill such prescriptions at their own expense.

In addition, districts may provide family planning services without regard to income to persons under 21. Districts may also opt to provide family planning services without regard to income to individuals under the age of 18 as a necessary and integral part of an approved child services plan to provide preventive services for children in accordance with the definition for these services.

NATIONAL GOAL RELATIONSHIP:

Component A: I, II, III, IV, V

Component B: I, II, III, IV, V

METHOD OF PROVISION:

Component A: Direct provision, purchase private, purchase public

Component B: Purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles, and Without Regard to Income for Individuals under age 21.

FOSTER CARE SERVICES FOR CHILDREN

DEFINITION: Assessing the need for, arranging for and providing for placement of and services to individuals under the age of 18 (under 21 in cases of children in foster care prior to age 18) in a foster home or appropriate group care facility as a result of either a judicial determination to the effect that continuation of care in a child's own home would be contrary to the safety or welfare of such child, or at the request of the parent or legal guardian. A foster care home or facility used for care of children shall be certified, approved, or licensed by the State in which it is situated or have been approved by the agency of such State responsible for licensing or certifying homes or facilities of this type as meeting required standards.

Foster care services include:

- (a) Recruitment and study of foster care homes and facilities to determine their acceptability in providing foster care; certification, approval or licensing of such homes and facilities; arranging for and providing medical examinations for the child; investigation, study and evaluation of the child and his/ her family; exploration of alternatives to placement; determination of the need for placement and selection of a suitable home facility; arranging for appropriate services available under the annual services plan needed by such child while awaiting and during placement; placement of such child in the least restrictive setting available and consistent with the child's best interest; supervision of the care of such child in foster care and of the foster care home or facility to assure appropriate care; counseling with the parent or other responsible relative to improve home conditions and enable such child to return to his/her own home or the home of a relative as soon as is feasible; the periodic review of the placement to determine its continuing appropriateness and planning for the child's discharge from care according to the permanency plan for the child.
- (b) Casework, therapeutic and other appropriate services as contained in the Consolidated Services Plan for the child during the placement process, in foster care and after foster care. Such services may be provided by staff of a provider agency through a purchase of service contract.
- (c) Special services provided by the foster family home because of the child's health condition, emotional or behavioral problem.
- (d) Termination of parental rights when legally indicated and in the best interest of the child and the development of alternate plans of care in an adoptive home when feasible.
- (e) Services to assist youth in preparing for independent living may include classroom and practical experience in life skills, money management and vocational preparation.
- (e) Discharge services may include after-care services and shall include supervision services.

- (i) After-care services include provision of, referral to or coordination with other appropriate services, when the child has been returned to the home of his/her parents, other relatives, significant others or to his/her own responsibility.
- (ii) Supervision may include referral to or coordination with other appropriate available services for a child, until such child becomes 21 years of age, when the child has been discharged to his/her own responsibility.
- (f) Arranging for other supportive services including legal, educational, and health related services.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV, V

METHOD OF PROVISION: Direct provision, purchase private

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC and SSI (Title IV-E related), All individuals without regard to income for State-funded care

HEALTH RELATED SERVICES

DEFINITION: Assisting individuals and families to attain and maintain a favorable condition of health by helping them to identify and understand their immediate and comprehensive health needs; helping them locate appropriate resources and obtain the necessary therapeutic and preventive medical care and treatment, counseling and health maintenance services and provide follow-up services as needed to achieve the objective. Included are the following:

- (a) General health care for all eligible clients, including such activities as finding a doctor who will accept Medicaid and/or Medicare, locating an appropriate clinic or hospital, and helping clients secure transportation necessary to obtain services.
- (b) Services to assist chronic drug or alcohol abusers to identify the existence and status of their drug or alcohol problems; to seek and use needed medical services; and to seek and participate in appropriate treatment programs.
- (c) Services to help identify need for vocational rehabilitation services (other than those performed as part of the Work Incentive Program); to seek and use the services available through the Office of Vocational Rehabilitation Services of the State Education Department of the Commission for the Blind and Visually Handicapped or the State Department of Social Services; to help provide the medical and other services necessary for such clients; to be maintained in the rehabilitation program. This does not include those medical services provided by OVR and CBVH in accordance with their respective agreements with the State Department of Social Services (DSS Bulletin 184 and Bulletin 184A).
- (d) Child Health Assurance Program (CHAP) Services (not otherwise provided under Medical Assistance) to implement this program in accordance with Department Bulletin 190.
- (e) Services to help eligible clients find and gain admission to necessary institutional placement such as nursing homes, adult homes, State hospitals, health-related facilities.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV, V

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

HOMEMAKER SERVICES

DEFINITION: Assessing the need for, arranging for, providing and evaluating the provision of personal care, home management and incidental household tasks through the services of a trained homemaker, who meets departmental standards, for the following:

Component A: For children because of illness, incapacity or absence of caretaker relative.

Component B: For individuals, families, caretaker relatives and/or children to achieve adequate household and family management.

Component C: For individuals because of illness or incapacity.

Component C is mandated for those eligible for SSI but optional for others. Component A and Component B are optional.

NATIONAL GOAL RELATIONSHIP:

Component A: I, II, III, IV

Component B: I, II, III, IV

Component C: I, II, III, IV

METHOD OF PROVISION:

Component A: Direct provision, purchase private, purchase public

Component B: Direct provision, purchase private, purchase public

Component C: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles



HOME MANAGEMENT SERVICES

DEFINITION: Assessing the need for, arranging for, providing and evaluating the provision of formal or informal instruction and training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, child rearing and health maintenance. The formal or informal instruction and training may be provided by a caseworker, home economist or a trained homemaker who meets department standards, or be referred to appropriate community resources. These services include the evaluation, in appropriate cases, of the need for protective and vendor payments and related services.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

HOUSEKEEPER/CHORE SERVICES

DEFINITION: Assessing the need for, arranging for, providing in accordance with standards of the department and evaluating the provision of light work or household tasks (including such activities as help in shopping, lawn care, simple household repairs and running errands) which families and individuals in their own homes are unable to perform because of illness, incapacity or absence of a caretaker relative, and which do not require the services of a trained homemaker. Cash reimbursement may be provided to the recipient for irregular or intermittent services which are specifically identified in the service plan, approved by the agency prior to the purchase and secured by the individual within an authorized period at an authorized cost and upon presentation of a receipt.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

HOUSING IMPROVEMENT SERVICES

DEFINITION: Assessing the need for and arranging for individuals and families to improve their housing conditions. Includes:

Component A: Helping individuals and families to obtain necessary repairs, be protected from abuse or exploitation by landlords or other tenants, identify and correct substandard rental housing conditions or code violations, find suitable and adequate alternative housing, and obtain needed assistance or relief from public agencies that regulate housing, including arrangement for legal services, if necessary.

Component B: Helping functionally impaired or frail older adults to maintain community residency by identifying such adults who would otherwise require care in a domiciliary care facility or similar institution, arranging for placement in an appropriate small group living arrangement, and/or locating, contracting for, and preparing suitable housing sites, including providing minor installations such as appropriate furniture and furnishings, grab bars, and hand rails, ramps, skid-proof floor covering and other safety measures as required.

Component A is mandated for SSI recipients. Component B is optional and provided on the basis of group eligibility to selected older adults who meet the program definitions.

NATIONAL GOAL RELATIONSHIP:

Component A: I, II, III, IV

Component B: II, III, IV

METHOD OF PROVISION:

Component A: Direct provision, purchase private, purchase public

Component B: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS

AFDC, SSI, Income Eligibles

Group Eligibility (Component B) to persons 65 years of age or older who are residing in community-based small group living arrangements with comprehensive supportive services approved by the State Department of Social Services and who in the absence of such living arrangements, would be unable to live independently.

NOTE: (Component B services are being offered pursuant to the State purchase-of-service contracts with public and private agencies.)

INFORMATION AND REFERRAL SERVICES

DEFINITION: Providing information about services provided under the Comprehensive Annual Social Services Program Plan and other human service programs including legal, educational and consumer services; brief assessment (but not diagnosis and evaluation) to facilitate appropriate referral to and follow-up with community resources which provide such services.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV V

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

All individuals without regard to income.

PREVENTIVE SERVICES FOR ADULTS

DEFINITION: Supportive and rehabilitative services provided to persons age 18 or older who are single adults or families without minor children, including:

- (i) Assessing the need for, providing and evaluating the provision of individual, group and/or family counseling in order to identify those problems, including but not limited to abuse and neglect, personal or family dysfunction, marital conflict, and problems of aged, blind and handicapped individuals, which prevent or interfere with effective individual or family functioning and to assist in the resolution of those problems;
- (ii) arranging for the receipt of other services, including legal services;
- (iii) assessing the need for, arranging for, and evaluating the provision of services that foster optimum functioning of the individual in family and community life, and prevent or delay unnecessary long-term institutional placement.

Optional Components are:

Component A:

Providing homemaker, housekeeper/chore, housing improvement, health related or home management services when offered as an integral part of preventive services for the purposes of preventing or delaying institutional placement, preventing abuse and neglect, or providing infrequent and temporary substitute care or supervision of frail or disabled adults on behalf of and in the absence of the primary caregiver for the purpose of providing respite from constant caregiving.

Component B:

Arranging for and providing day services. Day services shall mean an organized program of services for less than twenty-four hours a day, which shall not include the provision of overnight care, for the purpose of restoring or maintaining the capacity of aged and disabled individuals to remain in or return to the community and to reduce stress and potential abuse or neglect by caregivers. Such services may include any or all of the following services: activities, supervision, nutrition, information and referral, personal care, individual and family counseling, and transportation.

Component C:

Arranging for and providing payment for the preparation and delivery of one or two meals a day to the home of an individual who is unable to obtain or prepare nourishing meals.

Component D:

Arranging for and providing infrequent and temporary residential care or supervision of frail or disabled adults on behalf of or in the absence of the primary caregiver, for the purpose of providing respite from constant caregiving, when offered as an integral part of preventive services for the purpose of preventing or delaying institutional placement or preventing abuse and neglect. Temporary residential care shall mean the provision of overnight or more than twenty-four-hour care of frail or disabled adults outside of their own home.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV

Component A: I, II, III, IV

Component B: I, II, III, IV

Component C: I, II, III, IV

Component D: I, II, III, IV

METHOD OF PROVISION: Direct provision, purchase private, purchase public

Component A: Direct provision, purchase private, purchase public

Component B: Direct provision, purchase private, purchase public

Component C: Direct provision, purchase private, purchase public

Component D: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

PREVENTIVE SERVICES FOR CHILDREN

DEFINITION: Supportive and rehabilitative services provided to children and their families in accordance with the provision of Part 423 of the Department's regulations and Section 409-a of Social Service Law for the purpose of: averting an impairment or disruption of a family which will or could result in placement of a child in foster care; enabling a child who has been placed in foster care to return to his/her family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care. The following services, when provided for the above-stated purpose and in conformity with Social Service Law and Department regulations, are considered preventive services:

- 1) Case management as defined as the responsibility of the social services districts to authorize the provision of preventive services, to approve the client eligibility determination according to the criteria in Part 423 of the Department's regulations and, to approve in writing the child and family service plan as defined in Part 428 of Department regulations.
- 2) Case planning as defined as assessing the need for, providing or arranging for, coordinating and evaluating the provision of those preventive services needed by a child and his/her family to prevent disruption of the family or to help a child in foster care return home sooner. Case planning shall include referring such child and his/her family to other services as needed, including but not limited to educational counseling and training, vocational diagnosis and training, employment counseling, therapeutic and preventive medical care and treatment, health counseling and health maintenance services, vocational rehabilitation, housing services, speech therapy and legal services. Case planning responsibility shall also include documenting client progress and adherence to the plan by recording in the Uniform Case Record as defined in Part 428 of the Department's regulations and Part 430 of the Department's regulations that such services are provided and providing casework contacts as defined in Part 423 of the Department's regulations.
- 3) Casework contacts as defined as:
  - (i) Individual or group face-to-face counseling sessions between the case planner or a person providing specialized rehabilitation services, supportive services, or probation services as defined in Part 423 of the Department's regulations and the child and/or the child's parents or guardians in receipt of preventive services for the purpose of guiding the child and/or the child's parents or guardians toward a course of action agreed to by the child and/or the child's parents or guardians as the best method of attaining personal objectives or resolving problems or needs of a social, emotional, developmental or economic nature;
  - (ii) Individual or group activities with the child and/or the child's parents that are planned for the purpose of achieving such course of action as specified in the child and family's service plan.

- (4) Day Care services as defined in this Plan.
- (5) Homemaker services as defined in this Plan.
- (6) Housekeeper/chore services as defined in this Plan.
- (7) Family planning services as defined in this Plan.
- (8) Home management services as defined in this Plan.
- (9) Clinical services as defined as assessment, diagnosis, testing, psychotherapy, and specialized therapies provided by a person who has received a Master's degree in social work, a licensed psychologist, a licensed psychiatrist or other recognized therapist in human services. Such services shall be separate and distinct from casework contacts as defined in Part 423 of the Department's regulations, except when provided as specialized rehabilitation services as defined in Section 423.3(f) of the Department's regulations.
- (10) Parent aide services as defined as those services provided in the home and community that focus on the need of the parent for instruction and guidance and are designed to maintain and enhance parental functioning and family/parent role performance. Techniques may include but are not limited to role modeling, listening skills, home management assistance, and education in parenting skills and personal coping behavior.
- (11) Day services to children as defined in Section 425.1 of the Department regulations shall mean a program offering a combination of services including, as appropriate, recreational and transportation services, for at least three but less than 24 hours a day and at least four days per week, excluding holidays. If it can be demonstrated that one or more of these services are not needed by the population served, that service may be waived.
- (12) Parent training as defined as group instruction in parent skills development and the developmental needs of the child and adolescent for the purpose of strengthening parental functioning and parent/child relationships in order to avert a disruption in a family or help a child in foster care return home sooner than otherwise possible. Parent training may include child-parent interaction groups formed to enhance relationship and communication skills.
- (13) Transportation services as defined as providing or arranging for transportation of the child and/or his/her family to and/or from services arranged as part of the child's service plan except that transportation may not be provided as a preventive service for visitation of children in foster care with their parents and may only be provided if such transportation can not be arranged or provided by the child's family.
- (14) Emergency cash or goods as defined as money or the equivalent thereto, food, clothing or other essential items that are provided to a child and his/her family in an emergency or acute problem situation in order to avert foster care placement.



- (15) Emergency shelter as defined as providing or arranging for shelter where a child and his/her family who are in an emergency or acute problem situation reside in a site other than their own home in order to avert foster care placement.
- (16) Preventive housing services as defined as rent subsidies, including payment of rent arrears or other assistance necessary to obtain adequate housing for families of children in foster care whose permanency planning goal is discharge to parent or relative and for whom the primary factor preventing their discharge from foster care is the family's lack of adequate housing or for children in foster care whose primary goal is independent living, who are prepared for independent living, who are to be discharged from foster care prior to their eighteenth birthday or who are to be placed in trial discharge status after their eighteenth birthday, and who can be discharged only if housing services are provided. Preventive housing services must be provided in accordance with the criteria of Part 423 of the Department's regulations.
- (17) Intensive, home-based, family preservation services as defined as casework services and direct therapeutic services provided to families in order to reduce or avoid the need for foster care placements of children who are in imminent danger of such placement, at least one-half of which are provided in the family's residence or temporary home and which services are available to the families 24 hours a day. Intensive home-based, family preservation services may include arranging on behalf of families, housing assistance, child care, job training, education services, emergency cash grants, and basic support needs. Intensive, home-based family preservation services must be provided in accordance with Section 423.2(b)(17) of the Department regulations.
- (18) Outreach activities as defined as those activities designed to publicize the existence and availability of preventive services for parents, caretakers, and children who meet the criteria for provision of preventive services and to advise such parents, caretakers and children of the availability of such services to meet their needs, alleviate the cause or condition that creates the risk of foster care placement and to assist the family to stay together. Outreach activities may be undertaken to publicize the existence and availability of preventive services for parents, caretakers, and children who have been diagnosed as having acquired immune deficiency syndrome (AIDS), or human immunodeficiency virus (HIV)-related illness or HIV infection, as defined by the AIDS Institute of the State Department of Health and are contained in directives issued by the Department from time to time. These outreach activities are for the purpose of identifying parent service needs and child services needs as described in Sections 430.9(c)(4) and 430.9(c)(5) of Department regulations.
- (19) Crisis respite care and services for families as defined in Part 435 of the Department regulations as the provision of brief and temporary care and supervision of children of 24 hours or more for the purpose of relieving parents of the care of the child at a time of need for

support or when there has been a loss of capacity to maintain an adequate level of care and supervision due to an unexpected demand upon the family or deterioration of family relationships such that the family needs immediate assistance in order to be able to maintain or restore family functioning and to prevent placement of a child into foster care. Parents include biological, adoptive, and step parents, legal guardian(s), or other caretaker(s) with authority and responsibility to care for a child. A family is eligible for crisis respite care and services when the family is otherwise eligible for mandated preventive services pursuant to Section 430.9 of the Department regulations and one of the following conditions exists:

(1) a child has special needs due to a high level of disturbed behavior, emotional disturbance, or physical or health needs, including, but not limited to, AIDS, HIV infection or HIV-related illness, which has placed excessive or unusual stress on the parent(s) or family; or

(2) a parent has an acute relapse of occurrence of AIDS, HIV infection, HIV-related illness or any other physical, mental, emotional or behavioral condition, which is either causing stress in family relationships, impairs the parent's ability to manage the family or has caused or will cause the parent(s) to be absent from the home in order to treat or otherwise resolve such condition and there is no other parent or caretaker available to care for the child(ren).

