

Eastern and Western Citizen Review Panels  
Minutes of the May 15, 2006 meeting

*Attendees:*

*Panel Members:*

Anita Welborn	Julia Smead Bielawski	Mary McCarthy
Lance Jackson	Dianne Meckler	Stacy Alvord
Paula Mazur	James Vazzana	Ellen Kennedy

*OCFS Staff:* Larry Brown      Richard Nells      Thomas Hess      Jane Lynch

*SCAA Staff:* Karen Schimke, facilitator      Diane Mastin

<i>Guests:</i> Peggy Sheehan	Robin Sorreinto	Margaret Argentine
Dawn Scott	Colleen Marvel	Christine Deys
Carrie J. Smith	Kevin Burke	Shari Kamholtz

Meeting purpose: To discuss the panels' 2005 recommendations and receive input from child welfare experts regarding their recommendations. The meeting began with a private discussion between OCFS staff and panelists. Guests with expertise in child welfare attended the second half of the discussion to give their input.

Issue	Narrative	Key Issues Mentioned	Possible Action Steps
Home Visiting	OCFS has 29 home visiting program sites operating in the state with a goal of implementing the program statewide. A rigorous, random assignment evaluation has certified that New York's version, Healthy Families, is delivering the same kind of results as Nurse Partnership programs. The program will have \$22.2 million in funding in the 2006-07 budget. Home Visiting programs have DOB, Gubernatorial and Legislative support.	<ul style="list-style-type: none"> <li>• Several home visiting program models are needed. Rural communities have difficulty attracting nurses to staff the Nurse Partnership program.</li> <li>• Collaboration is needed between state agencies.</li> <li>• Need for additional funding. Personnel costs are beginning to overwhelm programs. \$21 million needed just to get existing programs back to serving the same number of families served 5 years ago.</li> <li>• Medicaid could be a possible funding</li> </ul>	<p>Strategy to engage CMS on the national level to use Medicaid funding for these services.</p> <p>Advocacy at the national level to achieve strategy.</p>

		source.	
Home and Community Based Waivers	Currently there are 850 home and community based waiver slots (HCBW). New funding will allow 450 new slots: 300 from Office of Mental Health (OMH) and 150 from OCFS. OMH's slots are 100% funded. Counties must contribute a local share for the OCFS slots. OCFS will be clustering the units of services into groups of 6 in order to support the administrative structure.	<ul style="list-style-type: none"> <li>• Many children who are now only receiving prevention services but are eligible for HCBW slots will be served at a higher level with these new slots opening. This will free up some prevention services for those with less severe needs who are not receiving any services.</li> <li>• OCFS is planning to submit a foster care waiver application to CMS in the fall.</li> <li>• There is a need for a range of services for adolescents. Many parents can not find services to help and support them with their older kids.</li> </ul>	Education needed at the county legislature level to increase investments in preventive services. There is tremendous variability across counties.
Family Engagement/ Communications	The notice letter that goes out to families is heavily influenced by the legal requirements for notifying families of a report that has been filed. While such a letter can never be considered a positive communication, revisions can be made to help recipients of the notice understand what it says and means for them. Westchester County is the only county that uses a revised letter.	<ul style="list-style-type: none"> <li>• Families are very confused about what will happen when they receive such a letter and fear that their children will be taken away. They need to have some details regarding the process and their responsibilities.</li> <li>• The readability of any communication with families needs to be considered.</li> <li>• Other strategies should be supported such as offering parent to parent support to help a family with the CPS process.</li> </ul>	Jane Lynch, Karen Schimke, and Stacy Alvord agreed to work on a draft letter and to develop a strategy for implementation.
Children and Family Trust Fund	This fund provides financial support to innovative, primary prevention programs. The fund received \$2 million in the 2006-7 budget. OCFS will combine the \$2 million with federal funding to support programs.	<ul style="list-style-type: none"> <li>• The \$2 million in funding represents a major step forward for the fund.</li> <li>• The Fund needs a funding mechanism that is more secure.</li> </ul>	
Child Fatality Reviews	Both the Assembly and Senate have proposed legislation to change the scope and composition of Fatality Review Teams. Currently, OCFS	<ul style="list-style-type: none"> <li>• "Cross-county" teams can be problematic. A regional team structure may not eliminate certain</li> </ul>	

	has funding for teams that is not being accessed.	<p>turf issues.</p> <ul style="list-style-type: none"> <li>• Statutory change is necessary to change the composition of the teams.</li> <li>• Western panel members found the reports limited. They could not gain information as to how the community responded or did not respond with a particular case.</li> <li>• Question was raised as to how continuous quality improvement can be achieved. Teams do not implement change.</li> <li>• Teams have not identified systems issues well.</li> </ul>	
FBI Checks	Two versions of legislation have been introduced to allow FBI checks on foster care and adoptive parents. The Assembly and Senate are likely to pass legislation requiring checks but not retrospective checks. Checks cost about \$75 each.	<ul style="list-style-type: none"> <li>• A check would be required on a family member over 18 who moves back into the home but not on the adult family members currently living in the household.</li> <li>• Legislation allows for a one time check and has no provisions for ongoing checks over time.</li> </ul>	Recommend legislation that does not mandate retrospective checks but allows them.
Child Advocacy Centers and Multi-Disciplinary Teams	There is a total of \$5.8 million to support Child Advocacy Centers and Multi-Disciplinary Teams in the 2006-7 budget. \$1.5 million will be used to support new centers and \$2 million to enhance services at existing locations. Co-location of services will be encouraged.	<ul style="list-style-type: none"> <li>• Need for secure funding.</li> <li>• Difficulty getting medical personnel to training.</li> <li>• Confidentiality and HIPPA are concerns.</li> </ul>	
Workload Standards	OCFS has contracted with Walter R. MacDonald Associates for a time study on workload standards for CPS, Foster Care and Preventive workers. A report is due December 1 <sup>st</sup> . The 2006-7 budget provided \$500,000 for the study. Legislation has been proposed to set standards.	<ul style="list-style-type: none"> <li>• CWLA's workload standards are now over 10 years old.</li> <li>• Bill A1150 has been proposed in the Assembly setting 1/7/07 as a date when workload standards should be established.</li> <li>• Need to weight cases based on type of case, number of players involved, and</li> </ul>	

		where the case is in the process.	
Permanency	Work is being done to incorporate the requirements from the permanency bill into Connections software.		Offer comments now as to any suggested modifications in the bill.
Community Child Protection	Child protection is a community wide responsibility and can not rest solely with local departments of social services and OCFS.	<ul style="list-style-type: none"> <li>• Use of language is important in talking about CPS issues. Using wording such as “our children” and less use of “prevent child abuse” in messages leads to more success with public outreach.</li> <li>• Need for more education of professionals about child abuse and maltreatment.</li> </ul>	Facilitate a conversation or local community effort about public education.
Other concerns/comments		<ul style="list-style-type: none"> <li>• Disproportionality in CPS</li> <li>• Gaps in training for social workers and medical professionals.</li> <li>• Getting serious about funding prevention. Funding needed for slots for mental health services, drug/alcohol services, Early Head Start, child care for low-income families, and bi-lingual services.</li> <li>• Lack of supervisor training.</li> <li>• Role of hospitals: one hospital recently decided to eliminate all social work positions.</li> <li>• Improvements needed to Connections so that case workers do entry only once.</li> <li>• To be serious about preventing child abuse, need to provide basic support to families who are overwhelmingly poor.</li> </ul>	