

**The Time for Change  
is Now.**



Policies, practices, and funding must shift to prevention and intervention programs and services—that build strong, stable, nurturing families.

# EXECUTIVE SUMMARY

## THE TIME FOR CHANGE IS NOW:

New York devotes billions annually to child welfare, mostly for Child Protective Services (CPS) investigations and foster care, at a time when the state can least afford to invest in programs and services that fail to achieve the best outcomes for children and families.

Evidence-based approaches are available to prevent child maltreatment before a situation escalates to the level that requires a CPS report. Rather than the traditional CPS response or investigation, these family-centered interventions address the underlying causes of child abuse and neglect and support the development of strong, stable, nurturing families. They represent a new way of responding to reports. And, they require a change in the very nature of the child protection system.

In the past, New York has not found the political will to make systemic reforms and shifts in funding that yield better outcomes for families, as well as long-term cost-savings. Certainly, there will never be a convenient time for this reform. However, children can no longer wait. Those who are maltreated are likely to experience physical, emotional, social and educational challenges that lead to poor school performance, behavior issues, depression, self injury, and suicidal ideation. Today's abused or neglected child is more likely to land in foster care, the juvenile justice system, adult prison, a homeless shelter, and/or other costly programs tomorrow. Children and families can no longer wait for child welfare system reform and New York State cannot afford to delay.

## 2009 RECOMMENDATIONS:

The New York State Citizen Review Panels stand by our previous recommendations concerning system reform, prevention, disproportionality and disparities, and workforce investment and urge the full implementation of these recommendations. Our 2009 recommendations include the following:

- Reduce the number of children in foster care by 50%.
- Preserve and expand funding for primary prevention and intervention services.
- Provide cultural competency training.
- Increase parents' access to information.
- Eliminate educational neglect as a basis for child protective reports for children 13 and older.
- Strengthen the instruction provided to the State Central Register (SCR) staff and mandated school reporters related to the role of parental responsibility in allegations of education neglect.
- Increase schools' responsibility for identifying and reducing absenteeism.

# ROOT CAUSES OF CHILD MALTREATMENT

Many of the panels' recommendations focus on a preventive approach that will lead to improved outcomes for children and their families. Each is intended to address root causes of maltreatment at some point across the continuum. Such an approach addresses children's and families' needs before maltreatment occurs, that is before a situation becomes a crisis where a report is necessary. This commitment to prevention requires a shift in attention and funding from foster care to primary and secondary prevention, a priority of the Citizen Review Panels. Prevention is always less expensive and will realize significant cost savings in the long-term. This approach demands an understanding of the various risk factors that lead to maltreatment and development of targeted approaches, services and programs to reduce risk. Policies and funding must follow, allowing adequate resources to reach families in need.

An analysis of reports to state hotlines indicates that the children most at risk are those in families with:

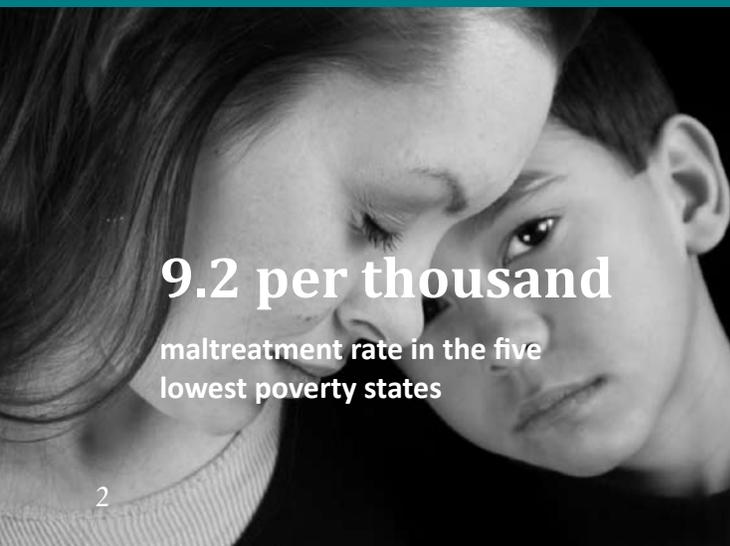
- Low incomes, struggling with a lack of resources.
- Young parents, with little knowledge about caring for a baby.
- Socially isolated parents, out of touch with extended family members.

- Parents who struggle with substance abuse, mental health issues, and/or domestic violence.
- A number of young siblings, especially if any have special needs.

**Poverty:** Poverty is a common thread found in reports of abuse and neglect but its role is complex. Certainly poverty leads to stress due to the inability to provide basic necessities: food, clothing, housing, and transportation. The maltreatment rate in the five lowest poverty states is 9.2 per thousand; the rate in the five highest poverty states is 13.3 per thousand. Families who are frequently reported for neglect often can't meet children's basic needs, including medical care, due to their low incomes. These families need help accessing public benefit programs, job programs, and safe housing to better care for their children. They do not need the additional burden of being investigated for child abuse or neglect.

Clearly, poverty plays a part in maltreatment. Yet it is very difficult to separate the effects of poverty from child abuse or neglect. Is the parent unable to provide necessities because there is no money or is the problem due to a lack of concern or other factors? Workers need to understand the answers to these questions for each case in order to match services to individual needs. Poverty also needs to be

Poverty is a common thread found in reports of abuse and neglect



9.2 per thousand

maltreatment rate in the five lowest poverty states



13.3 per thousand

maltreatment rate in the five highest poverty states



**Parenting is difficult even under the best of circumstances.**

**Services for struggling parents can make a difference.**

understood in the context of a society where inequalities, disproportionality and lack of hope exist.

**Young parents:** Teen parents often lack the maturity needed to adequately care for a child. In a study of families frequently involved with child welfare, results indicate that children of mothers age 17 were at significantly higher risk than children of parents over the age of 22. Services such as home visiting have been particularly successful in supporting these young parents.

**Social isolation:** Many families involved with the child welfare system lack social support from family members and friends and, therefore, are more isolated than others. Mothers who have been neglectful were found to have smaller social networks. They also received less help and support from their networks. Programs such as Illinois' Strengthening Family Initiative which includes the use of "Parent Cafes" can help remove the sense of isolation that these parents feel.