Crisis respite care and services for families must be provided in accordance with the criteria and requirements included in Part 435 of the Department regulations.

Mandated preventive services shall mean preventive services provided to a child and his/her family whom the district is required to serve pursuant to Part 430 of the Department's regulations.

Non-mandated preventive services shall mean preventive services provided to a child and his/her family whom the district may serve pursuant to Section 409-a.2 of the Social Services Law. Non-mandated preventive services do not include preventive housing services, intensive home-based family preservation services, or crisis respite care and services for families.

NATIONAL GOAL RELATIONSHIP: III

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS: All individuals without regard to income.

PROTECTIVE SERVICES FOR ADULTS

DEFINITION: Services to individuals 18 years of age or older who are unable to protect their own interests, harmed or threatened with harm through action or inaction by another individual or through their own action due to lack of awareness, incompetence or poor health which results in a physical or mental injury, neglect or maltreatment, failure to receive adequate food, shelter or clothing, deprivation of entitlements due them, or wasting of their resources.

Such services are limited to:

- (a) Identifying such adults who need assistance or who have no one willing and able to assist them responsibly;
- (b) Providing prompt response and investigation upon request of adults at risk or other persons acting on their behalf;
- (c) Assessing the individual's situation and service needs;
- (d) Providing counseling to such adults, their families, other responsible persons or to fiduciaries, such as representative payees, on handling the affairs of such adults;
- (e) Arranging for appropriate alternate living arrangements in the community or in an institution; providing room and board as an integral but subordinate part of the provision of PSA for a period not to exceed 30 days;
- (f) Assisting in location of social services, medical care and other resources in the community, including arrangement for day care in a protective setting;
- (g) Arranging for guardianship, commitment or other protective placements as needed;
- (h) Providing advocacy and assistance in arranging for legal services to assure receipt of rights and entitlements due to adults high at risk;
- (i) Functioning as a guardian, representative payee or protective payee, where it is determined such services are needed and there is no one else available or capable of acting in this capacity;
- (j) Providing homemaker and housekeeper/chore services when provided as an integral but subordinate part in the provision of PSA to meet the goal of protection for adults who demonstrate specified functional deficits. The provision of such services to be limited to six months when provided without regard to financial criteria. When such services are available through other public or private community resources, these should be utilized. The provision of these services beyond six (6) months may be authorized on a case-by-case basis under the following conditions:

- (1) Guardianship or other financial management proceedings have been started within the first 60 days of the provision of PSA services; and
- (2) The local district must accept the responsibility to function as a guardian, representative payee or protective payee on behalf of a PSA client if no other resources are available within 45 days of a determination by either:
  - (i) A court that a guardian is required;
  - (ii) An office of the Federal Social Security Administration or the Railroad Retirement System that a representative payee is required; or
  - (iii) The social services district that a protective payee is required.

Under these conditions the provision of homemaker and housekeeper/chore services without regard to financial criteria may be continued beyond six months until the conservatorship or other financial management proceedings are completed, except in no case shall such services be authorized to continue for a period of more than three months subject to one reauthorization not to exceed an additional three months.

NATIONAL GOAL RELATIONSHIP: III

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

All individuals without regard to income, except as provided in item (j).

PROTECTIVE SERVICES FOR CHILDREN

DEFINITION: Activities on behalf of children under the age of 18, who are named in a report of abuse and/or maltreatment. The following activities may be considered protective services for children:

- (1) Receipt of child abuse and/or maltreatment reports and investigation thereof, including the obtaining of information from collateral contacts such as hospitals, school and police;
- (2) Identification and diagnosis of current or past abuse and/or maltreatment;
- (3) Assessing whether the child is safe from immediate danger and determining the risk of future abuse and maltreatment through an examination of the risk elements, the family's perspective and family strengths;
- (4) Making determinations as to whether there is credible evidence of child abuse and/or maltreatment;
- (5) Counseling, therapy and training courses for parents or guardian of the child, including parent aide services;
- (6) Counseling and therapy for children at risk of physical or emotional harm;
- (7) Arranging for emergency shelter for children who are suspected of being abused and/or maltreated;
- (8) Arranging for financial assistance, where appropriate;
- (9) Assisting the family court or the criminal court during all stages of a court proceeding;
- (10) Arranging for the provision of appropriate rehabilitative services including, but not limited to, preventive services and foster care for children;
- (11) Providing directly or arranging for, either through purchase or referral, the provision of day care or homemaker services without regard to financial criteria. Programmatic need for such service must have been established as a result of the investigation of a report of child abuse and/or maltreatment received by the New York State Child Abuse and Maltreatment Register and such services must terminate as a protective service for children when the case is closed with the register;
- (12) Monitoring the rehabilitative or safety controlling services being provided by someone other than the child protective service worker.
- (13) Case management services.
- (14) Case planning services.

- (15) Casework contacts. The purpose of casework contacts shall also be to continually reassess the parents ability to provide a minimum standard of care to the child(ren) as well as to track the progress the family is making toward reducing the risk of future abuse or maltreatment through the achievement of proposed outcomes set forth in the family and children's services plan.

NATIONAL GOAL RELATIONSHIP: III

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS: All individuals without regard to income.

RESIDENTIAL PLACEMENT SERVICES FOR ADULTS

DEFINITION: Services include arranging for or providing assessment, placement, supervision or support of persons 18 years of age or older who are physically or mentally impaired, in appropriate residential care programs which are licensed or certified by a State agency; and activities to recruit, develop and supervise family-type homes for adults in accordance with the requirements listed below.

Component A:

Family-type Home for Adults Program Development and Supervision: This includes the recruitment, supervision and training of family-type home operators, the inspection of family-type homes for adults, and cooperation with the State Department of Social Services in certification and renewal actions, and in enforcement actions against Family-type Home operators or homes which are required to be certified as Family-type Homes for Adults.

Component B:

Assessment and Placement Services: This includes providing or arranging for the assessment and, where appropriate, the placement of adults eligible for, or receiving services provided by the local district into residential care programs certified by the Department or other State agencies. The districts shall assure that the persons are placed in facilities which provide the level of care which corresponds to the person's identified needs. Such services shall also include assisting persons requiring family-type home care to recognize their need for placement and to choose a home which is most suitable to their needs.

Component C:

Supervision of and Services to Residents in Family-type Homes: This includes the provision of services to and monitoring residents of family-type homes to assure that each resident adjusts to their new living arrangements; receives proper care; is provided with reasonable opportunities for enjoyment of normal family and community life; receives assistance with personal problems; receives other necessary supportive services which are available from the district or other community agencies; and determining through periodic reviews the continued appropriateness of and need for placement.

Component D:

Supportive Services to Residents in other Facilities: This includes the provision of follow-up visits and contacts to State-charge clients in residential care facilities as set forth in section 313.2 of Department regulations and the provision of other ongoing services, as determined necessary by the local social services district, to persons in facilities certified by the Department, the Department of Health, the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities.

Component A is a mandated local district responsibility without regard to whether the family-type home is caring for SSI, HR or private pay residents. Components B, C, and D are required to the extent that State reimbursement is available for persons in receipt of SSI or HR, or for persons whose income does not exceed 150% of the poverty level as reported by the United States Office of Management and Budget.

NATIONAL GOAL RELATIONSHIP: IV, V

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS: HR, SSI, Income Eligibles



SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

DEFINITION: Emergency shelter and supportive services provided to: persons who are 16 years of age or older; married persons; or, parents of a minor child who are the victim of an act or they are the parent of a minor child who is a victim of an act which constitutes a violation of the Penal Law and such act has been committed by a family or household member which includes: persons related by blood or marriage; persons legally married to one another; persons formerly married; persons who have a child in common; unrelated persons who are continually or at regular intervals living in the same household or who have in the past continually lived in the same household; or unrelated persons who have had intimate or continuous social contact with one another and who have access to one another's household.

The following services, when provided directly by a licensed residential program for victims of domestic violence pursuant to Department regulations Part 452 and Part 453, 454, or 455, or an approved non-residential program for victims of domestic violence pursuant to Department regulations Part 462, are considered domestic violence services:

Arranging and providing emergency shelter at a licensed residential program for victims of domestic violence;

Telephone Hotline assistance which means the provision of immediate crisis intervention counseling and information and referral services through a telephone hotline.

Information and referral services which means providing information about and referral to community services and programs including referral to domestic violence residential services.

Advocacy services which means providing liaison services or intervening on behalf of a victim in order to assist victims in accessing legal remedies and protections and law enforcement personnel, obtain public assistance applications, medical care, social services, employment, and housing.

Counseling which means providing individual and/or group counseling which stresses self-sufficiency and addresses the needs identified by victims, assists victims to seek services on their own behalf, informs victims of the options available to ensure their safety, informs victims of the nature of family violence and its effects on children, informs victims of the legal, financial and housing options available to them, and assists victims to improve their problem solving skills.

Community education/outreach activities which means providing educational activities to the community regarding the need for and the benefits of domestic violence services, the dynamics of domestic violence, and the prevention of domestic violence by making presentations, distributing written materials and using the media.

Children's services which means: (1) making appropriate arrangements to provide for the education of school-aged children; (2) assisting victims in arranging child care to enable the victim to seek needed services; and (3) offering and providing appropriate counseling to the children of domestic violence victims.

Support groups which means the provision of peer support to interested victims by conducting meetings during which groups of victims discuss their experiences with family violence.

Follow up services which means ensuring that prior to a victim exiting a domestic violence residential program, efforts are made by the residential program to involve the victim in discussions on available community resources which may assist the victim in carrying out their intended future plans upon departure from the residential program.

Medical services which means the residential program has an established linkage with a fully accredited medical institution or clinic or with qualified medical personnel for the referral of victims who are residents of a domestic violence residential program for preliminary health examinations and follow-up visits.

Transportation which means arranging for transportation to the residential program in an emergency and providing transportation or assisting victims to obtain available public or private transportation or assisting in order for victims to secure legal, medical, housing, employment or public assistance services.

Translation services which means interpreting any oral or written information for non-English speaking victims of domestic violence.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS: All individuals who meet the definition of a victim of domestic violence pursuant to 452.(g) without regard to income.

METHOD OF PROVISION: Direct provision, purchase private, purchase public

SOCIAL GROUP SERVICES FOR SENIOR CITIZENS

DEFINITION: Those services provided to older adults, through specialized community facilities which serve as focal points for their concerns, needs and interests for such multiple purposes as combating isolation, preventing or delaying physical and mental deterioration, diminishing the effects of loss of role and status, providing centralized accessibility to services and enabling the aged to remain in their homes or community for as long as possible. Services available in these centers may include any or all of the following:

- (a) Information and Referral
- (b) Nutrition (congregate meals)
- (c) Counseling
- (d) Employment Counseling
- (e) Recreation and Educational Programs
- (f) Transportation to and from User's Home and Facilities
- (g) Health Maintenance Services
- (h) Community Service Volunteer Opportunities
- (i) Leadership Development
- (j) Facilitation of other Agencies' Services
- (k) Advocacy
- (l) Outreach

NATIONAL GOAL RELATIONSHIP: II

METHOD OF PROVISION: Direct provision, purchase private, purchase public

ELIGIBILITY: Group eligibility

TRANSPORTATION SERVICES

DEFINITION: Arranging for and/or providing necessary transportation to and from facilities or resources in order to receive appropriate services as contained in the Consolidated Services Plan. Reimbursement may be made to the recipient for the cost of such transportation when transportation has the prior approval of the agency and upon presentation of a receipt thereof.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV, V

METHOD OF PROVISION: Direct provision, purchase private, purchase public

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

UNMARRIED PARENTS SERVICES

DEFINITION: Providing or arranging for supportive health and social services for an unmarried parent and a child born or to be born out-of-wedlock; if possible, involving the putative father and the grandparents in planning for the future care of the child; and providing or arranging for the counseling of the parents and their families. Such services shall include discussion of alternative plans for the child's future; arranging for the care of the unmarried parent before and after delivery and the child after delivery in an approved foster family home, group home, institution or independent living arrangement; arranging for legal and other services if required; and arranging for establishment of paternity and support.

In addition to the above, services for unmarried parents under the age of 21 may include providing or arranging for one or more of the following types of service delivery:

- (a) Individual, couple and group counseling for pregnant adolescents, adolescent parents and their families, including pregnancy counseling, preparation for childbirth, 24-hour emergency supportive aid, and use of parent aides, supportive friends or peer counselors to provide outreach and referral to professional services in the community.
- (b) Social and educational group services for pregnant adolescents and/or adolescent parents which provide education and information on parenting, child development, family planning, health and nutrition, household management, and use of community resources in addition to opportunities for peer support. Respite child care services and transportation may be included in adolescent parent group services.
- (c) Parenting training for pregnant and parenting adolescents which includes individual and group counseling or workshops on parent/child relationships in family life, formal and informal instruction in child care and child development, and trained parent aides or other home visitation services (not to include homemaker/housekeeper services).
- (d) Education or employment services for pregnant and parenting adolescents which are designed to promote self-sufficiency by assisting them to complete their high school educations, improve work-related skills and job readiness, and find and maintain employment.

NATIONAL GOAL RELATIONSHIP: I, II, III, IV, V

METHOD OF PROVISION: Direct provision, purchase private

CATEGORIES OF ELIGIBLE INDIVIDUALS:

AFDC, SSI, Income Eligibles

STATEWIDE FEE STRUCTURE

This appendix presents New York State's methodology to determine the fee structure for Child Care services provided Federal Fiscal Year 1994.

Income eligible families are assessed a fee in accordance with excess income available above the State income standard for the family size. The State income standard means the most recent federal income poverty line (as defined and annually revised by the federal Office of Management and Budget) updated by the State Department of Social Services for a family size of four and adjusted by the State Department for family size.

Fees are required for all families whose eligibility for child care services is based on income and are not receiving ADC, HR or VA. Fees will not be affected by service type, quantity of service or number of individuals receiving service. A single family fee is to be charged for all child care services. In those cases where more than one child is in care, the entire fee may be attributed to the cost of care of the youngest child assuming his/her care is the most expensive and is likely to last the longest. Any portion of the fee in excess of the cost of care of the youngest child is to be utilized to meet the cost of care of the other children.

A minimum fee of \$1.00 per week must be assessed for all income eligible child care. Rounding will occur to the nearest \$.50. Fees must be calculated using the following formula:

$$\begin{array}{r r r r r r r r r} \text{Annual Gross} & & 100\% \text{ Income Standard} & & \text{(District Option)} & & & & \\ \text{Income} & - & \text{(by family size)} & \times & \% & = & \text{Weekly} & & \\ & & 52 & & & & \text{Fee} & & \end{array}$$

Districts must select a fee level to be applied to the difference between family gross income and the State income standard. The fee level may range from 10% to 35%. Districts may establish only one percentage to be applied to all family sizes and all child care programs. The flexibility of this fee schedule allows each social services district the ability to establish fees at a level which would best support local needs and differences related to the continuance and or expansion of programs in that particular community.

Example 1: Family size of 4, Gross income \$16,000,  
100% Income standard \$13,950, district %=25%

$$\begin{array}{r r r r r} \$16,000 & - & \$13,950 & = & \$2050. \\ \$2050 & \times & .25 & = & \$512.50 \\ \$512.50 & \text{divided by } 52 & = & & \$9.85 \\ \text{Rounded to } & & & & \$10.00 \text{ WEEKLY FEE} \end{array}$$

Example 2: Family size of 2, Gross income \$18,972,  
100% Income standard \$9,486, district %=35%

$$\begin{array}{r r r r r} \$18,972 & - & \$9486 & = & \$9486 \\ \$9,486 & \times & .35 & = & \$3320. \\ \$3320 & \text{divided by } 52 & = & & \$63.85 \\ \text{Rounded to } & & & & \$64.00 \text{ WEEKLY FEE} \end{array}$$

## INTRODUCTION AND OVERVIEW

The Child Welfare System in New York State, and across the country, is faced with a unique challenge. New York State's Family Policy holds as a fundamental value that the family is the most appropriate locus for the rearing of healthy, caring and competent children and the role of government is to provide supports and opportunities for development when families can not. This delicate balance must be maintained in a current economic environment that erodes family resources, a social environment that blurs expectations of children and families, and political debate intended to redefine the role and function of government.

