

URGENT

**New York State Citizen
Review Panels for Child
Protective Services**

2015 Annual Report
and Recommendations



CALL TO ACTION
To Protect New York's Children

EXECUTIVE SUMMARY

New York’s child welfare system costs over \$3 billion annually in federal, state and local funds to protect the thousands of children who are abused and neglected by a parent or caretaker. In 2014 alone, there were 45,927 indicated (proven) reports of child abuse or neglect of New York’s children.

But New York’s child welfare system ranks among the worst in the nation on the outcomes measured by the federal government for child safety and permanency. This is simply unacceptable, in a state that was once a leader in protecting children.

Key Federal Outcome Measures	New York Ranking
Recurrence of maltreatment.....	46th out of 46 states
Permanency in 12 months for children entering foster care	37th out of 48 states
Permanency in 12 months for children in care 12-23 months	48th out of 48 states
Permanency in 12 months for children in care 24 months or more.....	37th out of 48 states
Re-entry into foster care in 12 months.....	35th out of 47 states
Maltreatment in foster care (victimizations per 100,000 days in foster care)	45th out of 47 states
Placement stability (moves per 1,000 days in foster care).....	5th out of 45 states

Source: CFSR State Performance Workbook (May 1, 2015)

The Citizen Review Panels in New York State have issued recommendations annually for improving the child welfare system, but are disheartened that most of those recommendations have been only partially implemented or not implemented at all. This year, the Panels are taking a different approach by issuing an Urgent Call to Action to the Governor’s Office and OCFS to develop a five-year Child Welfare Agenda for Change, with input from stakeholders, that includes aggressive, achievable goals and targets to be accomplished by the year 2020.

The Child Welfare Agenda for Change must:

- Take a public health approach to addressing child abuse and neglect, with an emphasis on early prevention;
- Be data-driven with aggressive, measurable goals;
- Require *action* that “moves the needle” in addressing disproportionality and racial equity;
- Require meaningful, results-oriented collaboration across state agencies; and
- Establish that front-line staff have the necessary competencies.

The Panels call for the investment of significant additional funding and resources in New York’s child welfare system, including but not limited to investing in primary prevention services. The funding for these services should be moved within the existing preventive services financing structure so that local social services districts can create and expand a continuum of preventive services based on local needs.

Additionally, increased funding is needed for:

- Restoration of state reimbursement for uncapped preventive services to 75%
- Kinship Guardianship (KinGap) subsidy funding outside of the foster care block grant
- Universal access to evidence-based home visiting services

The Panels also recommend the following actions to be included in the Child Welfare Agenda for Change:

- Strengthen the public and private child welfare workforce by:
 - Providing sufficient training for all new caseworkers and supervisors, and developing a train-the-trainer option for local districts and agencies
 - Reduce caseload sizes to conform with recommended sizes in OCFS’ *Child Welfare Workload Study* (2006)
- Improve outcomes for children in foster care so that:
 - No child ages out of foster care without a permanent family or connection to a significant, reliable permanency resource
 - The number of children being returned to foster care after being discharged is safely reduced
 - Children are not abused or maltreated while in foster care
 - Racial and ethnic disproportionality and disparities in the child welfare system are reduced and eliminated
- Promote the use of differential response to SCR reports by modifying the Family Assessment Response (FAR) model and its implementation to allow for flexibility and promote inclusion of FAR principles and practices across all child protective services work.
- Improve outcomes for children of incarcerated parents by facilitating family contact and raising awareness of this special population

The Citizen Review Panels believe that child abuse and maltreatment in New York State is a significant public health problem and that the current child welfare system is not adequately preventing or “treating” it. Research has shown clearly the relationship between adverse childhood trauma and a range of consequences in adulthood, including increased risk of health and mental health conditions, substance abuse disorders and early death. The costs of abuse and neglect are exorbitant, in terms of both human suffering and tax dollars. The Citizen Review Panels urge New York to invest in our children now to help them grow into healthy, productive adults.

Urgent Call to Action

To Protect New York's Children

Federal law requires states that receive federal funding for child abuse prevention and treatment to have panels of volunteer citizens to review child protective services policies and practices and issue recommendations for improvement. New York's three Citizen Review Panels were established by state law in 1999 and, since that time, have submitted written recommendations each year designed to help improve outcomes for children and families.