**Substance abuse:** Those who battle substance abuse have difficulty accessing treatment due to lack of information, waiting lists, inability to secure care for their children, difficulties with their health insurance, and fear of losing their job. It is important to keep in mind that up to 83% were raised by addicted parents themselves, and up to 55% were abused and/or neglected. They need access to substance abuse treatment programs and help in removing barriers to that treatment.

**Maternal depression:** Maternal depression is a risk factor for child abuse and neglect. Mothers who are depressed have fewer interactions with their children and, therefore, do not provide the nurturing a baby

requires. Of the respondents to the National Survey of Child and Adolescent Well-Being (NSCAW), 23% of mothers involved with child welfare services self-reported major depression in the previous twelve months. Diagnosis and treatment of depression can lead to proper bonding with their babies.

**Domestic violence:** Families who have had numerous allegations of child abuse or neglect over time are twice as likely to live in households with domestic violence as do families who encounter the CPS system less frequently. Domestic violence is present in approximately one-third of chronic cases of maltreatment and is often found in combination with substance abuse and financial distress. Financial supports, parenting education, and counseling can reduce the incidents of violence in the household.

**Age and number of children:** Parenting is difficult, even under the best of circumstances. Stresses in any family can mount with the addition of a newborn baby, and it continues to escalate as the number of children in a family increases. The risks grow for infants, low birthweight babies and children with development delays, emotional problems or mental illness. Prevention campaigns to address co-sleeping and Shaken Baby Syndrome can dramatically decrease the number of child deaths. Parenting programs such as home visiting and Triple-P (Positive Parenting Program) can support parents in their new role. The Incredible Years has demonstrated its effectiveness with children who experience conduct disorders.

Of course, not everyone who has a mental illness or struggles with drug/alcohol addiction abuses or neglects his or her child; not everyone living in poverty does so either. But the threat to child safety increases as the number of risk factors increase. In

addition, coping with poverty can exacerbate mental illness, substance abuse and domestic violence in the household. Unless these underlying problems are solved, reports will continue. Often, the solution is beyond what CPS can do alone. Laws that place blame on family members and increase penalties only make the situation worse by adding stress. With this knowledge, targeting prevention services before a report is made to the SCR can reduce incidents of maltreatment.

Prevention efforts should target low-income families with any of the known risk factors mentioned. For these families with so few financial and emotional resources, programs or services can make a difference before a child is harmed. Services that address protective factors such as parenting and child development information, emotional resilience, social connections, and concrete supports will build strong, stable, nurturing families.

## Guidance for child welfare legislation:

The urge to do something—anything—is irresistible when a heartbreaking incident of child abuse makes headlines in the media. Often, the reaction is to increase the penalties for parents and increase the pressures on the child welfare system. That reaction does little to address the root causes of child abuse and neglect. There are no quick fixes. A more thoughtful approach to policy is needed. Solutions should be systemic, sustainable, and evidence-based. Panels urge legislative leaders to consider the following questions when drafting new legislation.



- Is it good for kids?
- Does it contribute to child well-being as well as safety and permanence?
- Does it address the underlying causes of child maltreatment?
- Does it address a problem affecting many or just one child's situation?
- Does the problem need a legislative solution, administrative solution, or is it a practice issue?
- Is this approach supported by the latest research?
- Is this approach used in other states?
- Does the legislation proposed include the resources necessary to achieve the outcomes desired?
- Does it make a positive contribution to child welfare practice?
- Has a public hearing been held?

## URGENCY FOR CHANGE

To paraphrase Rep. Jim McDermott as he opened the committee hearing on the Implementation of Fostering Connections to Success Act, children cannot wait for a time when reform is convenient. We must act now to reform our approach to child protection and foster care. From the field of child development, we know the risks are “cumulative so children most damaged in their early life are likely to be most gravely harmed by future traumas.”<sup>1</sup> Every day in a child’s life can be a lost opportunity to change the direction for their future.

Children who are maltreated will probably experience physical, emotional, social, and educational challenges throughout their lives.

poor school performance, behavior problems, depression, self injury, and suicidal ideation.

Many who experienced abuse in childhood become violent or aggressive and develop personality disorders. Those who were neglected are at increased risk of social withdrawal and rejection, Post Traumatic Stress Disorder (PTSD), and pervasive sense of incompetence. Sexually abused children are more likely to develop anxiety disorders, depressive disorders, alcohol and drug abuse and antisocial behavior. Dr. Vincent Felitti’s work on Adverse Childhood Experiences (ACE) at Kaiser Permanente tells us that the likelihood of adverse effects in adulthood increases with the number of traumatic events in childhood. His work is primarily related to health outcomes but has been extended to other life outcomes; he found a relationship between trauma and obesity, heart disease, Chronic Obstructive Pulmonary Disease, drug use and smoking.

Today’s abused or neglected child is more likely to land in foster care, the juvenile justice system, adult prison, a homeless shelter, and/or other residential treatment program tomorrow. These

Researchers have found that maltreatment directly affects the brain with biochemical, functional and structural changes. These changes can explain some of the difficulties children typically encounter with



are all extremely costly systems. The child welfare system must undergo systemic change to support and strengthen families, prevent abuse and neglect, and provide children the opportunity to realize their potential.

The current fiscal crisis is throwing more children and families into poverty. Reports accepted by the SCR increased 6% or 8,000 in 2008 over reports in 2007. This is the time we can least afford to cut preventive funding and basic financial supports that provide an important safety net to many of New York’s families. This is the time when we can least afford to spend scarce resources on approaches, programs and services in child welfare which do not achieve the best outcomes for children and their families. What is lacking is the political will to change the very nature of our child protective system to better respond to the needs of our most vulnerable families. Our children can’t wait any longer.

*“It is easier to build a healthy child than to fix a broken man.”*

—Frederick Douglass

<sup>1</sup> Golden, O. (2009). *Reforming Child Welfare*. Washington, D.C.: The Urban Institute Press



## A CHILD PROTECTIVE SERVICES CASE

A fifteen-year-old missed 40 days of school and was in danger of failing. The SCR accepted a report of education neglect from the school, the local district assigned a caseworker to investigate, and a family became involved with CPS.