Fortified by the vision and progress of the Decade of the Child, the New York State Department of Social Services has embraced this challenge. Thus, over the last year we have built partnerships across all sectors of governments and communities to define a vision for both New York State's children and families and for the system of services that would most effectively support them. These efforts have given shape to the Strategic Planning Alliance which will allow for consensus-based goal-setting and policy development.

An essential partner if New York State is to succeed in this effort to improve the delivery and coordination of child welfare services is the Administration for Children, Youth and Families of the Department of Health and Human Services. Accordingly, the joint planning conducted under the auspice of Title IV-B of the Social Security Act serves as a vehicle for articulating a clear agenda for the enhancement of the service delivery system across the state and assessing progress in fulfilling that agenda. The Title IV-B planning process encompasses a three year cycle. The following plan reflects the initiation of a new three year cycle covering the period of October 1, 1993 through September 30, 1996.

### CHILDREN AND FAMILY SERVICES IN THE CONTEXT OF THE SOCIAL SERVICES SYSTEM

In 1992 the New York State Department of Social Services (Department) initiated a major reorganization "to achieve the goal of becoming a more flexible, creative, customer oriented organization." The new framework for the organization is a horizontal matrix that is performance-oriented and goal directed. From the reorganization emerged seven organizational goals:

- o Increase economic well-being through self-sufficiency among clients;
- o Preserve families, and increase and maintain family strength;
- o Create and fortify the community-based service infrastructure in distressed rural and urban areas;
- o Sustain and protect vulnerable citizens;
- o Increase and improve client access to high-quality, cost effective health services;
- o Deliver benefits and services accurately, efficiently, and on time;
- o Increase administrative quality and productivity; and
- o Provide leadership in a cooperative and coordinated interagency policy role.

The goals provide, not only a clear mandate for action, but an equally clear map of the interrelationships of the many program areas for which the Department is responsible. Therefore, while many of the direct initiatives and policies for child welfare services in New York State are invested within the Office of Family and Children Services, the state's capacity is shaped by the Division of Services and Community Development, of which the Office of Family and Children's Services is a part, and the Department as a whole.

Appended to this document are organizational charts describing the Department as a whole, the Division of Services and Community Development and the Office of Family and Children Services.

#### New York State's Goals for Child Welfare Services

The strong interdependence of the program and functional areas across the federal/ state/ local and private sectors reinforce the importance for clarity of purpose at every level. Therefore, the Office of Family and Children Services has organized its structure and functions around the following mission statement.

THE MISSION OF THE OFFICE OF FAMILY AND CHILDREN SERVICES IS TO ENSURE THAT FAMILIES AND CHILDREN RECEIVE THE HIGHEST QUALITY SERVICES THROUGH THE DEVELOPMENT, SUPERVISION AND ADMINISTRATION OF CHILD WELFARE, FAMILY SERVICES AND DOMESTIC VIOLENCE PROGRAMS AND POLICIES.

That mission will be achieved through the realization of 6 key outcomes. These outcomes, listed below form the basis for New York State's Plan for Child Welfare Services, developed in accordance with Title IV-B of the Social Security Act.

KEY OUTCOME #1: REDUCE FAMILY BREAKUP DUE TO CHILD ABUSE/MALTREATMENT, EMERGENCY PLACEMENTS AND REPLACEMENTS, THROUGH THE PROVISION OF SERVICES TO SUPPORT AND STRENGTHEN FAMILIES.

KEY OUTCOME #2: REDUCE THE INCIDENCE OF SERIOUS CHILD ABUSE/MALTREATMENT THROUGH EARLY IDENTIFICATION OF AND INTERVENTION WITH AT RISK FAMILIES.

KEY OUTCOME #3: ENSURE THAT VICTIMS OF FAMILY VIOLENCE ARE AFFORDED SAFE, SECURE AND SUPPORTIVE SERVICES AND SHELTER.

KEY OUTCOME #4: FOSTER CARE WILL PROVIDE A NURTURING ENVIRONMENT, SUPPORTING THE DEVELOPMENT OF CHILDREN AND MAINTAINING FAMILY AND COMMUNITY TIES.

KEY OUTCOME #5: CHILDREN WHO CANNOT RETURN TO THEIR BIRTH FAMILIES WILL HAVE A PERMANENT HOME.

KEY OUTCOME #6: ADOLESCENTS IN OUT OF HOME CARE WILL DEVELOP THE SOCIAL, EDUCATIONAL AND VOCATIONAL SKILLS NECESSARY FOR SELF-SUFFICIENCY



### Scope and Purpose of the Plan

The New York State Plan for Child Welfare Services for Federal Fiscal Year 1993-1996 provides a blueprint for reaching these key outcomes through a series of objectives and activities. This document will describe progress both planned and underway. The plan provides baseline information on the status of each of the key outcomes through a summary of relevant data indicators. The plan also encompasses information on training activities designed and implemented by the Department's Office of Human Resource Development (OHRD), in cooperation within the Division of Services and Community Development, to assist in the achievement of the key outcomes. The plan also includes activities designed to improve the child welfare system's overall capacity to meet the needs of families and children. These activities speak to the strong efforts underway within the Department to restructure both the administration of government supported services and the principals and philosophies that guide program and policy development.

The key outcomes will span the full three year period covered by this plan. Similarly, the major objectives and initiatives outlined will also span the full plan period. To increase the usefulness of the plan as a strategic document and process, the plan focuses on those initiatives and activities which represent new or expanded efforts towards the key outcomes. The continuation and maintenance of previously implemented initiatives and policies is to be assumed unless otherwise noted. To further reinforce the strategic nature of this process, this document focuses on the implementation milestones projected for the period of October 1993 through September 1994.

### Coordination with Local Planning

The delivery of child welfare services in New York State is an extensive effort reflecting a strong partnership between the Department and 58 social services districts. Thus, just as the State engages in joint-planning with the Federal Government, the Department and the social services districts collaborate in the development of the local Consolidated Services Plans. Again, similar to the Title IV-B process, the Consolidated Services Plan for a district encompasses a three year period with the current cycle being 1991-1993. The State goals articulated in the Title IV-B plan serve as the context for the local planning process and the majority of the objectives and activities contained in the State plan are implemented through the local districts.

The strength of an effective planning process is measured by its capacity to identify emerging issues and develop potential responses. Therefore, the Child Welfare Services Plan also contains the results of an aggregated analysis of issues and challenges faced by each of the social services districts. This analysis emerged from the Local Action Plan (LAP) process conducted jointly by Office of Family and Children Services Regional staff and district staff. In many ways, the LAP process mirrors the consultative portion of joint federal/State Title IV-B planning.

Even as the New York State's child welfare system has reaped the benefits of local planning activities, the dramatic changes and pressures on the service delivery system have forced a recognition of the need to better integrate planning activities throughout the social services system. Therefore, within this planning document is a discussion of a major initiative to reconfigure State/ local planning processes.

#### Coordination with Training Activities

The Department's Office of Human Resource Development is responsible for addressing the training needs of all employees in the State and local social services systems as well as the needs of provider agency staff under contract to the Department. Each year, the Department trains more than 45,000 individuals in over 2,600 separate course offerings. The Department's Office of Human Resource Development accomplishes this mission through the provision of direct training, through cooperative agreements with colleges and universities and other providers, and through oversight of social services district staff development programs.

Among the Department's top training priorities is the development and delivery of training to support the Department's goals and objectives in the delivery of services to the families and children of New York State. In Federal fiscal year 1993, the Department scheduled training for more than 22,000 individuals in the various family and children services administered by the Department. The goals and objectives outlined in the Title IV-B plan provide the foundation upon which our child welfare services training for FFY 1994 is based. The training activities specified in the plan have been developed based on a careful needs assessment of State and local provider staff, analysis of audit and statistical reports as well as the programmatic goals and objectives of family and children services. The plan envisions the use of contracts with educational providers, particularly colleges and universities. While most of the training is job specific and designed to teach workers and supervisors the knowledge and skills they need to achieve permanence for children, other programs are directed toward professional advancement. These activities include a limited number of graduate and undergraduate degree programs designed to provide professional level education to enhance service delivery. Through such programs, the Department not only provides professional education to current employees, but has an impact on the curricula of the various colleges and universities. Thus, future graduates of these programs will be better prepared for practice in the public sector.

#### Format for the Plan Update

The remainder of this document will focus on the specific activities New York State has taken, or plans to undertake, in relation to the 1994-1996 Child Welfare Services Plan. The first grouping of activities relate to systemic change with implications across the key outcomes. The remainder of the activities are organized by key outcome. For each key outcome, a summary of key data indicators is followed by a narrative description of state and local activities undertaken and activities proposed in the coming year. Finally, where applicable, areas requiring federal assistance or attention in the achievement of the objective are identified.

Training efforts form the last section of each key outcome section. A report on 1993 training activities is followed by the identification of any new training efforts to be introduced in 1994. As some training efforts have broad implications for all of the goals, a small group of training activities are outlined separately after the discussion of key outcomes.

NEW YORK STATE'S KEY OUTCOMES AND PROPOSED ACTIVITIES  
FOR FEDERAL FISCAL YEARS 1994 -96

PROPOSED ACTIVITIES TO IMPROVE THE SYSTEM'S CAPACITY TO MEET KEY OUTCOMES

New York State, like many of her sister states, has experienced major ramifications from the national recession. For the child welfare system, the effects are two fold: significant increases in service need and utilization, and severely limited funding to support necessary services. At the local level, districts have been faced with increasing resistance to rising social services expenditures. Similar tensions characterized the recent state-level budget process. These realities are magnified by the diminishing share federal funds represent in the resources available to meet burgeoning need.

In part to respond to the constraints outlined above, New York State has sought other mechanisms to relieve pressures on local service delivery systems and budgets. These efforts are: the identification of opportunities for mandate and workload reduction, streamlining of administrative requirements, and introduction of greater local flexibility. Attention to these priorities will be reflected throughout all proposed activities for the coming year.

Therefore, beyond the extensive activities New York State has outlined within each of the key outcome areas, a number of important efforts are underway that reflect these broader underpinnings of the Department's renewed commitment to quality management and efficiency. The following cross-issue initiatives are described to provide a backdrop and context for the underlying philosophy for New York State's Child Welfare system

Restructuring Local Planning

The Department has undertaken a major commitment to reform our current local planning processes across Divisions. The goals of this effort are to structure a planning process that is both an effective tool for implementing the Department's mission and goals and a forum for marshalling local strengths to meet local needs.

There continues to be a vital role for local planning. This belief is supported by recent consultation with local districts, both through a survey distributed with this year's Annual Implementation Report (the update to the Consolidated Services Plan) guidelines and other discussions with the field. However, there is also a strong consensus that the current strategies and requirements do not consistently further state and local efforts to facilitate planning.

A team, co-chaired by the Division of Services and Community Development and the Division of Field Operations has been charged with shaping a coherent statement and strategy for local planning. The team's strategy includes a transitional and a long term strategy.

The primary goals of the transitional phase are to provide a year to design and develop support for the Team's long-term product without adding additional confusion to the field by introducing new interim procedures. Therefore, the Department promulgated regulations that extend the current three year Consolidated Services Plan cycle into a fourth year, ending December 1994. These regulations call for the submission of the less extensive Annual Implementation Report, rather than a new three year plan. The regulations also created the authority for the Department to grant regulatory exceptions to specific plan requirements upon district request.

#### Plans for 1994

The long term strategy has been structured into five steps. The first step is the development of a set of principles and goals for local planning which reflect the Department's stated principals of state/ local partnership. Planning requirements and the resultant document form a concrete symbol of some of the fundamental tensions between State and local government (or State and Federal government). Among them:

- o The vacillating level of trust in the capability and commitment of the other level of government to serve "the public good".
- o The conflict between seeking compliance and emphasizing outcomes.
- o The competing emphasis on program implementation and systems improvement.
- o The conflict between being both locally-controlled units of government and implementing agents of a State system.
- o The simultaneous need to focus on emerging need and to manage within existing resources.

Just as the weaknesses in the current planning process emerge from fundamental aspects of our relationships with the local districts, the effective reshaping of planning will only be effective if it emerges from a relationship that reconciles these tensions. Thus, the resultant statement of the purpose and principles of planning will be consistent with the broader statement being forged through the Department's Mission and goal statements and the Strategic Planning Alliance and clearly expresses our expectations concerning:

- o Local and State ownership and roles
- o the purpose of meaningful public participation
- o The relationship between local planning and Strategic planning
- o The relationship between local planning and key Departmental initiatives, such as the Neighborhood Based Alliance (NBA)
- o The inter-relationship of social services with other services systems.

The second step will be the crafting of a clear, consistent definition and purpose for local planning. There is little consistency in what is actually labeled a "plan" across State and Federal programs and funding streams. Many of the plans are actually assurances that the district is meeting a mandate. Many are strategies submitted in the first year of a program and when major changes are proposed to document organizational and service compliance. Some are simply discrete grant applications. Very few are actually plans in the traditional sense of being a process for the development of community goals, strategies, and accountability. Others are amalgams of these various types.

Even more importantly, there is great inconsistency both within plans and across the various requirements concerning the purposes to be served by the process and resultant document. We simultaneously require plans to establish a vision, engage the community, document specific compliance activities, establish a monitoring capacity, establish line item budgets, and forge cross-system linkages. In short, as with most public planning requirements, the Department's planning processes have become a collection of irreconcilable expectations.

The third step will be to analyze the continued need for, and as necessary develop alternative recommendations for meeting other purposes currently imbedded in "planning" requirements. This step must acknowledge that the Department has fundamental needs for data on local performance, fiscal expenditures, compliance with State and federal requirements and other detailed aspects of the local departments' operation. However, it must also acknowledge that many of these ends are not only inconsistent with other planning purposes, but they are inadequately met through the compromise of the planning process.

Step four will involve presenting a preliminary proposal for discussions with all stakeholders. Based on the involvement and guidance of these stakeholders, the team will complete step five by finalizing the new planning approach and initiating implementation steps during Federal fiscal year 1994.

#### Tribal Agreement: St. Regis Mohawks

Pursuant to a proposed Tribal Agreement between the Department and the St. Regis Mohawk Tribe, the Tribe will provide preventive, foster care and adoption services to eligible Indian children and families on the reservation.

New York State law, which conformed State statute with the federal Indian Child Welfare Act and added preventive services, authorizes Tribes to provide these child welfare services pursuant to an Agreement. In response to a request from the St. Regis Mohawks, the Department and the Tribe are working together to develop the required Plan for the provision of services by the Tribe. Under the agreement, the Tribe will be responsible for determining eligibility, providing case management and services planning, providing or arranging for the provision of services, handling Family Court work and complying with all services-related and administrative requirements in the areas of preventive, foster care and adoption services.

Target date for implementation of the Tribal Agreement is April 1, 1994. The agreement was drafted by the Department and is under review by the Tribe. The Tribe has submitted a draft Plan for Services, which must be approved by the Department before the Agreement can be signed. A plan for providing training and technical assistance to prepare the Tribe to assume these responsibilities has been developed and will be supported with a State Child Welfare Development Project Grant. The Tribe and the Department are working cooperatively to develop the necessary computer network to support service delivery and administration. Families and children who are members of the Tribe are currently being served by the Franklin County Department of

Social Services as the reservation is located in that county. Approximately 12 children are in foster care, and 25 families are receiving preventive services. Significant cooperative work is going on already, and the local commissioner has been supportive of transitioning responsibilities to the Tribe. He and his staff will be part of the team working build the Tribe's capacity to provide services.

#### Innovations Board for Children and Families

The Department has been a leading member of the Innovations Board, which is composed of the member agencies of the Governor's Human Services Subcabinet. The Innovations Board actively solicits proposals for innovative approaches for serving children and families. Without the intervention of the Innovation Board, such approaches would be impossible or too costly because of administrative or cross-agency barriers that exist.

Proposals accepted as being "innovative" receive the assistance of a multi-agency implementation team from the relevant State agencies. The implementation team tries to support the innovator by trying to eliminate unnecessary or duplicative administrative requirements. It is assumed that the process of removing barriers or streamlining requirements for a particular program/site will have wider applicability to other similar programs throughout the State. As a result, this approach has potential for positive systemic change.

