

**Final Report of the Child and Family
Services Review
of New York State**

January 2002

**U.S. Department of Health and
Human Services
Administration for Children and
Families**

Region II

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EXECUTIVE SUMMARY

As part of its on-going monitoring, the Administration for Children and Families (ACF) in collaboration with New York State Office of Children and Family Services (OCFS) completed a review of the New York Child and Family Services (CFS) program to determine substantial conformity with the State Plan requirements found in titles IV-B and IV-E of the Social Security Act. The review process is based on Federal regulations published on January 25, 2000, that in part, established a new approach to monitoring State child welfare programs that focuses on results in the areas of safety, permanency, and child and family well-being.

OVERVIEW OF PROCESS

This review was initiated in November 2000 with an analysis of data related to the safety, permanency, and well-being of children involved with the OCFS and a statewide assessment of areas seen as critical to the effective functioning of the State's child welfare system. During the week of June 18-22, 2001, on-site reviews of 50 cases and interviews/focus groups with approximately 190 key stakeholders in the State's child welfare system were completed in three selected local social services districts (New York City, Fulton and Westchester).

Subsequent to the on-site phase of the review, ACF wrote to OCFS about two data inconsistencies found in the review: foster care re-entries and repeat maltreatment. ACF received OCFS' final response on the two issues in December 2001. Through New York's submission of additional data and the Children's Bureau's analysis, it was determined that the data discrepancy regarding foster care re-entries had been resolved, and the State met the national standard. With respect to the remaining discrepancy, repeat maltreatment, the State notified the ACF New York Regional Office that it did not have further data to submit establishing that New York met the national standard for the statewide data for that measure.

OVERVIEW OF REVIEW FINDINGS

The review team was very encouraged to have found significant strengths in New York's child welfare system including key outcomes in safety, continuity of family relationships, and meeting the educational and physical health needs of children. These included such areas as the timely initiation of investigations of reports of child maltreatment, services to protect children in their own homes and to prevent removal, proximity of foster care placements, preserving connections, emphasizing sibling and relative placements, and worker visitations with children and parents. The review also found strengths in some of New York's systemic systems including the quality assurance system; training; the agency's responsiveness to the community; and foster and adoptive parent licensing, recruitment and retention.

The review team did find areas that require improvement. New York faces a serious challenge in meeting the national standard that children have permanency and stability in their living situations. In FY 1999, 54.2 percent of children in care were reunified with their parents or caretakers in less than 12 months; this is below the national standard of 76.2 percent. Further, according to information provided by the State, very few adoptions take place in NYS within two

years of the child's admission to foster care. The national standard for achievement of adoptions is that 32% occur within 24 months of placement into foster care. In New York, only 3 percent of adoptions were achieved within this time parameter. There is the need to improve practice that focuses on permanency planning in order to minimize the lengths of stay in care for children in foster care and to improve the time it takes for a child to be adopted. There is also a need to review State laws that may hinder timely adoption.

In the area of child and family well being, there is a need to strengthen assessments to identify the needs and services for children, parents and foster parents so that families have an enhanced capacity to provide for their children. Improvements are also required in order that children and parents are appropriately involved in case planning and needed mental health services are made available. Lastly, the review of New York State systems found that improvements are needed in the statewide information system, the case review system, and the service array.

SUMMARY OF FINDINGS

OCFS is operating in substantial conformity in two of the outcome areas and in four of the systemic factors that comprise the child and family service reviews. Further, it has been determined that the OCFS is not operating in substantial conformity in five of the seven outcome areas and three of the seven systemic factors.

Key Findings Related to Safety, Permanency and Well-being

For the State of New York to be in substantial conformity, each outcome must be substantially achieved in 90 percent of the cases examined during the onsite review. In addition, the State must meet the national standard that has been established for the statewide aggregate data attached to that specific outcome.

I. Safety

S1: Children are, first and foremost, protected from abuse and neglect.

Although 100% of the 42 applicable cases were rated as having “substantially achieved” safety outcome S1, the overall rating for this outcome was Not in Substantial Conformity because the State data for repeat maltreatment and maltreatment of children in foster care did not meet the national standards.

Determination on Safety Outcome S1: Not in Substantial Conformity.

S2: Children are safety maintained in their homes whenever possible and appropriate.

92.3 % of the 39 applicable cases reviewed substantially achieved safety outcome S2.

In 100% of the 15 applicable cases reviewed, “services to family to protect children in home and prevent removal” was rated as a strength.

In 92.10% of the 38 applicable cases reviewed, "risk of harm" was also rated as a strength. Case reviews indicated and stakeholders agreed that children are appropriately removed and placed in foster care when there is a concern for their health and safety.

Determination on Safety Outcome S2: Substantial Conformity

II. Permanency

P1: Children have permanency and stability in their living situation.

54.05% of the 37 applicable cases reviewed were rated as “substantially achieved” in permanency outcome P1.

New York State met the national standard for foster care re-entries at 8.6%. New York did not meet the national standards for stability of foster care placements, length of time to achieve adoption, or length of time to achieve reunification as follows:

| | <u>National Standard</u> | <u>State’s Percentage</u> |
|---|--------------------------|---------------------------|
| Length of time to achieve reunification | 76.2% | 54.2% |
| Length of time to achieve adoption | 32% | 2.95% |
| Stability of foster care placements | 86.7% | Not Reported |

In addition, based on the case record reviews and stakeholders interviews all of the indicators for Permanency Outcome No. 1, with the exception of "foster care re-entries," were rated as areas needing improvement. These include, "stability of foster care placement," "permanency goal for child," "independent living services," "adoption", and "permanency goal of other planned living arrangement."

Determination on Permanency Outcome P1: Not in Substantial Conformity

P2: The continuity of family relationships and connections for children

83.78% of the 37 applicable cases reviewed substantially achieved permanency outcome P2.

Based on case record reviews and stakeholders interviews four of the six indicators for permanency outcome P2 were rated as strengths. This included "proximity of foster care placement," "placement with siblings," "preserving connections," and "relative placement." Indicators for "visiting with parents and siblings in foster care" and "relationship of child in care with parents" were rated as areas needing improvement.

While statutory requirements are often met, stakeholders noted concern regarding the quality of the visits, as to whether the visits are meaningful and, if the parent and child interactions are being measured and utilized in the case planning process.

Determination on Permanency Outcome P2: Not in Substantial Conformity

III. Well Being

WB1: Families have enhanced capacity to provide for their children's needs.

86% of the 50 cases reviewed substantially achieved well being outcome WB1.

Based on case record reviews and stakeholders interviews two of the four indicators for well being outcome WB1 were rated as strengths. This included "worker visits with children" and "worker visits with parents." Indicators for "needs and services of child, parents, foster parents," and "involvement of child and family in case planning" were rated as areas needing improvement.

Determination on Well Being Outcome WB1: Not in Substantial Conformity

WB2: Children received appropriate services to meet their educational needs.

91.48% of the 47 cases reviewed substantially achieved well being outcome WB2.

Case reviews indicated that an array of educational services, including in home tutoring, transportation to/from school, was available, as needed, to prevent children from being transferred to a different school. There is a strong partnership with the educational system, i.e., schools are involved in the case planning and workers participate in the Individual Education Plans (IEP) as appropriate.

Determination on Well Being Outcome WB2: In Substantial Conformity

WB3: Children received adequate services to meet their physical and mental health needs.

85.7% of the 49 applicable cases reviewed substantially achieved well being outcome WB3.

Based on case record reviews and stakeholders interviews "physical health of the child" was rated as a strength, and "mental health of the child" was rated as an area needing improvement for well being outcome WB3.

Determination on Well Being Outcome WB3: Not In Substantial Conformity

Key Findings for Seven Systemic Factors

I. Statewide Information System

New York State's statewide child welfare information system is multifaceted and comprised of several different systems. The combined data from these systems provide most, but not all, of

the required information to track status, basic demographic data, location, AFCARS data elements and children in care.

Stakeholders explained that the systems contain gaps or disconnects that prohibit information, especially case histories, from being shared.

Stakeholders indicated improvements in CONNECTIONS, the State's partially implemented SACWIS (Statewide Automated Child Welfare Information System). Connections is intended to support the full range of child welfare activities from eligibility determination through service delivery to payment for services and is scheduled for full implementation in 2004.

Stakeholders also observed that, statewide, some key players are still not connected, or that they are only partially connected in a way that gives them limited access and data. Some of those key players include the courts, Tribal units and some voluntary agencies.

Stakeholders acknowledged recent State initiatives underway in local districts to test systems that can be more inclusive and share data across systems.

Determination on Statewide Information System: Not in Substantial Conformity

II. Case Review System

The Uniform Case Record process is in place, supported by an information system that prompts timely development of the written case plan. The State and local districts are highly effective in developing case plans. However, some stakeholders saw a need to more actively engage parents, foster parents or guardians in case plan development.

While improvement has been made in involving birth parents in case plan development, this is an area requiring more activity to increase the percentage of birth parents' participation in the process. Special attention needs to be given to contacting birth fathers.

Determination on Case Review System: Not in Substantial Conformity

III. Quality Assurance System

Quality Assurance standards are in place and are monitored by the State and local districts. Performance contracting is used as a vehicle for monitoring quality services that protect the safety and health of children in foster care. Stakeholders noted that State OCFS Regional Offices are very involved in on-going monitoring and quality assurance activities including training around standards and outcomes with local districts and voluntary agencies.

Determination on Quality Assurance System: Substantial Conformity

IV. Training

Overall, the State's training initiatives were determined to be effective, especially the Common Core training for new workers and the Model Approach to Partnerships in Parenting (MAPP) training for foster parents.

The State has spent a significant amount of resources to improve the State's Central Registry (SCR), especially in training staff to carry out SCR responsibilities that has improved the response time to 87% of the calls being responded to in one minute.

While most of the findings resulting from the on-site interviews indicated that the State's training efforts were exemplary, there are a few areas where improvements are needed:

- core training on Indian child welfare and other culturally diverse groups; more emphasis on concurrent planning;
- specific training for workers and foster and pre-adoptive parents on how to address needs of older adolescents;
- specific training for workers and other staff on mental health; and
- additional training for foster parents so they can identify a child's services needs and play a role in obtaining such services.

Determination on Status of Training: Substantial Conformity

V. Service Array

The State and local districts, have made substantial efforts to provide an array of services for children in foster care and their families—birth, foster and/or adoptive. While services were generally available, they were not always strategically located.

It was generally acknowledged that improved collaboration and coordination at the local level was one of the key factors to bridging the service gaps and bringing about structured service access and delivery. State level leadership is key to moving this process along and should be expanded beyond current initiatives.

Determination on Service Array: Not in Substantial Conformity

VI. Agency Responsiveness to the Community

Stakeholders overwhelmingly agreed that the State has improved and continues to engage various communities in on-going consultation regarding the Child and Family Services Plan. The Coordinated Children Services Initiative (CCSI), Integrated County Planning (ICP), and State OCFS Advisory Council and various focus groups conducted through the Regional Office are examples of the State's efforts to collaborate with those involved with children and families.

There are many examples of the State's responsiveness to the community. They include outreach to other State agencies; promotion of Partners for Children, a cross-system collaboration; seeking

input on proposed child welfare spending plans from the New York Public Welfare Association (NYPWA), Council of Family and Child Caring Agencies (COFCCA), and TANF funding through the OCFS to support prevention and aftercare services.

Some areas that need attention:

- particular need for more active outreach and inclusion efforts with respect to all of NY's tribes;
- better utilization of the Foster and Adoptive Parents' Network, Schuyler Center for Advocacy and Analysis (SCAA) and similar organizations and individuals since they have particular knowledge about what is going on in their communities;
- sharing information, especially timely, and providing feedback to those the State calls upon for input;
- active State leadership in promoting and supporting community involvement in State child welfare activities; and
- clarity on how youths' can be involved in the input to OCFS.

Determination on Agency Responsiveness to the Community: Substantial Conformity

VII. Foster and Adoptive Parent Licensing, Recruitment and Retention

Case reviews and stakeholder interviews indicate that licensing standards and procedures are in place that comply with recommended national standards and they are being applied equally among foster and adoptive homes and institutions. Stakeholders also said that the elimination of the dual standards has been helpful to the licensing process and procedures. While foster parents noted equal application of licensing practices across agencies, they expressed concern that monitoring was not sufficient to provide support or observe unsafe practices in the home. Criminal background checks (CBC) are also being conducted according to State standards. There was a consensus that the CBC process was much improved from its initial implementation. Some view the CBC as a good example of prioritizing and collaboration at the State level.

The MAPP training is viewed as positively impacting the quality of foster homes. However, it was noted that additional training in the area of cultural competence was necessary for families to be able to communicate effectively with the population of children who are now coming into care (e.g. Haitian and Latino children).

Determination on Foster and Adoptive Parent Licensing, Recruitment and Retention: Substantial Conformity

Review Outcomes

A Program Improvement Plan (PIP) is required to address each outcome and systemic factor determined not to be in substantial conformity. The PIP must be submitted to the ACF Regional Office for approval within 90 calendar days from the receipt of this report. ACF will assist the State in developing the PIP to ensure that OCFS establishes an action plan for bringing each of the identified areas to a level of substantial conformity as specified in 45 CFR 1355.35.

An estimated Federal fiscal year (FFY) 2001 penalty of \$2,284,407 is applicable to this level of non-conformity. However, the withholding of funds associated with this penalty will be suspended during the period of the approved PIP. If it is determined that the State has either achieved substantial conformity or has successfully completed the PIP, ACF will rescind the withholding of federal funds associated with those areas at that time.

Introduction

Pursuant to section 1123A of the Social Security Act and 45 CFR 1355.31 through 1355.37, the Administration for Children and Families (ACF) is charged with conducting a review of State child and family services programs. The purpose of the review is to determine the State's substantial conformity with State Plan requirements and other requirements under titles IV-B and IV-E of the Act.

The Child and Family Services Review in New York covered the range of child and family services programs funded through titles IV-B and IV-E, including child protective services, foster care, adoption, and independent living. The review process was twofold.

The first phase consisted of a Statewide Assessment (SWA) completed by staff of the New York State Office of Children and Family Services (OCFS) and submitted to ACF Region II. The SWA included data profiles on children in foster care and children served through the child protective services system. The profiles were derived from data for FFY 1998 and 1999 contained in the Adoption and Foster Care Analysis and Reporting System (AFCARS) and for CY 1997-1999 from the National Child Abuse and Neglect Data System (NCANDS). The assessment analyzed the process, procedures and policies of the State's child protective services and foster care and adoption programs. The assessment also focused on the systemic factors that are in place, which enable the State to carry out these programs.

The second phase of the process was the Onsite Review, which was conducted in New York State from June 18-22, 2001. This included intensive review of a sample of 50 cases and interviews with State and local stakeholders in the provider and services delivery community across three sites. The sites were the City of New York and the counties of Fulton and Westchester departments of social services (DSS). The review evaluated seven specific outcomes of services delivered to children and families, in the areas of safety, permanency, and child and family well being. The outcomes are:

Safety: (1) Children are, first and foremost, protected from abuse and neglect and (2) children are safely maintained in their homes whenever possible and appropriate.

Permanency: (1) Children have permanency and stability in their living situations and (2) the continuity of family relationships and connections is preserved for children.

Child and Family Well-being: (1) Families have enhanced capacity to provide for their children's needs, (2) children receive appropriate services to meet educational needs, and (3) children receive adequate services to meet their physical and mental health needs.

The review process also examined seven systemic factors that affect the State's capacity to deliver services in a manner that promotes positive outcomes for children and families. The systemic factors reviewed include (1) statewide information system; (2) case review system; (3) quality assurance system; (4) training; (5) services array; (6) agency responsiveness to the community; and (7) foster and adoptive parent licensing, recruitment, and retention

Through examining case outcomes and systemic factors, the review process identified both strengths and areas needing improvement in the State's programs as outlined in the Summary of Findings.

Determining Substantial Conformity

Information from both phases was used to determine the State's substantial conformity with the requirements under review. According to 45 CFR 1355.34(b)(3), each outcome must be substantially achieved in 90 percent of the cases examined during the onsite review in order to be determined in substantial conformity. In addition, the State must meet the national standard that has been established for the statewide aggregate data attached to that specific outcome.

The national standards are based on information that is reported by States to the Detailed Case Data Component of the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS). For each of the six indicators, ACF computed the States' percentages from their NCANDS and AFCARS data. Those percentages served as the input data for determining the national standard for each of the six indicators. For statistical purposes, the input data for each indicator were used to fit a normal probability distribution to that data set. For each of the six normal probability distributions, ACF computed the national standard at either the 75th percentile or the 25th percentile, depending upon the direction of the indicator. The 75th percentile divides the data set so that 75 percent of the data set falls below it and 25 percent of the data set exceeds it. A state whose data do not meet the national standard in a review will be required to implement a program improvement plan designed to improve the State's performance on the data indicators.

During the process the review team identified strength and areas needing improvement. For those areas in which the State was determined not to be operating in substantial conformity with requirements under review, the State has the opportunity to implement a program improvement plan designed to correct the areas of nonconformity. Although the State is advised of applicable penalties associated with the degree of nonconformity, the penalties are not assessed until the State has had an opportunity to correct the areas of nonconformity through the program improvement plan.

The review team that evaluated New York's performance consisted of Federal, State and local district staff, consultant (peer) reviewers selected from a national pool of qualified reviewers, and external partners. The New York Review Team member list is appended.

NEW YORK STATE CHILD AND FAMILY SERVICES REVIEW

SUMMARY OF FINDINGS

NEW YORK CHILD AND FAMILY SERVICES REVIEW

SUMMARY OF FINDINGS

I. SAFETY

| | | | | | |
|---|--------------------------|--|-----------------------|-------------------------------|-------------------------|
| Outcome S1: Children are, first and foremost, protected from abuse and neglect. | | | | | |
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | | Total Cases in which Outcome Applies = 42 | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 22 | 11 | 9 | 42 | 100% |
| Partially Achieved: | 0 | 0 | 0 | 0 | |
| Not Achieved or Addressed: | 0 | 0 | 0 | 0 | |
| Not Applicable: | 3 | 2 | 3 | 8 | |
| Conformity of Statewide data indicators with national standards: | | | | | |
| | National Standard | State's Percentage | Meets Standard | Does Not Meet Standard | |
| Repeat maltreatment | 6.1% | 13.47% | | X | |
| Maltreatment of children in foster care | 0.57% | 1.14% | | X | |

Determination on Safety Outcome S1 - Not in Substantial Conformity

Although 100% of the 42 applicable cases were rated as having “substantially achieved” safety outcome S1, the overall rating for this outcome was Not in Substantial Conformity because the State data for repeat maltreatment and maltreatment of children in foster care did not meet the national standards.

Eight case records were not applicable to an assessment of Outcome S1. This total included two foster care cases involving juvenile delinquents. One case had three unfounded reports of abuse during the life of the case. The other case had no reports of abuse or neglect over the life of the case. Six other cases were not applicable because three were Persons In Need of Supervision (PINS) cases with no abuse or neglect allegations and the other three were “Request for Service” cases with no Child Protective Services (CPS) histories. The latter three were in-home cases with no reports of abuse or neglect during the life of the case. And,

two of these cases were opened for services based on a voluntary initiative of the mother. One case did identify a risk of harm to the child due to the presence of domestic violence. The risk, however, was addressed with in-home services and there are no reports of suspected abuse or neglect.

Item 1. Timeliness of initiating investigations of reports of child maltreatment

Strength Area Needing Improvement

Basis: Statewide Assessment

The CPS unit in each local district must initiate (within 24 hours of the receipt of the report, and conclude within 60 days following the report) the investigation of allegations of child abuse or maltreatment in foster homes. Reports alleging child abuse or maltreatment in group homes and child care institutions are investigated by the NYS Office of Children and Family Services (OCFS) or, in some instances, the NYS Commission on Quality of Care.

Basis: Onsite Review (12 cases with an investigation initiated during period under review)

In 12 (100%) of the 12 applicable cases, *timeliness of initiating investigations of reports of child maltreatment* was rated as a strength.

Strengths

The reasons for rating this item as a strength are the following:

- In all of the 12 applicable cases, investigations were initiated and face-to-face contacts were made within the timeframes required by the State. Strong collaborative partnerships have been developed with law enforcement agencies to conduct joint investigations of serious physical abuse and sexual abuse cases.

For the remaining 38 cases, this indicator did not apply because the reports received by the State were prior to the review period. Nonetheless, stakeholders reported that improvement has been seen in timeliness of initiating reports and making face-to-face contacts. In addition, stakeholders also reported that collaborating with law enforcement to conduct joint investigations of serious physical abuse and sexual abuse is a successful partnership.

Areas Needing Improvement

None

Item 2. Repeat maltreatment

____ Strength X Area Needing Improvement

Basis: Statewide Assessment

Of all children who were victims of substantiated or indicated child abuse and/or neglect reports during the first six months of the reporting period (CY 1999), 13.5% had another substantiated or indicated report within six months. In 1996 NYS began regularly scheduled CPS case record reviews to evaluate staff conformance with State regulations and appropriate case decision making. Items related to recurrence of maltreatment are reviewed, including the assessment of the risk of future abuse and maltreatment, service planning for cases that remain open beyond investigation and the case closing decisions.

In its Statewide Assessment, New York points out that they believe there are substantial differences in how States report recurrence data. New York State law does not distinguish between initial and subsequent reporting, i.e., any new allegations constitute a new report. This may serve to inflate the recurrence measures.