The caseworker went to the home and talked to the parent. Her job was to assess whether or not the child was in danger of being harmed and if the parent had or had not exercised a minimal level of care. She found a parent who was well aware of her son's absences; one who had been in regular communication with the school and struggled to have her son attend school. The mother took every action within her ability. She stopped using the bus and drove him to school every day leaving him in the care of the principal. She took away his privileges at home. She asked the school for an assessment and an Individual Education Plan (IEP) for her son. She knew he had a learning problem and was not able to keep up with his classmates. The school issued the IEP but did not follow it. She even asked for, and received, a school transfer, hoping her son would feel more comfortable and accepted

in another school. Nothing worked. Inexplicably, the caseworker took the case to court because the youth continued to miss school. The court case was decided in the parent's favor. But time passed and her son continued to miss school. He failed his grade and was repeating that grade when another CPS report was made for education neglect. The case reopened, the son continued to skip school, only now, 20 months have passed and he failed another grade.

Who will help this youth? It is clear the education system failed this child and his family. The child welfare system was ill-equipped to address his needs. From this example, we know nothing about the actions the school took to encourage and support his learning over the years. And now it seems too late. This youth faces a limited future if he cannot find success at school. Clearly, this parent was desperate to find an answer. Solutions for this fifteen-year-old can be found in the panels' recommendations for changes to education neglect laws, reporting of cases, and early identification of service needs by the schools.

# 2009 RECOMMENDATIONS

*“If the United States could have but one generation of properly born, trained, educated and healthy children, a thousand problems of government would vanish overnight...”*

—President Herbert Hoover

The short- and long-term effects of child maltreatment are well-documented. Since its inception, the child welfare system has focused on child safety and permanency with less regard to child well-being. In doing so, the system risks failing children in two ways: by responding with too little help in situations resulting in serious injury or death and being overly intrusive resulting in significant family disruption.

However, a shift in favor of preventive services—before maltreatment occurs—is gaining momentum. This paradigm mirrors the public health approach, built on a multi-agency prevention and early intervention response that involves the entire community in child protection. There is every expectation that such a shift to prevention and intervention services will help children and save money just as it does in public health. Examples of successful community child protection efforts include Durham Family Initiative in North Carolina and Harlem Children’s Zone in New York City. Not only do these systematic initiatives increase family engagement, reduce incidents of child abuse and neglect and contribute to school success, they are prudent public investments.

There are those who say, given New York’s current fiscal predicament, that the time is not right for a basic shift in resource allocation and approach to child protection. We disagree. In fact, the annual costs of child maltreatment, conservatively estimated at \$103.8 billion nationwide (in 2007 dollars), suggest that it is far too expensive to continue with an outmoded child welfare service delivery system. A more cost-effective approach is to provide prevention and intervention services early to avoid involvement in child welfare, especially placement into foster care. Economic turmoil is plunging more and more families into poverty. As detailed in this report, poverty is correlated with abuse and neglect. The time is not only right for a shift in resource allocation, it couldn’t be more right.

The New York State Citizen Review Panels stand by our previous recommendations concerning system reform, prevention, disproportionality and

workforce investments and urge the full implementation of these recommendations. Specific recommendations for 2009 follow.

## FOSTER CARE

### **Reduce the number of children in foster care by 50%**

The panels join with Casey Family Programs in a call to safely reduce the number of children in foster care by 50%, redistributing any savings for prevention services. At the same time, the Office of Children and Family Services (OCFS) should provide financial incentives such as additional flexible funding to local departments of social services that safely reduce placements. At a time when New York State faces an enormous deficit, this redistribution of funding will result in improved outcomes for children and their families.

Removing children from their homes and placing them into foster care is not what is best for children. Foster care youth are more likely to drop out of school, become teen parents, and become involved in the juvenile justice system. Investing in community-based and intensive in-home services can keep families together, children safe, and achieve better outcomes. Realizing the goal of reducing foster care placements requires a change in the child welfare system’s focus from rescuing children to preserving families. Examples of effective practices keeping families together are:

- **Family Assessment Response (FAR)**

FAR is transforming child protective practice in New York State by offering an alternative to investigations in response to some reports accepted by the SCR. FAR addresses family members’ needs more broadly and provides concrete assistance and services. An extended follow-up study of Minnesota’s FAR indicates that it reduced recurrence rates, increased child safety, and produced cost benefits over time. (See Appendix A for additional information.)

- **Subsidized Guardianship**

Many low-income family members, mainly grandparents on fixed incomes, have taken kin into their homes in approved foster care arrangements. Because they cannot afford to care for children without a maintenance payment, most do not adopt. Subsidized Guardianship eliminates barriers for many relative placements, helping to reduce the number of children in foster care and providing permanency for more children, especially children of color.

- **Teaming**

This concept (as highlighted in Appendix D) illustrates an approach to child welfare that utilizes the collective expertise of the caseworker unit to develop workable solutions for families struggling with child safety issues. The case example provided led to a solution that prevented an out-of-home placement.

- **Flexible funding**

Child welfare practice in Los Angeles County, California provides an example of an effective use of flexible funding to achieve reductions in foster care placements through use of waivers for both federal and state funding. Funds that could only be used to place children in out-of-home placements are now used to expand up-front assessments (essentially the FAR approach), intensive home-based services, specialized youth permanency units focused on finding permanent connections for those in long-term care, and expansion of Team Decision-Making conferences.