To date, approximately ten projects have been selected and are in varying stages of implementation. Some of these projects have virtually no connection to the child welfare programs administered by this Department and we are not included on the implementation team. Others are so intricately linked to child welfare that this Department is heading the implementation team. Since the Innovations Project has an open solicitation process, more initiatives will be undertaken in the coming months.

A sample of the initiatives on which the Innovations Board is working to implement include:

- 1) Home visitation program for high-risk infants in both Monroe and Ulster Counties. In both sites, a significant obstacle to carrying out a home visitation program is funding. The implementation team in each county is attempting to find a way to pool funds from different sources in order to piece together sufficient funding.
- 2) Streamlined paperwork requirements for PINS Adjustment (Diversion) programs in New York City. Currently, such programs are required to meet the administrative paperwork requirements of the City's Probation Department and the State's Preventive Services program. In addition, there are differential timeframe requirements. The implementation team, which will soon be convened, will attempt to find a solution which is legally permissible.
- 3) Addressing the aspects of confidentiality requirements which inhibit team formation and case conferencing in the City of Salamanca (Cattaraugus County). The implementation team is trying to assist the innovator, the Salamanca school district, to first determine the purpose of the case conferencing in order to ascertain how much specific systems' confidentiality requirements really cause a bar to case conferencing.

KEY OUTCOME #1:

REDUCE FAMILY BREAKUP DUE TO CHILD ABUSE/MALTREATMENT,  
EMERGENCY PLACEMENTS AND REPLACEMENTS, THROUGH THE  
PROVISION OF SERVICES TO SUPPORT AND STRENGTHEN FAMILIES.

ASSESSMENT OF NEED AND CURRENT STATUS

New York State has seen a dramatic reversal in foster care admission trends. Calendar year 1992 marks the first year since 1985 that the number of discharges from care exceeded the number of admissions.

Since the 16.7 % increase in the admission rate between 1988 and 1989, the admission rate has fallen dramatically each year since. The 1992 admission rate was 16.3% less than 1991, resulting in a cumulative 33.3% drop since 1989. Rather than allowing this reversal to dampen the Department's efforts in the area of family preservation, it has instead allowed for a sharpening of our focus. Thus, priorities in this area focus on reducing the reliance on foster care removals as a primary crisis response and reducing the likelihood of subsequent foster care re-admissions.

A recent study of foster care and preventive cases within NYS showed 73% of entries into the foster care system were CPS cases where removal was made prior to fact-finding or adjudication because of the child's imminent danger.

An analysis of foster care admission data reveals that the two age cohorts most highly represented in foster care admission population are children under the age of two (30.1%) and children age 14-17 (22.4%) This older age group is more likely to come into care after contact with the juvenile justice system.

The percentage of foster care readmissions as a function of all admissions has stabilized and appears to be decreasing slightly. In 1990, readmissions of children who had left care within 24 months represented 10.4% of all admissions. This increased to 13.4% in 1991. The 1992 figure has decreased to 12.7%. It is important to note that the actual incidence of readmissions has remained relatively stable over the past few years. Therefore, to a significant extent, the rate of readmission is a function of the fluctuations in the rate of first time admissions.

Also remaining stable is the point in time when return to care is most likely to happen. The likelihood of return to care is at its greatest between 4 and 12 months after discharge.

STATE AND LOCAL ACTIVITIES

To impact upon these two priorities, the child welfare system must be capable of accurately assessing the dynamics and safety of a family situation, translating the families' needs into a concrete set of supports and interventions that are available at the right times.



## Risk Assessment

New York State is providing national leadership in the field of enhancing the assessment and decision making capacity of the individual worker through the Child Protective Risk Assessment initiative. The resultant risk assessment framework will guide and document case practice and key case decisions throughout the duration of a CPS case. In addition to operational guidance, risk assessment will serve as a conceptual bridge between child protection and family preservation.

A multi-phase implementation plan is being implemented in every local district serving CPS cases. The initiative is further supported by the incorporation of key risk assessment principles within our contractor training programs, re-designed State Central Register computer system, and on-going policy development and policy interpretation activities.

Forty-one counties and most of the States's voluntary child and family services agencies (excluding sites serving NYC) have been trained to use the New York State Risk Assessment and Services Planning Model and are now implementing the Model with their CPS cases. In some counties, as an optional application, the Model is being applied to non-CPS cases as well. Seven additional counties are in the pre-training preparation stage and will be trained in the near future.

### Plans for 1994

During federal fiscal year 93-94, Department regulations implementing risk assessment will be promulgated. All of New York State will have completed or be actively implementing risk assessment, having received training and follow-up technical assistance.

Risk assessment principles will be integrated within the CPS Program Manual on an incremental basis. All contractor provided training programs, where appropriate, will feature curricula that has integrated risk assessment principles.

A study that examines the issues surrounding applying the Model to non-CPS cases will be completed with any necessary Model design and procedural changes made and communicated to implementing counties and voluntary agencies.

## Intensive Home-Based Family Preservation Services

Intensive Home Based Family Preservation Services (IHBFPS) are designed to avert out-of-home placement of children and to strengthen delivery of family support services where children are at risk of placement. It is projected that such programs will result in lower costs to the federal, State and local governments than the foster care placements would have incurred, while protecting the safety and well being of all household members.

IHBFPS are preventive services whose target is any family with at least one child who is at imminent risk of out-of-home placement. These programs have been successful with a broad range of families at risk, including families in which there is protective services involvement; a court-involved and/or

acting-out adolescent(s); a history of violence, homelessness, substance abusing adults willing to participate in a treatment program; or child(ren) or adults with mental health problems.

IHBFPS projects fully replicate the Homebuilders model which was founded by Behavioral Sciences Institute (BSI) of Seattle, Washington. Over the past decade, the BSI model has been replicated in a number of states, including Washington, Michigan, New Jersey, Connecticut, North Carolina and New York. Program model considerations incorporate the following core elements:

- Flexible hours of service delivery, to enable staff to respond to clients 24 hours a day/seven days a week if necessary;
- Caseloads of two - four families at a time, per worker to allow staff to work actively and intensively with each family;
- Ability to respond to new referrals within 24 hours when there are case openings in the program;
- Normal intervention periods of 30 days per family, with the possibility of extending services for up to 30 days in some cases;
- Service provision at times and in locations which are most comfortable and accessible to the family (at least half of the contact with the family should be in the family's home or temporary residence); and
- At least one parent agrees to participate in the program.

The implementation of the IHBFPS Program in New York State has received much interest nationally because of the unique characteristics that our system of social services delivery incorporates, including the significant level of autonomy granted local districts in the design and delivery of local services, and the fact that New York State already had a well-established network of preventive services prior to the implementation of IHBFPS.

In 1991, the Department awarded IHBFPS start-up grants totaling \$5.6 million to 11 social services districts. Preliminary client data is encouraging. Data collected for the first nine-month period during which the demonstration projects were actually delivering services shows that the 697 cases accepted represent services to 1,717 children. Of these children, only 164 were placed in foster care during the reporting period.

Major problems presented at time of referral to program were: child abuse, neglect or maltreatment (34%); child service need (physical, mental, emotional or behavior management) (28%); parent/caretaker service need (alcohol, drug abuse, mental health, social or health related issue) (25%); and Household/environmental need (10%).

In keeping with the short-term, intensive character of the program, 32% of the cases were closed in 30 days or less and an additional 64% of the cases were closed within 31 - 60 days .

## Plans for 1994

Seven new IHBFPS sites will be developed during 1994. This expansion will be supported by \$159,208 in start-up grants recently awarded by the Department. It is expected that these programs will begin program will be actively serving families during FFY 1994.

Among the additional goals for federal fiscal year 1994 is the piloting of IHBFPS programs that are jointly funded on an interagency basis. The intent of these programs will be to target populations at-risk of intervention by more than one service system. Collaboration is underway with the Office of Mental Health (OMH) and the Division of Probation and Correctional Alternatives (DPCA). In addition, greater interagency linkages will be sought to strengthen all IHBFPS programs.

Other special populations to be targeted in the coming year are the Native American community and other underserved communities, especially those within Neighborhood Based Alliance sites. Particular client groups targeted for service expansion include the homeless, rural poor, drug/alcohol abusing parents, and HIV-affected families.

### Preventive Respite & Respite Care for Foster Parents

A crucial support for families with special needs children is respite care. This type of service enables a family to receive brief, temporary relief from high levels of stress involved in caring for a child while minimizing the degree of disruption in the child and family's life. Respite care and services is defined as: "The provision of temporary care and supervision of a child for 24 hours a day for up to three consecutive weeks but not exceeding seven weeks in a calendar year, to avert foster care placement or support foster families of children with special needs."

In February of 1990 the Department issued a Request for Proposals (RFP) inviting social services districts to apply for funds to start-up respite care and services programs. Regulations to guide program implementation were promulgated in 1991. Respite care and services for families may be provided for up to 14 consecutive days which may extend up to 21 days when a parent is in a substance abuse (alcohol or drug) detoxification program. Each program must indicate a clearly defined target population.

Respite care may be provided inside or outside of the child's home. When provided in the child's home, the the child's parents or foster parents must be absent. All respite care providers approved to provide respite care for children with AIDS, HIV infection or HIV related illness must either have experience caring for such children or must receive training in this area.

The Department targeted the following preventive populations as priority to be served by respite care and services demonstration programs:

- Children placed in therapeutic foster homes.
- Children living in foster families whose needs place extraordinary stress on foster families and for whom the provision of respite care enables the child to be maintained in family foster care.

- Families with a child with special needs, which have placed excessive or unusual stress upon the family necessitating temporary relief in order to prevent the placement of the child in foster care and to maintain or restore family functioning;
- Families in which a parent has an acute relapse or occurrence of AIDS, HIV-related illness or other condition, which is causing stress in family relationships, impairing the parent's ability to manage the family, or has caused or will cause the parent to be absent from the home in order to treat or resolve the condition; and temporary care and supervision of the child(ren) are necessary in order to prevent foster care placement.
- HIV affected children and/or their families in either a preventive program or a therapeutic foster home program; or
- Children of parents who are entering drug or alcohol detoxification programs and the children require short term respite in conjunction with preventive services to enable the parents to enter such a program, while averting a foster care placement.

#### Plans for 1994

Statewide, 7 social services districts applied for and received respite care funds. The total allocations to these districts equal \$129,507. All local districts that applied for funding received awards. A second solicitation has resulted in an additional 10 applications by districts to implement or expand respite programming.

#### Coordinated Children's Services Initiative

The purpose of the Coordinated Children's Services Initiative is to provide a select number of counties with the opportunity to create or enhance a local system of care which integrates the efforts of all involved agencies to provide more flexible services to children and families and to reduce residential placements across systems. The initiative is the result of the State-level collaboration of the Department, OMH, DPCA, the State Education Department (SED), the Division for Youth (DFY) and the Council on Children and Families (CCF).

Selected counties will be assisted in developing a multi-disciplinary, tiered approach to providing services to children and youth with severe emotional disturbances and their families. The first tier will be responsible for identifying children most at risk of residential placement and for providing comprehensive service assessments of these youth and their families. The second tier will be responsible for resolving case specific conflicts, identifying state and local barriers to interagency collaboration and proposing solutions for improved coordination. Emphasis is placed on providing individualized services to youth and to encourage the full involvement of the family in each step of the process.

Nine localities, including New York City, have been selected to implement a CCSI project and have been awarded start-up funding. The funding process and resources are also interagency driven. Project start-up for the selected counties is expected in October, 1993.

#### Plans for 1994

By October 1994, the Department expects the nine localities to be fully implementing their CCSI projects. In addition, it is anticipated that in early 1994, another group of counties will be selected to implement a CCSI project. This second round of counties should be ready to begin implementation in October of 1994.

The anticipated outcomes for this initiative include reducing the number of children placed residentially in the child welfare, mental health, juvenile justice and education system; reducing the length of stay for children who are placed residentially and increasing the use of community-based alternatives to residential care.

A monitoring and evaluation mechanism will be in place to track the number of children and families receiving services, and the number of residential placements that have been prevented as a result of the initiative.

#### Home Rebuilders

Simply stated, Home Rebuilders is a family reunification demonstration project intended to decrease the time children spend in foster care. However, Home Rebuilders is also a harbinger of the Department's commitment to re-engineer government to better meet the needs of families and children. For central to this demonstration is an assessment of the relative strength of articulated policy goals in comparison to the incentives and disincentives woven into organizational structure and funding mechanisms.

Past responses to increases in the foster care population have centered exclusively on reducing the number of new intakes into care. This single response does not acknowledge the underlying dynamics of foster care population growth, that is a relative reduction in discharges from care. Conversely, it neglects the positive role, in specific cases, of the foster care placement as an integral component of the service intervention for these families.

The structure of the current child welfare system is shaped by these underlying premises. Some critics argue that the current per diem reimbursement mechanisms for foster care provides a disincentive to aggressively reuniting children with their families. A discharge from care equates to a loss of revenue. Further, by definition, the funds available for preventing foster care support intensive service delivery. In direct contrast, the federal funds, which shape the foster care system, are exclusively service-free, designed for maintenance and administration only. The powerful message conveyed by the fiscal structure of the system is that once preventive services have failed to avert placement, the system's response is one of maintenance. This, obviously, runs contrary to New York State's policies. Therefore, the child welfare system must be re-shaped so that powerful structural messages are consistent with policy and programmatic intent.

Home Rebuilders was developed jointly with The Child Welfare Administration (CWA) of The New York City Human Resources Administration and six voluntary agencies. The demonstration will establish an aggregate reimbursement methodology based on historical patterns of bed utilization. The capitation payment would go to providers who would be free to spend the money for some combination of placement and in-home services depending on the child and family's needs. Programmatically, this will result in an intensification of work with families on a pre- and post-discharge basis. It should also result in greater interest on the part of the provider community to attempt innovative approaches to successfully reuniting families. The fiscal incentive is to meet the needs of the family so that they can be reunited, safely and appropriately.

During the past year, the involved voluntary agencies, CWA and the Department have refined the fiscal and programmatic aspects of the demonstration. In addition, clients to serve as both the experimental and comparison sample have been selected. The actual demonstration effort started on July 1, 1993.

New York State has focused intensive effort on gaining Federal support for this initiative. In consultation with HHS and with the support of New York State's Congressional delegation, New York State is seeking a waiver to current provisions of Title IV-E of the Social Security Act which prohibit expenditures for services such as counselling. The State is currently awaiting the results of Congressional negotiations on legislation that would include the necessary waivers.

#### Plans for 1994

Federal Fiscal Year 1994 will include a complete year of experience for the Home Rebuilders demonstration. The implementation activities will include a rigorous evaluation component. The evaluation will assess the success of efforts to reunite families and improve family functioning. This will be measured by both reduced length of care and reduced reoccurrence of the crises leading to removal. The evaluation will also examine the fiscal implications of the program.

#### Areas Requiring Federal Attention or Intervention

While New York State remains optimistic that we will receive necessary Federal waivers, we will look to DHHS for alternative strategies to support and expand this demonstration as may be necessary. In addition, if the demonstration results in the desired outcomes, it will require extensive commitment and leadership on the part of the Federal government to extend the principles of Home Rebuilders throughout the child welfare system.

TRAINING EFFORTS RELATED TO THE ATTAINMENT OF KEY OUTCOME 1

Training Provided in Federal Fiscal Year 1993

- o A Family Systems Approach to Casework Services  
Designed to teach caseworkers the necessary skills to assist families to remain together or re-unite by using a systems approach for working with families with multi-faceted problems.  

210 trainees  
7 offerings  
35 training days  
7 technical assistance
- o Risk Assessment Training  
Statewide training provided to local district and voluntary agency casework staff and state personnel on the use of the NYS Risk Assessment Model. This training enhances case decision making and the development of assessment and service plans.  

2875 trainees  
115 offerings  
2975 training days
- o Safety Issues in the Delivery of Social Services  
Training offered to prepare caseworkers to assess potentially dangerous situations, deal with difficult clients and to diffuse anger.  

900 trainees  
30 offerings  
30 training days
- o Child Welfare Reform Act (CWRA) and Permanency Planning Training  
A comprehensive 10-day permanency planning training program is offered statewide for new child welfare staff.  