The NYS rate for the data element, recurrence of maltreatment, was 13.47% in 1999 and 13.86% in 1998. This is considerably above the national standard of 6.1%. An analysis of 1999 county level data shows a wide range of rates of recurrence of maltreatment with 19 Upstate counties and NYC below the statewide rate and 38 counties above it. NYC also analyzed its internal database and, for 1998, found a recurrence rate of 4.5%. The State does not have the capability to reproduce the NYC data with their partially implemented SACWIS database.

At the local district level there is variation in the rate of incidence of abuse and/or neglect in foster care. In 1999, about half of the smaller local districts had a rate of recurrence at or below (i.e. better than) the national standard. However, only one of the largest seven districts met the national standard. The other large districts, including NYC, were above the national standard.

The federal Data Profile shows that, of all children in foster care in the State during the period under review, the percentage of incidence of children who were the subject of substantiated or indicated maltreatment by a foster parent or facility staff is 1.14% in FFY 1999, up from 0.71% in FFY 1998. This exceeds the national standard of 0.57% or less.

A March 2000 review of NYC case records of investigations of alleged abuse or neglect in foster homes found that in the majority of cases, even those that were unfounded (no credible evidence of abuse or neglect was found), some corrective action was needed. The most common recommendations for corrective action were follow-up on the foster child's needs, training for foster parents, closer supervision and/or evaluation of the foster home, and involuntary closing of the foster home.

Basis: Onsite Review (applicable to 42 cases)

Although in all 42 (100%) of the applicable cases reviewed, *repeat maltreatment* was rated as a strength, this finding contrasts with statewide database information indicating that NYS does not meet the national standard for repeat maltreatment. The State had no additional data to submit in support of the identified discrepancy. As a result, this indicator was rated as an area needing improvement.

Strengths

In 42 of 42 cases, the area of repeat maltreatment was rated as a strength because reviewers determined that during period under review there were no multiple substantiated reports of abuse or neglect.

- Stakeholders also spoke of great improvement in the reduction of repeat maltreatment in a child's own home.

Areas needing improvement

Based on the cases reviewed, there were a significant number of multiple reports of maltreatment during the life of the case. In 19 cases there were more than 5 reports and in 11 cases, there were more than 9 reports received. Reviewers noted it appeared the investigations looked at child abuse and neglect incidents in isolation rather than in totality, not keeping in mind the family's history. Reviewers stated that the majority of these cases involved chronic neglect situations, with a parent as the offender. For example, one foster care case reviewed had 14 reports of maltreatment during the life of the case and no reports during the period under review. In addition, during the period under review there were a total of six cases: (two in home cases and four foster care cases) that had repeat reports of maltreatment.

- Some stakeholders were concerned that training in terms of safety was not always of good quality so that caseworkers were not necessarily able to identify repeat maltreatment.

- Reviewers noted that child protective cases lacked thorough documentation of investigations, assessments, and services that had been provided which resulted in contract agencies and service providers not having access to complete and accurate case histories on children and their families. Reviewers identified that improvement of the case record documentation regarding prior reports of abuse and neglect is needed. They noted that it was difficult to make clear determinations due to sketchy records on prior reports. Some stakeholders also noted that it was difficult for investigators to access the prior history on the family before making contact with the family.
- Some stakeholders voiced concern about the incidence of repeat maltreatment in foster care. Stakeholders attributed this to poor quality foster homes, inadequate screening procedures, and inadequate supports for foster parents. Of the cases reviewed, three cases had evidence of foster parent maltreatment prior to the period under review.
- Stakeholders had concerns regarding who (contract or local agency) was taking responsibility for supervising the child's safety after a child was returned home. Reviewers also raised this question in a couple of cases when the child was home on a prolonged trial discharge.

| Outcome S2: Children are safely maintained in their homes whenever possible and appropriate. | | | | | |
|---|--|---------------|---------------|---------------------|-------------------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | Total Cases in which Outcome Applies = 39 | | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 20 | 8 | 8 | 36 | 92.3% |
| Partially Achieved: | 1 | 0 | 1 | 2 | 5.1% |
| Not Achieved or Addressed: | 1 | 0 | 0 | 1 | 2.6% |
| Not Applicable: | 3 | 5 | 3 | 11 | |

Determination on Safety Outcome S2 - Substantial Conformity

Case record reviewers rated 36 (92.3%) of the 39 applicable cases as having “substantially achieved” outcome S2. There were 11 cases that were not applicable to an assessment of this outcome because they involved juvenile delinquents, PINS, cases where TPR was completed prior to the review period or cases with no substantiated or indicated reports of abuse or neglect.

Item 3. Services to family to protect child(ren) in home and prevent removal

Strength Area Needing Improvement

Basis: Statewide Assessment

Local social service districts are mandated to provide preventive services upon a determination that to do so will help to avert impairment or disruption in family functioning and allow children to remain at home with their families. Each local district must ensure availability of core placement prevention services, such as day care, homemaking, parent training, transportation, clinical services, respite care, and 24-hour emergency assistance for each child and his/her family.

New York State's primary method for identifying the protective needs of children is the Risk Assessment and Service Planning Model which includes both safety and risk assessments. Local districts are required to document a safety assessment in CONNECTIONS, (the State's child welfare information system) twice during a CPS investigation – within seven days of the receipt of a report and within seven days of the conclusion of the investigation.

Basis: Onsite Review - (15 cases for period under review)

In all 15 (100%) of the applicable cases, *services to family to protect child(ren) in home and prevent removal* was rated as a strength.

In 35 cases, this item was not applicable because the children were in foster care during the entire period under review. However, in the cases in which it was applicable, there were a number of services put in place to prevent the child's removal from the home. In particular, there were better preventive services provided within the community for those families served through the private agencies. In the in-home cases, there was much more active case planning with families identifying the services that they needed. There was evidence of preventive services for parents with substance abuse problems and domestic violence. There was also strong educational advocacy. Some private agencies demonstrated a substantial number of caseworker contacts with the families in preventive situations.

It was much more difficult for reviewers to ascertain information for the children who were in foster care during the period of review. These children had a tendency to be in care for very long periods of time and there was a lack of documentation as to what preventive efforts and services had been provided to the families in the past. Also for some cases, caseworkers were unable to speak to this point because of very high turnover and therefore the caseworkers that were interviewed did not have a sense of the history of the case.

Strengths

Based on the cases reviewed, this item was rated as a strength because there is an array of preventive services offered to families that allow children to safely remain at home. They include counseling, mental health services for a mother diagnosed with depression, substance abuse treatment, parenting skills, and housing assistance. Other services included school-based counseling, a Big Brothers/Big Sisters program, transportation, and intensive mental health and visiting nurse services provided to a family in order to prevent removal of an infant from the home.

Areas Needing Improvement

- Case reviews revealed that there was a need for specialized counseling that was not always available, such as for sexual abuse victims/perpetrators. Despite case review findings, some stakeholders voiced concern regarding the level of preventive services that are provided prior to removing children. In one area, they felt that the local social service districts rely heavily on judges making decisions in cases rather than providing services to ensure safety. In another area, some stakeholders stated that parents are not assisted in accessing services.
- Some stakeholders and case reviews identified that housing for children and families is a concern. For example, in one case reviewed, this hindered reunification efforts as the child remained in foster care solely because the mother needed to secure housing.
- There is a significant waiting list for mental health services according to stakeholders. Through the case reviews, it became apparent that parents and children were negatively affected by the lack of available mental health services and extensive waiting lists. Although it is usually a week or more before cases are accepted in intake, there is an additional month or two before services are initiated.
- According to stakeholders, service providers are not always able to meet the needs of children and families from different cultural and ethnic backgrounds including Latinos, Haitians, and other recent immigrant groups.
- Stakeholders indicated that some schools waited until the end of the school year to call in reports of educational neglect as well as other allegations. This placed a strain on the provision of services during the summer months.

Item 4. Risk of harm to child

Strength Area Needing Improvement

Basis: Statewide Assessment

Each local district is required to take measures to protect a child's life and health including, when appropriate, removing the child from the home and placing the child in protective custody. The measure of removing a child from the home is taken when a Child Protective Services (CPS) caseworker has reasonable cause to believe that the circumstances or condition in the child's home present an immediate danger to the child's life or health. In making this decision, consideration is given to a broad range of safety-oriented responses, including those that may protect a child without CPS taking protective custody of the child. When practices in safety interventions such as family preservation and respite services are insufficient and all appropriate reasonable efforts have been made or considered, out-of-home placement may be the necessary safety response.

In addition to the requirements pertaining to removal of children from their homes, the agency requires that casework contacts occur whenever a case planner determines they will best serve the child or family. The basic purpose of the casework contacts requirement is to provide the case planner with ample opportunity to make an adequate assessment of the family regarding management skills and home conditions. It is also a means of determining the element of risk to the child if he/she is retained in or is returned to the family's home, and the child or family's progress in resolving the issue, situation, or condition that led to the provision of service.

New York State employs a Risk Assessment and Services Planning Model for assessing safety and future risk. A formal protocol guides caseworkers in considering environmental and family circumstances that might contribute to the risk of future harm for a child. This assessment has helped provide a consistency in approach to the conduct of child protective services investigations and the delivery of services to the child and family.

New York State Social Services Law does not differentiate between initial and subsequent reports of child maltreatment in any of its CPS investigative requirements or standards. All reports require, but are not limited to: contact within 24 hours; an assessment of the safety of the children within seven days of the report and prior to the investigation conclusion; face to face interviews with the subjects of the report and family members, including children; obtaining information from the reporting source and other collateral contacts; a home visit to evaluate the environment of all children in the home; a determination within 60 days of the receipt of the report; and appropriate interventions to ensure that children are safe and, if warranted, services to reduce the risk of future maltreatment.

If the CPS investigation reveals "some credible evidence" that child abuse or maltreatment occurred, the report must be indicated. The local district is required to complete an assessment of risk for all children in the household and document this assessment whenever a case is indicated.

An indicated CPS case may be closed only if: a) all children are safe despite the withdrawal of controlling interventions that may have been provided to protect the children and it is concluded that the risk of future abuse or maltreatment has decreased sufficiently; b) rehabilitative services have been offered and refused by the family and the CPS worker has assessed that court intervention is not in the child's best interest; or c) court intervention has been initiated but the court has dismissed the petition and it is not in the child's best interest to continue court involvement. The local district must provide, arrange for, and/or coordinate rehabilitative services and foster care services, where appropriate, to the children and family named in an indicated report to protect the children and prevent future abuse and neglect and to promote the children's well-being and development and stabilize family life whenever appropriate.

Basis: Onsite Review

In 35 (92.1%) of the 38 applicable cases for this item, the *risk of harm to child(ren)* was rated as a strength.

Strengths

Based on case reviews, there was effective management and assessment of risk of harm and the issues pertaining to safety were addressed by referrals for appropriate services. Case reviews also indicated that caseworkers demonstrated an ability to use court orders to motivate non-compliant parents to participate in service plans to address the safety concerns of their children.

In addition, stakeholders stated they have seen improvement in staff's ability in providing preventive services resulting in a reduction in the number of petitions filed. Children are appropriately removed and placed in foster care when there is a concern for their health and safety.

Areas Needing Improvement

In 3 (7.9%) of the 38 applicable cases, the area of risk of harm to the child was rated as needing improvement for the following reasons:

Some case reviews indicated that caseworkers did not communicate clearly to parents either the parental behaviors that required change or the issue of enforcement of timeframes for reunification.

In some cases, there was poor documentation and tracking of progress toward achieving case goals to reduce the risk of harm in the home. For example, one case lacked documentation that would have supported whether or not compelling reasons exist regarding the decision on filing for a TPR. Another case reviewed showed evidence that insufficient and absent documentation prevented needed

court intervention. The safety concern was an issue in another case involving the discharge of a 17 year-old child from care without a plan addressing her safety, permanency and well being upon discharge.

In addition, some stakeholders stated that a very poor job is done of explaining to parents what will happen during the investigation process and the weeks to come.

Some stakeholders also expressed concerns about the safety of youth in-group homes and the location of group homes that housed youth.

II. PERMANENCY

| Outcome P1: Children have permanency and stability in their living situations. | | | | | |
|---|--------------------------|--|-----------------------|-------------------------------|-------------------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | | Total Cases in which Outcome Applies = 37 | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 10 | 4 | 6 | 20 | 54.0% |
| Partially Achieved: | 8 | 6 | 1 | 15 | 40.0% |
| Not Achieved or Addressed: | 0 | 0 | 2 | 2 | 5.4% |
| Not Applicable: | 7 | 3 | 3 | 13 | |
| Conformity of Statewide data indicators with national standards: | | | | | |
| | National Standard | State's Percentage | Meets Standard | Does Not Meet Standard | |
| Foster care re-entries | 8.6% | 8.6% | X | | |
| Length of time to achieve reunification | 76.2% | 54.2% | | X | |
| Length of time to achieve adoption | 32% | 2.95% | | X | |
| Stability of foster care placements | 86.7% | Not Reported | | X | |
| Length of stay in foster care* | | | | | |

*Not used to determine substantial conformity.

Determination on Permanency Outcome P1: Not in Substantial Conformity

Item 5. Foster care re-entries

Strength Area Needing Improvement

Basis: Statewide Assessment

NYS has had a decrease in the number of children in foster care. NYS Monitoring and Analysis Profile (MAPS) data shows a decrease of 11.5% of children in foster care from 1995 to 1999. The numbers of children in care decreased from 53,902 on 12/31/95 to 47,761 on 12/31/99. This trend continued through 2000, with a further reduction in the number of children in care on 12/31/00 of 43,560. During the five-year period of time from 1995 - 1999, there was an 8.3% decrease in admissions and a 5.6% increase in discharges.

The data profile showed of children who entered foster care during the first six months of FFY 1999, 78.34% were entering foster care for the first time and 9.1% of children who entered foster care during FFY 1999 re-entered foster care within 12 months of a prior foster care episode. This rate increased in New York from 8.9% in FFY 1998. Both rates exceed the national standard of 8.6%, however, NYS met the national standard for foster care re-entry upon resubmission of data.

There is variation in performance at the district level within the State. All seven of the largest districts including NYC did not meet the national standard in 1999, but in six of the largest districts including NYC the rate of foster care re-entry (as defined by the national standard) declined from 1998 to 1999. New York MAPS data provides approximately the same rate of foster care re-entries in calendar year 1999 (9.4%), with the slight discrepancy possibly attributable to the difference in collecting data for a federal fiscal year compared with a calendar year. MAPS data show that 3.5% of re-entries occurred within three months of the child's previous discharge, and 5.9% occurred four to twelve months following the child's prior discharge.

Data from a foster care case record review conducted in Spring 2000 in NYC show that three percent (3%) of discharge decisions were not appropriate and/or court ordered.

Basis: Onsite Review (Applicable to 37 cases)

In 36 (97.3%) of the 37 applicable cases reviewed, *foster care re-entries* was rated as a strength because multiple re-entries did not occur during the review period or re-entries were deemed appropriate.

Based on the original statewide aggregate data submitted by New York, it was indicated that the foster care re-entry rate was 9.10% and that the State did not to meet the national standard of 8.6%. To resolve this data discrepancy New York submitted revised foster care data to the Children's Bureau. The revised statewide aggregate data now indicates that the foster care re-entry rate for New York State is 8.6%. It has been determined that New York now meets both the national standard for foster care re-entries at 8.6% and substantially achieved the outcome in 90 percent of the cases reviewed on-site and is therefore considered to be in substantial conformity for foster care re-entries.

Strengths

In 36 (97%) of the 37 applicable cases, this indicator was rated as a strength.

Based on the cases reviewed, multiple re-entries did not occur during the review period. For re-entries that did occur, they were deemed appropriate. In cases where multiple re-entries were found, the re-entries were not due to the same set of circumstances that were addressed when the child left foster care the first time.

Areas Needing Improvement

In 1 (2.70 percent) of the cases reviewed, this indicator was rated as an area needing improvement.

Stakeholders noted that one problem that contributed to re-entries into foster care was adoption disruptions. The stakeholders suggested that many of these disruptions are the result of a lack of post-adoption services to support adoptive placements. They also expressed the opinion that there is also a lack of aftercare services for reunified families.

Item 6. Stability of foster care placement

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State data on child movements in accordance with the national standards was not provided for the Federal Data Profile.

However, using the same definition of "stability" that was used to compute the national standard, a special analysis of data was collected during a review of 401 foster care cases in New York City during the Spring 2000. Of the children admitted into foster care

in New York City on or after January 1, 1999 (and therefore not in foster care more than twelve months during the review period of calendar year 1999), 91.6% had no more than two placement settings during the 12 month period of calendar year 1999. An analysis was also made of the reasons for movement of children between placement settings. The most frequent reasons for children's moves were: move to a kinship placement (25% of moves); the previous placement was an emergency placement (25% of moves); foster parent request (18% of moves); a child's special needs (18% of moves); the need for a different level of care (18%); and placement into an adoptive home (8% of moves).

In upstate districts, data regarding moves of children in foster care is collected during Safety and Permanency Assessment case reviews. This data includes children's moves over a two-year period rather than 12 months. The recent upstate review data show that 82.7% of children had no more than two placement settings during a two-year period. NYS concludes that, based on the NYC & upstate data analysis, the state may meet the national standard for stability of placements for children in foster care.

Basis: Onsite Review (37 cases were applicable)

Strengths

In 30 (81.1%) of the 37 applicable cases, *stability of foster care placement* was rated as a strength based on the following observations:

Based on the case reviews, it was evident that foster care placements were stable and that most of the children did not experience placement changes during the period under review. In instances of placement moves, they were judged to be appropriate. One case experienced a placement change when the child's mentors became certified foster parents at which time he was placed in their home. Another move was considered appropriate due to child's need for a therapeutic setting.

Areas Needing Improvement

In 7 (19%) of the 37 applicable cases reviewed, this indicator was rated as an area needing improvement based on the following:

Case reviews showed that some placement disruptions occurred because of allegations of abuse by other children and foster parents; children were not always matched with appropriate foster care parents; or because there were incomplete assessments of the child upon entry into foster care.

- Stakeholders cited a need for an increased focus on the recruitment of foster care resources for large sibling groups, older children, and children with special needs. For example, two cases rated as areas needing improvement were due to lack of appropriate residential placements to accommodate the needs of the children, which contributed to placement disruption and consequently numerous moves. In addition, stakeholders voiced concerns about extended waiting periods for residential placements. Some stakeholders also stated that some large sibling groups were placed apart due to lack of foster homes large enough to accommodate them.
- Stakeholders also stated there are instances of insufficient screening and training programs for foster care parents working with special needs children. They also pointed out that there are multiple short-term placement settings for children with special needs and that sometimes children with special mental health needs are placed in temporary foster homes while awaiting residential placements.

Item 7. Permanency goal for child

Strength Area Needing Improvement

Basis: Statewide Assessment

Point-in-time data from the Data Profile show that of the children in foster care at the end of FFY 1999, 56.2% had a permanency planning goal of reunification; 28.2% had a goal of adoption, and 10% had a goal of "emancipation" or independent living. About 5% of children's permanency planning goals were either not established or were missing from the database. These proportions did not change significantly from FFY 1998 to FFY 1999. These are somewhat different from the cohort data, which indicate that of the children who entered foster care for the first time during FFY 1999, 73.5%) had a permanency goal of reunification and only 1.7% had a goal of adoption. The cohort findings are not surprising because the plan for most children upon admission to foster care is to reunify them with their families. It is only after these efforts are not successful – that takes a period of time - that the child's goal is changed to adoption or another permanency goal. Consistent with this is the finding that only 1.1% of children in the cohort group who were entering foster care in 1999 had a goal of independent living in 1999.

The point-in-time profile indicates that the median length of stay in foster care at the end of 1999, with a goal of reunification or placement with a relative, to be reunified/placed with the relative was 10.61 months. Of children in the cohort group who were both admitted to foster care for the first time during FFY 1999, and were discharged during that same year, 92.6% were reunified with their family or a relative, while 4.9% were discharged to "guardianship" (a legal arrangement with someone other than a parent). Very few children (0.2%) were both admitted to foster care for the first time and discharged to a finalized adoption within FFY 1999, which is

consistent with adoption data. Very few adoptions take place in NYS within two years of the child's admission to foster care, and even fewer take place within one year of a child's admission.

NYS requires that, with some exceptions, services be provided to children and families to effect reunification. To provide appropriate services tailored specifically for each individual family, thorough assessments of the service needs for both the child and the family must be completed. Services must then be initiated and, within the allowable ASFA timeframes, time allowed for the family to participate in, and benefit from, the services. If the desired outcomes are not being achieved, modifications to the service plan may be made to produce the desired outcomes. NYS is committed to this process for children admitted to foster care for the first time (with the exceptions/compelling reasons allowed by ASFA).

Basis: Onsite Review

Strengths

In 14 (37.8%) of the 37 applicable cases, *permanency goal for the child* was rated as a strength based on the following observations:

- Permanency goals were achieved in a timely manner for some cases reviewed. For example, a one-month infant was removed from the home and TPR occurred in ten months, and the adoption was finalized in 17 months.
- There are county initiatives to expedite TPR cases, enhance caseworker training regarding TPR, and develop a better understanding of the needs of the foster care population and how to plan better for foster children. Stakeholders also commented that various Statewide and local initiatives have been implemented to expedite permanency plans for children. For example, one county has also developed a permanency planning team, that includes the supervisor, senior caseworker, caseworker, and the director, which re-evaluates permanency issues at the three and six month of the child's foster care placement.
- Examples were also noted by reviewers that discussions of the permanency goals and why a child could not be returned home were being addressed at monthly case conferences held between supervisors and caseworkers.