The Marguerite Casey Foundation funding has been vital to the implementation of the FAR pilot in New York State. The value of FAR's funding flexibility cannot be overstated. "When CPS workers are permitted to use funding flexibly, ... they begin to assist families with basic, poverty-related needs: food, clothing, utilities, rent, housing, transportation, etc. These are the needs that CPS families assign the highest priority."<sup>2</sup>

## PREVENTION

### Preserve and leverage funding for primary prevention and intervention services

Most parents who are reported to SCR need assistance. Especially in these economic hard times, preventive, 65/35, and COPS (Community Optional Preventive Services) funding provide primary prevention services to struggling families with such essentials as affordable housing, mental health and substance abuse treatment, home visiting, parenting education, and legal assistance. The earlier these interventions and services are accessed, the more promising the outcomes. As more and more families slip into poverty, it is imperative that vital preventive services are available to them. Programs such as Healthy Families New York, Nurse-Family Partnership, and the Dias Shaken Baby prevention model reduce the incidence of maltreatment and are successful, cost-effective examples of prevention. They also create a return on investment through increased tax revenues from maternal employment, reductions in the use of public assistance, reduced spending for health and other services, and decreased juvenile justice involvement.

Further, the panels support the inclusion of new funding for home visiting programs in the federal health care reform bill. In order for the state to receive the new funding under the bill, New York must maintain current state funding levels for home visiting. We urge New York State to leverage state funding to achieve maximum federal funding for these effective programs.

### Provide cultural competency training

In order to be effective, service providers and child welfare workers must understand the challenges that immigrant,<sup>3</sup> African American and Hispanic populations in their communities face. Immigrants, in particular, may have experienced traumatic events migrating to this country and have unique impediments to service access, such as language barriers and cultural norms. The process of acculturation creates additional strains and stresses leading to depression

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<sup>2</sup> Loman, T. (November 2007). *Poverty, Child Neglect and Differential Response*. Presentation made at the Differential Response Conference. <http://www.iarstl.org/papers/NeglectPovertyDRconferenceNov07.pdf>

<sup>3</sup> New York State has the second largest foreign-born population of all 50 states, numbering 4.2 million and making up almost 22% of the state's population.

and other problems. Immigrant families are also less likely to receive public benefits and to access health care. Undocumented parents live with the constant fear of deportation and separation from their children. These populations often fear government and do not understand what is asked of them by the child welfare system.

An increased number of bilingual child welfare staff can conduct better investigations with parents for whom English is their second language, help them understand their involvement in CPS, and help them understand what is asked of them in terms of parenting practices. Caseworkers can better assist them in attaining needed financial supports. Culturally competent practices will lead to improved family engagement and fewer removals, thereby lowering costs.

#### **Increase parents' access to information including appropriate child discipline and parental supervision**

All families benefit from the best information available on good parenting practices. While information from a variety of sources exists, it is not compiled for easy access. Due to cultural and language differences, outreach to immigrant, Hispanic, and African American populations requires targeted parent education and community outreach campaigns encompassing such topics as child safety, childrearing practices and norms, available services and resources, and parental rights in the child welfare system in various languages and dialects. This information should be accessible on an OCFS web page dedicated to parenting information with links to these resources for ease of use by service providers and parents in general.

The state's most vulnerable families may not have easy access to web-based information. So, OCFS should consider multiple delivery systems, including television, community resource centers and programs. Research strongly suggests that parent education achieves the best outcomes when providers engage parents directly. We encourage OCFS to fund strength-based approaches such as Illinois' Strengthening Family Initiative which is built upon the six protective factors crucial to keeping families strong. In addition, we suggest that creative and effective approaches to family engagement be employed, such as use of "Parent Cafes" or parenting toolkits like that offered by First 5 California.

Further, panel members recommend that OCFS redistribute funding to increase its investment in Administrative for Children's Services' (ACS) Immigrant Community Partnership Initiative (ICPI) through replication in other communities with sizeable immigrant populations. With little funding, preliminary results indicate a return on investment of 52% and the prevention of 15 removals of at-risk children in 15 months of operation. These findings may improve over the long-term.

## **EDUCATION NEGLECT**

### **Eliminate educational neglect as a basis for child protective reports for children 13 and older**

Reports on more than 28,000 children in New York State were investigated by the child protective system for education neglect in 2008. The reports fall into two basic categories: reports on younger children for whom an education neglect allegation can be the "tip of the iceberg" for other issues in the family, and teens who do not attend school, for a variety of reasons, no matter what effort their parents make to assure their attendance. The CPS system is an appropriate place for the first category of reports but is not appropriate for truancy complaints. The Vera Institute November 2009 report emphasizes that CPS, as a system, is not equipped to help families with older children who are not attending school. Importantly, responding to so many education neglect reports takes valuable time away from cases where there is a serious concern for a child's safety. Education neglect reports have increased 34% since 2004. In this budget crisis, local districts cannot afford to hire additional CPS workers to handle the increased caseloads.

Over half of the states do not accept education neglect reports. Minnesota is the one example of a state that places restrictions on education neglect reports by limiting such reports to cases up to the age of 12. A narrower definition of education neglect in New York State will allow CPS staff to focus their attention on more serious child maltreatment reports where a child's safety is in question. A more effective option is needed for engaging students who are chronically absent from school.

### **Strengthen the instruction provided to SCR staff and mandated school reporters related to the role of parental responsibility in allegations of education neglect**

OCFS should strengthen the instruction provided to SCR staff and school district personnel to make and accept only those education neglect calls that clearly involve parents or caregivers who are not making efforts to have their child(ren) attend school. OCFS should develop more specific instructions for SCR personnel regarding the information needed before accepting a report for education neglect.

We also support the Center for New York City Affairs' recommendation for stronger mandated reporter training to help teachers and other personnel better understand the range of abuse and neglect categories and when to make a report. Most education neglect reports come from school district personnel. As mandated reporters, they are required to make such a report when they suspect a parent is contributing to their child's absences or has failed to address them. Yet, reports do come to the SCR where the school has not made that determination. School personnel should make reasonable efforts to assess a child's absences before a call is made. In addition, panel members support the recommendation of the Vera Institute to develop a resource within the local child welfare system to consult with school district personnel before making a report to the SCR.

### **Increase schools' responsibility for identifying and reducing absenteeism**

We suggest that schools be measured regularly on absenteeism, as recommended in the Center for New York City Affairs' 2008 report on New York City schools. Including student absences as a measure of success will assure districts' attention to making needed improvements.