360 trainees  
12 offerings  
145 training days
- o Advanced Caseworker Training  
This training offers a variety of courses of interest to child welfare and preventive services experienced workers and supervisors. It addresses current key issues in permanency planning on topics to include service plan reviews, special needs of parents and children, family systems, rural casework practice, alcohol/substance abuse, and risk assessment  

760 trainees  
66 offerings  
94 training days

- o Uniform Case Record Training  
Statewide training offered for child welfare supervisors and caseworkers on the use of the Uniform Case Recording system as a case management tool. This includes computer-assisted instruction

1055 trainees  
41 offerings  
41 training days

- o Alcohol/Substance Abuse Training For Child Welfare Staff  
Statewide training includes a basic foundation course and special topics programs such as crack/cocaine and Fetal Alcohol syndrome that will assist caseworkers in assessing families for alcohol/substance abuse and determine appropriate intervention to improve the family system. Additionally, a Train-the-Trainer program focuses on the effects of alcohol and drug abuse including the development of 3 training video tapes and training guides.

1530 trainees  
63 offerings  
111 training days

- o Cultural Diversity in the Continuum of Children Services  
A series of training programs provided to child welfare staff throughout the state focusing on the service needs of the State's culturally diversified client population.

1525 trainees  
53 offerings  
110 training days

- o Basic Training for Social Services Staff  
A comprehensive 5-day training program provided for new child welfare caseworkers. The training focuses on the basic social work skills necessary to effectively interact with clients and develop appropriate service plans.

200 trainees  
15 offerings  
35 training days

- o Special Topics in Child Welfare  
1400 trainees  
30 offerings  
60 training days

- o Intensive Home-Based Family Preservation Services Training  
A series of training programs for caseworkers, supervisors and administrators on the knowledge and skills necessary to empower families whose children are in imminent danger of placement to resolve problems and avoid placement.

765 trainees  
29 offerings  
105 training days



o Supervisory Training for Child Welfare Staff

Statewide training including a basic supervisory core 8-day training session, an advanced supervisory 2-day training course, and a 5-day training program for managers.

360 trainees  
16 offerings  
70 training days

o Sexual Abuse for Non-CPS staff

Statewide training provided for child welfare staff on the indicators of sexual abuse as well as on the treatment modalities currently utilized for victims and perpetrators.

550 trainees  
11 offerings  
33 training days

Training Planned for Federal Fiscal Year 1994

The training programs provided in the current year have not only been judged effective, they continue to reflect an ongoing need. Therefore, all of these training programs will be offered in the coming year. In addition, the following training programs will be offered:

o Family and Children Services Competency-Based Training

Development of a competency-based training system for family and children services staff, based on policy/regulatory requirements and practice expectations.

o Case Management and Development of Interagency Programming for Multi-Problem Families

Development of training programs for local managers/administrators on initiating inter-agency programming to meet the needs of multi problem families, and training for caseworkers and supervisors on case planning and management for multi-problem families.

KEY OUTCOME #2:

REDUCE THE INCIDENCE OF SERIOUS CHILD ABUSE/MALTREATMENT  
THROUGH EARLY IDENTIFICATION OF AND INTERVENTION WITH  
AT RISK FAMILIES.

ASSESSMENT OF NEED AND CURRENT STATUS

During 1992, approximately 29,000 cases of child abuse/maltreatment were indicated. A total of 165 cases involved the death of a child.

For many of these cases, the stresses and situations contributing to the abusive incident(s) existed or built up over time. Research has also allowed for the identification of stressors associated with risk of abusive/neglectful behavior which can be identified prior to an abusive situation. Much of this research was crucial in constructing the risk assessment model outlined in Key Outcome 1. This research has also allowed for the identification of populations to be targeted for the prevention of abuse/maltreatment through early identification and intervention.

Among the categories of factors increasing risk of abuse/maltreatment are special developmental and medical needs of the child, emotional and physical capacity of the parent; expectations parents have for the child and the parental role; the stability of economic and basic supports; and, the connection of the family to broader community and family supports.

This information is mirrored in the findings of the Department's 1992 study of preventive and foster care services which identified similar demographic characteristics of mothers whose children enter foster care. Mothers in their twenties who have several children, who were teenagers at the birth of their first child, and who are poor seem to be at particularly high risk to have their children enter foster care. While few teen mothers actually were receiving either preventive or foster care services, it appears that by the time young women reach their mid-twenties and have several children, the stresses of parenting, coupled with personal and relational problems, are undoubtedly increased. Economic stress, including instability of permanent housing, is evident as these are very poor families whose primary source of financial support is public assistance benefits. The cumulative effect of economic, parenting, and personal stresses on these women may lead to the reliance on inappropriate coping mechanisms, such as substance abuse, and harmful parenting practices, such as leaving children unsupervised or excessive corporal punishment. Ultimately, such parenting deficits lead to CPS intervention and the placement of children in foster care.

Among the numeric parameters of these issues are the following:

On a single night, on June 1, 1992, there were 6,090 families residing in the NYC municipal shelter system consisting of 7,845 adults and 10,176 children.

The Foster Care/Preventive study documented the problem of Homelessness/Inadequate Housing as second to only Parental drug abuse in prevalence within the sampled cases . Twenty percent of the cases reported the occurrence of Homelessness/Inadequate housing as affecting family functioning. If this percentage is used to project homelessness/inadequate housing for children who were not in foster care but whose families were receiving preventive services during 1991 (33,715), over 5,000 (5,704) children are thus affected.

This same study showed that of the foster care cases, 16% of all the children had a parent with mental illness, while 21% of the families receiving preventive services had a parent with mental illness. The NYS Office of Mental Health reports that 45% of the female clients under the age of 35 enrolled in the Intensive Case Management program are parents of minor children. A study in Rochester, New York found that 38% of persons with diagnosed mental illness are parents.

#### STATE AND LOCAL ACTIVITIES

In response to to these risk factors, New York State has begun to structure a series of innovative initiatives targeted at alleviating these factors that exacerbate the risk of abuse/maltreatment.

#### Preventive Services Housing Services and Demonstration

The Preventive Housing Demonstration is intended to prevent the placement of children in foster care when the provision of housing services, in addition to other preventive services, is likely to avert the need for placement.

The preventive services housing services provides special cash grants in the form of rent subsidies, payments for rent arrears, or any other assistance sufficient to obtain adequate housing. The grants may be provided in an amount of up to \$300 per month per family, not to exceed 36 months. The Demonstration provides the same services to up to 1,000 families statewide.

#### Plans for 1994

The preventive services housing services was established as a core preventive services in December, 1988, the authority for which has been extended to March 31, 1998. Thirty districts will participate in the Preventive Housing Demonstration during the coming year, for which \$2.7 million was appropriated.

#### Family Unification Program demonstration under funding through Department of Housing and Urban Development

New York State's experience through the Preventive Services Housing Services Demonstration allowed the State to respond quickly to the announcement of the federal Family Unification Program. The intent of the Family Unification Program is to prevent foster care and hasten the return of children in foster care to their families through the provision of Section 8 housing assistance. This project is a strong example of the importance and

impact of effective interagency collaboration. Section 8 Local Administrators under the jurisdiction of the New York State Division of Housing and Community Renewal (DHCR) in each of sixteen counties will operate the Family Unification Program with the participation of social services districts. The social services district refers families who are currently receiving foster care or preventive services to the Section 8 Administrator for priority service under Section 8 Family Unification program. When families are no longer eligible for services from the social services district, referrals will be made to community-based organizations for continuing support services. The demonstration began in June 1993 and will be able to serve 146 families through September, 1993.

New York State was given \$10 million to support the Family Unification Program by the federal Department of Housing and Urban Development (HUD). In addition to the state demonstration, local public housing authorities in New York City, Spring Valley, and Ithaca share in the funding to test the Family Unification Program.

Plans for 1994

The State is optimistic that additional certificates will be awarded to New York State to continue the demonstration in the 1993-94 federal fiscal year. If expanded federal assistance is forthcoming, the Department will encourage additional counties to join the state demonstration and/or submit local applications to HUD for additional demonstration funding.

Areas Requiring Federal Involvement Or Attention

The State has received no input or technical assistance from DHHS in the implementation of the Family Unification/ Section 8 program. New York State invites greater guidance from DHHS in linking child welfare and housing policy and programming and strong advocacy for increasing Section 8 and other housing resources for at risk families. Adequate housing resources would preclude the necessity of using scarce child welfare service dollars for housing subsidies.

#### Task Force on Mentally Ill Parents

To ensure that mentally ill parents and their minor children receive a full array of supports and services from the social services and the mental health systems, an interagency initiative is being crafted that will identify and dismantle barriers to effective joint planning and service delivery. The Department and OMH are working together to implement the recommendations of a Task Force convened by Commissioners Bane (DSS) and Surles (OMH) last June. The Task Force consisted of parents, providers and advocates from both systems. It was formed to recommend ways to avoid family disruption/foster care placements of children of mentally ill parents; to increase the capacity of the mental health system to recognize and support clients in their role as parent; and to enhance the ability of both systems to work on behalf of these clients. The recommendations focus on linking child welfare and mental health service delivery through co-location, joint planning and blended funding; developing a statewide information system about the issues; developing a peer support network for

parents and children; and sensitizing providers in both systems to the roles and responsibilities of providers in the other system and to the needs of mentally ill parents and their children.

Both agencies have undertaken aggressive efforts to inform and engage providers about these issues. For example, a workshop was given at the summer conference of the New York State Public Welfare Association for the purpose of presenting to and hearing from local commissioners and their staffs about how the two systems can better work together. In addition, OMH has initiated a project involving the creation of parent and child peer support groups. An assessment of training needs was also conducted and a training plan is under development.

#### Plans for 1994

Both agencies are working on the details of a proposed demonstration project where mental health and preventive services (child welfare) agencies would be "merged" so that families could receive mental health treatment and needed services at one site. Medical assistance and preventive services funds is the proposed source of funding. Plans for replicating and expanding the peer support project are scheduled for implementation during 1994. It is also anticipated that 1994 will also see the implementation of a significant portion of the training strategy.

#### Areas Requiring Federal Attention or Involvement

As the State continues to implement recommendations on behalf of mentally ill parents and their children, it is anticipated that the project involving co-location and blended funding will require federal review and approval.

#### Children with Special Needs

When families with children with special needs are identified and offered supports and services, both to directly meet the child's special needs and to enhance the family's abilities to care for the child and cope with related pressures, the risk of abuse/maltreatment of that child or other children in the home is reduced. Based on this premise, the Department of Social Services has been an aggressive partner in the implementation of Early Intervention Services for Infants and Toddlers With a Developmental Delay or Disability. This federal entitlement program is intended to provide early intervention services to meet the developmental needs of children under the age of 3 who have a developmental delay or disability in order to:

- o enhance their development and minimize their potential for developmental delay;
- o enhance the capacity of their families to meet their special needs;
- o minimize the possibility that they will be placed in institutions and maximize their potential for independent living in society;
- o enhance the capacity of state and local agencies and service providers to identify, evaluate and meet the needs of historically underrepresented populations;
- o reduce the educational costs to society by minimizing the need for special education and related services after these children reach school age.

Implementation of this statewide program began July 1, 1993. Department staff have been participating on an inter-agency workgroup, chaired by the Department of Health, the lead State Agency for the early intervention program, developing regulations and coordinated standards and procedures for program implementation.

Plans for 1994

For those children determined eligible for this program, the Department will provide guidance to our local social service districts and foster care and preventive services agencies on coordinating assessment and service planning between the early intervention program and child welfare program to ensure that the needs of these children and their families are met in a holistic, integrated manner. We anticipate issuing guidelines to local districts and foster care and preventive services providers on referring children to the early intervention program.

#### Parenting Education: New York Parents

The goal of this initiative is to strengthen and expand the coordination, delivery, and quality of parent education and support services throughout the state. This effort again reflects New York State's understanding of the need for all parts of government to work collaboratively on behalf of its children and families. The Interagency Workgroup on Parent Education and Support, under the leadership of the New York State Division for Women, is comprised of sixteen state agencies and is responsible for the coordination and implementation of the New York Parents Initiative, a key component of the Decade of the Child Agenda.

During the first year, the Workgroup has completed development of Guiding Principles and Core Service Components that the State recommends be incorporated into all parent education and support programs receiving public funds. The Core Components make clear the State's expectations regarding service standards, but also allow for flexibility in developing program models that are responsive to local community and individual needs.

Through various subcommittees, the Workgroup also developed resource materials which are currently being distributed by the member agencies. The resource package is intended to assist program planning when developing new programs, as well as a self-assessment tool for providers currently delivering services. In addition to the Guiding Principles and Core Components, the package contains checklists and guidance to implement the Components, an inventory of funding streams, and staff training and networking resources.

Additional activities include the development of technical assistance papers on parent education in the workplace; participation in the New York State Employee Assistance Program annual conference, development of strategies to focus on parenting for young men, and development of an inventory of existing parent education programs throughout the State.

#### Plans for 1994

A public awareness campaign which informs all parents of the need to avail themselves of available parent education is currently being initiated.

A Planning Retreat for member agencies is being planned for late 1993 to identify next steps and articulate long range goals for the New York Parents initiative.

#### Neighborhood Based Alliance

The goal of the Neighborhood Based Alliance (NBA) is to empower communities to effect economic and social improvements for local residents on both a short- and long-term basis, and to ensure coordination among the variety of State and local initiatives designed to improve outcomes for residents of low income communities. Sites have been identified based on documentation of need in areas of poverty, unemployment, teenage pregnancy, infant mortality, households on PA, school dropout rate, AIDS/HIV rate and crime incidence in the sites, in comparison to their county or borough and the upstate/NYC rates for each of these indicators.

Communities developed short-term service strategies to improve access to services, including either comprehensive case management and/or 24 hour crisis intervention services. Additionally, these communities developed five year Strategic Neighborhood Action Plans (SNAP) to coordinate and expand services and to address the broader issues in these communities related to economic development, housing and neighborhood revitalization.

In exchange for demonstrating community collaboration and commitment, these neighborhoods will receive unprecedented levels of flexibility in the use of existing funding streams administered by all of the involved state agencies, cross-agency technical assistance, and small grants through a special NBA funding stream to fill gaps in services. In addition, NBA communities are assisted in identifying and obtaining waivers to State regulations and policies that pose barriers to community-specific strategies for improving service delivery and accessibility.

Currently, six sites were selected to begin operations in 1992: Bedford Stuyvesant, East Harlem, Buffalo, Syracuse, Newburgh, and the City of Fulton School District (Oswego County). As of January 1993, five of the first six sites had launched core services and completed their SNAPS for community revitalization.

#### Plans for 1994

The State budget made available funds to provide "service gap" funding for up to nine new projects in high-need urban, rural and suburban communities across New York State. Five-year contracts will be developed for projects selected for phase II, start-up begin in November 1993. By the conclusion of FFY 1994, the new projects will have implemented core services and will have developed their five year Strategic Neighborhood Action Plans.

TRAINING EFFORTS RELATED TO THE ATTAINMENT OF KEY OUTCOME #2

Training Provided in Federal Fiscal Year 1993

Parent Education Casework Training

A direct training program and a train-the-trainer program provided for child welfare caseworkers on delivering services to improve parenting skills.

510 trainees  
17 offerings  
82 training days

o Sexual Abuse for Non-CPS staff

Statewide training provided for child welfare staff on the indicators of sexual abuse as well as on the treatment modalities currently utilized for victims and perpetrators.

550 trainees  
11 offerings  
33 training days

o Special Topics in Child Welfare

400 trainees  
30 offerings  
60 training days

o Management Training for Community-Based Child Welfare Service Providers

Statewide training provided for administrators of agencies that provide child welfare services.

30 training days  
110 technical assistance days

o Working with Developmentally Disabled Persons

Designed for local district and voluntary agency family and children services staff to strengthen their ability to work effectively with children and parents who have developmental disabilities.

360 trainees  
12 offerings  
24 training days  
12 follow-up days

Training Planned for Federal Fiscal Year 1994

The training programs provided in the current year have not only been judged effective, they continue to reflect an ongoing need. Therefore, all of these training programs will be offered in the coming year.



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| KEY OUTCOME #3: |  
| ENSURE THAT VICTIMS OF FAMILY VIOLENCE ARE AFFORDED |  
SAFE, SECURE AND SUPPORTIVE SERVICES AND SHELTER.

#### ASSESSMENT OF NEED AND CURRENT STATUS

Statewide, approximately 5017 adults and 7292 children were admitted to domestic violence residential programs in 1992. There was over a 10% increase in utilization of these programs from 1990 to 1992. In 1990, there were 276,000 care days as compared to 308,000 care days in 1992.

There are approximately 100 residential programs for victims of domestic violence statewide.

Statewide, approximately 11,815 adults and 7,503 children received non-residential services for victims of domestic violence in 1992.

Twenty percent of the foster care cases and 25% of the preventive services cases included in the Department's foster care/ preventive study reported domestic violence as a contributing factor to the issues leading to the families involvement in the child welfare system.