Areas Needing Improvement

In 23 (62.2%) of the 37 applicable cases, *permanency goal for the child* was rated as an area needing improvement. The findings, in conjunction with comments made by various stakeholders, resulted in an overall rating of this indicator as an "area needing improvement." Findings and comments included the following:

- Some cases did not reflect the use of focused permanency planning practice as soon as children entered the child welfare system or the use of concurrent planning. While ASFA compliant, New York State laws and regulations do not facilitate meeting the national standard for timeliness of adoption.
- In one district, stakeholders across the board expressed concerns about the agency's lack of implementation of concurrent planning. Other stakeholders stated that the agency puts forth too much effort to reunify children with their families in spite of extensive CPS history particularly in cases of chronic neglect.
- Case reviews showed instances where petitions for termination of parental rights (TPR) were not filed in a timely manner. Some children had been in care for several years before a petition was filed. In one case reviewed, a child has remained in foster care for five years and three months. In another case, child entered care in 1997, the TPR should have been filed in 1999, however it was not filed until 2001. The agency workers have not been able to file petitions for TPR due to heavy workloads.
- Further, case reviews showed that TPR decisions were not always linked to the permanency planning process, but rather driven by ASFA timeframes, without exploring compelling reasons. This was particularly evidenced in 2 cases where TPR was sought contrary to the children's desire and feasibility of adoption, respectively. In 2 of the 19 cases in which TPR had not been filed, the case record lacked documentation of compelling reasons for not filing. In another case, there was a lack documentation of compelling reasons for not terminating parental rights where the child has been in foster care since 1996 and the goal of reunification has yet to be achieved.
- Stakeholders voiced the need for better coordination between Family Court and other legal systems such as juvenile justice, criminal justice, and law enforcement agencies in order that record sharing and other documentation affecting cases are readily available and consistent. Stakeholders stated that the delays in achieving permanency are due to a highly litigious culture in NY.

Stakeholders also stated that the permanency hearing may often take place before the fact finding hearing and court adjournments can lengthen the court process for as long as four years.

- Case reviews indicated that parents and resource persons were not always engaged early on or included in the decision making regarding the permanency plan for their children.
- Some stakeholders indicated that there is at times lack of collaborative efforts among the public child welfare and contract agencies, and the service providers to ensure that the identified reasons that brought children into foster care are being addressed and that permanency goals are being achieved.
- Some case reviews indicated that there was not always documentation giving consideration to all permanency options when the permanency goal was established. In one case reviewed, case documentation reflected the agency's choice of not establishing a relationship with the biological father thus preventing any possibility of considering him as a permanency option.
- Stakeholders expressed the need for foster care parents and prospective adoptive parents to obtain information and receive counseling concerning the adoption process and post adoption services.
- Cases reviewed reflected that a lengthy period of time might occur between changing a permanency goal from reunification to adoption.
- Case reviews reflected that, in many instances, one cause of disruption of services for children who were awaiting permanency was attributed to case record documentation that was often not current, accurate or complete. The lack of case record documentation made it difficult for caseworkers to work in a continuum for planning and providing services.
- In some cases, when additional siblings entered foster care, their permanency goal was not always determined based on previous case history.

Three cases reviewed lacked information concerning the extent of counseling and services provided for children who had decided that they did not want to be adopted.

Item 8. Independent living services

Strength Area Needing Improvement

Basis: Statewide Assessment

According to NYS the number of youth with permanency planning goals of Independent Living (IL) steadily increased from 1987 to 1994. The data profile shows that of the children entering foster care for the first time during FFY 1999, 1.1% have a goal of Independent Living. IL services and periodic assessments of youth's progress toward the achievement of independent living skills are required for all youth in foster care 16 years or older in NYS. NYS IL services include money management, locating housing, and vocational training essential for discharge from care.

Initiatives to improve the delivery of IL services to youth in foster care in New York State are ongoing. The Independent Living Network of four university-based Centers continues to provide training to local district and agency staff who work with youth in foster care. Following a case review in New York City during 2000, corrective action planning and implementation are occurring in New York City in the area of IL services.

Basis: Onsite Review

Strengths

In 6 (54.5%) of the 11 cases reviewed, the area of *independent living services* was rated as a strength for the following reasons:

Case reviews demonstrated that youth were being provided management, cooking, and interpersonal skills through weekly group workshops. In one case the written plan IL was contained in the record and the services being provided are consistent with her IL plan. The youth's behavioral and emotional issues are being addressed and there are plans for college attendance. In another case, a voluntary agency as well as the youth's foster parents is currently providing IL services including life skills, financial counseling and employment preparation. The written case plan was contained in the record and the services are consistent with the child's IL plan. The foster parents are an appropriate choice to provide the services because they are extremely committed to the child. In other case reviews, the record showed that "Client Assessment Forms" listing Independent Living skills as well as progress were being made by the child in each skill.

Other reasons included:

- Residential programs provided Independent Living Plans for adolescents as evidenced in one residential placement case record. Reviewers also noted (through interviews and case review) that being in residential placement was the most likely means for youth to receive formalized IL services. Another case record also reflected some exposure to informal IL services occurred in the residential placement.
- There are local initiatives to strengthen Independent Living Programs. In one district, for example, stakeholders cited a local district social worker that specializes in working with IL youth.

Areas Needing Improvement

In 5 (45.5%) of the 11 cases reviewed, this indicator was rated as an area needing improvement. Based on the case reviews:

- It was noted that youth residing in group homes were less likely to have formalized Independent Living Plans.
- In two stakeholders' groups it was noted that there are an insufficient number of transitional living/supervised independent living slots for youth.
- Stakeholders expressed the opinion that many youth leave care without adequate counseling and discharge plans and that youth do not always have access to their case planners, often do not know them, and/or do not know what their IL plan is.
- Some case reviews reflected insufficient services for children with a goal of Independent Living. Services are terminated prematurely and youth are discharged from care without a discharge plan. Stakeholders mentioned there are instances where insufficient funding prevent youth from participating in activities that support milestones in their lives; i.e. graduation activities, purchasing yearbooks or class rings.

Item 9. Adoption

Strength Area Needing Improvement

Basis: Statewide Assessment

A State meets the national standard for the adoption indicator if, of all children who exited foster care during FFY 1999 to a finalized adoption, 36% or more exited care in less than 24 months from the time of their latest removal from home (placement in foster care). New York State's performance, which falls below the national standard, was at 2.95% in FFY 1999. During FFY 1998, the equivalent data was 0.71%.

State regulations specify the maximum allowable timeframes between adoption milestones for children once their permanency-planning goal has been changed to adoption. For children not legally free for adoption, an action to legally free the child must be initiated within 30 days of the establishment of the permanency planning goal of adoption. The child must be freed within 12 months after the establishment of the permanency-planning goal of adoption. If the case does not meet the standard for freeing the child within 12 months, the district will be considered out of compliance with the standard unless the record shows that a petition to terminate parental rights was filed within 120 days of the date the goal of adoption was set and the delay was caused solely by the court and not by the district or agency.

Children who are legally free for adoption must, with some exceptions, be placed in an adoptive home within six months after the child was freed. Children who meet the regulatory definition of "handicapped" or "hard-to-place" must be placed in an adoptive home within 12 months of being freed. For children who are legally free and in an adoptive home, but whose adoptions are not yet final, such adoptions must be finalized within 12 months after the child is placed in an adoptive home.

New York has, for years, carefully analyzed adoption data and worked to streamline the adoption process. Again for the statewide assessment, data was re-analyzed and many focus groups conducted to further explore the underlying causes of New York's adoption data. A complex picture with multiple contributing factors emerged from these analyses. The first consideration is that the standard that imposes a timeframe of 24 months from the date of admission into foster care to the completion of an adoption is unrealistic in relation to those cases where the parental rights of a child are terminated. In many of these cases, children enter foster care on an emergency basis to protect them from potential further abuse or neglect. The final fact finding and disposition into foster care often does not take place until several months after the child initially enters foster care.

Aside from the ground of abandonment, which imposes a 6 month period for the failure to contact the child before the court can make a finding, the other grounds for termination of parental rights, either explicitly or implicitly, impose a longer time period during which a termination case may not proceed and government action must take place to develop a case to justify a court finding of termination. For example, many of the terminations the State obtains involve a finding of permanent neglect. State law requires that the child in most cases must be in foster care for one year before the court can render a finding. This period is imposed in order for the agency to exercise diligent efforts to enable the child to safely return home. Similar preconditions relating to time exist in regard to mental illness and cognitive disability grounds.

As outlined above, New York allows more than twenty-four months from the time of a goal change to adoption through finalization. Added to this must be the time the child spends in foster care prior to establishment of the adoption goal while services to reunify the family are ongoing.

There are a number of initiatives throughout the State to speed the adoption process. State data indicate that significant improvements, particularly in NYC, have occurred in the last few years. Despite the complexity of New York's adoption picture, data show that the timeliness of the adoption process has continuously improved in recent years. The number of children in New York State with finalized adoptions has increased each year since 1996, with a cumulative increase of 31.6% since 1995; there was an increase of 16.4% from 1998 to 1999 alone. During 1999, 4,747 children were discharged to finalized adoptions in the State, more than three-quarters (78%) of which were in New York City. Since the vast majority of adoptions in New York State occur in New York City, statewide data is heavily influenced by New York City performance data.

Basis: Onsite Review (13 cases were applicable)

Strengths

Although the area of adoption was rated as "needing improvement" for the State in general, in 3 (23%) of the cases reviewed, *adoption* was rated as a strength for the following reasons.

In one district, there was case record evidence of an infant moving through the adoption process very timely. In addition, interviews with stakeholders and State policies revealed there are a number of initiatives throughout the State to decrease the length of time in the adoption process. There is also an increase in the number of finalized adoptions, particularly by kinship relative foster parents.

Areas Needing Improvement

The area of adoption was rated as "area needing improvement". In 10 (77%) of the 13 applicable cases the following were the key findings for this indicator:

Four cases are illustrative: The first case, a TPR occurred in 1995 and the child was not adopted until the review period. In this case, the foster parents wanted to adopt the child and his siblings at the same time and were delayed due to INS difficulties for an older sibling. In the second case, the foster parent was not prepared to adopt and alternate plans were not being addressed. The third case involved a child who was placed in 1996; legally freed in February 2000; the adoption was not finalized as of June 2001. The fourth

case involved situations of chronic neglect in which, once parental rights were terminated, adoption planning did not occur in a timely manner.

- Some stakeholders expressed the opinion that not all children are adequately prepared regarding adoption and that potential adoptive resources are not sought early on in the life of the case.
- When a child's permanency goal is adoption, case reviews showed that, when the search for the non-custodial parents was not initiated early enough in the case, delays occur in holding the necessary court hearings. This data is also supported by stakeholder interviews.
- Case reviews reflected some terminations of parental rights petitions being filed to meet the ASFA requirements without exploring compelling reasons. There appeared to be a focus on timeframes without considering the best interest of the child.
- While ASFA compliant, NYS laws and regulations do not facilitate meeting the national standard for timeliness of adoptions.
- Some stakeholders expressed the need for foster care parents and adoptive prospective parents to obtain information and receive counseling concerning the adoption process and post adoption services.

Item 10. Permanency goal of other planned permanent living arrangement

Strength Area Needing Improvement

Basis: Statewide Assessment

The point-in-time profile indicates that the median number of months for children in care at the end of 1999, with a goal of reunification or placement with a relative was 10.61 months. Of the children in the cohort group who were both, admitted to foster care for the first time during FFY 1999 and discharged during that same year, 92.6% were reunified with their family or a relative. 4.9% were discharged to "guardianship" (a legal arrangement with someone other than a parent).

Basis: Onsite Review (Applicable to 6 cases)

Strengths

In 5 (83.3%) of the 6 applicable cases *permanency goal of other planned permanent living arrangement* was rated as a strength based on the following observations. There is evidence of efforts being made to consider other permanency goals when adoption is not achievable. In two cases, for example, other permanency goals were thoroughly explored and achieved for children who did not wish to be adopted.

Areas Needing Improvement

In 1 (16.7%) of the 6 applicable cases reviewed and stakeholders comments, this indicator was rated as an area needing improvement based on the following:

- The case reviewed indicated that the agency failed to explore other viable planned options that would assist the child in attaining permanency in her living arrangement. Parental rights were terminated, and the child's goal was changed to Independent Living without a formalized IL Plan nor services being provided. Subsequently, the child was released on her own after a six-week trial discharge without any further options (i.e. transitional living arrangement) being offered by the agency.
- Stakeholders said that better community resources and linkages for children with permanency goals of independent living are needed.

Status of Permanency Outcome P1 - Not in Substantial Conformity

| <u>Outcome P2: The continuity of family relationships and connections is preserved for children.</u> | | | | | |
|---|---------------|--|---------------|---------------------|-------------------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | | Total Cases in which Outcome Applies = 37 | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 16 | 9 | 6 | 31 | 83.78 |
| Partially Achieved: | 2 | 1 | 2 | 5 | 13.51 |
| Not Achieved or Addressed: | 0 | 0 | 1 | 1 | 2.70 |
| Not Applicable: | 7 | 3 | 3 | 13 | |

Item 11. Proximity of foster care placement

Strength Area Needing Improvement

Basis: Statewide Assessment

NYS regulations do not specifically address proximity of placement.

Basis: Onsite Review (Applicable to 36 cases)

Strengths

In 34 (94.4%) of the 36 cases reviewed, *proximity of foster care placement* was rated as a strength for the following reasons:.

- Case reviews indicate, efforts were made to place children within proximity of their communities and in the same school districts. In instances where children were placed outside of their communities, the placement was made in order to obtain services for the children's special needs.

Area Needing Improvement

Although this indicator was rated as a strength in 2 (5.6%) of the applicable cases this indicator was rated as "needing improvement" for the following reasons:

- Although efforts are made to place children in their community or neighborhoods, local district officials and stakeholders reported that there are not enough available resources to allow agencies to place all children in their home community.

Item 12. Placement with siblings

Strength Area Needing Improvement

Basis: Statewide Assessment

In accordance with 18NYCRR 431.10, foster children who are siblings or half siblings must not be unnecessarily separated. The social services district is responsible for ensuring that diligent efforts are made to secure a foster family boarding home or agency boarding home that is willing and able to accept placement of the siblings together, unless placement together is determined to be detrimental to the best interests of the siblings. These efforts must be documented in the case record in accordance with various sections of 428 (b).

The social service district may make a decision that younger siblings or half siblings should be separated only if placement together is determined to be contrary to the health, safety or welfare of one or more of the children after consultation with, or an evaluation by, other professional staff, such as a licensed psychologist, psychiatrist, other physician, or certified social worker. Factors to be considered in making a determination of whether siblings or half siblings should be placed together must include, but are not limited to: the age differences among the siblings; the health and developmental differences among the siblings; the emotional relationship of the siblings to one another; the individual service needs; the attachment of the individual siblings to separate families/locations; and the continuity of environment standards.

Basis: Onsite Review (Applicable to 24 cases)

Strengths

In 22 (91.7%) of the 24 applicable cases, *placement with siblings* was rated as a strength for the following reasons.

Case reviews showed that, efforts were made to keep siblings together. In two cases in which siblings were separated, the separation was based on concerns for the health and safety of some siblings because of their emotional problems.

Areas Needing Improvement

In 2 (8.33%) of the 24 cases reviewed, this indicator was rated as an area needing improvement. For example, in one case, the child did not experience sufficient contact with his father and sibling. In another case, a foster parent was not provided with the appropriate support to help care for siblings. In addition, two groups of stakeholders noted that there is shortage of foster parents who are able to take large sibling groups and expressed the opinion that foster parents were not always provided with the information, training, and services needed to ensure sibling groups remain together.

Item 13. Visiting with parents and siblings in foster care

Strength Area Needing Improvement

Basis: Statewide Assessment

NYS standards for visitation between children and their parents or primary caretakers require that, for children with a permanency planning goal of discharge to parent or relative, the case record should contain a Visitation Plan which includes the planned frequency and location of the visits between the child and discharge resource, the names of the child and persons scheduled to visit the child, and any arrangements or assistance necessary to facilitate visiting. [NYCRR430.12(d)(1)(ii)(a)].

Districts must plan for and make efforts to facilitate at least biweekly visiting between the child and the parents or caretaker to whom he/she is to be discharged, unless: such visiting is specifically prohibited by court order, or by the transfer of custody agreement; or the child is placed in a facility operated or supervised by the Office of Mental Health or Office of Mental Retardation and Developmental Disabilities; or because placement makes biweekly visitation impossible. Districts must provide any assistance needed to enable the biweekly visits to occur, follow up with the parent when scheduled visits do not occur, and arrange for visits to occur in a location that ensures privacy, safety and comfort for the family members. The case record must contain a visiting plan that includes the planned frequency and location of the visits, the name of the child and any arrangements or assistance necessary to facilitate biweekly visiting, and if supervised visits are planned, the reasons for such supervision [18NYCRR430.12(d)(1)].

If younger siblings are placed apart in foster family boarding homes and /or agency operated boarding homes on an emergency basis, they must be united within 30 days unless the social services commissioner or a designated representative determines it is contrary to the best interest of one or more of the siblings to be placed together, after a careful assessment. Foster parents must be informed if any child placed with them has siblings or half-siblings and if so, the location of the sibling and half-siblings. Authorized agencies are responsible for ensuring that diligent efforts are made to facilitate regular biweekly visitation or communication between minor siblings or half siblings who have been placed apart, unless such contact would be contrary to the health, safety or welfare of one or more of the children, or unless lack of geographic proximity precludes visitation. [431.10(c-e)].

Basis: Onsite Review

Strengths

In 27 (81.8%) of the 33 applicable cases reviewed, *visiting with parents and siblings in foster care* was rated as a strength based on the following observations.

Case records showed that where siblings were not placed together, foster parents were instrumental in facilitating contact with siblings and parents or relatives. The case reviews also demonstrated attempts made by the contract agencies to facilitate children's visitation with parents, as well as ensuring other opportunities to be in contact with the parents.

- Visits between children placed in residential settings and parents and siblings are also taking place, including weekend visits to their homes. There was only one case in which visits were not being maintained while the child was in a residential setting.
- The case reviews also indicated that supports were being provided to foster parents to facilitate visits between parents and siblings. Efforts were also made to ensure that sibling groups remained together and/or were placed with relatives.
- Stakeholders attested to the fact that frequent telephone contact has been encouraged for children whose parents are incarcerated and positive relationships between foster parent and birth parents have also been fostered to improve parent/child visitation.

Areas Needing Improvement

In 6 (18.2%) of the 33 applicable cases, this indicator was rated as an area needing improvement for the following reasons:

- While visits take place between children and parents, stakeholders expressed concerns about the quality of the visits including whether the parent and child interactions are being measured and used in the case planning process.
- Case reviews reflected that there were a few instances where appropriate levels of visitation were not consistent with permanency goals of reunification. For example, some youth with goals of Independent Living are not encouraged to maintain connections and visit their family.
- Case reviews reflect difficulty by caseworkers to engage parents around visitation issues and concerns.

Item 14. Preserving connections

Strength Area Needing Improvement

Basis: Statewide Assessment

Section 430.11 states that whenever possible, a child shall be placed in a foster care setting which permits the child to retain contact with the persons, groups and institutions with which the child was involved while living with his or her parents, or to which the child will be discharged. The uniform case record, subsequent to the child's placement, must show that the child has been placed in a setting which enables him or her to maintain ties to his or her previous school, neighborhood, peers and family members, or show the reasons why such placement was not practicable or in the best interest of the child.

Basis: Onsite Review (Applicable to 37 cases)

Strengths

In 33 (89.2%) of the 37 applicable cases reviewed, *preserving connections* was rated as a strength based on the following observations:

- Case records showed efforts to place siblings together in order to preserve connections. In one instance, a sibling group of seven, were not placed all together in one home. However, the group was divided in order that none of them was alone.
- Case records also indicated that foster parents helped facilitate children remaining connected to family, religion and culture.

Areas Needing Improvement

In 4 (10.8%) of the 37 applicable cases reviewed the area of preserving connections was rated as an area needing improvement based on the following observations:

- In the one case, there was insufficient contact between the child and his father and sibling. In addition, the child’s first placement was with his grandmother and that relationship was not being maintained. In another case, the child had been in a facility for 4 years and had not had meaningful contact with his community. His sole connection was to his biological mother.
- Stakeholders expressed their concern regarding the lack of efforts made to ensure that youth preserve connections with significant individuals in their lives. Stakeholders stated that youth were frustrated with caseworkers’ lack of attempts to arrange transportation to visit family outside of the State or their community.

Item 15. Relative placement

Strength Area Needing Improvement

Basis: Statewide Assessment

The Data Profile shows that of the children in foster care at the end of FFY 1999, more than 75% were in foster family homes. This total includes 53.9% of children who were in non-relative foster homes, and 21.9% who were in relative (kinship) foster homes.