Schools have a responsibility to identify and link struggling students and families to in-school education supports and community-based services before absenteeism leads to compromised learning and a report to the SCR. It is extremely important that these students' needs be addressed, not through the CPS system, but through appropriate services based on individual needs. Services such as improved

educational supports, mentoring, behavioral and mental health treatment, and education advocacy are particularly needed. Schools could receive incentives for successful re-engagement of chronically absent students. Of course, earlier identification and services for students who struggle will lead to prevention of disconnection and higher graduation rates.

## **PAST RECOMMENDATIONS**

In addition to our 2009 Recommendations, the three New York State Panels urge full implementation of the following recommendations made in 2007 and 2008:

### **Fundamental system reform**

We understand some efforts are underway. We urge OCFS to continue these efforts toward system reform and address the need for flexible cross-systems funding for services, the over-reporting/under-reporting of various incidents to SCR, improved accountability, and improved data collection related to outcomes.

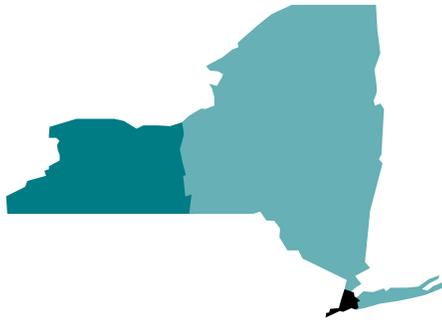
### **Preventive funding sufficient to bring primary, preventive services to scale in New York State**

Although many more dollars have been added to OCFS and New York City's ACS budgets for evidenced-informed services, too many of our most vulnerable children and families lack access. Home visiting, parenting education, Bridges to Health, Multisystemic Therapy, Functional Family Therapy, translation and interpretation services, and safe low-income housing are just a few of the services that are unavailable to many families in need.

### **Increased investments in the child welfare workforce**

Investments will lead to reduced caseloads, improved supervision, and the recruitment and selection of applicants that are a good fit for the job.

## 2009 PANEL ACTIVITIES



### Western Panel

#### **MARCH 13, 2009 MEETING**

Karen Carroll, Deputy State-wide Project Manager, and Mary Aufluger, Project Liaison for the 7<sup>th</sup> Judicial District Child Welfare Court Improvement Project, met with panel members. They discussed the Court Improvement Project and specific initiatives in Regions I and II of New York State. In addition, Chancellor Emeritus Robert M. Bennett discussed the State Board of Regents Parent Engagement Policy. He addressed the need for schools to work more closely with community-based services to close the achievement gap.

#### **SEPTEMBER 18, 2009 MEETING**

Commissioner Steven Wickmark of Chautauqua County and Roshelle Lewis, Robert Deisz and Sarah Taylor from Erie County met with panel members to provide information regarding their counties' implementation of FAR in CPS. Jamie Greenberg, Director of the Bureau of Policy at OCFS, added information about the FAR implementation in other New York counties. Chautauqua County is challenged with melding the Teaming Approach with FAR. Erie County has elected to use FAR with families reported for education neglect.

#### **NOVEMBER 6, 2009 MEETING**

Mary Miller, OCFS Region I Director, gave panel members an update on the work of the regional offices with local departments of social services, technical assistance offered for implementa-

tion of various family engagement strategies and reforms in child welfare, and local districts development of performance improvement plans. She noted that child deaths, reports, institutional abuse, and CSE placements have all increased in 2009.

### Eastern Panel

#### **MARCH 6, 2009 MEETING**

Jacqueline McKnight and Martha Marcano from ACS in NYC presented information to panel members on ChildStat, which uses data and case reviews to inform and understand child welfare practice in each district in the city. It is a tool to build manager and caseworker skills at the practice level. Carrie Jefferson Smith, Syracuse University School of Social Work and an Eastern Panel member, presented research she has conducted on kin care. Gerald Wallace, Esq., Coordinator of the Kin Care Support Project, updated the panel on kin care families in New York State.

#### **SEPTEMBER 11, 2009 MEETING**

Commissioner David Jolly and Lesley Dudzek-Andrews from Orange County discussed the implementation of the FAR response in their county. They are using the FAR track for 40% of their cases and are pleased with the results to date. Caseworker Melissa Donahue and Casework Supervisor Gail Geohagen from Albany County Department of Social Services met with panel members to discuss CPS frontline challenges.

**NOVEMBER 13, 2009 MEETING**

Greg Owens, Director of Special Projects, OCFS Office of Strategic Planning and Policy Development, and Kenneth Braswell, Director, NYS Fatherhood Initiative, OTDA, presented an overview of the NYS Fatherhood Initiative. This targeted work reaches out to fathers, ages 16 to 45, and supports them in finding employment and connecting with their children so that they can better support their children financially and emotionally. Dr. Louise Skolnik, Director of Human Services, Nassau County, presented the No Wrong Door Approach used in Nassau County. The approach has been in use since 2006. Their recurrence rate has dropped from the high teens in 2006 to 7.9% this year with the approach.

**New York City Panel****FEBRUARY 3, 2009 MEETING**

Mary McCarthy, Executive Director for the NYS Education Consortium, School of Social Welfare, SUNY Albany and Eastern Panel Chair, met with panel members to discuss recruitment, retention, qualifications of child welfare workers and the newly formed Workforce Institute. Mary Anne Schretzman, Family Service Coordinator, NYC Health and Human Services, and PV Anantharam, NYC Office of Management and Budget, discussed the NYC Budget and plans for cuts to services. Panel members advocated for the full restoration of funding for preventive services.

**APRIL 7, 2009 MEETING**

Karen He, Community Liaison for Assembly Speaker Sheldon Silver, met with panel members to discuss the New York State Budget and the state's fiscal crisis. ACS Commissioner John Mattingly discussed the City's budget and the cuts that were made in his budget. In addition, he addressed the NYC specific recommendations in the panel's 2009 Report and provided explanations for not implementing them.

**JULY 14, 2009 MEETING**

Jan Flory, ACS Deputy Commissioner for Child Protection, provided an overview and a tour of the Children's Center, a facility designed for children who have been removed from their families and are awaiting placement into foster care. Medical and mental health experts are available at all times at the Center. Professor Jane Spinak, Columbia University School of Law, discussed progress of the NYC Lawyer's Association Task Force on the Future of Family Court. The Task Force reviews the work of the Court and makes recommendations to improve the experience of coming to court for families, to improve efficiencies and provide useful tools for others to use.