#### STATE AND LOCAL ACTIVITIES

The concept of Family Preservation in New York State expands well beyond the prevention of foster care to ensuring that families are safe, nurturing environments for children and their caretakers. Thus, prevention and intervention of domestic violence is a central component of New York State's approach to preserving and strengthening families. To this end, the Department of Social Services has articulated both a short and long term agenda for addressing the crisis of domestic violence.

#### Stabilizing the network of intervention services

To ensure the fiscal viability of domestic violence programs, New York State passed the Domestic Violence Prevention Act. The new mandates 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 now required to refer victims of domestic violence, whether eligible or ineligible for public assistance, to licensed residential programs and reimburse such programs a per diem rate which is established by the Department and approved by the Division of Budget. Also, social services districts are now 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.

Prior to these mandates, the Department, in 1978 began to fund specialized services for victims of domestic violence through annual legislative domestic violence maintenance grant appropriations. However, social services districts were not required to provide victims of domestic violence

with specialized emergency shelter and services nor were they required to reimburse such programs for the provision of shelter and services. Generally, reimbursement was paid based upon a victim's eligibility for public assistance. Rates varied by district and often were not paid if the victim went out of county to a program or was in shelter for a short period of time. As a result of this approach, domestic violence programs were experiencing severe financial difficulties due to the uncertainty of program funding.

Implementation activities have been underway for several years, and include: (1) the promulgation of regulations establishing standards for licensing residential program for victims of domestic violence; (2) the licensing of residential programs; (3) the establishment of per diem rates for licensed residential programs; (4) the promulgation of regulations establishing standards for non-residential services for victims of domestic violence; and (5) statewide technical assistance sessions for local districts and service providers on rates/reimbursement and non-residential services.

Residential programs are considerably more stable - \$4.4 million in additional funds have gone into these programs in 1992 than in 1991 through mandated per diem rates. Approximately 43 social services districts have completed the negotiation of contracts for non-residential services for victims of domestic violence. Prior to this initiative districts did not provide specialized non-residential services for victims of domestic violence.

#### Constructing a five year plan

In March 1992, a Department workgroup was convened to develop a comprehensive plan for domestic violence which will ensure that: (1) victims of domestic violence and their children have available sufficient and quality programs, including the availability of services for domestic violence victims with special needs; and (2) the multiple and complex service needs of victims of domestic violence and their children are addressed to enable them to establish and maintain violence-free households.

Since the service needs of victims and their children are not well documented, a major focus of the activities of the workgroup related to developing a comprehensive plan includes gathering information on the characteristics and service needs/gaps of victims and their children. Activities include reviewing current literature, conducting a service needs assessment (surveying domestic violence service providers, local districts, clients and other community providers), and coordinating efforts with social services districts and other State agencies.

The literature review was completed in June, 1993. The information obtained from this literature review will serve as a framework for questions/issues to explore as the workgroup prepares to conduct an assessment of the service needs of domestic violence victims and their children in New York State.

Plans for 1994

The multi-year plan for domestic violence will be developed by the team during 1994. The plan will include a continuum of services model for victims of domestic violence and their children, an evaluation of the current rate system. The plan will also outline recommendations related to policy issues, funding mechanisms and inter-agency coordination.

TRAINING EFFORTS RELATED TO THE ATTAINMENT OF KEY OUTCOME #3

Training Provided in Federal Fiscal Year 1993

o Domestic Violence and Child Welfare

Training and curriculum development provided for supervisors and caseworkers regarding the provision of services to families experiencing domestic violence with a focus on the case planning needs of children.

540 trainees  
18 offerings  
28 training days

Training Planned for 1994

The training provided in the current year has not only been judged effective, it continues to reflect an ongoing need. Therefore, this training program will be offered in the coming year.

KEY OUTCOME #4:

FOSTER CARE WILL PROVIDE A NURTURING ENVIRONMENT, SUPPORTING THE DEVELOPMENT OF CHILDREN AND MAINTAINING FAMILY AND COMMUNITY TIES.

ASSESSMENT OF NEED AND CURRENT STATUS

On 12/31/92, there were 62,911 children in foster care. This was a 3% reduction from the census of the last day in 1991.

As of December 31, 1992, 85.8% of children in care, statewide, were in foster family care, including approved relative homes.

The population of foster children in their relatives' homes has remained fairly stable over the last three years (24,278 in 1990, 24,487 in 1991 and 23,048 in 1992).

In 1992, there were 41,573 children in care within New York State who also had siblings in care. 21,974 (52.8%) of these children were separated from at least one other sibling in care. This is a 1.5 percentage point decrease since 1991, the year that the Department promulgated revised regulations on siblings in foster care.

Of all children in care on 12/31/92, 32.9% had been in only one foster placement over the past three years. 40.5% had been moved one time, 14.5% had experienced 2 replacements in the past three years. The remaining 11.9% had been moved three or more times.

As of 12/31/92, 8047 children (12.8%) were in a placement outside of their county and 1,527 (2.4%) were in a placement outside of New York State. It should be noted that 8% of the out of county placements and 31% of the out of state placements were kinship placements.

58.4% of the children in care on 12/31/92 had as a Permanency Planning Goal return to parent or guardian.

69.9% of children discharged from foster care in 1992 returned home to their original parent or guardian. Children with a permanency goal of return home at the time of discharge had an average length of stay of 1.92 years.

In the Foster Care/ Preventive study issued in 1992, 15% of foster care cases with a child age 14 or older identified substance or alcohol abuse as a child problem. Parental drug abuse was present in over 51% of all foster care cases sampled.

Eight congregate care facilities from all regions in New York State were surveyed with regard to the number of children who experienced the high risk factors for substance abuse as defined in the Anti-Drug Act of 1988. The survey revealed the following: 62% of the children were children of substance abusers; 80% of the children had been victims of physical/sexual/psychological abuse; 75% were school dropouts or were viewed as at risk for becoming school dropouts; 87% came from economically

disadvantaged environments; 52% had committed violent and/or delinquent acts; 66% had mental health problems; 22% had attempted suicide; 87% were categorized as school failures; and, 78% were diagnosed as conduct disordered.

New York City is among the locations within the United States with the highest incidence of HIV/AIDS, with 47,028 cases reported to the NYS Department of Health through March 31, 1993 (AIDS Surveillance, March 1993, NYSDOH). Of this number, 7,934 are female. The mortality rate has reached 69 percent. It is anticipated that the number of New York City orphans of the epidemic will reach at least 30,000 by the year 2000 (December 1992 Journal of the American Medical Association; New York Times, Sunday, March 7, 1993).

Statewide, the number of HIV-infected foster children known to the reporting system is 649, with 599 of these in New York City. Because of their high risk behavior, it is estimated that the number of adolescents who may be infected with HIV is rising at an alarming rate and will not become evident for several years. In addition, the rate of increase among heterosexual women is rising and as many as 30 percent of infants born to infected women are expected to be infected, according to current incidence statistics in such cases.

The Department investigated 719 allegations of abuse/maltreatment in congregate care facilities in 1992. Almost 70 per cent of the cases were investigated by the Metropolitan Regional Office.

#### STATE AND LOCAL ACTIVITIES

The diversity of the situations and needs that have brought children into care requires a system of care that is both intricate and flexible. New York State 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 to maintain our commitment to the mission of New York State's Child Welfare Reform Act. The following initiatives demonstrate the continued vigor and growth of the State's system of residential care.

#### Substance Abuse Programming for Children in Congregate Care Facilities

A multi-state agency task force, representing the SED, OMH, DFY, CCF, and the Office of Alcohol and Substance Abuse Services (OASAS) issued a report in March, 1990, recommending that "the state should assist institutional providers with on-grounds schools in identifying and implementing chemical abuse education curricula and early intervention strategies." The Department took the lead with regard to this task, and, with the concurrence of other agency representatives, broadened the scope of its efforts to include all congregate care facilities, not just those with campus schools. The mission was also broadened to go beyond an educational program to an initiative that was based on prevention concepts and would permeate the entire culture of the institution. The interagency workgroup developed an

inventory of competencies that such a program should reflect, and the Department then contracted with SUNY/Albany and Berkshire Farm Center to develop the program, the associated curriculum, and a train-the-trainer curriculum. One unique feature of this program is the wedding of traditional substance abuse prevention initiatives within a framework of experiential based learning.

Both curricula are completed. A preliminary field test was conducted for the train-the-trainer curriculum during the summer of 1992. A more comprehensive field test will be initiated in September of 1993.

Plans for 1994

Formal piloting of the training materials will be undertaken during the fall of 1993. Agencies selected for the pilot have identified key staff to manage the program, and have committed resources for its implementation.

An additional 20-25 congregate care facilities will be trained prior to October, 1994. A statewide technical assistance capacity will be in place and available to all agencies receiving the training to ensure full and consistent implementation of the program. It is anticipated that during this coming year, the Department will begin discussions with other state agencies serving children (DFY, SED, OMH, OASAS) to explore the possibility of joint training.

#### Ensuring an adequate education for children in foster care

A recent national survey of teenagers who had "graduated" from foster care, including a representative sample from New York State, showed that only 54% had graduated from high school. Providers and local districts report continuing barriers in ensuring that foster care youth in community-based schools are readily integrated into all educational programming and resources. Conversely, the numerous legal demands and procedural requirements of permanency planning placed on caseworkers have resulted in a potential for failing to prioritize the educational needs of the child. The level of cooperation and formalization of procedures for a timely transfer of educational materials and individualized academic planning by the child welfare and educational agencies for the foster child is very inconsistent across the State.

In addition to these generic barriers for foster care children, there are specific problems encountered in ensuring the appropriate planing for special needs children. A significant proportion of youth in foster care are also eligible for special education services through the public education system. Discussions between the Department and SED have focused on resolving issues that emerge from the lack of standing of the local commissioner in the school district's special education process. Federal Education rules prohibit social services district staff from serving as surrogate parent for foster children. State rules and procedures have, to this date, not created any other standing for the social service commissioner in approving or appealing a plan for special education services for a child in his/her custody. These issues are further complicated by funding and placement mechanisms for children requiring placement in a residential education setting.

#### Plans for 1994

The Department and SED have agreed to work cooperatively to develop strategies necessary to ensure an effective and equitable education for all children in foster care. During Federal Fiscal Year 1993-94, an interagency team will undertake a systematic review of the educational needs of foster care children Statewide. As necessary, data collection and interview protocols will be developed and implemented. It is projected that by the end of the 1994 fiscal year a formal agreement between the two agencies will be formally executed. The agreement will articulate both immediate policy and programmatic changes as well as agreed upon future initiatives for State and local action.

#### Areas Requiring Federal Attention or Intervention

Federal education regulations concerning the education of children with handicapping conditions do not provide a role for social services districts having responsibility for foster care children in their care and custody or custody and guardianship. They specifically preclude anyone representing the local social services district from acting on behalf of the parent in these situations. This serves as a barrier to coordinating assessment and service planning and service delivery between the child welfare and early intervention systems. Furthermore, these federal regulations fail to consider the permanency planning requirements of Title IV-E of the Social Security Act for children in foster care.

#### Kinship Foster Care

A central strategy for ensuring family and community ties for children requiring foster care is to promote the use of relatives by local districts in child welfare cases in a variety of capacities, depending upon the case specific needs.

The Department, in partnership with a training contractor, continues to promote a better understanding of Department policy concerning using relatives expansively in child welfare cases, when appropriate. This year, four regional administrative forums and six training offerings for caseworkers were conducted. Average attendance at these sessions has been approximately 20 persons. Staff from about 30 local districts have participated. The Department has actively cooperated with the University of Southern Maine (Child Welfare Resource Center) and State Youth Advocates in their respective federally funded studies of kinship care. We also actively participate in the Erie County Task Force on Kinship Care and the New York Committee for Kinship Foster Care. The former group is developing case protocols and working with the training contractor to provide tailored training to Erie County DSS casework staff. The latter group held a conference attended by about 300 professional and relative foster care providers last spring and is currently planning seminars on kinship care.

#### Plans for 1994

With the Department's policies clearly in place, 1994 will be a period of reinforcing and promoting the constructive use of relatives in child welfare cases. Training and other technical assistance for practitioners and

administrators to better understand the clinical facets and policy options will be structured. The State will continue to actively participate in research and other modes of public dialogue concerning the kinship foster care program. To that end, we will continue to conduct administrative forums for local district administrative staff and skill training for case workers.

#### Areas Requiring Federal Attention or Involvement

As discussed in the past, we encourage the federal government to allow the use of Title IV-E funds to support a kinship guardianship program. While some children are discharged back to their parents and some are adopted, there would be many more discharged if a subsidized guardianship program was available. With the administrative cost savings such program will offer, we believe that establishment of kinship guardianship subsidies may be federally cost neutral.

#### Institutional Abuse/Maltreatment Investigations (IAB)

The Child Abuse Prevention Act of 1985 gave the Department responsibility to investigate allegations of child abuse/maltreatment in residential child care facilities licensed, operated or certified by the Department, the DFY and SED. The Act was amended in 1992, and the Department was given additional responsibilities for certain facilities licensed by the OMH and the Office of Mental Retardation and Developmental Disabilities (OMRDD). Since October of 1986, the Department has investigated more than 4,000 allegations of child abuse/maltreatment in these facilities. The primary purpose of this activity is prevent the abuse and maltreatment of children in congregate care facilities through the appropriate investigation and determination of individual child abuse cases. The Department views the prevention and remediation aspects of this process as critical.

The Department has provided continuing oversight to the process, as well as a wide range of training to IAB staff. However, given the Department's commitment to quality assurance, it was determined that sufficient implementation experience had been accumulated to warrant a comprehensive review of the entire gamut of investigative procedures since the enactment of this legislation. The primary intent of the review is to develop strategies that will assess, and as necessary, improve the quality of the Department's IAB efforts.

Under the auspice of the Deputy Commissioner of the Department's Division of Services and Community Development and the Associate Commissioner of the Division's Office of Family and Children Services, the IAB Review Coordinating Committee was formed and charged to to address four areas: (a) the quality of investigations of IAB cases; (b) ancillary issues crucial to the successful management of the IAB process, including supervision, training, staff qualifications, and record keeping; (c) the capacity of the Department to discharge its IAB responsibilities within its present pattern of organization; and (d) the role and scope of the IAB process, as viewed within the larger context of the Department's responsibility for the supervision of voluntary agencies.



The Coordinating Committee established two subcommittees, one to establish a picture of current IAB practice and the other to develop best practice recommendations. Interviews and focus groups have been conducted with all IAB staff, with IAB investigators from other State agencies, executive directors of voluntary child caring agencies, an external group of experts both within and outside New York State, and various additional regional office and central office staff. In addition, a comprehensive literature review was conducted, as well as a review of testimony provided to the legislature at the time of the CAPA re-enactment. Finally, 60 individual IAB cases were reviewed, utilizing a protocol developed by the Current Practice Committee. All of the information and data collected has been analyzed, and draft reports from both the Current Practice and the Best Practice Committees have been developed. The findings of these two committees will be merged into a single set of findings and recommendations during the summer of 1993.

#### Plans for 1994

With regard to individual case investigation, the Department will continue to investigate and reach appropriate determinations in all cases accepted by the State Central Register which originated from New York State congregate care facilities.

It is expected that the IAB Review will have wide-ranging consequences, both for organization of the process and the actual methodology of investigation. Implementation of the recommendations contained in the final report should happen during the remainder of 1993 and throughout most of 1994. While the recommendations have yet to be affirmed, it would appear that a much closer relationship between central office and regional offices will be realized; a much closer relationship among licensing, facility monitoring, and investigations staff will result; the development of a comprehensive and detailed IAB investigations manual will be accomplished, and various investigative and recording procedures will be made more uniform. In addition, many of the recommendations will undoubtedly result in new training initiatives.

#### Medical Care Review Project

Any assessment of the quality of life in a community includes an evaluation of the health care within that community, especially for its children. Therefore, ensuring that foster care provides a nurturing environment for children must include an assurance that children in care are receiving quality health care. To that end, the Department has undertaken a comprehensive review of health care services within the foster care system that will (a) determine if children in foster care are receiving medical care in accordance with the standards established by the Early Periodic, Screening, Diagnosis and Treatment Program (EPSDT) and State regulations and standards; (b) whether foster care children are receiving all necessary health services; and (c) identify strengths and weaknesses in the foster care health referral/delivery system and to make recommendations for improved health care services to children.

Participants in the project include the Department's Division of Services and Community Development, Division of Health and Long Term Care, and Division of Quality Assurance and Audit. A stratified sample of children in foster care, statewide, will be utilized. Data will be obtained from paid medical claims for the sample of children, case record reviews, staff interviews and focus groups with foster parents. The study period will be calendar year 1992.