The cohort data from the Data Profile allow for a better understanding of placement trends for children recently admitted to foster care. Of the children who entered foster care during FFY 1999, 58.3% were placed in non-relative foster homes, and 14.2% in relative foster homes. The cohort data show a higher rate of placements in non-relative foster homes for newly placed children than for all children in care, and a lower rate of placements in relative foster homes for newly placed children than for all children in care at the end of the year.

Prior to placing a child in foster care, the local district must attempt to locate adequate alternative living arrangements with a relative or family friend, which would enable the child to avoid foster care placement. There are exceptions when the child is placed as a result of a court order or surrender agreement or the child has been placed in a facility supervised by the NYS Office of Mental Health or Office of Mental Retardation and Developmental Disabilities.

Basis: Onsite Review

In 30 (93.75%) of the 32 cases reviewed, *relative placement* was rated as a strength.

Strengths

- Case reviews showed that relative placements were being utilized and/or evaluated for placement.
- The case reviews reflected that relatives are also explored as another support option to children in foster care placement, such as respite care.

Areas Needing Improvement

In 2 (6.3%) of the 32 applicable cases reviewed, this indicator was rated as an area needing improvement because in these two situations children were placed with relatives and the relative caregivers received inadequate support services to assist them in caring for the children. In addition, the case reviews indicate and stakeholders stated that fathers and paternal relatives were not sought as placement resources early on in the case.

Item 16. Relationship of child in care with parents

Strength Area Needing Improvement

Basis: Statewide Assessment

In focus groups held by OCFS with birth parents, they stated caseworkers needed to ask parents what they thought was needed for the child to come home, and treat parents like equals in the planning process. Some of the parents stated that if the parent's needs differ from those the agency identifies, it is used against them. Upstate birth parents raised the issue of caseworker turnover as an obstacle to parent involvement; parents stated they had to start back at step one in familiarizing the new caseworker with the case. It would be helpful if one caseworker could follow the case from the beginning to the end. The parents stated that caseworkers are overburdened with cases and that more caseworkers are needed.

During the focus groups with upstate local district Directors of Services and contract agency Executive Directors, several themes emerged in regard to parental participation. Agencies are seeking parental participation right after placement and some have a formal structure for this. There was consensus from both agency and local district representatives that planned, structured visitation between parent and child is a significant factor in predicting and producing success.

Local district and voluntary agency participants in the focus group stated that agencies are most effective when they utilize a strength-based approach, thereby offering parents a greater incentive to become involved in the planning process. Some suggested that there is

a correlation between the level of care in which the child is placed and the level of parental involvement – i.e. the more restrictive the level of care for the child, the less likely it is that the parent will be involved. They expressed the need to do a more effective job of reaching out to relatives to supplement where nuclear family members are not involved. Agencies agreed that the cases that are likely to be the least successful are those where the parents are not engaged. Many agencies asked parents to complete satisfaction surveys to learn how they can be more effective in the future.

Basis: Onsite Review

Strengths

In 24 (85.7%) of the 28 applicable cases, *relationship of child in care with parents* was rated as a strength based on the following observations:

- Case reviews indicated that efforts were made to ensure frequent visitation between parents and children as a means to enhance their relationship. There was also evidence of supportive programs provided by residential facility staff to foster parent/child relationships.
- Stakeholders indicated that including relatives in the planning process has strengthened relationships between children and their parents. They also pointed out that providing assistance with transportation has enhanced the visitation programs for children and family members.
- In one case a child's father who was incarcerated, expressed interest in having phone contact with his son. The contact was arranged by his caseworker.

Areas Needing Improvement

In 4 (14.3%) of the cases reviewed, this indicator was rated as an area needing improvement for the following reasons. For example, in one case, the child welfare agency made minimal efforts to encourage mother and child to develop their relationship and in another case, the agency did not make sufficient efforts to maintain a bond between child and grandmother. In addition:

- Some stakeholders indicated that although efforts are being made to enhance the quality of visits with children, there was a deficiency in the work with the adolescent population in re-establishing relationships with their parents and maintaining them as they progress through this stage of development.
- Some case reviews showed a lack of family centered strategies that aid in the engagement of difficult parents, or that are designed to improve parent/child relationships.
- Stakeholders and case reviews reflected that parents were not informed regarding their children's medical and educational status. For example, in one case, parents were not told that their child had broken his arm.

Status of Permanency Outcome P2 - Not in Substantial Conformity

III. CHILD AND FAMILY WELL-BEING

| <u>Outcome WB1: Families have enhanced capacity to provide for their children’s needs.</u> | | | | | |
|---|--|---------------|---------------|---------------------|-------------------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | Total Cases in which Outcome Applies = 50 | | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 23 | 11 | 9 | 43 | 86% |
| Partially Achieved: | 1 | 2 | 2 | 5 | 10% |
| Not Achieved or Addressed: | 1 | 0 | 1 | 2 | 4% |
| Not Applicable: | 0 | 0 | 0 | 0 | |

Item 17. Needs and services of child, parents, foster parents

Strength Area Needing Improvement

Basis: Statewide Assessment

Local social services districts may provide any of the services enumerated in OCFS regulations as preventive services or pre-placement preventive services. (These same services may also be provided as preventive services to return a child or children home from foster care and restore family unity.) A group of seven services are designated as “core services”. Each social services district must ensure the availability of these core services (either directly or by purchase of service access) for each child and his or her family whose service plan identifies such services as needed in order to prevent placement. The core services are: Day care; Homemaker services; Parent training or parent aide services; Transportation; Clinical services; Respite care and services for families to relieve stress when a family member (parent, child, legal guardian, or caretaker) has AIDS, HIV infection, or HIV-related illness; and twenty-four hour access to emergency services, including cash or the equivalent in services, or goods, or shelter. New York State also provides housing subsidies of up to \$300 a month for up to 5 years to enable discharge of children from foster care.

There are many initiatives across the State aimed at providing the most effective services to families to facilitate the child’s safe and permanent return to the home. Some of these include the expansion of the Family Resolutions program, (a strength-based service to deal with families in crisis); the ACS’ neighborhood based service delivery system that includes foster care placements; and the Family Treatment Courts. One initiative in New York City to provide services to facilitate the return home of children is the STAR (Safe and Timely Adoptions and Reunifications) program, which is a budget-neutral incentive program in which contract agencies provide services tailored specifically to each family to achieve an earlier safe and permanent discharge of the child. The dollars saved from the reduction in foster care days is, based on a review of agency performance, given back to the contract agencies to reinvest in the achievement of early permanency.

New York State has directly contracted with providers of services for two general purposes: (1) to try innovations in preventing unnecessary placements of children in foster care and (2) to develop services in under served communities or for under served, vulnerable families. The programs for which the State has contracted directly include: Intensive Case Management; Home Visiting; Coordinated Children’s Services Initiative (CCSI); Multi Systemic Therapy; Respite Services; Family Preservation Centers; Advantage After School Programs; Crisis Nurseries; Persons In Need of Supervision (PINS), raising the maximum age to 18.

New York State has developed additional programs to identify and provide needed pre-placement preventive services. These programs are: Intensive Home-Based Family Preservation Services; the Home Visiting Program; and the Preventive Housing Services Program.

Basis: Onsite Review

Strengths

Although the area of needs and services was rated as "needing improvement" for the State, there were 39 (78%) of the 50 cases in which the area was rated as a strength.

- Case reviews reflected monitoring and oversight of cases for tracking submissions of UCR's and that case plans were in the records. They also showed that placement decisions were made on the basis of information provided in the assessment.

Areas Needing Improvement

This indicator was rated as an area needing improvement in 11 (22%) of the 50 cases reviewed. In addition, stakeholders identified specific problems with respect to the indicator. The key findings to support the rating of "area needing improvement" were the following:

- In some instances case records reflected poor documentation of services that were needed and/or provided to families and children.
- Case reviews showed that service plans were not always outcome based or measurable and at times hindered the modification of identified parental or child behaviors that contributed to the child's need for out-of-home care.
- Case reviews demonstrated that service plans or needed interventions were sometimes identified but delayed or not initiated. In one case, a child's permanency goal was changed to adoption and the agency worker stated she has never gotten around to filing the TPR due to demands of the workload. In another situation, a child with special needs required an evaluation and the referral was eventually made but delayed by three months. And in two other separate cases, the father's needs were not assessed and the child's long term needs were not addressed.
- Conflicting recommendations based on evaluations were evident in some of the cases reviewed.
- Sometimes cases also lacked a family-centered approach in assessing the children's health, safety and well being. In one case, the major needs of the child and his mother were not assessed and identified. Child did not feel safe in current placement. The mother's past issues with substance abuse and domestic violence have not been reevaluated to determine if those problems currently exist.

- In instances in which there was historical information, case records did not always indicate that the information was used in the assessment.
- Stakeholders noted previous practice discouraged foster parents and biological parents working together.
- Stakeholders report appropriate services to children and their families could be enhanced by shorter waiting lists, retention of service providers, easier access to written progress reports, and more contracts with mental health providers. Stakeholders stated there could be long delays in obtaining services. They report there is sometimes a week or more before cases are accepted in intake, and an additional month or two before services are initiated.
- Stakeholders expressed the opinion that some assessments of children placed in foster care through voluntary agreements identify the child's behavior as the major concern, when in fact, there are often underlying issues such as domestic violence, chronic neglect, and/or parental substance abuse.

Item 18. Child and family involvement in case planning

Strength Area Needing Improvement

Basis: Statewide Assessment

Inclusion of a child’s parent(s) or guardian(s) as participants in the development of the child’s uniform case record is a requirement for local districts. Efforts must be made to include both the child and the child’s parents or guardian (s) as participants at the case conference, and in outlining the tasks and activities to take place during the upcoming service plan period. Written notice of the case conference is required to be given to parties two weeks in advance. In the event that the parent(s) is unable to attend the case conference, every effort must be made to conduct a face-to-face meeting with the parent within the next thirty days to outline the new goals and outcomes, anticipated completion dates, and upcoming tasks and activities. A review of the previous service plan, progress made toward achieving goals and outcomes, past participation of family members, and any problems in service provision are included in this meeting. When efforts to make face to face contact are not successful, written notification of the service plan is required. In addition, caseworkers are required to document in the case record their efforts to involve the parents and children over 10 in the development of the plan. The UCR form has a section to complete regarding this involvement and places where the parents and children may sign the UCR.

The State has conducted Safety and Permanency Assessments in New York City and in several upstate local districts in recent months. The upstate reviews found that written notice of the service plan review, at least two weeks prior to the scheduled service plan review, was provided to 57% of birth mothers and 49% of birth fathers. Sixty-one percent (61%) of service plan reviews were attended by birth mothers. Birth fathers were in attendance at 30% of service plan reviews. Of the cases in which the child was age 10 and older, children attended 74% of service plan reviews.

In NYC foster care cases, 46% of the cases had complete documentation, and in an additional 22% partial documentation, that the parent and child (age 10 or older) participated in the development of the plan, or that efforts were made to involve them. Parents attended less than one-third (30%) of service plan reviews. NYC's data show this rate increased to 38% as of July 2000.

During 2000, NYC initiated Child Safety Conferences, in which families and service providers meet within 72 hours of a child's placement in foster care to assess the child's safety and begin planning for permanency. Of the 3,068 Child Safety Conferences conducted during 2000, parents attended 72% of the time.

NYS requires that efforts be made to include both the child and primary care givers in the development of the service plan. NYS identifies corrective action needed to improve parental participation in case plans. In a six-month review period, 61% of birth mothers attended the development of the case plan; in NYC parental participation was less than 30%.

Basis: Onsite Review (48 cases were applicable)

Strengths

Although the area of child and family involvement in case planning was rated as "needing improvement", there were 43 (87.8%) of the 49 cases in which the area was rated as a strength. The strengths identified were the following:

- Case reviews indicated that, in cases in which children remained in their homes, parents were actively engaged in service planning, while in those cases in which children were in foster care the parents were not as actively engaged in developing case plans. There is active engagement of parents in service planning on preventive cases more than on foster care cases.
- In cases involving children age 10 or older, case records reflected that the children were involved in case planning activities.

Areas Needing Improvement

In 6 (12.2%) of the 49 applicable cases, this indicator was rated as an area needing improvement. The key problems identified were the following:

- Stakeholders indicated that concurrent planning is not always utilized to enhance parent's participation in case planning or decision making, and to understand issues regarding TPRs as well as the potential effect the termination of parental rights can have on the family.
- In some cases, reviews did not show effective engagement of challenging parents, especially those with cognitive disabilities.
- There is insufficient involvement of some prospective adoptive parents in case planning activities. Case reviews revealed concerns regarding the lack of actively planning with 'presumptive' adoptive parents, assuming the foster parent will adopt without consulting them. In some of these cases, there is also insufficient engagement of foster parents who are ambivalent about adopting.

Item 19. Worker visits with child

Strength Area Needing Improvement

Basis: Statewide Assessment

Foster Care: During the first month of a child's placement in foster care, casework contacts must be held with the child, the child's parents or relatives and the child's caretaker as often as is necessary to implement the services documented in the family's service plan, but at least twice. A contact between the caseworker and the child's parents or relatives must occur in the home of the parent or relative at least once during the first 90 days of placement. After the first month of placement, casework contacts must be held with the child at a minimum of once a month if the necessity of a child's placement is due in whole or in part to a circumstance related to a child service need. Otherwise, the minimum casework contact requirement is quarterly. A child is considered to have a child service need when the child has special needs for supervision and services that cannot be adequately met by the child's parents even with the aid of intensive services in the home.

Preventive/Protective Services: There must be at least 12 casework contacts with a child and/or family in receipt of preventive services within each six-month period of services. At least six of the 12 casework contacts must be made by the Case Planner. Two

contacts by the Case Planner within the six-month period must take place in the child's home. In cases in which the child protective service is the primary service provider to children named in an indicated child protective services cases and their families, the child protective service worker must make casework contacts which, at a minimum, consist of at least two separate face-to-face contacts per month with the subject(s) and other persons named in the report, at least one of which must take place in the subject's home. Casework contacts must occur whenever a case planner determines they will best serve the child or family. The basic purpose of these contacts is to provide the opportunity for a thorough assessment of the family.

Basis: Onsite Review

Strengths

In 49 (98%) of the 50 applicable cases reviewed, the area of *worker visits with child* was rated as a strength. In closed cases, the case reviews showed that the caseworkers remained responsive and accessible to the children.

Areas Needing Improvement

None.

Item 20. Worker visits with parents

Strength Area Needing Improvement

Basis: Statewide Assessment

NYS standards require that during the first month of placement, casework contacts shall be held with the child, the child's parents or relatives and the child's caretaker as often as is necessary to implement the services tasks in the family and children's services plan, but at a minimum, shall occur at least twice. A contact between the caseworker and the child's parents or relatives shall occur in the home of the parent or relative at least once during the first 90 days of placement.

After the first month of placement, contacts shall be held with the child's parents or relatives at least once every month if the permanency planning goal is return to parents or relatives and at least quarterly if the child's permanency planning goal is adult residential care or preparation for independent living.

For CPS and Preventive cases there must be at least 12 casework contacts with the children and their families.

Basis: Onsite Review

Strengths

In 39 (92.8%) of the 42 applicable cases reviewed, the area of *worker visits with parents* was rated as a strength for the following reasons:

- Case records reflected that caseworkers met with parents on a bi-weekly basis and, in some instances, they met with them on a weekly basis.

Areas Needing Improvement

In 3 (7.3%) of the cases reviewed, this indicator was rated as an area needing improvement.

- Case reviews indicated a need for increased efforts to locate and engage fathers as part of worker efforts in visiting with parents.

Status of Well-Being Outcome WB1 - Not in Substantial Conformity

| Outcome WB2: Children receive appropriate services to meet their educational needs. | | | | | |
|--|--|---------------|---------------|---------------------|-------------------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | Total Cases in which Outcome Applies = 47 | | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 22 | 10 | 11 | 43 | 91.48% |
| Partially Achieved: | 1 | 2 | 0 | 3 | 6.38% |
| Not Achieved or Addressed: | 0 | 0 | 1 | 1 | 2.12% |
| Not Applicable: | 2 | 1 | 0 | 3 | |

Item 21. Educational needs of the child

Strength Area Needing Improvement

Basis: Statewide Assessment

State regulations require that child-care agencies take steps necessary to make certain that all children in foster care receive education appropriate to their needs and in accordance with the requirements of the Education Law. In addition, they are required to maintain an active and direct liaison with any school in which a child in its care is enrolled and make certain that each child receives appropriate educational and vocational guidance. State standards require that the child's case record contain educational and vocational training reports and evaluations indicating the educational and/or vocational needs of each foster child, including school reports and committee on special education evaluations and/or recommendations. For children placed in OCFS facilities- all are required to participate in an education and or vocational program designed to meet their specific needs.

Data from a review of 401 foster care case records in New York City during Spring, 2000 show that about 29% of school-age children in foster care in New York City were attending special educational programs. Case records contained documentation of school performance for 87% of the school age children. The review showed that about one-quarter of school age children in foster care needed educational services in addition to those provided by the school to improve their school performance. Of the children who needed these supplemental services, 78% received all needed educational services and an additional 9% received some, but not all, needed educational services.

ACS (In NYC) has signed a memorandum of understanding (MOU) with the Board of Education in the City of New York which provides ACS with access to educational performance and administrative data on the children in its care. Such information includes attendance records, tests scores and school movements. This data allows for a better understanding of how children in foster care fare in school and is being used to develop managerial tools to better serve this population.

Basis: Onsite Review

Strengths

In 43 (91.5%) of the 47 applicable cases, the area of *educational needs of the child* was rated as a strength. Key findings that support the rating of this area as an overall strength for the State were the following:

- Case reviews indicated that young children were frequently referred for Early Childhood Intervention Services assessment and that social workers were out-posted at some schools to facilitate early intervention and coordination of services.
- Case records reflected an array of educational services including in-home tutoring and transportation to and from school that was provided to prevent the child's transfer to a different school as a result of placement in foster care.
- Stakeholders reported that there is a strong partnership with the local educational system (i.e. Schools are involved in case planning and workers participate in IEP's as appropriate.)
- Stakeholders also reported that attention is given to the educational needs of children exiting residential placement to ensure continuity of services from the foster care agency and other agencies in the community.

Areas Needing Improvement

In 4 (8.51%) of the cases reviewed, this indicator was rated as an area needing improvement because there was no documentation in the case records of grades, the child's school performance, and worker/teacher conference outcomes.

Status of Well-Being Outcome WB2 - In Substantial Conformity

| Outcome WB3: Children receive adequate services to meet their physical and mental health needs. | | | | | |
|--|---------------|--|---------------|---------------------|-------------------------|
| Number of cases reviewed by the team according to degree of outcome achievement: | | | | | |
| Total Cases Reviewed = 50 | | Total Cases in which Outcome Applies = 49 | | | |
| | Team 1 | Team 2 | Team 3 | Total Number | Total Percentage |
| Substantially Achieved: | 22 | 10 | 10 | 42 | 85.7% |
| Partially Achieved: | 1 | 3 | 2 | 6 | 12.2% |
| Not Achieved or Addressed: | 1 | 0 | 0 | 1 | 2.0% |
| Not Applicable: | 1 | 0 | 0 | 1 | |

Item 22. Physical health of the child

Strength Area Needing Improvement

Basis: Statewide Assessment

For each child admitted into foster care NYS OCFS requires a comprehensive medical examination within 30 days after admission unless records are available to document that such an examination was completed within 90 days prior to admission and the initial exam is waived by the authorizing agency. The initial examination must be in accordance with current recommended medical practice as it applies to the child's age, development and environmental background. The comprehensive health history should be made available to the foster care parent at the time of placement.

All children in foster care age three years and older must be examined by a dentist annually and must be provided with any needed dental care. As part of the individualized medical examination each child should have vision assessments. All medical information on each child should be maintained in its case record.

Data regarding health care for children in foster care was collected during a review of 401 New York City foster care cases during the Spring 2000. It indicated that 81% of children had the required medical examination within 30 days of placement in foster care. Generally speaking, the findings showed that when children had a specific medical problem they generally received the services needed to address the problem. About one-third of children in foster care had an identified medical need during a recent one-year period; 92% of those children received the services needed to address the problem. The findings were less consistent regarding the provision of routine medical exams and immunizations. There was documentation of up-to-date immunizations in 75% of case records. Using a rigorous standard of required health exams, 86% of children had some or all required routine health exams. Routine dental and eye exams were not consistently provided for all children.

Basis: Onsite Review

Strengths

In 43 (91.5%) of the 47 applicable cases reviewed, the area of *physical health of the child* was rated as a strength. Key findings pertaining to this indicator were the following:

- The case reviews indicated that children in foster homes and residential care receive appropriate medical assessments as they entered foster care as well as on-going medical care as needed.
- Stakeholders stated that foster parents are strong advocates for children's medical needs and often share information with one another regarding Medicaid providers and other health related issues.

- Stakeholders reported that not all service providers will accept Medicaid as a method of payment. However, those that do are serving children in foster care. They also reported that pregnant teens received appropriate prenatal care as well as infant care education.

Areas Needing Improvement

In 4 (8.5%) of the 47 applicable cases, the indicator was rated as an area needing improvement because reviewers determined that either the child's physical or dental needs were not being met.

Item 23. Mental health of the child

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State regulations require that each authorized agency is responsible for providing comprehensive medical and health services for every foster child in its care. Psychiatric, psychological and other essential services must be made available appropriate to the needs of the child.