This year, the Citizen Review Panels took a different approach by conducting an Impact Assessment to determine the extent to which recommendations made by the Panels in previous years have been implemented. The Panels reviewed, in detail, responses and actions taken in regard to the following areas of recommendations for the past five years:

- Increased state support for preventive services
- Reduced disproportionality in the child welfare system
- A public health approach to prevent and address child abuse and neglect, following the Panels' 2008 proposal for a complete change of approach to our child protective system
- Access by the public to child welfare data
- Expansion of Home Visiting Programs, including Healthy Families NY
- Strengthening and supporting the child welfare workforce
- Expansion of Family Assessment Response (FAR)
- Modifying the approach to educational neglect allegations by removing educational neglect cases involving adolescents from the child protective system
- Expanded support for kinship guardianship
- Improving services and outcomes for children in foster care and their families

The Panels found the results of the Impact Assessment disheartening, in that most of the joint Panels' recommendations for the past five years have been only partially implemented and some have not been implemented at all.

Panel members believe that child abuse and maltreatment in New York State is a significant public health problem and that the current child welfare system is not adequately preventing or "treating" it. Thousands of New York's children are abused and neglected each year. There were 45,927 "indicated" (proven) reports of child abuse and/or neglect across New York State in 2014, many involving more than one child.¹ The costs of abuse and neglect are exorbitant, in terms of both human suffering and tax dollars.

Therefore, the Citizen Review Panels are making two key recommendations this year, issuing an urgent call to action to the Governor's Office, the New York State Office of Children and Family Services (OCFS) and other state agencies, the Courts and the New York State Legislature to:

- 1. Develop, with stakeholder input, a five-year Child Welfare Agenda for Change that includes aggressive, achievable goals and targets to be accomplished by 2020.** The Citizen Review Panels urge that the agenda:
 - Take a public health approach to addressing child abuse and neglect, with meaningful contributions across state agencies that lead to improved safety, permanency, and well-being for New York's children and their families;
 - Be data-driven and include aggressive, measurable goals and targets that can be accomplished within five years (by 2020);



- Require *action* that results in *measurable improvement* in addressing disproportionality and racial inequity in the child welfare system. Include meaningful, sustained participation of the affected communities of color in developing and implementing these actions;
- Include a commitment to meaningful collaboration across state agencies with leadership from the Governor’s Office, and strengthened partnerships between state agencies and local social services districts, with the goal of improved safety, permanency, and well-being for New York’s abused and neglected children;
- Establish that front-line staff have the necessary competencies to provide appropriate treatment.

2. Invest significant new funding and resources to prevent and treat the public health crisis of child abuse and neglect in New York State.

This includes, but is not limited to, including primary prevention programs (formerly known as Community Optional Preventive Services, or COPS) into the uncapped prevention funding stream.

Why do we need an Agenda for Change?

New York’s child welfare system costs over \$3 billion in federal, state, and local funds annually. Yet, the performance of the state’s child welfare system is among the worst in the nation in six of the seven federal outcome measures of child safety and permanency.

The U.S. Department of Health and Human Services (HHS) measures every state’s performance in a number of key child welfare outcomes. Data released earlier this year by the Children’s Bureau at the U.S. Department of Health and Human Services highlight New York’s poor performance in key outcome areas (see chart on opposite page).²

The direct and indirect costs resulting from the nation’s failure to prevent children abuse and maltreatment have been estimated at \$124 billion a year.³ The health care costs associated with abuse and neglect place a tremendous burden on the Medicaid system. Children who are maltreated incur annual Medicaid expenses more than \$2,600 higher than children not so identified. They are two times more likely to use psychiatric services and three times more likely to use targeted case management for an estimated 9% of all Medicaid expenses for children.⁴

The cost of abuse and neglect is even more devastating as abused and neglected children grow up and become adults. The Adverse Childhood Experiences (ACE) study, the largest epidemiological study ever done in the United States, has documented the strong relationship between adverse childhood trauma exposures and a range of consequences in adulthood, including an increased risk of health and mental health conditions, substance abuse disorders, and early death.

New York State's performance in key federal outcome areas

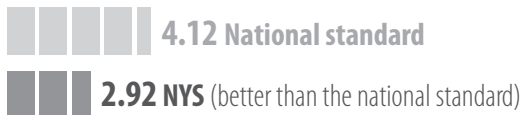
Key to charts



National standard



NYS Performance



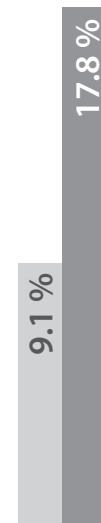
Moves per 1,000 days in foster care

Placement stability



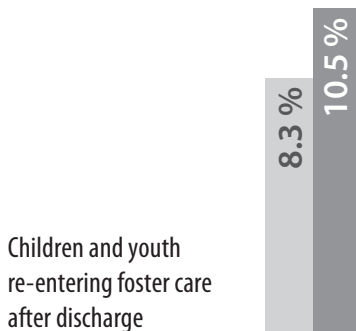
Victimizations per 100,000 days in foster care