Initial probes of local districts and voluntary agencies were conducted to prepare the nurse/reviewers for their tasks and to pilot and field test data collection instruments. A sample of approximately 3,000 foster care children has been drawn and stratified, including children in kinship homes, foster family boarding homes, and a variety of congregate care facilities throughout New York State.

#### Plans for 1994

It is anticipated that this project will take approximately 18 months to complete. By October, 1994, all data collection activities will be completed and data analysis will be underway. It is anticipated that the development and presentation of key findings and recommendations will continue into Federal Fiscal year 1994-95.

#### Areas requiring Federal Involvement or Attention

There are no federal impediments to the completion of this project. There are, however, two areas where federal intervention could be helpful, each involving money. It would be helpful if federal dollars were available to meet two needs: (a) to provide small grants (\$1,000-\$2,000 each) to agencies participating in this program, to enable them to purchase the equipment needed for the experiential-based learning components; and (b) much larger grants, for a two-year period of time, to enable agencies to hire substance abuse specialists to coordinate this program on their campuses. These grants could be limited to the two year timeframe because most agencies would be able to fund these positions, beginning in the third year, through the regular standards of payments mechanism.

#### Therapeutic Family Based Homes

Therapeutic Family Based Homes (TFBH) continue to hold great promise as a vehicle for maintaining children with higher levels of need in family-based settings. Seventeen local districts implemented TFBH projects during the 1991-92 demonstration initiative. Overall the TFBH program exceeded its' targeted outcome for foster care bed development and bed utilization. A total of 491 children were placed in 480 TFBH beds. As of February 1993, 337 children remained in placement. Of the 154 discharged, 60 moved to a higher level of care, 72 were discharged to birth or adoptive parents and 22 were able to be mainstreamed into a non-therapeutic foster care home.

An evaluation of the program has been prepared for submission to the New York State Legislature. A key finding of the evaluation is the cost-effectiveness of the program model. TFBH placements were found to be between 23% and 36% less expensive than group home placements. Thus the program is meeting both child-centered goals of keeping youth in family settings and system goals of reducing the cost of care.

In August 1992, the Department issued a Family Support Services canvass letter which provided districts the opportunity to develop or expand TFBH programs. In June, 1993 grant awards totalling \$850,514 were announced. Six social services districts will expand existing TFBH programs and three districts will initiate new programs. As with the initial effort, most districts will implement their programs via a subcontract with a private provider.

People Places Inc. of Staunton, Virginia, a nationally recognized TFBH practitioner, has been providing specialized TFBH training and a variety of technical assistance/consultation services to the programs.

#### Plans for 1994

By October 1994 we expect that the 9 new grantees will be operational. Programs have been requested to focus on returning children who have been placed in institutions out of county back to their respective communities. A statewide TFBH conference will be convened in the spring of 1994. In addition, ongoing training to all grantees will be provided throughout the year.

#### Family and Children Services AIDS Management Plan

The course and impact of the AIDS epidemic are key factors in shaping the needs of the child welfare system in this decade and beyond. Intent on avoiding additional years of crisis reaction to this disease, the Department as a whole, and the Office of Family and Children Services, in particular, have developed a comprehensive management plan to meet the increasing and changing needs of New York State families and children affected by HIV/AIDS through a series of program steps. The multi-faceted approach includes: (1) regularly scheduled, on-going planning discussions of issues through a division workgroup; (2) a New York City task force co-chaired by the Department and CWA; (3) regional forums for information, technical assistance and discussion on HIV-related issues; (4) interoffice and interagency cooperative initiatives to overcome barriers to services and to expand training opportunities for agency staff working with HIV-infected children and families.

With 5,208 new AIDS cases reported in the first quarter of 1993 in New York, the human resources system is under extreme stress to respond with expanded services. While New York City continues to be the center of the epidemic, upstate cases continue to increase, especially in urban centers. To date, three regional forums have been held in Albany, Syracuse and Rochester with county directors of services to discuss plans and policies for coping with the increasing numbers of HIV-affected families and children. Meetings have been held as requested with community-based organizations to provide information on the state's HIV-related services. The mission of the NYC Task Force has been to find ways to overcome barriers to services through interagency cooperation and to facilitate addition or expansion of needed services for HIV-infected children in foster care and their families. Members of the task force include staff of voluntary child caring agencies placing HIV-infected foster children, the Department and CWA.

One major programmatic initiative under the umbrella of the AIDS management plan is the Early Permanency Planning Project in NYC. The purpose of the Early Permanency Planning project is to enable a chronically or terminally ill caretaker of a child to participate in permanency planning for the child prior to the need for actual placement; to encourage the parent or guardian to be involved in selection of a prospective foster or pre-adoptive parent, whether a relative, friend, neighbor or currently certified foster parent. Referrals of ill caretakers who are expected to need child welfare services for their children are being made to Early Permanency Planning Project staff by parents themselves, by hospitals, physicians and clinics, community-based organizations, CWA field offices, foster care agencies, and other service providers. Caseworkers then work directly with the ill parent or guardian in assessment and planning for the child's future.

The project was developed by CWA in response to the increasing numbers of families affected by the HIV/AIDS epidemic in the City. Since its beginning in January, 1992, the program has received 105 referrals, with 67 of these being received since January 1, 1993. Currently, about 4 referrals per week are being received, with 38 percent of these being made by hospitals and health facilities.

#### Plans for 1994

The NYC task force is committed to an expansion of the number of agencies operating specialized programs for HIV-infected foster children beyond the current 6 specialized providers. The specialized programs receive increased per diem rates so that agencies can lower caseload ratios, provide specialized training to staff and foster parents, closely monitor and assist in-home services and medical services. To facilitate access to these specialized rates, computer systems enhancements will be implemented in 1994 to expedite service approvals for specialized services for HIV infected youth.

Cooperative efforts to share training opportunities and support groups among the voluntary agencies will be fully implemented during 1994. As will an initiative to facilitate provision of all medical supports (prescriptions, equipment, in-home respite and home care) needed to care for catastrophically ill children in foster boarding homes is expected to be in place. This initiative would serve a small number of foster children meeting specific symptomatic criteria and would enable them to remain in a foster boarding home rather than in a hospital or other institutional setting. This will have a benefit for the quality of life of these acutely ill children as well as offering a cost-saving to the system.

#### Areas Requiring Federal Involvement or Attention

Access to increased federal support and funding for preventive and placement services to families affected by HIV/AIDS will become critical as time passes and the numbers of critically ill caretakers continue to rise.

TRAINING EFFORTS RELATED TO THE ATTAINMENT OF KEY OUTCOME #4

Training Provided in Federal Fiscal Year 1993

o The Role of the Court in Permanency Planning

Permanency planning training seminars are offered to judges, local district/county attorneys and other legal professionals who work with family and children services related cases.

160 trainees  
4 offerings  
6 training days

o Corrective Action Training to support Local District Permanency Planning

A regionally child welfare training system provides district-specific training and technical assistance to improve caseworker skills, enhance district foster parent recruitment and retention efforts and to effectively use the legal system to obtain permanency for children.

10900 trainees  
750 offerings  
1122 training days

o Drug Prevention/Train the Trainer

The statewide training prepares foster care agency staff trainers to use the Comprehensive Substance Abuse Prevention Curriculum, which was developed by an inter-agency task force. This training program provides assessment tools to improve the ability of congregate care facility staff to identify substance abuse so that appropriate interventions can be applied.

o Permanency Planning for Kinship Placements

A 3-day Permanency Planning training program provides caseworkers with an understanding of the specific considerations involved in placing a child in the care of relatives and how kinship placements differ from regular foster care placements.

420 trainees  
16 offerings  
26 training days

o Supervisory Issues in A Child Care Setting

Statewide training offered to institutional child care staff to provide them with the necessary knowledge and skills to offer services to adolescents and insure their preparation for independent living.

180 trainees  
6 offerings  
12 training days  
14 technical assistance days

o Foster Care Training

A ten-day training program provided to trainers of foster parents. In addition, regional foster parent training conferences and technical assistance will be offered statewide.

1950 trainees  
34 offerings  
163 training days  
200 technical assistance days

o Foster and Adoptive Homefinding and Preparation Training

Foster and adoptive Train-the-Trainer training for child welfare staff on the knowledge and skills needed to recruit and assess appropriate foster homes, facilitate the group homestudy process and enhance the foster parent's role as part of the team. Follow-up days assist workers in applying the concepts learned in training to their jobs.

1330 trainees  
13 offerings  
132 training days  
83 technical assistance days

o Foster and Adoptive Parent Newsletter

A quarterly newsletter published and distributed statewide. Articles cover issues regarding Department policy and state-of-the-art techniques in foster and adoptive parenting.

4 quarterly newsletters for 32,000 foster and adoptive parents

o AIDS and Child Welfare

Statewide training on HIV/AIDS issues provided to foster and adoptive parents, and local child welfare staff including directors and child welfare voluntary agency staff. Topics include the spectrum of HIV disease, confidentiality, permanency planning, benefits and entitlements and working with IV drug using families.

3700 trainees  
233 offerings  
281 training days

o Parenting of Children with Developmental Disabilities

90 trainees  
3 offerings  
12 training days  
20 technical assistance days

o Crisis Control Training

Training provided to agency trainers on controlling crisis situations in institutional settings thereby preventing abuse.

510 trainees  
27 offerings  
61 training days

o Institutional Abuse Prevention Training

This training provides institutional child care staff and state personnel with the knowledge and skills to prevent incidents of child abuse and neglect and to work more effectively towards improving the quality of care to the children in residential facilities across the state.

1200 trainees  
6 offerings  
12 training days

o o Therapeutic Foster Boarding Home Training

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

460 trainees  
30 offerings  
129 training days  
25 (follow-up days)

o Working with Adolescents in Residential Care

This three-day train-the-Trainer program provides staff with a broad understanding and appreciation of the critical issues child care workers face when working with troubled adolescents.

120 trainees  
4 offerings  
12 training days  
25 follow-up days

o Residential Child Care Certificate Program

Offers a series of courses on residential child care to facility staff throughout the state.

562 trainees  
10 courses

Training Planned for Federal Fiscal Year 1994

The training programs provided in the current year have not only been judged effective, they continue to reflect an ongoing need. Therefore, all of these training programs will be offered in the coming year.

KEY OUTCOME #5:

CHILDREN WHO CANNOT RETURN TO THEIR BIRTH FAMILIES  
WILL HAVE A PERMANENT HOME.

ASSESSMENT OF NEED AND CURRENT STATUS

There were 2,754 adoptions finalized for calendar year 1992, a 26% increase over 1991 (2,022).

30.3% of children in care on 12/31/92 had a Permanency Planning Goal (PPG) of Adoption.

There were 18,839 children in care on 12/31/92 with the goal of adoption. This represents a 20.5% increase over the 15,632 children in care with a PPG of adoption one year earlier.

Of adoptions finalized during 1992, 78.5% of the children for whom ethnicity was known were minority children.

74.9 % of children discharged to adoption in 1992 received an adoption subsidy.

Of all children with a goal of adoption on 12/31/92, 48.7% were not freed after 12 months of having the goal.

Of all freed children, 45.3% were not placed within 12 months of being freed.

Of all placed children, 35.7% had not had their adoptions finalized after 1 year.

For children under eight years of age discharged to adoption in 1992, the length of time from the establishment of the goal of adoption to discharge was less than 2 years for 44.3% of the children, between 2 and 3 years for 34.6%, and over 3 years for 21.0% of the children.

For children over the age of 8, the time between goal setting and discharge was less than 2 years for only 24.4%, 2 to 3 years for 28.1% and over 3 years for 47.5%.

STATE AND LOCAL ACTIVITIES

In 1993, an Advisory Committee to the Adoption Option was created. Serving on this committee are adoptees, adoptive parents, birth parents, child welfare and legal professionals. They have taken the five outcomes of the Adoption Option (i.e. Services to Birth Parents; Development of Resource Families; Timeliness in Freeing/Placing/Finalizing; Maintaining and supporting connections, and Post-finalization services) and are providing recommendations to the Department on implementation strategies. The committee will complete its work in the autumn of 1993.



A sub-committee with a charge to review current adoption funding and its impact on programming was also established. This committee is working directly with social services districts and voluntary agencies to develop recommendations and budget initiatives. Their completed work is expected to coincide with the recommendations of the Advisory Committee.

In order to begin work with local districts and agencies to reshape attitudes and challenge existing values, as well as develop new skills necessary to the Adoption Option, the Department contracted with SUC Buffalo to train local adoption providers. Given the breadth of change represented by the Adoption Option, this training strategy departs significantly from traditional classroom approaches.

The trainers have been outstationed in selected regional offices both to highlight the level of Departmental support for these training activities and to reinforce the interactive nature between policy/ program development and training. Trainers include both child welfare training specialists and attorneys. Working from a consistent set of training outcomes, this network of trainers is systematically completing a training assessment for individual districts and voluntary agencies. An individualized training strategy will be agreed upon by the district/agency, regional office and Adoption training staff. To support the work of the Specialists and allow for a prioritization of training resources, the Department has developed an automated Adoption Monitoring System, which tracks both the attainment of milestones both agency-wide and child-specific.

The Department has continued work to link and simplify the procedures for recruiting and certifying prospective foster and adoptive families. Draft Resource Family regulations were circulated throughout the adoption and foster care community for review and comment. Revisions to the regulations have been incorporated, readying the draft regulations for formal public comment and, ultimately, finalization.

For the children who are currently awaiting adoption and have no family identified, the Department has created a pilot automated photo-listing, designed to allow a family to inquire regarding certain characteristics, i.e. age, ethnicity, sibling status, and handicapping conditions. This system is a complement to the New York Family Album, which has continued to produce families interested in children with a success rate far exceeding that of the "Blue Book. The Department's outreach efforts have been greatly assisted through the creation of the Decade of the Child Hotline, which provides a single point of access for information on the full breadth of New York State's initiatives under the Decade of the Child. The Hotline number has also become a lifeline into the child welfare system for families eager to adopt one of New York State's Waiting Children. During the first 12 months of its operation, the Hotline has received 10,849 calls seeking information on adopting a waiting child.

Chapter 588 of the Laws of 1991 was an important step in expediting the finalization of adoptions. It permitted the Family Court to schedule the finalization at the time of surrender or termination of parental rights where a family was ready to adopt. Legislation developed by the Department, passed by the Legislature, and signed into law as Chapter 294 of the Laws of 1993 by the Governor, goes further by requiring the agency to proactively notify the adoptive family of the child's freeing for adoption and to work

with the adoptive parent(s) to prepare for the adoption. The Court would be required to schedule and hold the finalization proceeding within time frames to be specified by court rules.

The Department developed a survey to expand its understanding of post-finalization service needs. Surveys were sent to local districts and voluntary agencies as well as directly to adoptive parents who are in receipt of subsidy. Results of this survey are currently being analyzed.

An important tenet of the Adoption Option is that adoption is a lifelong experience, not an event. Therefore, responding to the desire for adult adoptees to gain information on their own life histories is necessarily under the purview of the Department's Adoption Option. Under current law, an adult adoptee has two ways to obtain identifying information about his or her birth family. One is to register with New York's Adoption Information Registry, which in the 10 years since its creation has made fewer than 50 matches, although non-identifying information has been provided to many more individuals. The second way is to seek a court order to open the adoption record. Historically, court orders have been granted only in situations of medical necessity, for example, when an organ donor is needed.

This year, at the Department's urging, a Governor's Program Bill was submitted to the Legislature. It would have created a consistent, administrative process to provide access to case record information to adult adoptees over the age of 18, with the consent of the birth parent(s) (and of the adoptive parents for people adopted prior to the bill's effective date). There were also provisions for sibling information to be shared. Despite significant support from representatives of all members of the adoption triad, the bill was not passed this session.

#### Plans for 1994

In the coming year, the Advisory Committee will submit to the Department the results of its deliberations. The Department is confident that the representative nature of the Advisory Committee will contribute to the recommendations serving as a solid base for dialog and strategy development with social services districts.

Department regulations setting forth the agencies' and districts' responsibilities in implementing Chapter 294 will be filed. Rules will be promulgated by the Chief Administrator of the Courts. Guidelines will be issued and technical assistance offered to agencies and agencies.

The Department will continue its leadership role in structuring a more meaningful process for connecting adult adoptees with information about their own personal histories. During 1994, the Department will redouble its efforts to develop a consensus on appropriate legislative action.

Also during 1994, the Department anticipates the final filing of resource family regulations requiring statewide implementation of the program within a timeframe to be determined. Standards for implementation, including necessary resource family preparation programs will be developed. This significant shift in approach will also require the development of a comprehensive technical assistance and training strategy for district and voluntary agency staff.