Data from a review of 401 foster care cases in New York City during the Spring 2000 indicated that over half (57%) of the children had mental health and/or behavioral problems. Most (90%) of these children received services to address their mental health/behavioral problems while in foster care. This finding showed a substantial improvement from the finding of a 1997 New York City foster care case review that only 51% of children with mental health problems received mental health services. Aggregate data from upstate local districts is not available in the specific area of mental health services to children in foster care. However, Safety and Permanency Assessments of several upstate local districts in recent months indicate that 87% of children in foster care received the services needed to help achieve their permanency planning goal, including mental health services.

Basis: Onsite Review

Although in 40 (91.1%) of the 44 cases reviewed the area of mental health of the child was rated as a strength, several problems were identified during the case review and by stakeholders which resulted in an overall rating as an area needing improvement.

Strengths

- Case records reflected that the mental health needs of children in foster care, as well as in-home, were identified and services were provided based on available resources. Mental health screenings were provided to the children regardless of whether they were in foster family care, in a residential facility, or in their homes.
- In the urban areas, stakeholders indicated that there was an array of mental health resources, which facilitated the early detection and provision of treatment.
- Case reviews showed that mental health evaluations occurred prior to placements and children were placed in the least restrictive environment based on their mental health needs.

Areas Needing Improvement

In 4 (9%) of the 44 applicable cases reviewed, this indicator was rated as an area needing improvement. Cases review findings and stakeholder interviews indicated that:

- In some cases meeting children's mental health needs in some geographical areas is impaired by the long waiting lists for services and the high turnover of mental health providers. For example, in one case a child was on a waiting list for six months.
- Workers at times have difficulty obtaining written progress reports from mental health providers (primarily caused by the lack of a binding contract or MOU with mental health providers.)
- Case reviews also indicated that comprehensive assessments are not always made to evaluate the mental health needs of the child. Further, some children may be discharged from foster care without having their underlying mental health needs properly identified and addressed because they are not "acting out" at the time they are in care.
- Some stakeholders indicated that there are insufficient specialized services to assist children who exhibit complex mental health problems, such as suicidal tendencies and sexual abuse of other children.
- Mental health providers often are not informed about the child's case plan. The stakeholders suggested that this reduces the effectiveness of the case plan because the services are not appropriately coordinated.

- In rural areas, stakeholders said that there were insufficient local mental health resources, which, at times, resulted in children being placed outside of their own communities.

Status of Well Being Outcome WB3 - Not in Substantial Conformity

IV. STATEWIDE INFORMATION SYSTEM

| Rating of Review Team Regarding Substantial Conformity | | | | |
|---|--------------------------------------|----|-------------------------------|---|
| Rating | Not in Substantial Conformity | | Substantial Conformity | |
| | 1 | 2X | 3 | 4 |
| | | | | |

Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months), has been in foster care.

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State’s child welfare statewide information systems include the Welfare Management System (WMS), the Child Care Review Service (CCRS) and CONNECTIONS, the State’s partially implemented SACWIS (Statewide Automated Child Welfare Information System). WMS supports the eligibility and authorization process for all child welfare services. CCRS remains the system of record for preventive, foster care, child protective and adoption services, containing information on service needs, goals, legal events, and placements. CONNECTIONS supports the child protective services process from intake through the completion of the investigation process, as well as the licensing and certification of congregate care facilities and foster family homes. In addition, the Benefits Issuance and Control System (BICS) issues payments and regulates claiming for foster care, adoption, and preventive services in all but one upstate (not NYC) district. Fiscal information, which is used by BICS to support payments, is sourced from the CCRS system. In New York City, a module within CCRS, along with a number of other systems, is used for payment and claiming purposes. Youth entering care through the juvenile justice system and placed in OCFS operated facilities are currently tracked and

managed only in OCFS' stand-alone KIDS system, and are not included in New York's AFCARS (Adoption and Foster Care Analysis and Reporting System) reporting.

At present, the combined data from these systems provides most, but not all, of the required information to track status, demographics, location, AFCARS data elements and goals for children in care. New York has used the data stored in CCRS to manage and track its foster care population for decades. When first implemented, the system represented state of the art technology and it has continued to be a useful tool.

The systems, however, largely do not communicate with one another nor provide the flexibility for adding or changing the data maintained, and they do not have the ability to support the data needs of end users. WMS data access is available primarily for the current caseload and historical data for eligibility and child welfare services. Changes to WMS to support new programs or eligibility requirements are labor intensive and time-consuming. Reports are of the "canned" variety and difficult to customize. Efforts to make changes to reports are time consuming and resource intensive. The ability to support new legislative and regulatory initiatives suffers from conflicting priorities and dwindling resources. For the most part, local district staff must rely on programmed production reports for data access. Since the system was conceived more as a reporting and monitoring tool than as a support for workers, data entry can be difficult to accomplish with little perceived pay-off. This results in under-reporting of data. A CONNECTIONS Reassessment Report, was issued by the State's Project Integrator contractor in March 2001. The report recommends proceeding with re-development of the case management component and enhancement and interface with the existing BICS system for financial management purposes. CONNECTIONS is intended to support the full range of child welfare activities from eligibility determination through service delivery to payment for services and is scheduled for full implementation in 2004.

Basis: On-Site Review

New York State's child welfare statewide information systems include the Welfare Management System (WMS), the Child Care Review Service (CCRS) and CONNECTIONS, the State's partially implemented SACWIS (Statewide Automated Child Welfare Information System) system. The combined data from these systems provides most, but not all, of the required information to track status, demographics, location, AFCARS data elements and goals for children in care.

The systems contain gaps or disconnects that prohibit information, especially case histories, from being shared. While improvements have been made in the CONNECTIONS' system and how the State involves the community, some players (such as tribal entities, the courts and some voluntary agencies) are not connected or are only partially connected in a way giving them limited access and data.

With respect to cross cutting systems, there is insufficient data about children in foster care to facilitate getting them into other services systems. The better and more available data on children—their needs, etc., the better able the system will be to serve them. The Tribal entity with which the State has a formal child welfare agreement is tied to CONNECTIONS.

V. CASE REVIEW SYSTEM

| Rating of Review Team Regarding Substantial Conformity | | | | |
|---|--------------------------------------|----|-------------------------------|---|
| Rating | Not in Substantial Conformity | | Substantial Conformity | |
| | 1 | 2X | 3 | 4 |

Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.

Strength Area Needing Improvement

Basis: Statewide Assessment

NY states that for some time they have been highly effective in meeting this requirement. NYS has had a process for documenting individual child service plans since 1976. It was implemented statewide since 1981. New York State requires the establishment and maintenance by local social services districts of a single, standard family and child uniform case recording process. A uniform case record, (UCR) must be created for all families and children receiving mandated and non-mandated preventive services, children in foster care, including those legally freed for adoption, and children named in an indicated report of child abuse or maltreatment. Inclusion of a child’s parent(s) or guardian(s) as participants in the development of the child’s uniform case record is a requirement for local districts. Efforts must be made to include both the child and the child’s parents or guardian (s) as participants at the case conference, and in outlining the tasks and activities which will take place during the upcoming service plan period.

The contents of the UCR include a discussion of the child's placement in the least restrictive and most homelike setting in which the child can be maintained safely and receive all services specified for his or her service plan. One component of the UCR is the service

plan, which is to be developed jointly with the parents or guardian of the child in foster care whenever possible. Foster and pre-adoptive parents also provide input.

Required within the uniform case record is a series of documents, or UCRs, that must be completed by the case planner and approved by the case manager. The first UCR document must be completed no later than thirty days after Day 1 of the case. The second UCR must be completed within 90 days following Day 1 of the case. The third in the series is due within six months of Day 1 of the case and every six months thereafter. Plan Amendments are required at points of significant change in the case. On-going Progress Notes are also required. The UCR forms are designed to serve not only as the official source of documentation for the case, but also as tools to help support and guide the caseworkers' and supervisors' professional decision making processes.

Youth in the custody of OCFS and placed in a voluntary authorized agency have the required Uniform Case Record completed for them at the prescribed intervals. Youth in programs directly operated by OCFS have a similar assessment and plan, entitled the Youth Service Plan, and their cases are tracked in the OCFS case management system. The case assessment and plan contains the required elements.

The State's monitoring efforts focus primarily on whether UCR's are completed in a timely manner and appropriately. Data from year 2000 case record reviews show that in New York City's Administration for Children's Services (ACS), 92% of foster care cases contained the most recent required UCR in the case record. Case record reviews in several upstate districts during the last half of 2000 and first quarter of 2001 show that 94% of case records contained the most recently required UCR form, and 94% contained all required UCRs during the one year review period.

NYS identifies corrective action needed to improve parental participation in case plans. In a six-month review period, 61% of birth mothers attended the development of the case plan; in NYC parental participation was less than 30%. State focus groups indicated that parents want opportunities to participate more in the development of the case plans; be respected for their input when they identify what they perceive to be the problem or concern, be treated with respect.

The State has conducted Safety and Permanency Assessments in New York City and in several upstate local districts in recent months. The upstate reviews found that timely written notice of the service plan review, which is to be provided at least two weeks prior to the scheduled service plan review, was provided to 57% of birth mothers and 49% of birth fathers. Sixty-one percent (61%) of service plan reviews were attended by birth mothers. Birth fathers were in attendance at 30% of service plan reviews. Of the cases in which the child was age 10 and older, children attended 74% of service plan reviews. In NYC foster care cases, 46% of the cases had complete documentation, and in an additional 22% partial documentation, that the parent and child (age 10 or older) participated in the development of the plan, or that efforts were made to involve them. Parents attended less than one-third (30%) of service plan reviews. NYC's data show this rate increased to 38% as of July 2000.

During 2000, NYC initiated Child Safety Conferences, in which families and service providers meet within 72 hours of a child's placement in foster care to assess the child's safety and begin planning for permanency. Of the 3,068 Child Safety Conferences conducted during 2000, parents attended 72% of the time.

Basis: On Site Review

The Uniform Case Record process is in place, supported by the information system that prompts timeliness of development of the written case plan. The State and local districts are highly effective in developing case plans. Stakeholders said there was a need to actively engage parents, foster parents or guardians in case plan development so that these individuals understood what was being done and the impact of their involvement.

While improvement has been made in involving birth parents in case plan development, stakeholders identified this as an area requiring more activity to increase the percentage of birth parents' participation in the process. This could involve better notification and communication with birth parents, clarity about their rights and special attention given to contacting birth fathers.

Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State requires that a family service plan be completed for children being considered for or entering foster care. Administrative reviews, known as service plan reviews in NYS, are required every six months. Service plan reviews are conducted via a case conference that by regulation must include the Case Planner and a third party reviewer and must allow for notification to, and participation of, the parents and any foster child over ten years of age. The service plan review and its resulting recommendations must be documented in the Uniform Case Record and made available to all service plan review participants. Foster parents are encouraged to participate in service plan reviews.

Data from a State review of NYC case records during Spring, 2000 indicated that 83% of foster care cases had at least one service plan review during 1999. Focus Group input shows that in NYC service plan reviews are seen as a positive opportunity for case

conferencing, but cites difficulty with the attendance of law guardians due to court scheduling conflicts, and indicates that as yet the service plan review is an underutilized planning tool. Safety and Permanency reviews conducted by the State in several upstate districts during the last quarter of 2000 and the first quarter of 2001 showed that 60% of the foster care cases had a service plan review held at the time of the most recent UCR. Of those cases, 63% were timely, held within six months of the previous service plan review.

In the New York City Family Treatment Courts initiative, family service plans have become a focal point for biweekly hearings to monitor the participation of caretakers who are substance abusers, and for the provision of services to caretakers with substance abuser issues and their families.

Basis: On Site Review

State laws, regulations and policies are in place to ensure Service Plan Reviews. Stakeholders recognized that State regulations and policies were in place to ensure Service Plan Reviews. They also noted that, as case review documentation indicated, the Service Plan Reviews were not being conducted timely.

While records show that parents and children in care signed the Service Plan Review document, some stakeholders expressed concern about whether they were fully engaged by the local district and understood what they were signing.

Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Strength Area Needing Improvement

Basis: Statewide Assessment

State statute and regulations prescribe both the time frames and the disposition options for permanency hearings. Local districts are required to file petitions with the court 60 days prior to the date required for the permanency hearing to facilitate scheduling of the hearing and to inform the court of the progress in meeting the Family Services Plan. For youth in OCFS custody, the permanency hearing is scheduled at the time of the original placement hearing, to avoid any delays or scheduling problems later on.

A review by OCFS of NYC foster care cases during the Spring 2000 provide data regarding permanency hearings scheduled and held during 1999. The data indicated that 32% of those cases, which were due for a permanency hearing in 1999, had a hearing take place. Of the cases that did not have a required permanency hearing, 28% had a permanency hearing petition filed. More recent data from

Safety and Permanency reviews in several upstate districts during the last quarter of 2000 and the first quarter of 2001 show that for children who had been in foster care at least 12 months, a permanency hearing was held in 68% of the cases. Of the permanency hearings, 71% were held in a timely manner. Notice to attend permanency hearings was provided to foster parents in 81% of the cases.

Input from focus groups identified current barriers to the timely occurrence of permanency hearings. In New York City, the heavily scheduled court system may not have completed the necessary fact-finding process before the permanency hearing is due. Permanency hearings are not perceived to have the same weight as other legal events, although this perception and the degree to which judges consider permanency a serious issue are beginning to change. Attendance by all parties does not always occur, and timely notice of hearings is cited as problematic. The use of referees for the initial permanency hearing is one solution to the court bottleneck which is not always well received. Poor communication between the local district and the court system is perceived as a problem affecting the quality of permanency hearings.

Permanency hearing scheduling problems were also cited in upstate districts. Some focus group participants stated that permanency hearings are perceived by judges to be less important than other legal events. Some questioned the relevancy of permanency hearings, indicating that the hearings add one more step in the process to be completed without adding forward movement or improving the provision of services.

Both New York City and upstate district focus group participants stated that negative perceptions about the efficacy of permanency hearings are beginning to change. The hearings were seen as helping to focus on the service plan and why it may not be working. The hearings force a clearer articulation of the Permanency Planning Goal and the reason for placement. Those who stated the process was positive described the hearings as a forum in which dialogue between parents and attorneys is encouraged, and as a means to producing a goal oriented approach to the case.

The State has conducted regional training sessions regarding permanency hearings for local district Directors of Services. It has also made available case specific data from the Child Care Review Service (CCRS) to local districts and voluntary foster care agencies to make them aware of upcoming hearings.

Basis: On Site Review

Although there are procedures and policies in place that govern Permanency Hearings, the hearings are not occurring in a timely manner. However, when they do occur, the hearings appear to involve all the relevant parties. Barriers to timely Permanency hearings include court delays, high staff (child welfare agency) turnover, and a lack of the fully prepared documentation needed for

court processing and appeals.

Stakeholders noted that the model Permanency Court is demonstrating that Permanency Hearings can occur before the one-year requirement and get the involvement of all the relevant parties. One of the challenges that remain is getting sufficient information into the Court ahead of time. Although local districts are beginning to submit petitions for hearings approximately three months prior to the date of the required hearing, they often still fail to meet the 12-month deadline due to postponements.

Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

Strength Area Needing Improvement

Basis: Statewide Assessment

With the passage of ASFA, OCFS is working with local districts and contract agencies to fully implement ASFA requirements, including meeting the termination of parental rights (TPR) requirements. Technical assistance and training is provided to help local districts and contract agencies move toward TPR, when appropriate, in a planned-full and timely manner. OCFS provides management reports to local districts identifying the children who have been in foster care for one year to aid in planning. Regional Offices work with local districts to review caseloads thoroughly and plan for cases in which a TPR is the appropriate course of action. Individual local districts have developed their own methods for tracking ASFA compliance. OCFS has conducted training on ASFA requirements, including TPR issues, through a number of regional forums, teleconferences, and Regional Office meetings with districts, and developed and provided a self-assessment instrument for districts to aid in ASFA implementation and TPR issues.

The State requires, except as described in the paragraph below, that a petition to terminate parental rights (TPR) must be filed when a child has been in foster care for 15 of the most recent 22 months, a court has determined the child to be an abandoned child, or a court has determined that the parent has been convicted of one of the serious offenses outlined in State law and Regulation.

A TPR petition is not required when: the child is being cared for by a relative (although a TPR may be appropriate in such cases) or the agency has documented a compelling reason for determining that filing such a petition would not be in the best interests of the child. Such compelling reasons may include the following: adoption is not the appropriate permanency goal for the child; the child is 14 years of age or older and will not consent to his/her adoption; the child is the subject of a pending disposition under Article 10 (relates to child abuse and neglect) of the Family Court Act and the child is not already in the custody of the commissioner of social services as a result of a proceeding other than the pending Article 10 proceeding; or there are insufficient grounds for filing a petition

to terminate parental rights. Additionally, an exception to not filing a TPR petition is the determination that the agency did not provide services to the parent(s) that are necessary for the safe return of the child to the parents. Existence of an exception must be determined on a case by case basis and the case specific determination documented in the case record.

Data from a State review of NYC foster care cases during the Spring 2000 indicate that of the children in care 15 of the most recent 22 months, 27% had a TPR filed and 48% documented an exception or compelling reason for not filing a TPR. The most common compelling reasons and/or exceptions documented were that the child had a permanency goal other than adoption; there were insufficient grounds for filing a petition to terminate parental rights; and the child was in the care of a relative.

Data from a case review conducted in several upstate districts during late 2000 and early 2001, indicate that of the children who entered foster care after passage of New York State's ASFA-related legislation on February 11 1999, a TPR was filed, or an exception or compelling reason documented, in 68% of cases for birth mothers and in 74% of cases for birth fathers (excluding cases in which the child was legally freed and where parents' whereabouts were unknown). All (100%) of the recorded exceptions and compelling reasons were found to be appropriate, based on the individual case circumstances.

A group of NYC law guardians and Legal Aid social workers identified strengths in the current TPR process, including the Model Courts in NYC which offer TPR benchmarks and tracking. The group raised issues of TPRs in kinship foster care, including hesitancy on the part of some kinship foster parents to move to adoption and possibly a lower priority being given by the agency to TPR.

In focus groups there was consensus that delays in the court process put the system behind from the start of a child's entry into care, including the timely filing of TPRs. The delay in the initial fact finding was seen as the greatest barrier to TPR.

Court-related barriers

One barrier within the court system was the granting of lengthy adjournments by judges. Judges were also noted to accommodate biological parents who have done the minimum amount required to keep custody; to suspend judgements excessively; and to take too long to write decisions. A final problem noted was the scarcity of attorneys to represent parents or children and a high rate of turnover of legal aid attorneys both resulting in court delays with respect to TPR.

Agency-related barriers

Other barriers including caseworker turnover, staffing shortages, transfer of cases, and caseworkers' lack of familiarity with cases slow down the TPR process. The attorneys agreed that better documentation in case records would enhance TPR filings. It was also felt

that local districts and agencies need to look for birth parents sooner and to discuss the option of voluntary surrenders with parents earlier in the process, saving valuable court and staff time.

Another TPR barrier identified was that New York State law limits the circumstances under which TPRs could be filed sooner than 12 months following the child's placement. One example was in the case in which there are infants with siblings whose parental rights have been terminated and therefore diligent efforts are not needed, but the termination cannot be filed until the child has been in care for one year.

Basis: On Site Review

Although stakeholders acknowledged that the State was making concerted efforts through policy developments, staff training, and other supports to implement provisions of the Adoption and Safe Families Act regarding TPR, they cited continued delays in making decisions regarding TPR when children have spent 15 of 22 months in care. This finding is also supported by case reviews.

Item 29. Provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Strength Area Needing Improvement

Basis: Statewide Assessment

OCFS regulations provide foster parents, pre-adoptive parents and relatives caring for a child the right to be provided notice of any court hearing, and the right to be heard at the hearing. Foster parents are encouraged to participate as members of the case planning team, and must be notified of Service Plan Reviews.

State review data on notice to foster parents indicate that there is inconsistency across the State in the degree to which this standard is adhered. Reviews conducted in several upstate counties during the last quarter of 2000 and the first quarter of 2001 found that foster parents attended 63% of Service Plan Reviews. The data showed that a lower percentage (54%) of foster parents received written notice two weeks in advance of the hearing. There was evidence in the case records that 81% of foster parents received notice of court permanency hearings. In contrast, foster care case record review data shows that in NYC, 26% of foster parents attended Service Plan Reviews and 33% received written notice two weeks prior to the review.

Input from focus groups identified that in NYC there is a perceived lack of interest on the part of foster parents in attending hearings. However, their availability is not considered in the scheduling process, and foster parents' input is often not solicited at the hearings. In upstate districts written notification occurs more often, but remains inconsistent. Foster parents stated that they are sometimes informed of upcoming hearings by members of the biological family, or by verbal invitation from their caseworker.

Basis: On Site Review

Overall, there was case record evidence that hearing notices were being transmitted to all the relevant parties in the case including birth parents, foster and pre adoptive parents and others.

VI. QUALITY ASSURANCE SYSTEM

| <u>Rating of Review Team Regarding Substantial Conformity</u> | | | | |
|--|---|---|--------------------------------------|----|
| Rating | <u>Not in Substantial Conformity</u> | | <u>Substantial Conformity</u> | |
| | 1 | 2 | 3 | 4X |
| | | | | |

Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.