Maltreatment in foster care



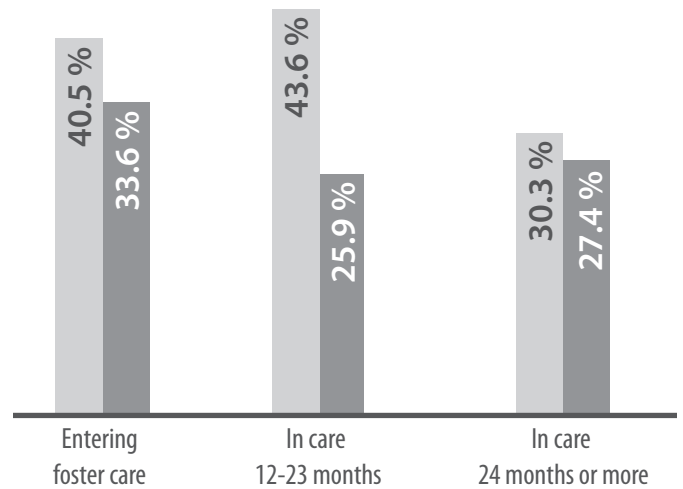
Recurrence is almost twice that of the national standard

Recurrence of maltreatment



Children and youth re-entering foster care after discharge

Re-entry into foster care in 12 months



Permanency in 12 months for children



What can be accomplished?

While childhood trauma has lifelong implications, the trajectory of children's lives can be altered by protective factors, such as their innate resiliency; safe, stable, and nurturing relationships; and communities and systems that are supportive of health and development.⁵

If New York State is to both protect children and counteract the effects of abuse and maltreatment, it must adopt a "public health approach" to child welfare. This approach should be similar to today's health care system, which emphasizes preventive care that promotes overall health and diagnoses disease at an earlier stage when it can be treated more effectively. There is a sharper focus on strengthening community resources so people can remain at home safely with needed supports close by.

Similarly, a public health approach to child welfare takes into consideration all of the conditions that place children at risk for abuse or maltreatment with the goal of reducing that risk through efforts such as public education, interagency data analysis, and prevention strategies.⁶ Key are strategies to address and reduce problems known to increase the risk of family violence, including child abuse and neglect: homelessness, substance abuse, inadequate educational resources, inadequate health care and, most importantly, poverty.⁷ Although most families living in poverty do not abuse or neglect their children, poverty is the single best predictor of child abuse and neglect.⁸ Children

who live in families with an annual income less than \$15,000 are 22 times more likely to be abused or neglected than children living in families with an annual income of \$30,000 or more.⁹

As there is increased awareness of child abuse and maltreatment as a public health problem, more attention is being paid to prevention efforts designed to improve the community environment in which children are raised. An emerging generation of "community child abuse prevention strategies" focuses on creating supportive communities with a shared belief in collective responsibility to protect children from harm and where local governments, businesses and professionals work to expand services and support for parents.

The creation and implementation of a state Agenda for Change in child welfare, fueled by the urgency and commitment applied to other public health issues, would restore New York State to a leadership position in keeping its children safe.

Elements of an effective Agenda for Change

A five-year plan to more effectively protect children in New York State would include, at minimum, the following Panel recommendations.

I. Increase the state's investment in proven child welfare programs

Preventive services are the supportive and rehabilitative services that are provided to children and their families to avert the need for a child's placement into foster care. Preventive services strengthen families: they help parents and caregivers provide an environment where children can thrive. Like preventive health care, these services address early symptoms of family problems that, left untreated, may result in a breakdown of the family unit. Preventive services may also be provided to help a child placed in foster care to return to his/her family earlier than would otherwise be possible, or to reduce the likelihood that a child who has been discharged from foster care will be readmitted.

- A. Restore the level of state reimbursement for uncapped preventive services to 75%.** Panel members believe that every child deserves to be protected from harm in a stable, nurturing environment. Our goals for all children are safety, permanency, and well-being. Preventive services play a crucial role in achieving these goals, as they are designed to improve the well-being of the family as a whole and the safety and security of the children in those families.