Areas Requiring Federal Attention or Involvement

Current New York State practice largely reflects federal policy and legislation that suffers from the same outdated understanding of the dynamics of the adoption process. More so than almost any other aspect of the child welfare system, discussions of adoption policies and practices evoke strong emotional responses. For New York and the country as a whole to reexamine current practice, opportunities for open and productive dialog must be provided. New York State would welcome the leadership of the Department of Health and Human Services in sponsoring such forums. Providing a national context would allow states to learn from each other.

TRAINING EFFORTS RELATED TO KEY OUTCOME #5

Training provided in Federal Fiscal Year 1993

o Adoption Training

Training statewide for adoption staff develops the skills, knowledge, and attitudes required to enhance the provision of adoption services, particularly with regard to African-American and Hispanic children and families. Training topics include the adoption process, preventing adoption disruptions and post-adoption services.

690 trainees  
23 offerings  
45 training days

o Adoption Practices Training

Training to support local adoption programs in best practices to promptly place children in appropriate permanent families.

o Advanced Legal Skills for Child Welfare Staff

This two-day course helps caseworkers implement permanent placements for children by improving their courtroom skills and by teaching appropriate case preparation.

270 trainees  
9 offerings  
18 training days

o Interface Between the Department of Social Services and the Legal System

Legal Skills Training: A one-day program to enhance the capacity of legal professional in the local social services system to facilitate permanency for children who need the intervention of the court.

180 trainees  
6 offerings  
6 training days  
18 technical assistance days

Training Proposed for Federal Fiscal Year 1994

The training programs provided in the current year have not only been judged effective, they continue to reflect an ongoing need. Therefore, all of these training programs will be offered in the coming year.

KEY OUTCOME #6:

ADOLESCENTS IN OUT OF HOME CARE WILL DEVELOP THE SOCIAL,  
EDUCATIONAL AND VOCATIONAL SKILLS NECESSARY FOR SELF-SUFFICIENCY

ASSESSMENT OF NEED AND CURRENT STATUS

Thirty percent of the youth served by the runaway and homeless youth network in New York State are former foster care youth.

The number of youth with a Permanency Planing Goal of Independent Living has increased steadily since 1987. In 1987, the number was 4,126. In 1992, the number of youth with a goal of Independent Living was 4,792.

1,607 youth (8.2%) discharged from care during 1992 were discharged to independent living. This represents a 15.4% increase from last year of the proportion of youth discharged to independent living as a function of all discharges.

The average length of stay for youth with a goal of independent living is 5.09 years.

For youth leaving care after their fourteenth birthday, there has been a 24% increase the proportion of those youth who had spent three or more consecutive years in care. Thus, for a growing percentage of youth, their residential care experience covers an extensive portion of their development of self-sufficiency skills.

STATE AND LOCAL ACTIVITIES

During August of 1992, the New York State Independent Living Program was the subject of a program review by the Department of Health and Human Services. While the State is still awaiting the final report, the draft report was highly complimentary of New York State's efforts. In particular, the State's innovations in the area of transitional housing models, requirements for aftercare and trial discharge, and New York's network of Independent Living Resource Centers were held up as national models. While acknowledging our progress to date, New York State has set a more ambitious set of standards for itself. Therefore, the activities under this key outcome focus on steps to ensure that the foster care system can continue to meet its parental responsibilities towards children in care: support their ability to grow towards self-sufficiency.

In the mid-1980's, the Department led the national child welfare community in crafting a set of permanency planning and service delivery requirements and supports for most adolescents in care. The action, in part, was in response to the growing recognition of the number of former foster children in the homeless population and presumption that their homelessness could be averted through more intensive preparation for independent living. New York State's successful efforts to bring the enormity of this new responsibility to the consciousness of Congress also prompted an amendment to Title IV-E to make available additional federal dollars for this purpose.

In initiating New York State's Independent Living Program, the Department recognized that jointly, the Department, the social services districts and other providers would be breaking new ground and learning at each step. Therefore, in 1992 the Department's Division of Services and Community Development initiated a broad-based review of not only independent living regulations, but also the broader context of foster care regulations, policies and standards for the degree to which youth in foster care during adolescence and pre-adolescence are being exposed to appropriate opportunities to develop the basic skills and capacities that undergird self-sufficiency.

The first stage of this review yielded a number of important insights into the strengths and weaknesses of New York State's current program and identified the following key issues to be addressed:

1. The need to better integrate core skills and emotional development into the overall foster care experience.
2. The need to better meet the educational and employment needs of youth in residential care
3. The importance of redefining basic competencies for independent living
4. The lack of a continuum of housing strategies
5. The need to ensure a responsive network of aftercare and post-discharge services

The compelling nature of these findings was reinforced by the fact that district spending now fully exhausts, and will soon exceed, the federal allocation. Further, the older youth population is now increasing as a proportion of the overall population in care. All of this makes ensuring the effectiveness of current expenditures of extreme importance. The Division of Services and Community Development saw this as a unique opportunity to gain Department-wide support for enhancing Independent Living Services for youth in foster care and fully utilize the potential of the newly constituted Division. Thus, Independent Living Services was identified as one of the initial five Quality Projects supported under the Department's Quality in Social Services effort.

The team is comprised of representatives from all of the Offices within the Division. In addition, the provider community and Independent Living Resource Centers are represented. The team is building off of the findings of the initial policy review and implementing the Xerox model of quality improvement to develop a clear strategy for enhancing New York State's response to independent living services. During the spring of 1992, the team conducted a series of 22 focus groups across the State to craft and finalize a set of attributes of a youth ready for independence. Focus group participants included foster care graduates, foster parents, case workers and supervisory staff, child care workers and, Independent Living Coordinators.

Beyond describing the observable and measurable traits youth need for making a successful transition to self-sufficiency, the focus group participants were also asked to prioritize the 12 core skill areas they had identified in terms of those they considered most crucial. The two skill areas most consistently identified as the first or second highest priority were Education and Employment. These two skill areas were followed by Interpersonal skills and Self esteem.

Data was also collected on the field's perception of the system's current capacity to assist youth in developing the core skill areas. In addition, an extensive literature review and field consultation was conducted specifically on the issues surrounding employment issues for foster care youth.

Plans for 1994

The results of these efforts is shaping the next stage of the team's work. During the coming year, the Team will complete an analysis of current barriers within the foster care system for promoting self-sufficiency for foster care youth. Strategies and recommendations for removing those barriers will be formulated into a recommended plan of action for the Department, local districts and voluntary agencies.

Areas Requiring Federal Assistance Or Attention

The re-orientation of the independent living efforts within New York State are heavily dependent on federal support and action. Federal action is necessary immediately to lower or remove age requirements. The designation of age 16 as the initiating point for independent living services is inadequate and contradictory to all research findings. Additionally, federal assistance will be necessary as the State conducts a review of opportunities to integrate independent living activities more effectively into the fabric of the foster care experience. Federal law, regulation and funding must support the integration of developmentally- and age-appropriate resources and experiences be woven through the basic structure of the foster care placement.

Infusing Independent Living Preparation Throughout the System

Even as the next stage of the team's work is under the development, its activities are already shaping change and progress within the Department. The high prioritization of education during the team's field work is also expected to shape the discussions with SED outlined in Key Outcome IV.

In addition, the transitional and permanent housing programs for foster care youth were identified as a priority by the Homeless Housing and Assistance Program in their recently released Request for Proposals. This program, administered by the the Office of Housing and Adult Services within the Division of Services and Community Development, provides grants and loans for acquisition, construction, and rehabilitation to expand the supply of low income housing for people who would otherwise be homeless. This represents an important acknowledgment of the level of risk foster care graduates carry around poverty and instability in their living arrangements. It also represents an exciting linkage between the child welfare system and the housing development community.

The emphasis in the teams' work on crafting clear client outcomes and attributes has also propelled the efforts of the Independent Living Resource centers to develop a consistent Independent Living assessment strategy. A manual on developing and integrating assessment strategies into independent living preparation has been completed.

Plans for 1994

It is expected that in the coming year, awards will be granted under the Homeless Housing Assistance Program is RFP to organizations seeking to develop housing programs for former foster care youth. Staff from the Division's Office of Family and Children Services will provide technical assistance in the implementation of the funded projects.

During the coming year, a series of training activities will be planned and implemented across the State to provide workers with the skills to conduct client assessments and case planning related to independent living and self-sufficiency.

TRAINING EFFORTS RELATED TO KEY OUTCOME #6

Training Provided in Federal Fiscal Year 1993

o Independent Living Resource Centers

Resource centers provide ongoing support and technical assistance to staff working with foster care youth ages 16-21. Materials and videos are evaluated and loaned to the workers for use with groups of foster care youth. Centers target their activities to the expressed need of staff in all areas of preparing youth for self-sufficiency.

5600 trainees  
900 offerings  
450 training days  
370 technical assistance days

o Promoting Readiness: Independent Living I

This training provides foster care and child care supervisors and caseworkers basic knowledge of adolescent development and principles and theories essential to successful independent living programs.

240 trainees  
8 offerings  
24 training days

o Implementing a Learning Program: Independent Living II

This course provides training for foster care caseworkers and child care staff on training techniques and methods for assisting youth to become more self-sufficient. The curriculum includes an eleven-volume workbook with skills-oriented exercises and suggestions for implementation.

240 trainees  
8 offerings  
24 training days



o Employment Readiness Training: Independent Living III

This course provides caseworkers, supervisors, independent living coordinators and others in this field with approaches to employment readiness training and program models. The curriculum includes adolescent development, assessment of employment readiness and career/vocational issues for foster care youth.

210 trainees  
7 offerings  
14 training days

o Program Development and Team Building

This project provides training for teams of staff members from voluntary agencies in developing, implementing and evaluating independent living skills programs in their agencies. In-depth consultation with participating agencies precedes the training, and on-site technical assistance follows.

60 trainees  
2 offerings  
12 training days  
12 technical assistance days

o Life Skills for Adolescent Parents

This course is offered to foster care and child care staff who are working with parenting teens. It focuses on child development, parenting and intervention strategies for working with the population.

125 trainees  
5 offerings  
10 training days

o Discharge Preparation for Foster Care Youth

This course provides foster care and child care caseworkers and supervisors with the knowledge and skills to assist youth in discharge planning, family and community support services, and aftercare services.

180 trainees  
6 offerings  
12 training days

Training Proposed for Federal Fiscal Year 1992

The Department will continue to support all of the training efforts outlined above.

TRAINING EFFORTS RELATED TO ALL KEY OUTCOMES

Training Provided in Federal Fiscal Year 1993

- o Degree programs provide courses leading to an MSW for child welfare staff employed by the New York City Human Resources Administration:

approximately 120 staff members are being funded to complete graduate and undergraduate degrees.

- o General management training for managers and administrators, including staff from Title IV-E programs, is designed to enhance the professional capabilities of staff, thus improving the overall effectiveness of agency programs:

Approximately 1,500 IV-E managers and administrators received training from one of 62 different management programs.

Training Proposed for Federal Fiscal Year 1992

The training programs provided in the current year have not only been judged effective, they continue to reflect an ongoing need. Therefore, all of these training programs will be offered in the coming year.

ASSURANCES

Pursuant to Section 422(b)(1) of the Social Security Act (SSA), the New York State Department of Social Services (Department) will administer the Title IV-B plan. In each social service district there will be a single organizational unit responsible for furnishing child welfare services.

Pursuant to Section 422(b)(2) of the SSA, the services provided to children and their families under this plan, under Title XX, and Titles IV-A and IV-E are coordinated at the local and State level through the development and administration of the Consolidated Services Plan. Related services provided to children and families by other state agencies are coordinated at the local and state level through the same mechanism.

Pursuant to Section 422(b)(3) of the SSA, the standards and requirements imposed with respect to child day care under Title XX are embodied in state regulations (18 NYCRR Part 415) and apply to child day care services covered by this plan.

Pursuant to Section 422(b)(4) of the SSA, the Department provides for the training and use of paraprofessionals and volunteers. Social Services Law Section 115, and State regulation 18 NYCRR Parts 402 and 464 provide for and regulate the use of volunteers and paraprofessionals wherever appropriate. Many Department-sponsored special projects, particularly in the areas of adoption, foster home recruitment, and child abuse prevention, involve paraprofessional or volunteer services.

Pursuant to Section 422(b)(5) of the SSA, the following is a description of child welfare services provided to children and their families in New York State. All child welfare services are provided by or arranged by the 58 social services districts in the State and are equally available to children and families residing in all districts. Child welfare services include: the receipt and investigation of child protective reports; supervision and treatment of families subject to such reports, including, where appropriate, referral for court action; the assessment of risk, need for services and need for foster care of children subject to such reports, as well as those otherwise referred, or known, to social services districts; foster care placement, where needed, in the least restrictive facility able to provide the necessary services and supervision to the child, such as a family foster home, agency boarding home, group home, group residence, institution, or specialized institution; adoption services for children who cannot be reunified with their families, including evaluation of the child's need for and preparation to move into the adoptive family; recruitment, preparation and training of adoptive families; placement planning, placement and post-placement supervision; and, other services defined in 45 CFR 1357.15(e)(2). All of the above services are available to families and children, based on the need for services, in all social services districts.

Pursuant to Section 422(b)6 of the SSA, the plan includes a description of the state activities to provide child welfare services and to make progress in covering additional political subdivisions, reaching additional children in need of services, and expanding and strengthening the range of existing services and developing new types of services. Also included in the plan is a description of the child welfare services staff development and training plans.

Pursuant to Section 422(b)(7) of the SSA, Sections 375, 376, 377, 398, 407 and 460-460g of the Social Services Law and 18 NYCRR Parts 405, 441, 442, 443, 444, 447 and 448 contain provisions for certifying and contracting with and supervising voluntary agencies in the provision of social services. A large proportion of most types of services to children and families regularly is contracted for between social services districts and a wide variety of voluntary agencies and facilities. When the Department seeks to expand programs or encourage the development of innovative program types, voluntary agencies are regularly permitted to submit proposals.

Pursuant to Section 422(b)(8) of the SSA, the Department will furnish the Secretary such reports containing such information, and participate in such evaluations as the Secretary may require.

With regard to any child abuse and neglect programs or projects funded under Title IV-B (45CFR 1357.20), the requirements of paragraph (3) of Section 4(b) of the federal Child Abuse Prevention and Treatment Act of 1974 are met through the provisions of the Social Services Law relating to child protective services.

Pursuant to Sections 427(a)(2)(C) and 427(b)(3) of the SSA, the following is a brief description of preplacement preventive and reunification services available to children and families in need. Supportive services to families to prevent the placement of a child are mandated by the New York State Child Welfare Reform Act of 1979 when placement is likely because of parental unavailability, unwillingness to care for the child, health and safety reasons, parent or child service needs, or pregnancy of a person unable to fulfill parental duties, and when such services may make safe retention of the child at home possible. The same is true of services to reunify families whose children are in foster care and may be able to be returned home more quickly with the benefit of such services. Department regulations 18 NYCRR Part 423 identifies a series of "core component" services which are deemed sufficiently central for the effectiveness of preventive services that their local availability has been mandated. The implementation of this regulation through the Consolidated Services Plan process has made, and will, over the next few years, make a wider range of supportive services available throughout the state.

Pursuant to Section 471(a)(8) of the SSA, the Department Services provides safeguards which restrict the use or disclosure of information concerning individuals assisted under the Title IV-B plan to purposes directly connected with:

- (a) the administration of the Title IV-B or F (Job Opportunities) or any of the State plans or programs under Parts A, B and D of Title IV or under Titles I, V, X, XIV, XVI (as in effect in Puerto Rico, Guam, and the Virgin Islands), XIX or XX or the Supplemental Security Income program under Title XVI.
- (b) any investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of any such plans.
- (c) the administration of any other federal or federally assisted program which provides assistance (in cash or in kind) or services directly to individuals on the basis of need, and

- (d) any audit or similar activity conducted in connection with the administration of any such plan or program by any governmental agency authorized by law to conduct such audit or similar activity.
- (e) reporting and providing information pursuant to Section 471 (a)(9) of the SSA to appropriate authorities with respect to known or suspected child abuse or neglect.

The safeguards provided prohibit the disclosure to any committee or legislative body (other than an agency referred to in (d) above with respect to an activity referred to in such clause) of any information which identifies by name or address any applicant for or recipient of assistance under Title IV-B of the Act.

The State Department of Social Services will comply with the regulations listed in 45 CFR 1355.30.

Pursuant to 45 CFR 1355.21(c), the Title IV-B plan is available for review and inspection.