Strength Area Needing Improvement

Basis: Statewide Assessment

NYS OCFS standards for its foster boarding homes and congregate care facilities have been amended to comply with federal laws for relative and non-relative foster boarding homes. New York has exceeded federal requirements by requiring the criminal history record checks on existing foster parents as well as all member of the household over the age of 18. In those situations in which a criminal history is identified through the record check process, a safety assessment must be performed to determine whether children can be safely placed, or can safely remain in the home. Home studies of the foster care parent require evaluation of character, ability and motivation. Foster parents are required to submit medical exams and attend training prior to placement of foster children in home.

Separate standards exist for each type of congregate care facility in New York State. Facilities must be inspected and compliant prior to the issuance of an operating certificate and continue to be re-inspected on an ongoing basis. The standards include: physical plant, sanitation, food, fire protection, employee qualifications, employee health, and SCR Clearances. Other standards that relate to children in the care of these facilities detail policy on health and medical services, nutrition, restraint and isolation, privacy, and recreation. OCFS conducts investigations of reports of abuse or maltreatment of children placed in congregate care settings. For all children in foster care, whether foster boarding home, or congregate care, standards specifically provide for casework contacts with children, and the provision of medical and health services. Documentation is required in the UCR that addresses child safety in foster care, including protecting factors. Protecting factors are defined as strengths, attributes, circumstances, and/or resources that serve to protect and support child safety. The UCR is a tool that the caseworkers use to develop and monitor the delivery of all needed services, including medical services, to the child.

In 1998 OCFS established a Monitoring Unit in the Office of Program Support, with units in NYC and in its central office. In 1999, that unit's responsibilities and focus were expanded to incorporate a focus on quality and practice improvement. In addition to the individual efforts of local social services districts and the regional efforts of OCFS Field Operation's staff that are tailored to address the quality of services in specific districts, OCFS has undertaken efforts to develop and implement a consistent statewide approach to quality assurance. The tools used for the statewide approach are CPS Review Instrument, Voluntary Agency Review (VAR); Safety and Permanency Assessment (SPA); Quality Service Review (QSR) and the Practice Baseline.

Individual cases involving youth in the custody of OCFS and placed in OCFS operated programs are tracked and monitored through the case management system. In addition, most OCFS operated programs are accredited through the American Correctional System a nationally recognized body. A rigorous review is conducted by ACA initially and at three-year intervals thereafter. An annual internal review of the facility is conducted as well. The ACA accreditation process calls for both external and internal checks, and corrective action followed by re-reviews should deficiencies be noted.

Basis: On Site Review

Quality Assurance standards are in place and are monitored by the State and local district. Performance contracting is used as another vehicle for ensuring quality services that protect the safety and health of children in foster care. State OCFS Regional Offices are very much involved in the on going monitoring and quality assurance training activities around standards and outcomes with local districts and voluntary agencies.

Case reviews and interviews showed that supervisors have a longstanding knowledge of cases and are signing off on UCR's and staff understood the standards for: timeliness of investigations, contacts with children and parents, timeframes for developing and revising service plans; time to achieve adoption milestones.

Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State has developed a quality assurance system that evaluates child welfare services provided to children and their families. Much of the time this system is focused on a case record review process for a specific program area.. The review findings form the basis for any needed performance improvement strategies. Depending on the type of review, the unit of analysis may be a local department of social services or a voluntary agency with which the local district has a purchase of service contract. NYS is considering shifting some of the focus from case record reviews to a process that utilizes other information sources that may better reflect current front-line practice.

The State's primary quality assurance activities include: Child Protective Services Reviews; Voluntary Agency Assessments; Safety and Permanency Assessments; Quality Service Reviews; and Title IV-E Eligibility Reviews and Audits. Other initiatives include assessment of Practice Baselines and reviews and monitoring by The Bureau of Program Monitoring and Performance Improvement's New York City Monitoring Unit. In addition, each local department of social services has a set of quality assurance activities designed to ensure safety, permanency, and well-being for children served by their jurisdiction. A summary of NYC ACS's quality assurance activities includes: Case Reviews; Independent Living Reviews; Supervisory Conferences; Third Party Reviews; Compliance Audits; Medical Performance Reviews; and Quality Service Reviews. ACS is currently reviewing how the various quality improvement case reviews, feedback processes and improvement systems can be better integrated and complimentary.

Another quality assurance tool is the Data Tracking Systems:

- Utilizing data extracts from WMS, CCRS and BICS, ACS has developed case management tools which provide tracking of service authorizations, legal authority and service plan (UCR) on a weekly basis. Data is available electronically at all levels of staff at all ACS locations.

- Resource Directory Tool provides ACS the capability to monitor the integrity of child data entered into CCRS.
- ACS monitors certification and re-certification of foster boarding homes via OCFS Bulletin Board System. Non-compliance below established threshold results in technical assistance and improvement plans.
- Foster Boarding Home Directory Tool assists contract agencies with maintaining home certification at an agency level.

Basis: On Site Review

Case reviews and stakeholder interviews indicated that supervisors have a longstanding knowledge of cases and are signing off on UCRs . Staff described having standards for timeliness of investigations, contacts with children and parents, timeframes for developing and revising service plan, and timeframes for achieving adoption milestones.

Local districts are very much aware of State level quality assurance activities such as Safety and Permanency Assessment and On Going Monitoring Assessment for CPS. In addition, there are other formal QA procedures such as Independent review, Medical Performance reviews, and supervisory conferences.

Stakeholders indicated their awareness of State level quality assurance activities such as Safety and Permanency Assessments and On-Going Monitoring Assessment for CPS in addition to other formal QA procedures such as Independent reviews, Medical Performance reviews, and supervisory conferences.

Attorneys in NYC noted that ACS has not been afraid to hold contract agencies to performance agreements. Several contract agencies have had their contracts revoked because they were making decisions contrary to the best interest of children.

VII. TRAINING

| <u>Rating of Review Team Regarding Substantial Conformity</u> | | | | |
|--|---|---|--------------------------------------|----|
| Rating | <u>Not in Substantial Conformity</u> | | <u>Substantial Conformity</u> | |
| | 1 | 2 | 3 | 4X |
| | | | | |

Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.

Strength Area Needing Improvement

Basis: Statewide Assessment

OCFS, through its Bureau of Training, provides training using a wide range of approaches including direct State-agency training, contracted training, and technologies such as distance learning. OCFS provides training and technical assistance to the following: (1) OCFS staff at rehabilitative services facilities, as well as in the regional and central offices; (2) staff from other State offices and agencies; (3) staff in all 58 local districts including New York City; (4) staff in child welfare voluntary agencies; (5) foster and adoptive parents; and (6) group and family day care providers. The wide variety of professional development programs offered through OCFS training are organized around trainee group goals. The Juvenile Justice Training program supports Division of Rehabilitative Services staff working with youth placed in OCFS facilities.

OCFS' training program helps to prepare 12,000 child welfare caseworkers and supervisors who work with children and families in crisis. OCFS sponsors these activities using expert training providers such as public and private colleges and universities under contracts and agreements established on an annual basis. These university partners provide expertise and research ability that is too costly to develop or duplicate in-house.

The cornerstone of the OCFS child welfare training is the Child Welfare/Child Protective Services Outcome-Based Training. This comprehensive training is designed to provide caseworkers and supervisors with the knowledge and skills necessary to achieve successful client outcomes. The training is focused around the child welfare goals of: child safety, family preservation, adoption for children who cannot be reunified with their families, adult self-sufficiency for youth exiting care at the age of majority, and reasonable developmental attainment for children in the State's care.

The Child Welfare/Child Protective Services Caseworker Common Core is the foundation training component for line staff. This 20-day residential program (retreat) includes pre-training and on-the-job training activities as well as pre, mid, and post-training assessments of skill. The Caseworker Common Core was implemented in 1999. New York State mandates State approved training for its child protective service staff. The Child Protective Service Specialty component was piloted in 1999. Modifications are currently underway and implementation is scheduled for May 2002.

The OBT System is designed to begin by providing all caseworkers, regardless of program specialty, with core training although NYS mandates training for CPS caseworkers only. Recognizing the legislative mandate requiring all child protective caseworkers to receive specialized training within 90 days of assignment to CPS, OCFS has arranged that staff assigned to CPS be given preference when registering for Common Core.

The Commissioner's OBT Steering Committee and local district staff raised some concerns about training, including continued difficulties in meeting the timeline of the mandate. OCFS is considering what changes may need to be proposed to the legislature regarding the timeframe for CPS staff to complete their initial training.

Barriers to training include child welfare caseworker turnover, which is, on average, 16%. This presents a fiscal burden. Curricula must be regularly scheduled and delivered to accommodate the knowledge and skill development needs of new staff. In February 2001, OCFS completed a workforce survey to determine actual turnover rates. Additionally, OCFS is undertaking a workforce development project via contract with the NYS Social Work Consortium. In addition, because of budgetary constraints, several of NYS's local departments of social services have placed travel restrictions on their staff, preventing staff from traveling out of county. OCFS has attempted to lessen the burden of this barrier by providing certain training programs regionally or on-site. These constraints prevent some attendance to training unless it is local or regional.

Since 1986, the James Satterwhite Academy, the training unit of ACS in NYC, has developed and delivered a wide variety of child welfare training to staff from all divisions of ACS, including Child Protective Services, Foster Care, Congregate Care, Office of Contract Agency Case Management, and Child Welfare Specialists. The Academy also provides training to ACS contract agency staff.

Since the inception of Commissioner Scoppetta's Reform Plan, which highlighted the need for improved training and professional development, the work and scope of the Satterwhite Academy has been greatly expanded. The number of Academy staff expanded, which enabled the Academy to significantly increase ACS training, curriculum development and the monitoring of contract agency training. In addition, the budget was significantly increased, office based trainers were added, the scholarship program was baselined into the budget for 100 new scholarships annually, and a modern facility was opened.

Currently, Satterwhite Academy's cadre of training and curriculum development specialists provides core training for child protective services workers, congregate care child care and supervisory staff, child evaluation specialists and new workers from the Office of Contract Agency Case Management. Satterwhite has developed and implemented a number of mandated in-service training courses.

Basis: On Site Review

Overall, the State’s training initiatives were viewed as very good, especially the Common Core training for new workers and the MAPP training for foster parents. In addition, case reviews and stakeholder interviews supported evidence that other types of curricula and training activities were taking place including:

- Some cross training between the Instant Response Team and other special victims units with local police departments;
- An impressive array of on going training opportunities to meet workers needs in dealing with families; and
- A training curricula addressing domestic violence and its connection to child welfare, as well as medical, substance abuse and mental health issues to a much greater extent than in the past.

The State is planning to fully implement its current pilot Outcome Based Training programs for all caseworkers and supervisors very shortly. The State has also spent a significant amount of resources to improve the State’s Central Registry, especially in training staff to carry out SCR responsibilities. This has resulted in an improved response time wherein 87% of SCR hotline telephone calls are being answered within one minute.

Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

Strength Area Needing Improvement

Basis: Statewide Assessment

OCFS' yearly training plan is established after an ongoing inclusive needs assessment process that marries input from customers including State program and local district and agency personnel. OCFS also consults with, and receives suggestions from advisory groups such as the local district Staff Development Advisory Group, Council on Children and Families, and various advocacy groups such as the New York Public Welfare Association. A dialogue is maintained with training providers to learn how to improve our

deliverables. Ongoing specialty training for staff includes: The Supervisory Core; Core Essential Skills for Experienced Caseworkers; The Adoption Specialty; Child Protective Services Advanced Topic; and The Independent Living Specialty.

The OBT system also includes a management component designed specifically for directors of services and administrative supervisors. This component addresses implementing organizational change as well as providing services managers with the opportunity to develop skills in the seven supervisory competencies.

New York City also offers in-service training to its staff and in some cases to contract agency staff courses through the Satterwhite Academy. These include such topics and courses as: Quality Investigative Practice, a six day course for Child Protection, 1800 staff; 72 Hour Child Safety Conference, one day to 3000 staff, Service Plan Review of OCACM and contract agency partners, 3 days for 377 staff; Hunter Supervisory/Management Training, 10 days to 1900 staff; and Re-Engineering Placement, 2 days to 1900 DCP staff. Satterwhite staff also provides direct training on MEPA for contract agency caseworkers, supervisors, and administrators, and a menu of elective in service training courses.

Training for ACS contract agency staff and the community takes place through its Community Education Program. The goal of the Community Education program is to promote child safety and permanency by offering training in a variety of child welfare areas, including parenting skills, mandated reporting, cultural issues, and domestic violence. Additional training is also provided through a number of university and not-for-profit training providers.

Basis: On-Site Review

While most of the information resulting from the on site stakeholder interviews pointed to State's training efforts as exemplary and improving collaboration with local districts, the voluntary agencies, foster parents, the courts and others, there were also some concerns expressed by stakeholders about areas where improvements and focus should be directed including:

- Core training on Indian child welfare and other culturally diverse groups;
- More emphasis on concurrent planning; cross training and common language training This was seen as especially needed across State agencies serving the same foster care/families/populations);
- Specific training for caseworkers on how to address the needs of older adolescents;
- Specific training for caseworkers and other staff on mental health issue because of an increase in the service population needs—both children and families.

Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Strength Area Needing Improvement

Basis: Statewide Assessment

The State agency sponsors the following major training programs:

- Model Approach to Partnerships in Parenting (MAPP) Upstate: This training provides a structured format through which local districts and voluntary agencies can prepare prospective foster/adoptive families and agencies to work as team members in permanency planning. The training is provided through a series of modules designed for differing audiences and purposes.
- Training for OCFS rehabilitative services facilities, accredited by the American Correctional Association. The training includes a 5 week, 200 hour residential program for new direct care workers.
- Independent Living training and technical assistance to staff and foster parents working with youth toward self sufficiency are provided through a network of four organizations around the State (SUC Buffalo, SUNY Stony Brook, South Bronx Human Development Organization, and SUNY Albany). They maintain a resource library and database for statewide use, conduct training conferences in NYC, Buffalo and Albany; and conduct focus groups with child welfare staff, foster parents and youth from the community, voluntary agencies, and districts.
- Some agencies supplement foster parent training through the use of a professional development plan by using experienced foster parents to mentor new foster parents; or by establishing foster parent support groups.
- Therapeutic Crisis Intervention training is provided in four components to staff of child care institutions, especially for children with special needs.

In addition, focus groups in NYC identified a need for additional training for foster parents in the areas of concurrent planning and Family-to-Family to help them be more sensitive in the ways they talk with foster children about their birth parents. Focus groups in

both Upstate and NYC were in agreement that the initial MAPP training is good and helps to achieve the goal of permanency, but expressed the opinion that it does not provide adequate preparation for parenting all the different types of children in foster care. They suggested that the therapeutic training programs provide an additional 18 hours, which helps.

Focus group members provided the following suggestions for improvements to training: (1) more information about the range of emotional, behavioral, and educational problems that may be exhibited by children in care; (2) better preparation for how decisions are made about children in care by the courts and/or local districts; (3) access to follow-up training and technical assistance for foster parents dealing with a particular child's needs. With regard to availability of training, foster parents stated that training sessions are well scheduled, but sessions are not always well attended because of transportation problems and limited child care, especially for children with special needs.

Upstate voluntary agency representatives felt that the training of staff in agencies is adequate, although they noted that additional training would be helpful in the areas of ASFA requirements and time frames. OCFS IAB Specialists felt that the training provided to staff of child care institutions emphasizes restraint training, which gives the wrong message. Agencies that are setting up specialized units or cottages such as “mental health” cottages are not always providing additional specialized training. Concern was expressed that training offerings may be excellent but staff of many facilities and agencies do not attend due to staffing shortages and use of “per diem” staffing.

Basis: On Site Review

There was an overwhelming response that the State’s Model Approach to Partnerships in Parenting (MAPP) training was excellent for parents. This training effort was also supported by additional offerings through the Foster Parents Association (FPA) as indicated by the FPA and other stakeholders.

Although there was general approval of the training offered to foster parents, stakeholders identified specific ways in which training could be improved. These included the following:

- Training is needed that focuses on clarity of the roles of foster parents in order that they can be more effective;
- Training sessions should be planned and provided in a manner to accommodate foster parents’ schedules;
- Training needs to emphasize the role of foster parents as partners with birth parents;

- Agencies need to provide transportation to ensure that foster parents are able to attend training, especially in rural areas; and
- Training focus that is strength-based since foster parents represent multi-faceted resources in the child welfare systems.

In addition some stakeholders noted that additional training in the area of cultural competence was necessary for families to be able to communicate effectively with the population of children who are now coming into care (e.g. Haitian children). Latino foster parents did indicate that training has been conducted in Spanish to accommodate those for whom English is their second language.

VIII. SERVICE ARRAY

| Rating of Review Team Regarding Substantial Conformity | | | | |
|---|--------------------------------------|----|-------------------------------|---|
| Rating | Not in Substantial Conformity | | Substantial Conformity | |
| | 1 | 2X | 3 | 4 |
| | | | | |

Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

Strength Area Needing Improvement

Basis: Statewide Assessment

Local social services districts in New York State are mandated to provide preventive services upon a determination that to do so will help avert impairment or disruption in family functioning and allow children to remain at home with their family. State agency regulations support these statutory requirements and impart direction and guidance regarding the provision of these services. Local social services districts may provide any of the services enumerated in OCFS regulations as pre-placement preventive services. (These same services may also be provided as preventive services to return a child or children home from foster care and restore family unity.) In December 1999, the number of children receiving preventive services in New York State was 52,166 (28,383 in NYC).

A group of seven services are designated as “core services”. Each social services district must ensure the availability of these core services (either directly or by purchase of service access) for each child and his or her family when the service plan identifies such services as needed in order to prevent placement. The core services are: Day care; Homemaker services; Parent training or parent aide services; Transportation; Clinical services; Respite care and services for families to relieve stress when a family member (parent, child, legal guardian, or caretaker) has AIDS, HIV infection, or HIV-related illness; and 24-hour access to emergency services, including cash or the equivalent in services, goods, or shelter.

New York State has developed additional programs to identify and provide needed pre-placement preventive services. Three of these are:

- **Intensive Home-Based Family Preservation Services:** Districts develop casework units in which casework services and direct therapeutic services, including 24-hour access to a caseworker, are available to families in order to reduce or avoid the need for foster care placement. Caseworkers serve no more than four families at a time and must provide at least half of the services in the family’s residence.
- **Home Visiting Program:** The New York Home Visiting Program extends the availability and duration of home visiting services. It is designed to build on existing home visitation programs and to strengthen collaboration with the DOH Early Intervention Program and the Infant-Child Health Assessment Program. These programs require early and periodic screening of infants for certain health and developmental risks and the provision of appropriate services.
- **Preventive Housing Services Program:** New York State initially established its Preventive Housing Services program to provide rental subsidy payments to assist families for whom a lack of adequate housing was the primary factor in delaying children’s return home from foster care. A permanent program to provide similar rent subsidy payment assistance to families to prevent placement of a child into foster care was established in 1997.

Other New York State initiatives supporting pre-placement preventive services are the Domestic Violence/Child Abuse Prevention initiative, Preventive Services funded with Temporary Assistance for Needy Families (TANF) dollars, Family Resolutions Projects, and a collaboration of services between OCFS and the New York State Office of Alcohol and Substance Abuse Services (OASAS).

New York State views the availability of adoption subsidies as essential to enabling the adoption of many foster children. Foster children who are freed for adoption and meet the regulatory definition of “hard to place” or “handicapped” are eligible for a subsidy of between 75% and 100% of the foster care board rate. Adoption subsidies were provided in nearly all (95.6%) finalized adoptions

during 1999. Most of these subsidies were due to the child meeting the definition of "hard-to-place", although about 30% were due to the child meeting the definition of "handicapped".

Adoption services to secure an adoptive home include: counseling with the biological parent or legal guardian concerning surrender of, or legal termination of parental rights with regard to a child; the evaluation of the child's placement needs; pre-placement planning; the recruitment, study and evaluation of interested prospective adoptive parents; counseling for families after placement; supervision of children in adoptive homes until legal adoption; and counseling of adoptive families after legal adoption.

New York State's ASFA enabling legislation, Chapter 7 of the Laws of 1999, enacted on February 11, 1999, added safety and permanency standards which have been incorporated into documentation requirements for completion of the Uniform Case Record, expanding the existing New York State Risk Assessment and Services Planning Model. Both in-home and out-of-home placement safety decisions include key protecting factors that will support the safety of children. The assessment prompts the provision of services to parents when necessary to protect the safety of a child whose permanency goal is to return home.

A review of 401 foster care cases in New York City during the Spring 2000 showed that the services most frequently needed by parents and other discharge resources were parenting skills training, drug treatment, housing assistance, mental health services and income maintenance services. With regard to these services, the case review study found the following: parenting skills training was provided to 71% of parents; drug treatment was provided to 70% of parents; and housing assistance was provided to 67% of parents. The most common barrier to the provision of services to parents was found to be the parents' lack of cooperation. In cases in which services were provided to parents or other discharge resources, the review study found that caseworkers monitored the parents' progress across all services in 65% of cases, and progress in some services in 23% of cases.

Data from Safety and Permanency Assessments conducted in several upstate local districts recently indicated that in 53% of cases, services necessary to achieve the child's permanency goal were provided to the parents. In cases in which services were not provided, the most common reason was lack of parental cooperation. In 84% of cases, services that were needed to achieve the child's permanency goal were provided to the child.