**SEPTEMBER 8, 2009 MEETING**

OCFS Commissioner Gladys Carrión met with panel members to address the panels' 2009 Report and Recommendations. Her goal at OCFS is to re-define the role of the agency to one that influences practice on the ground by providing guidance and oversight. She voiced her agreement with many





recommendations but stated she could not implement them because of lack of funding during this fiscal crisis and the attention needed to reform the juvenile justice system. She also talked about the lack of political will to make broad changes to child welfare. She provided an update on FAR implementation in the state.

#### **DECEMBER 1, 2009 MEETING**

Chancellor Merryl Tisch, NYS Board of Regents, met with panel members to discuss the issues related to the intersection of child welfare and education systems. She acknowledged problems within the education system related to special populations of children that need to be addressed to reach improved education outcomes. She also suggested the need for funding to build collaborations across systems to move forward solutions for meeting children's needs. Eric Brettschneider, OCFS Consultant, gave an overview of OCFS' plans for Ten for 2010 related to system reform.

### **Joint Panel Meetings**

#### **JUNE 2, 2009 JOINT MEETING**

All three panels met in Albany. Larry Brown, Larry Brown Associates, provided information

about the National Child Welfare Evaluation Summit which he had just attended. Bill Gettman, Executive Deputy Commissioner of OCFS, and Laura Velez, Deputy Commissioner, Child Welfare and Community Services for OCFS, met with panel members to provide updates on the budget difficulties, the increased number of reports in the state, and the effect of an increase in Medicaid on counties' budgets. Panel members then visited with legislators in their offices.

#### **OCTOBER 2, 2009 JOINT MEETING**

OCFS Commissioner Carrión, Executive Deputy Commissioner Bill Gettman, and Deputy Commissioner Laura Velez addressed the members of all three panels and provided an update on the budget and reform efforts in the state. Panel members engaged in an exercise of listening to SCR calls and making determinations as to whether or not to accept the call. They received information on the latest revisions to Connections software. The afternoon was devoted to decisions regarding this year's recommendations.

*For the full minutes of these meetings go to [www.citizenreviewpanelsny.org](http://www.citizenreviewpanelsny.org).*



Panel members thank OCFS Commissioner Carrión, ACS Commissioner Mattingly, local Commissioners of Social Services, and their staff throughout the state who have generously given their time and ideas to panel members. We appreciate the difficult job they do every day.

Panel members commend OCFS and ACS for their attention to improvements in the system. In particular, these agencies have made changes to achieve better outcomes for families, including the implementation of family engagement strategies, work on reducing disproportionality and disparities in child welfare, quality improvement and accountability. Panel members particularly appreciate the strong leadership OCFS has provided to the implementation of FAR in New York State. The FAR approach is the most profound reform in the state's child welfare system in many years and is already producing promising results.

## Appendices

Several practices implemented in New York and other states are showing results for families. We have chosen to highlight a few.

### Appendix A

#### Family Assessment Response: 14 counties in New York

States around the country have been placing greater emphases on family engagement practices. One of those practices, the most fundamental change to be implemented, is FAR. FAR (alternative response, differential response, or dual track) gives families an alternative to the traditional investigation in child welfare. Evaluations of Missouri and Minnesota FAR “suggest that child safety can be maintained without traditional investigations for the majority of cases.” The evaluations found “no discernable difference in short-term and long-term child safety” when a FAR response was used. In fact, evidence indicates that child safety improves under FAR where family team decision-making is encouraged and used from the time of the initial contact with the family throughout the case.<sup>4</sup> Researchers suggest that formal investigations are only needed for situations where court involvement and removal are likely. FAR families were found to be less likely to have subsequent child maltreatment reports; to experience less financial stress and fewer problems with drug abuse and domestic violence. When all staff and service costs are considered, the average FAR family case cost was \$3,688 compared with the average investigation case cost of \$4,967. If even one foster care placement is avoided, the additional cost savings would increase dramatically.

FAR legislation passed in 2007 in New York State. After careful planning and training, six pilot counties began implementation in late 2008 to spring 2009; another eight counties will be on board by January 2010. Others have expressed interest in offering the FAR approach. As of early October 2009, 2,425 cases have been assigned to the FAR approach.

Although it is too early to have evaluation results, anecdotal reports from caseworkers indicate they like the approach and the positive reactions they are getting from families. Written surveys from families

indicate they are equally pleased. Anecdotal reports indicate the FAR approach changes the dynamic between many families and CPS. The caseworker is not required to do an investigation and determination of abuse or neglect and is able to focus more of his(her) attention on the family’s needs and helping them access services.

One case example in particular illustrates a situation with safety issues that was successfully approached through the FAR response. The report of neglect was made on a single parent of four children. There was no food in the house, the family was living in run down housing, and money was short. The father was reluctant to access public benefits because he did not have the literacy skills needed to fill out the necessary forms. The caseworker helped this parent going through a rough time get back on his feet. He received public assistance, housing rehabilitation, respite, counseling services, and recreational opportunities for the kids. Flexible funds helped with transportation to appointments and clothing needs for the children. What was the father’s reaction? He was happy that a report had been called into the SCR.

There have been some challenges with FAR implementation. One county had to solve difficulties with civil service rules, job descriptions and pay grades in advance. Community partners have to understand this different role for CPS workers and make adjustments accordingly. When a FAR case must be switched to the traditional investigative track, switching is challenging because it requires a new report, with new timeframes. Interestingly, track switching is not done frequently. The use of flexible funding provided by the Marguerite Casey Foundation and OCFS’ Quality Enhancement funds has been key to successful implementation. Panel members are concerned that these funds will be in very short supply as more and more counties begin the FAR approach.