Basis: On Site Review

There was an acknowledgement that the State, through local districts, has made efforts to ensure an array of services for children in foster care and their families—birth, foster and/or adoptive. While services were available, they were not always strategically located. The overall strengths remain in preventive services, while there are identified gaps in many other areas included the following:

- A need for more housing for youth, especially pregnant teens, and emergency placement for youth voluntarily leaving foster care;
- A need for more substance abuse, mental and sexual abuse services and therapeutic homes;
- A need for more services to address special needs: domestic violence, older adolescents, large sibling groups and hard to place children.
- There is a need for more aftercare, post adoption services, and better referrals and follow up.
- Despite the State's efforts, there is an insufficient number of dentists in the Medicaid program and a lack of access to child psychiatric and psychological services; and
- Some stakeholders stated legal representation is uneven for some local districts..

It was generally expressed that improved collaboration and coordination at the local level was one of the key factors to bridging the services gaps and bringing about structured services access and delivery. State level leadership is key to moving this process along and should be expanded beyond current initiatives. The State should continue its support of local efforts to promote community service delivery and even more aggressively pursue its engagement of sister agencies in promoting collaboration and coordination at the local level.

Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State’s CFSP.

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State has directly contracted with providers of services for two general purposes: (1) to try innovations in preventing unnecessary placements of children in foster care and (2) to develop services in under served communities or for under served, vulnerable families. The programs for which the State has contracted directly include: Intensive Case Management, Home Visiting, CCSI, Multi Systemic Therapy, Respite Services, Family Preservation Centers, Advantage After School Programs, Crisis Nurseries and Persons In Need of Supervision (PINS), raising the maximum age to 18.

Focus groups have advised OCFS that the effectiveness of the provision of preventive services vary across the State. In NYC, there were mixed opinions on whether services were offered prior to removal of the child and a lack of sufficient services, as evidenced by waiting lists for parenting and drug treatment programs, was noted. In upstate districts a lack of services, particularly intensive counseling services, was cited as a problem, with a perceived need for more experienced caseworkers.

Basis: On Site Review

There are several State initiatives and State-supported model programs in local districts in operation and/or underway to enhance the service array and access to them. Even with this, there continues to be barriers around full access to services such as: the lack of transportation, scheduling of services not convenient for birth and foster/adoptive parents, and the absence of a continuum of mental health services, especially for children with high level issues (fire starters, sexual abuse predators) and services for adolescents (using psychotic drugs) needing residential treatment.

Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.

Strength Area Needing Improvement

Basis: Statewide Assessment

A Spring 2000 review of foster care cases in NYC showed that the services most frequently needed by parents and other discharge resources were parenting skills training (66%), drug treatment (46%), housing assistance (37%), mental health services (28%) and income maintenance services (20%). The services most frequently ordered by the Court were parenting skills training (29%) and drug treatment (27%). Services were actually provided as follows: parenting skills training was provided to 71% of parents who needed it; drug treatment was provided to 70% of parents who needed it; and housing assistance was provided to 67% of parents who needed it. The most common barrier to the provision of services to parents was the parents' lack of cooperation. In cases where services were provided to parents/discharge resources, the caseworker monitored the parents' progress with all of the provided services in 65% of cases, and progress with some of the provided services in 23% of cases. Another finding was that of the cases receiving preventive services, 13% had one or more children placed in foster care during a six month review period.

Data from Safety and Permanency Assessments conducted in several upstate local districts during the past several months indicate that in 53% of cases, services were provided to the parents that were necessary to achieve the child's permanency planning goal. When

services weren't being provided, the most common barrier was lack of parental cooperation. In 84% of cases, services were provided to the child that were needed to achieve the child's permanency planning goal.

In focus groups there was an almost uniform response from NYC birth parents – they stated they did not receive the help needed to make the changes necessary to have their children returned home. Housing was cited as the number one issue. A strong need was expressed for coordinated “wrap-around” services. Services are needed to help the child stay home; this includes mental health services for the family, parent advocates that are available 24-hours a day; access to the child’s psychologist to help parents deal with child’s behavior, and a support system outside of the work day. They also stated that the quality of caseworkers varies - some help and others do not. Upstate birth parents felt that there is too much turnover of caseworkers and that more caseworkers are needed because the current caseworkers are overloaded with cases. The parents were unanimous regarding the need for, and current lack of, services after final discharge.

In the focus group with CASA staff and volunteers, the following themes emerged: transportation needs and long waiting lists for services are problematic; service providers do not always communicate well with each other about what is going on in the family; a single point of entry and services in one geographic location are preferred; and parents are often not involved enough in development of case plans and service plan reviews, making it difficult for parents to trust reunification efforts. More intensive services up front are needed, right after removal when parents’ motivation is at its highest. Caseworkers need to be clear and consistent with parents about goals and actions that need to be taken. Children need to be included more in action and planning.

The provision of services to facilitate finalized adoptions was viewed as problematic due to delays in receiving subsidies, a lack of post-adoption services for children with mental health or behavioral needs and insufficient services available for older adolescents who may be interested in adoption.

Basis: On Site Review

Stakeholders indicated that there was a lack of individualized services relevant to serving the following populations:

- Seventeen to twenty one year olds who need transitional living placements or other alternatives to foster care;
- Teen parents who need specialized placements or other adolescents who need therapeutic foster homes;
- Families in which domestic violence is an issue.

- Persons of limited English speaking abilities and undocumented youth leaving foster care; and
- Persons from other cultures, particularly Asian cultures.

IX. AGENCY RESPONSIVENESS TO THE COMMUNITY

| Rating of Review Team Regarding Substantial Conformity | | | | |
|---|---|---|--------------------------------------|---|
| Rating | <u>Not in Substantial Conformity</u> | | <u>Substantial Conformity</u> | |
| | 1 | 2 | 3X | 4 |
| | | | | |

Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and Family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

 X Strength Area Needing Improvement

Basis: Statewide Assessment

The State OCFS is involved in numerous collaborative efforts to respond to service issues, to strengthen and /or enhance the delivery of needed services, and to coordinate cross-agency services. The partnerships with other State agencies range from informal contacts to formalized committees or task forces. One example of the positive results of such collaboration is the extension of eligibility for the Home and Community Based Waiver under the Medicaid program to children in foster care. The waiver allows children in need of highly specialized services to remain in the least restrictive form of care, foster family homes.

The planning process for delivery of services in each social services district requires the holding of a public hearing with public notice where both the professional and non-professional communities may participate. The review process of the local-level plan at the State level provides the opportunity for discussions of the agenda with each county and is used to advise central office of those broader issues needing attention. Those issues, depending upon their nature, may then be addressed by bringing together the necessary participants from both the local and State level agencies.

Concurrent with the existing planning structure and activities, the Office is in the third year of a five-year interagency demonstration project to demonstrate at the county level, the Office's agenda, operating principles and service continuum for serving the children, youth and families. The Integrated County Planning project has been implemented in 16 counties and in NYC. This project has provided a renewed focus for increased collaboration and coordination at both the State and local level.

Basis: On Site Review

The State has improved and continues to engage various communities in ongoing consultation regarding child welfare matters in the State in implementing the CFSP. The CCSI, ICP and State OCFS Advisory Council and various focus groups conducted through the Regional Offices are examples of the State's efforts to collaborate with those involved with children and families.

There are many examples of the State's responsiveness to the community. They include outreach to other State agencies; promotion of Partners for Children, a cross system collaboration; seeking input on the recently proposed child welfare spending plan with NYPWA, COFCCA and the TANF funding through OCFS to support preventive and after care services.

Stakeholders did indicate a need to do more regarding the following:

- Particular need for more active outreach and inclusion efforts with respect to all of NY's tribal groups;
- Better utilization of the Foster and Adoptive Parents' Network, SCAA and similar organizations and individuals since they have particular knowledge about what is going on in their communities; and
- Sharing information, and providing feedback timely to those the State calls for input.

Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.

Strength Area Needing Improvement

Basis: Statewide Assessment

The State's performance targets (goals) are measured by using various data bases with input coming from social services districts, the St. Regis Mohawk Tribe, various agencies involved in a particular program or project with data basically maintained in-house data

systems. Other progress information reflects, where appropriate, feedback from the various coordination and service integration efforts. Such feedback is more effective as the OCFS is generally an involved participant and representatives involved with the activity can report directly on the various outcomes. All individuals participating in these collaborations may not always understand that there is a connection back to the plan – they see it as an agenda for service delivery. The OCFS promotes focusing on the agenda.

Basis: On Site Review

There is evidence that the agency consults with representatives for input into the development of annual reports of progress and services delivered. However, stakeholders also said that this inclusion was not broad based enough to represent a full picture of the child welfare planning and services delivery.

For example, some stakeholders indicated a need for greater and more active Tribal consultation; there is no Tribal representative on the OCFS Advisory Council. Others expressed dissatisfaction regarding the State's practice of gathering input from its external partners without providing a process to allow for further discussion or open debate of the information gathered.

Item 40. The State’s services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.

Strength Area Needing Improvement

Basis: Statewide Assessment

The population of children and families served by OCFS often have service needs in areas such as health, mental health, education, domestic violence and juvenile justice that overlap available agency services on both a State and local level. OCFS is committed to a position of cooperation and collaboration with those other agencies wherever possible in the interest of promoting the delivery of needed services in a way that is least burdensome and most beneficial to the population served.

OCFS participates in a number of committees, task forces and special projects. These range from policy-making entities at the State level to locally administered, community based initiatives based on State/local, public/private partnerships. The list includes the Home Visiting Council, the Coordinated Children’s Services Initiative, the Domestic Violence Task Force, the Mental Health/Juvenile Justice Coordinating Council, the Mental Health Advisory Committee, Communities Working Together for a Healthier New York, Collaborative Investments for Children, William B. Hoyt Trust Fund, Children's Justice Act Task Force, Runaway and Homeless Youth Advisory Committee, Foster Care/Medicaid Workgroup, Adoption Advisory Group, Early Intervention Coordinating Council,

Task Force on School-Community Collaboration, Office of Children and Families Advisory Committee, Integrated County Planning, Community-Based Family Resource Program Interagency Advisory Board, Inter-Agency Systems Steering Committee, the Integrated County Planning project, Family Development Workgroup, Partners for Children, Mental Health/Juvenile Justice Coordinating Project, Workgroup on Substance Abuse Services for Vulnerable Families, TANF Workgroup and the Community Justice Forum.

Basis: On Site Review

There is much evidence of State OCFS efforts to coordinate services with other State and local agencies. These efforts have been especially effective through the OCFS Regional Offices. Coordinated funding initiatives, such as the TANF-supported endeavors in aftercare and prevention, have enhanced service delivery across local districts. OCFS has been actively seeking collaborations with other State agencies. For example, their outreach to the State Office of Mental Health has resulted in a dialogue regarding standards for health for children in foster care; the implementation of a Home-Based Waiver program, and an organized plan for bringing OCFS and OMH field staff together in training and information exchange forums.

X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

| <u>Rating of Review Team Regarding Substantial Conformity</u> | | | | |
|--|---|---|--------------------------------------|---|
| | <u>Not in Substantial Conformity</u> | | <u>Substantial Conformity</u> | |
| Rating | 1 | 2 | 3X | 4 |
| | | | | |

Item 41. The State has implemented standards for foster family homes and childcare institutions which are reasonably in accord with recommended national standards.

 X Strength Area Needing Improvement

Basis: Statewide Assessment

The foster and adoptive home certification and approval process is designed to provide consistent standards for licensure of foster and adoptive homes. Prospective foster and adoptive parents must provide an application which includes information on employment history, qualifications, medical status, including a physical exam, criminal history if any, a State Central Register for Child Abuse and

Maltreatment clearance report, and completed fingerprint cards to check against criminal history records. Once an application has been accepted, a home study must be completed within four months. During the home study all members of the foster or adoptive home are evaluated against standard criteria which include health, employment, marital status, character, and ability and motivation, as well as physical plant criteria. Authorized agencies are also required to provide orientation to prospective foster and adoptive parents who have been accepted for a home study on a defined set of categories, including the effects of family breakdown, problems created by separation, respective roles of the agency, the birth parents and the foster parents, and the nature of the relationship of agency staff to foster parents and children. Finally, before a child is placed in the home, training and placement information must be provided according to a set of criteria defined in regulation.

Licensure of childcare institutions requires compliance with a comprehensive set of regulations covering physical plant, fire protection, recreation and health facilities, and employee qualifications, health status, and criminal and State Central Register for Child Abuse and Maltreatment background checks. Institutions are inspected against and must be in compliance with each regulation before an operating certificate is issued.

A focus group of OCFS IAB specialists made several suggestions for improving the standards in childcare institutions. These suggestions included: strengthening the regulations around programming and daily schedules for children; raising the standards for hiring and training of child care staff; and more specifically addressing issues that can be problems in facilities, such policies regarding smoking by residents or drug use by residents.

Basis: On Site Review

There are standards and procedures in place that comply with recommended national standards and the MAPP training is viewed as positively impacting the quality of foster care homes.

Item 42. The standards are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-E or IV-B funds.

Strength Area Needing Improvement

Basis: Statewide Assessment

State regulations provide that local district staff may not certify foster and adoptive homes until all regulatory requirements have been met. All steps in the certification process are tracked through the CONNECTIONS computer system, from which the certificate to

board is generated. CONNECTIONS also alerts local social services district staff when the certification is about to expire and re-certification needs to be completed. State Regional Office staff are available to districts to assist with compliance issues that may occur.

OCFS Regional Office staff licenses institutions and other congregate care settings. Regional Office staff also perform inspections of institutions and other congregate care settings on a regularly scheduled basis. Fire Safety and Program inspections are conducted, violations of regulation are cited, and compliance plans are developed and monitored. Corrective action plans required of agencies have focused on training initiatives, increased monitoring of staff activities, procedural changes, and clarifications and enhancements to agency policies and procedures. Regional Office staff investigate allegations of child abuse and maltreatment in child care facilities, and require corrective action of agencies where appropriate.

Basis: On Site Review

State Standards are being applied equally among foster and adoptive homes and institutions. Elimination of the dual standards has been helpful to the process and procedures. Foster parents noted that licensing practices were equally applied across the agencies but they expressed concern that monitoring was not sufficient to observe unsafe practices in the home. They also indicate that the regular caseworker visits are not occurring consistently. Although standards are in place, there were several concerns still expressed about the quality of the foster care homes.

Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

Strength Area Needing Improvement

Basis: Statewide Assessment

New York State has enacted legislation requiring prospective foster and adoptive parents, foster and adoptive parents approved and certified as of February 11, 1999, and any person over the age of eighteen residing in the home of prospective or certified foster or adoptive parents to submit to a criminal history record check. Local social services districts and voluntary child care agencies must provide fingerprint cards and a Notice Regarding Fingerprinting Requirements to prospective foster and adoptive parents and must set up tracking controls to be certain that each person in the household over the age of eighteen has been fingerprinted.

For certain categories of crimes an application for certification as a foster or adoptive parent must be denied unless the foster or adoptive parent can demonstrate that such denial will create an unreasonable risk of harm to the physical or mental health of the child; and approval of the application will not place the child's safety in jeopardy and will be in the best interests of the child.

As of February 2, 2001, in 90.5% of the fingerprints processed there was no criminal record or no reportable record found. Data from a Spring, 2000 NYC review of foster care case records indicate that 54% of case records contained the results of criminal background check for all household members over the age of 18; an additional 7% of case records contained results for some, but not all, household members over 18.

With input from stakeholders, the need for refinements to the original State statute was recognized and the State enacted new legislation amending the criminal background check law. The State opted out of the Federal requirements for the criminal record background check as of July 1, 2000. In order to be in compliance with New York State OCFS regulations, each prospective and certified foster and adoptive parent must complete the criminal history record check requirement and must also be cleared against the State Central Register for Child Abuse and Maltreatment, have a medical exam every two years, and meet all requirements of the Foster Home Certification/Approval self assessment tool.

Basis: On Site Review

Criminal background checks (CBC) are being conducted according to State standards. There was a consensus that the CBC process was much improved from its initial implementation. Some view the CBC as a good example of prioritizing and collaboration at the State level.

Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Strength Area Needing Improvement

Basis: Statewide Assessment

OCFS Regional Office adoption specialists continue to provide technical assistance to social services districts and voluntary agencies to determine their compliance with the Multiethnic Placement Act of 1994 (MEPA) and NYS regulations. Agencies are required to have a comprehensive recruitment strategy/plan for establishing a pool of waiting foster and adoptive parents. The resource pool

reflects the racial and ethnic diversity of the children in foster care. OCFS monitors voluntary agency implementation of foster and adoptive Comprehensive Recruitment Plan requirements. An interview questionnaire was developed for capturing current recruitment activities to generate a sufficient number of homes that represent the ethnic and racial diversity of children in need of placements. Reviews of recruitment activity are completed for a small sample of children who are waiting for adoptive placement, if applicable, at each agency. This monitoring project commenced in 11/00. It is anticipated that approximately 30 agencies will be visited by the first quarter of 2001.

Recruitment efforts in each region of the State are tailored to meet the specific needs in that area. In some regions, foster and adoptive parents are trained to be recruiters and use their experience to provide guidance, direction and consultation to new foster parents.

NYS OCFS takes an active role in disseminating information on foster care through the use of the media. A statewide media strategy was developed with an emphasis on public education material (videos, brochures, posters) to be used locally on an as-needed basis. A statewide 800-phone number (1-800-345-kids) supports this initiative to answer questions and disseminate information.

Outreach, recruitment and preparation of foster families is supported by OCFS training contracts, including the Foster and Adoptive Parent Recruitment and Retention project in which trainers with skills in reaching out to all communities, most particularly minority and previously untapped communities, work with individual agencies to develop a recruitment/retention plan.

The Group preparation and Selection for Resource Families is a program OCFS continues to support and promote statewide, as is the Foster and Adoptive Parent Training program.

An upstate foster and adoptive parent association focus group participant stated that more Black and Latino foster/adoptive parents are needed, especially bi-lingual Hispanic families and families that can speak particular Hispanic dialects and have knowledge of specific countries and cultures (e.g., Mexican, Central American, Caribbean). The need for caseworkers to have more training and awareness regarding cultural differences in areas such as religion, family, discipline and structure etc was also identified. One of the major barriers to recruitment has been liability issues, which tend to scare prospective foster parents. Another upstate focus group, comprised of local district and agency adoption staff, noted that the Adoption Album has been a very helpful service in finding families; having a minority staff person is a successful approach; recruitment becomes especially difficult when the child's ethnic group is very underrepresented in the community; and that using churches to recruit can be helpful.

NYC Foster/Adoptive Parent Association representatives stated that recruitment efforts for African-American and white foster/adoptive parents is sufficient, but perceived a need for more Latino foster parents. For adoptive parents, there needs to be more financial aid in keeping with the needs for special medical and mental health services of the children adopted.

Basis: On site Review

Stakeholders reported that the State is making significant and organized efforts to recruit foster and adoptive parents. A number of initiatives are underway including outreach by the NYS Foster Parents Association, Wednesday’s Child, child specific recruitment through the media and adoption fairs.

While the overall response to the State’s recruiting efforts is positive, there were a number of areas that demonstrated need for more attention and improvement. These included:

- State agency attention is needed to collaborate with State agencies that seem to be competing for the same insufficient pool of therapeutic homes for children in foster care. This leadership is also needed to develop a foster care program with the Tribal group where poor recruitment has been affected by insufficient resources and lack of Tribal management of training, home certification, and Tribal reluctance to accept the involvement of outside agencies;
- Stakeholder suggested higher foster care rates to increase and replace the number of homes to adoptions by existing foster parents;
- Examining multiple barriers to being foster parents such as those applicable to residing in rural areas where there is little or no public transportation; proximity in placement; siblings entering care at different time; and delays in conducting home studies;
- Increasing public awareness through more targeted media activities and recruitment collaboration with other local agencies and associations.

Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

 X Strength Area Needing Improvement

Basis: Statewide Assessment

NYS OCFS regulations state that authorized agencies may not delay or deny the placement of a child freed for adoption with approved adoptive parent on the basis that the approved adoptive parent resides in a state or county different from the agency with jurisdiction of the child. The regulations also include the right to administrative hearings to challenge any denials. NYS OCFS has initiatives to

increase cross jurisdictional adoptions that include: a new intra/Internet based system of photo listing and family registry system-The Adoption Album-Our Children, Our Families that reaches a broad audience; participation in the Interstate Compact for the Placement of Children (ICPC); teleconferences with local districts and agencies; policy collaboration with other states; partnerships with local districts in development of policy and practice directives; and the Adoption Monitoring System (AMS) database that provides information to the NYS Adoption specialists to help with their monitoring activities. In addition NYS OCFS monitors the implementation of foster and adoptive Comprehensive Recruitment Plan and activities of the voluntary agencies. Sample cases of children waiting for adoption are reviewed at each agency. NYS OCFS findings reveal that agencies are conducting recruitment activities for children in need of adoptive placement. NYS OFCS provides technical assistance as needed.

Highlighted during focus groups was that agencies from New York City are reluctant to place children in upstate rural areas, and some rural counties are reluctant to place children in an urban setting. Some local districts do not know how to, or do not want to pay for, services from provider agencies in other areas. Some smaller counties simply do not have the money to purchase these services. Some counties would rather place the child itself and provide their own services since this costs them no extra funds. The recommendation was made that NYS should pick up the Purchase of Service fee to make it equitable. There is concern among staff about being able to assure delivery of services when placing a child in another district. The Interstate Compact has some of the same issues, creating barriers to delivery of services. Not all states have the same expectations of supervision as New York; there lacks consistency among states. There is a lack of communication among caseworkers.

Basis: On Site Review

While the State is recognized for its efforts to support necessary placements and permanency through cross jurisdictional processes, the practice presents challenges in trying to achieve permanency goals for children in care. The Adoption Album and the Interstate Compact for the Placement of Children are just two key endeavors to help conform practice to regulation and policy.

Stakeholders and local districts acknowledged that more work needs to be done in addressing issues regarding hard to place children, sibling groups and even the issue of cross jurisdictional placements within the State or with other States.

XI. DETERMINATION OF SUBSTANTIAL CONFORMITY

For each outcome and systemic factor listed below, mark “Y” where the State is determined to be in substantial conformity and “N” where the State is determined not to be in substantial conformity. For each outcome or systemic factor marked “N,” place a check beside the performance indicator, listed by item number in this form, that has been determined to be an area needing improvement.

Safety

_N___ Outcome S1
 _Y___ Item 1
 _N___ Item 2

_Y___ Outcome S2
 _Y___ Item 3
 _Y___ Item 4

Permanency

_N___ Outcome P1
 _Y___ Item 5
 _N___ Item 6
 _N___ Item 7
 _N___ Item 8
 _N___ Item 9
 _N___ Item 10

_N___ Outcome P2
 _Y___ Item 11
 _Y___ Item 12
 _N___ Item 13
 _Y___ Item 14
 _Y___ Item 15
 _N___ Item 16

Child and Family Well-Being

_N___ Outcome WB1
 _N___ Item 17
 _N___ Item 18
 _Y___ Item 19
 _Y___ Item 20

_Y___ Outcome WB2
 _Y___ Item 21

_N___ Outcome WB3
 _Y___ Item 22
 _N___ Item 23

Systemic Factors

_N___ Statewide Information System
 _N___ Item 24

_N___ Case Review System
 _N___ Item 25
 _Y___ Item 26
 _N___ Item 27
 _N___ Item 28
 _Y___ Item 29

_Y___ Quality Assurance System

_Y___ Item 30
 _Y___ Item 31

_Y___ Training
 _Y___ Item 32
 _Y___ Item 33
 _Y___ Item 34

_N___ Service Array
 _N___ Item 35
 _N___ Item 36
 _N___ Item 37

_Y___ Agency Responsiveness to the
 Community
 _Y___ Item 38
 _N___ Item 39
 _Y___ Item 40

_Y___ Foster and Adoptive Parent
 Licensing, Recruitment, and
 Retention
 _Y___ Item 41
 _Y___ Item 42
 _Y___ Item 43
 _N___ Item 44
 _Y___ Item 45

Data Discrepancies and Resolutions

Subsequent to the on-site review, two data discrepancies were found where information in the statewide assessment was not consistent with information on the corresponding performance indicators obtained during the on-site review. Specifically, the identified inconsistencies were (1) Safety Outcome #1, Item 2. Repeat Maltreatment and (2) Permanency Outcome #1, Item 5. Foster Care Re-Entries.

A description of each of these discrepancies and its resolution follows:

1. Safety Outcome #1, Item 2. Repeat Maltreatment

The State failed to meet the national standard of 6.1%. The statewide aggregate data indicated that the repeat maltreatment rate for New York is 13.47%. The on-site review included 42 cases for this indicator, in which the majority of cases did not contain reports of abuse or neglect during the review period. As a result, these cases were rated as strengths on this performance indicator. However, over the life of the cases, 38 cases contained significant history of repeat reports with the same complaint and perpetrator.

The State notified the ACF New York Regional Office that it did not have further data to submit indicating that New York met the national standard for the statewide data for that. As a result, the State failed to meet the national standard and will be considered not to be in substantial conformity for Item #2. This will be considered an element to be addressed in the State's PIP.

2. Permanency Outcome #1, Item 5. Foster Care Re-Entries

The State failed to meet the national standard of 8.6%. The initial statewide aggregate data indicated that the foster care re-entry rate is 9.10%. However the on-site review found this indicator to be a strength. The on-site review included 37 foster care cases for this indicator. For 36 of the 37 cases, multiple re-entries did not occur during the review period or re-entries were deemed appropriate. Reviewers noted that one of the prevailing factors for this indicator was the significant length of stays in foster care (approximately 5 years for New York City cases.)

Based on New York's revised foster care data and the Children's Bureau's analysis, the statewide aggregate data now indicates that the foster care re-entry rate for New York State is 8.6%. It has been determined that New York meets both the national standard for foster care re-entries at 8.6% and substantially achieved the outcome in 90 percent of the cases reviewed on-site and is therefore considered to be in substantial conformity for Item #5.

Promising Practices

The Child and Family Services Review in New York revealed the following promising practices that will be submitted to the Children's Bureau.

Fulton County

- ❖ SAIT (Sexual Abuse and Investigation Team) --- This is a Multidisciplinary Team that includes representatives from the Department of Social Services (DSS)/ Child Protective Services, local Law Enforcement, District Attorney's Office, and a local hospital. Children alleged to have been sexually abused are interviewed ONE time only by the entire team, rather than subjecting children to numerous interviews. This practice also expedites case outcomes, and services to be provided. Monthly meetings take place at DSS.
- ❖ FSU (Family Services Units) --- These units handle issues of abuse/neglect and juvenile delinquents (JD) and persons in need of supervision (PINS). They provide preventive, foster care, adoption and independent living services. The FSU's allow caseworkers to continue the work with families through Adoption or Independent Living, at which point the case is transferred to either an Adoption or IL Specialist. This practice was implemented in an effort to maximize consistency for the families and, thereby, enhance the planning and decision-making process.
- ❖ SIPP (School Intervention Partnership Program) --- This Initiative consists of four FSU caseworkers stationed at the local schools to provide preventive services to families whose children attend their assigned schools. The close partnership with the schools allows staff to readily identify potential problems and address them cooperatively with the school and family, thus preventing their escalation and helping to preserve intact families.

Westchester County

- ❖ Westchester has established a "court review and practice standards review team" which tracks the timeframes, facilitates permanency goals, and monitors the caseworkers' achievement of outcomes. The team approach enables the agency to effectively and expediently achieve safety and permanency goals for the children in care, which is the primary focus of the federal foster care law as amended by ASFA.
- ❖ The Westchester Institute for Human Development (WIHD) assesses the needs for services for all children entering foster care. They determine if the foster family and child are well matched. WIHD staff makes recommendations to the agency, testifies in court and helps move cases through the Child Welfare System. This practice helps minimize the number of foster care placement changes, thus enhancing the children's permanency and stability in their living situations.

- ❖ There is one specialized family court judge who handles all child abuse determinations in the county, excluding southern Yonkers. The Judge, who is extensively involved with the child welfare cases, requires that accessible services to be in place prior to reunification and routinely orders biological parents to accompany their children to medical visits. It is the court's commitment to return the children home as healthy as possible. The court also hired an Educational Advocate to ensure that children's educational needs are met. This practice allows for more informed and consistent dependency judicial proceedings, which result in better outcomes for children and their families.

New York City

- ❖ The Safe and Timely Adoptions and Reunification (STAR) Program. The NYC Administration for Children's Services' STAR Program focuses on flexible funding to encourage and support improved outcomes for children by the contract agencies. The program generates fiscal support for agencies to achieve timely permanency for children. It requires agencies to reduce the length of time that children spend in foster care, without increasing re-entries. The program is designed to discourage premature or inappropriate discharges of children to reunification. The STAR Program rewards contract agencies' success with funds they can use to expand and develop new services, which support a continuum of services for children and their families.
- ❖ Improved Retention of Child Welfare Staff. NYC increased the salaries of the child welfare staff. The agency provides scholarship and tuition incentives annually for 200 staff members seeking a Master of Social Work degree. Tuition support is given to contract agencies for approximately 100 staff members to pursue the MSW degree.
- ❖ The Foster Care Evaluation and Quality Improvement Protocol (EQUIP). The Administration for Children's Services (ACS) initiated a comprehensive program to evaluate the quality of services provided to children and families as well as the programs and agencies that provide the services. EQUIP measures foster care services, programs and agencies on three levels: process, outcomes and quality. The evaluation provides information on the quality of services being provided and the results of outcomes; measures of service delivery in programs and agencies operating below standard; and builds a system of incentives and reward for highly valued outcomes. ACS uses the result of this multidimensional evaluation system to reward high performance by its contract agencies.

Program Improvement Plan

The Child and Family Services Review has determined that New York has not achieved substantial conformity in five of the seven outcome areas and for three of the seven systemic factors. Therefore, a Program Improvement Plan (PIP) is required. The PIP must include measures to improve each outcome or systemic factor that is not in conformity and measures to bring the statewide data indicators up to the national standard or to a level negotiated and agreed upon by the State and the Regional Office. Safety outcomes determined not to be in substantial conformity must be given priority in the PIP and addressed in less than two years. The State is required to submit the PIP to the ACF New York Regional Office (RO) within 90 days of receipt of the initial courtesy copy of this report. The major elements of the PIP include the priority assigned to the State's work on each area of non-conformity, the necessary action steps associated with improving each area of non-conformity, identification of the individuals responsible for carrying out the various steps, identification of the geographical areas of the State involved, and establishment of time frames for carrying out the required improvements.

The ACF RO staff will work with New York in developing their Program Improvement Plan. The ACF Northeast Hub Director will review the completed plan and notify the State as to its approval or disapproval. In the event that the PIP is not approved, the State will have an opportunity to submit a revised plan within 30 calendar days of receiving written notice from the ACF that the PIP was not approved by the ACF.

Timeframes and Implementing the PIP

The time period for completing the PIP will not exceed 2 years. Not all components of the plan will require a full 2 years to implement, and this timeframe is provided as an outside limit for those elements of the plan requiring more extensive planning and action steps. Where the State has been determined not to be in substantial conformity due to child safety issues, those components of the PIP pertaining to child safety must be implemented in less than 2 years (45 Code of Federal Regulation [CFR] 1355.35(d)(2)). Child safety issues must receive priority in developing and implementing the PIP.

In the event the State is required to make major improvements that are too complex or extensive to implement within 2 years, the Secretary of the U.S. Department of Health and Human Services may grant up to a 1-year extension to the 2-year timeframe for completing the PIP, extending the maximum implementation period to 3 years. The request for an extension will only be approved in highly exceptional situations. The primary criterion for approving extensions to the PIP will be the complexity of the improvements to be made, not the failure of the State to act in a timely manner in implementing the components of the PIP.

A State requesting an extension of the PIP up to a third year must submit the request in writing to the Regional Office with supporting documentation that the extension is necessary to make required improvements. The Regional Office must receive the written request 60 days prior to the approved completion date of the PIP. The RO will submit the request, along with supporting information and the recommendation of the RO, to the Central Office of the ACF for review and decision making by the Secretary.

Withholding of Federal Funds

The potential amount of Federal funds subject to withholding as a result of this review is equal to one percent of the pool of funds as described in Federal regulations at 45 CFR 1355.36(b)(4) for each of the years to which withholding applies for each of the up to seven outcomes and up to seven systemic factors where a State was found not to be in substantial conformity. The maximum potential withholding is, therefore, up to fourteen percent of the specified pool of funds per year. The funds included in the pool are the State's full allotment of title IV-B funds and ten percent of the State's Federal share of claims for title IV-E foster care administrative costs.

We have determined that New York State is not in substantial conformity with a total of eight of the fourteen reviewed areas (five outcomes and three systemic factors). The annual amount subject to withholding for the year of the review and for each succeeding year until the State successfully completes a program improvement plan or is found to be operating in substantial conformity is, therefore, eight percent of the applicable pool of Federal funds. The percentage of the pool of funds subject to withholding will increase to two percent per item should any of the outcomes or systemic factors determined to be not in substantial conformity as a result of this review continue to be out of substantial conformity as a result of the second full review.

An estimate of the Federal funds subject to withholding for Federal fiscal year (FFY) 2001 is delineated below. We note that New York did not participate in title IV-B, Subpart 2 in FFY 2001. This portion of the State's potential allotment is, therefore, not included in our calculations. The calculation of title IV-E foster care administrative costs excludes amounts claimed as SACWIS operational costs as well as SACWIS developmental cost claims.

New York State

Title IV-B Allotment For FFY 2001

| | |
|-----------|--------------|
| Subpart 1 | \$14,228,590 |
| Subpart 2 | <u>-0-</u> |
| Total | \$14,228,590 |

Title IV-E Foster Care FFY 2001 Form IV-E-1 Claims - Federal Share*1

| | |
|----------------------------------|---------------|
| Administration (Part 1, line 5f) | \$155,773,382 |
| SACWIS Oper.(Part 1, line 5d) | \$ 12,508,453 |
| Total (w/o SAC Oper.) | \$143,264,929 |
| 10% of Total | \$ 14,326,493 |

| | |
|---|--------------|
| Total FFY 2001 Estimated Withholding Pool | \$28,555,083 |
| Applicable Withholding Percentage | 8% |

| | |
|---|---------------------|
| Total FFY 2001 Estimated Withholding Amount | <u>\$ 2,284,407</u> |
|---|---------------------|

*1- Includes actual amounts reported as current quarter and prior quarter adjustment expenditures on form IV-E-1 for FFY 2001 through the report dated September 26, 2001 for the quarter ended June 30, 2001. Amounts for the July – September 2001 quarter are based upon the grant award issued as a result of the State’s quarterly form IV-E-1 estimate submission. The total withholding pool and amount are identified as estimated due to the potential for submission of further title IV-E claiming adjustments and the need for the inclusion of actual July – September 2001 title IV-E claims.

The withholding of these funds is suspended pending an opportunity for the State to develop and complete an approved Program Improvement Plan. This suspension will remain in effect only while the State is actively implementing the provisions of the PIP and for a maximum of three years following the review. A final determination on whether or not the withholding of funds should be fully or partially rescinded will be made based upon the State’s achievement of substantial conformity or successful completion of the approved PIP. The withholding of funds during the implementation of a PIP is also a possibility if the State is determined not to have met requirements specified at 45 CFR 1355.36(e)(2)(i-ii).

List of Reviewers

New York Child and Family Services Review Team Members

STATE LEVEL TEAM LEADERS

Linda Mitchell - Children's Bureau (CB)
Carolyn Baker - New York Regional Office (RO2)
Junius Scott - New York Regional Office (RO2)
Mary Ann Higgins - New York Regional Office (RO2)
Richard Nells - NYS Office of Child and Family Services (OCFS)
Gail Haulenbeek - NYS Office of Child and Family Services (OCFS)

LOCAL TEAMS

Site 1: New York City (25 cases)

NYC "A" Team Coordinator: Tom Heyer, NYC Administration for Children Services (ACS)
Team Leaders: Miranda Lynch (CB), Shari Brown (RO2), Jack Klump (OCFS)

Krystal Brugger-Ingman - Federal Reviewer
Frank Crescuillo - State Reviewer

Robert Gioffre - Federal Reviewer
Bonnie Engelbrecht - State Reviewer

Jodi Hill - Federal Reviewer
Steve Bieber - State Reviewer

Leticia Lacomba - Federal Reviewer
Andrew Martin - State Reviewer

Rita Lowry - Federal Reviewer
Gail Nayowith - State Reviewer

Genevra Golden - Federal Reviewer
Brenda Smalls - State Reviewer

Site 3: Fulton County (12 cases)

Site Coordinator: Renee Hallock (OCFS)

Team Leaders: William Hornsby (CB), Maria A. Vazquez (RO2); Linda Brown (OCFS);
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Mary McKee - Federal Reviewer
Joanne Bisogno - State Reviewer

Wanda Gillom - Federal Reviewer
Mary Jane Link - State Reviewer

Kathleen Dowd - Federal Reviewer
Bill Dorr - State Reviewer

Richard O'Grady - Federal Reviewer
Diana Fenton - State Reviewer

- William Meltzer was an alternate Federal Team Reviewer.

APPENDIX A

STATE RESPONSE



**New York State
Office of
Children & Family
Services**

January 24, 2002

Mary Ann Higgins
Northeast Hub Director
Administration for Children and Families
Region II
Federal Building, Room 4114
26 Federal Plaza
New York, NY 10278

Re: Comment on the Draft CFSR

George E. Pataki
Governor

Dear Ms. Higgins:

John A. Johnson
Commissioner

Thank you for the opportunity to comment on the "Report on the Child and Family Services Review of New York State." As you know, New York has one of the most difficult and largest child welfare systems in the country. Governor Pataki, since taking office, has invested into child welfare billions of dollars, and in 1998 created an entirely new state agency, OCFS, focused exclusively on child welfare issues in order to make necessary improvements.

It is unfortunate that your report fails to adequately portray the quality of care that is currently provided in New York as a result of these investments.

Capital View Office Park

52 Washington Street
Rensselaer, NY 12144-2796

For one, the report fails to make clear to the reader that the basis for New York's so-called deficiencies relates to a standard that is exceptionally high. In addition, with respect to deficiencies regarding permanency, further emphasis should have been placed on the fact that New York has been constrained by its existing statutory framework. To that end, Governor Pataki submitted legislation to address these concerns, unfortunately the Legislature failed to enact the legislation. However, the Governor will continue his efforts to achieve statutory reform in this area.

In addition, just recently Governor Pataki has again proposed an historic new child welfare financing plan that will uncap state reimbursement for preventive spending, giving local districts tremendously increased opportunities for preventing new entries into the child welfare system. Unfortunately, the Legislature last year failed to enact this plan as part of the 2001-2002 State Budget. To remedy this, the Governor has proposed the plan and funded it in his 2002-2003 Executive Budget submission.

It is also unfortunate that the report does not adequately recognize that New York, unlike most other states, is a state-supervised, locally administered Child and Family Services delivery system. We believe this context is essential.



This report judges the State against “national standards.” These standards are based on the aspirational goals that all states meet the criterion that is currently not being met in 75% of cases nationwide. In addition, many states concede that the data submitted to support the standards is flawed. While we concur with the federal government in aspiring for excellence, the standard should be more flexible and should acknowledge progress made.

Subsequent to the production of the Statewide Assessment and the Data Profile, which is the foundation of this report, there have been significant changes in New York. There have been continued decreases in foster care, continued program improvements in New York City, and federal approval of our comprehensive plan for completion of the SACWIS system. In addition, the State has added over \$30 million in additional resources to support families and communities. New staff resources are being added to Institutional Abuse oversight units and Outcome Based Training continues to be supported and expanded. OCFS is aggressively pursuing cross-systems collaboration around placement needs of children with other State Agencies.

As you know, the planning for the CFSR occurred over a long period and involved the cooperation of your office, local social service districts, voluntary agencies and representatives of the ACF’s national office. During our planning meeting of December 4, 2001, we were advised that, while ACF has responsibility for the final report and for making all determinations of conformity, it would be a joint process. In the spirit displayed by that guidance, and for our continued mutual interest in improving the well being of children and families, I am including comments that will be appended to the final report.

During the brief comment period, we discussed several factual errors in the draft report. There remain several issues that you were still debating internally at the time of this writing and I have chosen to address them again herein.

In general, the final report entirely omits the federal context in which the Child and Family Services Reviews occur. As construed, the reader could erroneously assume that the report was an audit of only New York. The reader would not know that this is a part of a national assessment of the state of child welfare in the entire country. New York asks that the context be included as a part of the final document.

Also, we ask that you include a statement to the effect that New York now has in place a federally-approved Advanced Planning Document Update relative to our SACWIS implementation. As you know, like many other states, New York has had a difficult history with its SACWIS system. However, as HHS has acknowledged, we have made tremendous progress in addressing this issue. The addition of at least a footnote referencing federal approval within the body of the text would better indicate the existing documented federal support for our current SACWIS activities.

As a general comment, I believe the report suffers from an apparent defect in its methodology. The report adopts the opinions and statements of the various stakeholders in a manner that leads the reader to believe that ACF agrees with the statements and that they represent actual factual conditions. The process did not provide the State with an opportunity to rebut the views of the

stakeholders and, consequently, there is little or no balance presented. We recommend that the report have a caveat that the views of stakeholders are not necessarily those of ACF and ACF does not represent the accuracy of those statements. While we have advocated for appropriate caveats in instances where the opinion is just that, I believe the report could be a stronger document if stakeholder opinion were even more clearly identified as such. I recognize that our stakeholders' views need to be considered and may well have to be addressed in our performance improvement plan, but this report too readily asserts stakeholder opinion as fact and detracts from the credibility of the report in so doing.

One item in particular concerns us in this regard. The report indicates that one area described as needing improvement has been so deemed solely on the basis of stakeholder comment. Item 44 pertains to the requirement that the State have in place a process for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoption homes are needed. The State provided a strong self-assessment in this area and ACF concluded in the on-site review that it is "generally accepted that the State is making significant and organized efforts to recruit foster and adoptive parents." ACF's comment at the exit conference was that this area was a strength. Further, there is no claim that the State lacks a sufficient number of foster and adoptive parents. However, due to what appears to be requests for improvement by stakeholders, New York did not pass this item in the review. In this instance, we believe that opinion has overruled fact. We believe it is more accurate to say that this item is an area not in need of improvement.

I thank you for the opportunity to comment on the report. We will be working closely together as we craft a performance improvement plan that will benefit children and families of New York.

Very truly yours,

/s/

John A. Johnson