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<sup>4</sup> Loman, L. A. (February 2006). *Families Frequently Encountered by Child Protection Services: A Report on Chronic Child Abuse and Neglect*. Report of the Institute of Applied Research. <http://www.iarstl.org/papers/FEfamiliesChronicCAN.pdf>

## Appendix B

### Home Visiting: Two innovative programs in New York State

Home visiting programs target families at risk for abuse and neglect and offer primary, prevention services with proven results. These programs work with low-income families, young parents, and/or parents who are struggling with maternal depression, alcohol and drug abuse, domestic violence or social isolation, all risk factors for child maltreatment. Each dollar spent on home visiting programs yields a return on investment between \$2.24 and \$5.70.

Two programs in New York State have built collaborations that incorporate unique features to better serve their families, Lourdes Healthy Families of New York and Building Healthy Children. In Broome and Tioga Counties, the Lourdes Parents and Children Together Program (PACT), a Healthy Families New York program, offers home-based services to parents, beginning prenatally or shortly after the birth of the child. Families in the program are often identified by risk factors and stressors, including substance abuse, maternal depression, actual or perceived family isolation, and domestic violence. Lourdes PACT is one of a handful of Healthy Families programs offering a specific fatherhood component for families. Trained fatherhood advocates accompany home visitors on their weekly visits, and provide support and information for fathers on building positive relationships with mothers and their children.

Healthy Families offers services to 300 families in Broome and Tioga Counties, and the Fatherhood Advocate Program currently serves 51 fathers. Initial program outcomes include longer-term involvement of the family in the program and stronger bonds with home visitors and fatherhood advocates.

“It’s really the little things that make the difference,” said William Perry, Manager of the Fatherhood Advocate Program. “Dads tell us that they’re just excited to know that there’s a program just for them. We can’t forget that fathers’ emotional involvement with their children is just as important, if not more so, than their financial support.”

Healthy Families New York evaluation results demonstrate more positive parenting attitudes, less harmful parenting practices, and reduced use of alcohol, tobacco and drugs. It demonstrates better birth outcomes for children and improved economic self-sufficiency for the family. Healthy Families New York reduces the incidence of child abuse and neglect, particularly for first-time mothers under the age of 19 who receive assistance early in pregnancy.

Another community, Rochester, New York, has built a collaboration to address cross-systems needs in the delivery of services for low-income, first-time, teen mothers under the age of 21 who have not been the subject of an indicated child protective report. The result: strategic investments in several evidenced-based programs which, when combined, will lead to optimal preventive outcomes that achieve substantial cost-savings.

The collaborative includes Mt. Hope Family Center (MHFC), Society for the Protection and Care of Children (SPCC), and University of Rochester Medical Center (URMC) Social Work and Pediatrics Departments. Their model, The Building Healthy Children (BHC) collaborative, now includes Nurse-Family Partnership (NFP), Parents as Teachers (PAT), Incredible Years Parenting, Child-Parent Psychotherapy (CPP), and Interpersonal Psychotherapy (IPT). Services typically offered include prenatal care, home visiting through NFP or PAT, counseling, treatment of depression, psychotherapy for attachment issues, and parenting support for children with conduct disorders.

BHC has developed the infrastructure to coordinate existing home visitation programs and develop a comprehensive approach to service delivery for young families. The program is currently undergoing rigorous evaluation.

## Appendix C

### ChildStat: New York City

After the tragic death of Nixzmary Brown four years ago, ACS leadership wanted to increase accountability and quality casework practice in child welfare. They turned to the New York City Police Department's CompStat, a data driven process used to reduce the city's crime rate, as a model.

CompStat originated in New York City in 1994 and is used in police departments in many cities and foreign countries. The model has been adapted for use by a variety of government departments and is currently in use in cities and states across the country. These "PerformanceStat" strategies all vary in important ways but have in common a regularly scheduled process that uses data analysis to drive further exploration and questioning, to suggest policy and practice improvements, and to set future targets for performance. It gets things done because everyone is in the room at the same time to problem-solve and remove barriers to performance. The strategy motivates managers, teams, and individuals; improves performance; and fosters learning.

ChildStat was implemented by ACS three years ago in child protection as a case practice accountability tool. It was designed as a system for regular communication among all managerial levels, from commissioners in the central office to middle managers in field offices about work on the frontlines in child protection. Weekly or bi-weekly meetings are held to review data and two cases from ACS' boroughs. Practice and systemic issues are identified in the process, resources are allocated to address issues recognized, and practice themes are accepted for improved training. Informally, borough managers take the strategy back to their offices and routinely conduct sessions with their workers. After reviewing 150 or more cases through this process, ACS has raised important questions about how workers handle cases. The process helps ACS identify disparities in resources or workloads and to move resources when contracted services are not available or specific needs acknowledged. The process is redefining ACS supervision and has led to a new initiative called Quality Supervision.

Currently, ChildStat case reviews have been limited to cases where a child has not been removed from the home. Evaluation is needed to assess ChildStat's effect on unnecessary removals, casework practice, and racial and ethnic disparities. Dependent upon the results of that evaluation, the process should be reconsidered or expanded to additional types of cases for review.

In 2009, ACS expanded its use of ChildStat with monthly "Managerial Child Stat" meetings to look at the data measures for the whole agency. A third component, Agency ChildStat, started in November 2009, and brought in workers from private agencies starting with foster care agencies with whom ACS contracts for services. In this difficult child welfare practice arena with few measures of accountability, ChildStat is making a difference.

## Appendix D

### Teaming Approach: 14 counties in New York

Day in and day out, caseworkers make tough decisions that few of us will have to make in our lifetimes. Is a young girl safe in her home? Should a boy remain in foster care rather than return to his family? The day-to-day stress takes its toll and workers leave for other jobs. In 2007, OCFS began a Teaming model pilot to provide more support to the child welfare workforce and to counter the influences that contribute to caseworker turnover. It turns out that Teaming is also good for families.

In one case involving very young parents of a newborn, the team approach made a difference. The parents had substance abuse problems and did not have the maturity needed to parent their baby. Traditionally, CPS investigating this family would consider removing the child immediately and placing the baby in foster care. Instead, the full team went to work, contacting the parents' families, bringing them together in a family conference, and developing a plan to keep the baby safe and to support the new parents. The team's work avoided a foster care placement.

The Teaming model was developed by then Commissioner Harry Spence and staff of the Department of Social Services in Massachusetts who questioned the rationale of assigning one worker to one case in child welfare and looked to other disciplines for an answer. The concept drew New York's attention in 2006. The Teaming model involves teams of one supervisor and four to nine caseworkers in any area of child welfare: foster care, preventive, and CPS. Team members share the responsibilities for all of the cases assigned to their team. They meet at least 1½ hours per week for the dual purposes of team building and group supervision. In group supervision, the team reviews cases, drawing upon the expertise of the full group to make plans and key decisions on any one case.

In New York, the Teaming pilot began with six counties and now operates in fourteen. OCFS works closely with the Center for Development of Human Services whose trainers provide support to a total

of seventeen teams, including CPS, foster care, preventive, adoption, and blended teams. Teams form an advisory board, develop operating guidelines and criteria for selecting cases for Teaming. Some teams work with a broad range of cases; others use their team only for a select group of cases, such as the most difficult, chronic neglect. In addition, OCFS hosts quarterly conference calls with the teams and supports ongoing training and technical assistance. Yearly, all teams are invited to a symposium.

Anecdotal reports from the field suggest caseworkers feel more supported and more competent; families experience more positive outcomes and cases close more swiftly. New caseworkers get up to speed more quickly. Caseworkers report that they would not have stayed in child welfare if not for the teaming unit. Supervisors describe a shift in their role to that of a "coach" focused on the important elements of practice rather than the day-to-day details of the work. They note more growth in caseworker skills through Teaming. The biggest change with the Teaming model is the concept of "shared responsibility" for the work.

The evaluation process is ongoing and involves case record reviews and staff surveys. As more and more counties express interest in this model, funding may not be sufficient to support continued growth in Teaming, particularly state funding to match federal training dollars.

## Appendix E

### Supervision Model of Practice: Missouri and North Carolina

Child welfare experts have long recognized the pivotal role supervisors play in achieving outcomes for children and families. Supervisors are the critical personnel charged with translating an organization's mission, vision, and values into practice on the front lines. In a best case scenario, a child welfare supervisor sits down with a caseworker in her unit for their weekly case review. The supervisor asks about the families, what their needs are, and what services they should consider. She asks why the caseworker made the decisions she made and asks follow-up questions helping the caseworker think through what she has seen and where to head with the case. She asks about the children and if they are thriving or need specific services. The supervisor engages in this type of clinical supervision with confidence, backed by the organization's mission, vision, values and training. The focus is on building skills, decision-making capabilities, and providing supports to the family. It is a supervision style that goes well beyond looking at child safety and timeliness of investigations. It is not done in a crisis moment or on-the-run. It is both purposeful and meaningful. It is also a vision for supervision that has been realized in only a few states.

Supervisors face many challenges in performing their role due to high caseloads, high turnover rates, and the crisis environment found in child welfare. What is missing is a more comprehensive model and framework for supervision that could provide the foundation for high quality supervisory practice. Recently, two training and technical assistance centers for the Children's Bureau<sup>5</sup> issued a state of the art guidebook, *Building a Model and Framework for Child Welfare Supervision*, that provides a road map for agency leaders focusing on child welfare supervision. The guide defines expectations for approaches to frontline supervision and performance reviews,

sets standards for supervisory units, and identifies training necessary to prepare and sustain supervisors in their work.

Two states have led the way in developing a child welfare supervision model for statewide use, Missouri and North Carolina. Both have built their model on core areas including training and practice. Missouri included management and administration supervision and North Carolina added supervisor recruitment, training and professional development in its model. As a result, Missouri elevated its supervision practice and effected culture change. North Carolina successfully integrated its System of Care Values into policy and training and is now redefining the technical assistance and support provided to county departments.

The outcome of this work in both states is increased job satisfaction, demonstrated value of supervisors to the organization, and reduced turnover. Management receives better, more useful information for designing staff development priorities. Although these are preliminary findings, there is a strong assumption that improving supervision through a Model of Practice will lead to better outcomes for children and families. Five additional states have implemented the practice and seven others are considering the strategy.

Supervision has been the focus of much discussion within New York State. The NYS Citizen Review Panels believe that this model provides a critical organizing framework and focus for efforts to improve supervisory practice. It is comprehensive, reflects current best practices and offers proven strategies for and tools in support of high quality supervisory practice. We recommend that New York State use the guidebook, *Building a Model and Framework for Child Welfare Supervision*, to design and implement its own approach to supervision.

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<sup>5</sup> National Resource Centers for Organizational Improvement (NRCOI), and the National Resource Center for Child Welfare Data and Technology (NRC\_CWDT), two of the National Resource Centers (NRC) that are part of the training and technical assistance network of the Children's Bureau Administration for Children and Families, U.S. Department of Health and Human Services

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**FEDERAL LAW AND THE CITIZEN REVIEW PANELS**

The 1996 amendments to the federal Child Abuse Prevention and Treatment Act (CAPTA) mandate that states receiving federal funding under that legislation create volunteer Citizen Review Panels. The purpose of these panels is to assess whether state and local agencies are effectively carrying out their child protection responsibilities. The federal statute broadly defines the work of the Citizen Review Panels.

The panels must meet not less than once every three months and produce an annual public report containing a summary of their activities and recommendations to improve the child protection system at the state and local levels. They must evaluate the extent to which the state is fulfilling its child protective responsibilities under its CAPTA State Plan by:

1. Examining the policies, procedures, and practices of state and local agencies.
2. Reviewing specific cases, when warranted.
3. Reviewing other matters the panel may consider important to child protection, consistent with Section 106(c) (A) (iii) of CAPTA.

Following the order of federal CAPTA Amendments of 1996, the New York State Legislature passed Chapter 136 of the Laws of 1999, setting up no less than three Citizen Review Panels, with at least one in New York City. The other panels are in Eastern and Western New York.

Each panel has up to thirteen members; the Governor appoints seven, with the Senate President and Assembly Speaker appointing three each.

For further information please visit the panels' website at: [www.citizenreviewpanelsny.org](http://www.citizenreviewpanelsny.org) or contact: Schuyler Center for Analysis and Advocacy  
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