Preventive Services were formally created in state law with the passage of the state's ground-breaking Child Welfare Reform Act of 1979. For more than two decades, the state reimbursed local districts for Preventive Services at a rate of 75%, as set forth in Title 4 of Article 6 of Social Services Law. This rate was reduced to 65% as an emergency measure during the recession of the early 2000s, and in 2007 was cut from 65% to 62%. This formula discourages counties from investing in preventive services, and the result has been a decline in the claims made for this funding as localities struggle with competing budget priorities.

- B. Increase funding and allow for expansion of primary prevention services (formerly known as Community Optional Preventive Services, or COPS) to allow local districts to provide primary preventive services programs for at-risk children and families in their communities.** Primary prevention services are typically community-based services that provide early intervention to at-risk children and



families, before they experience crises. According to a 2009 OCFS survey, COPS programs often served Spanish-speaking families, who were offered community service linkages, and families with young children, who typically received early intervention services. Additionally, mental health and substance abuse services were provided to children or adolescents with special needs or specific risk factors. State funding for COPS, which once stood at \$55.5 million, has been frozen at \$12.1 million since 2009 and used only for existing programs. Counties should be allowed to develop a continuum of prevention services that meet local needs, including primary prevention services, within the uncapped preventive services funding structure.

- C. Fund the Kinship Guardianship Assistance Program (KinGAP) as an uncapped permanency option outside of the Foster Care Block Grant.** The State Legislature should establish an additional and separate funding stream for the KinGAP Program, which provides a new and effective permanency option for children in foster care. The KinGAP Program provides financial assistance to relatives who assume guardianship of the children in their care. As of March 31, 2014, a total of 426 children had been discharged from foster care to a KinGAP arrangement since the project went into effect in April 2011. While a limited funding arrangement was appropriate during the first years of the program, the success of the program in promoting permanency for children in care supports the creation of an uncapped funding stream.
- D. Create universal access to home visiting services for an estimated 60,000 eligible families per year.** The state currently funds maternal home visiting programs, including the Nurse-Family Partnership (NFP) and Healthy Families New York (HFNY). These programs provide regular home visits to families during pregnancy and while parenting a young child. Maternal home visiting programs have significant, evidence-based impact on children's health and well-being. NFP reports a 63% reduction

in infant mortality and a 32% reduction in child abuse and maltreatment. HFNY reports a 50% drop in low-birth-weight newborns and a 49% reduction in confirmed child protective services reports.¹⁰ These services also result in cost savings. An evaluation of HFNY found that the program reduces involvement in the child welfare system, saving \$4 for every dollar invested by government sources.¹¹

There is a need for additional funding to expand access to home visiting programs. NFP estimates that there are 40,000 women who are pregnant or parenting young children in New York City alone, but only 2,800 families currently enrolled. The 2015-16 state budget included \$4 million for this program, less than the \$5 million received in FY 2009-10. Funding for Healthy Families NY has also been reduced, resulting in cut backs to services and staff turnover due to higher caseloads and reduced wages.

II. Strengthen the public and private child welfare work force

The child welfare system is only as good as the people who provide and manage services to children and families. The front-line caseworkers and their supervisors in both the counties and in nonprofit provider agencies are the people who will make OCFS' 2015 model of practice a reality for children and families. However, building a stable and effective workforce continues to be a challenge for many child welfare agencies.¹² Workers need — at a minimum — adequate training and manageable caseloads.

The Agenda for Change should include the following elements:

- A. Provide sufficient training opportunities to ensure that all new child welfare caseworkers complete the *Child Welfare/Child Protective Services Common Core for New Caseworkers* within time frames required by law. Develop a train-the-trainer option for local districts.** New York State regulation [18 NYCRR 432.2(e)(5)(ii)] requires that “Each child protective worker, including supervisors, must satisfactorily complete a basic training program in child

protective services within the first three months of his/her employment in the child protective service. Such programs must be approved by the department [OCFS] and must focus on the skills, knowledge, and attitudes essential to working in the child protective service.” State law [SSL §421(5)(b)] requires that all persons employed by a child protective service must complete six hours of annual in-service training, beginning in the second year of their employment and that all persons assigned to be a supervisor, within the first three months of employment as a supervisor, must satisfactorily complete a course on the fundamentals of child protection [SSL §421(5)(c)].

The Citizen Review Panels heard this year from local districts that there are insufficient offerings of required trainings, so that in some parts of the state, employees have been employed for more than three months before they can complete the core training. At times, training offerings are moved to larger districts, leaving the medium-sized and smaller districts with fewer training opportunities. The Panels recommend that OCFS develop a train-the-trainer model for this content so that local districts and agencies have the option of providing this essential training directly. This will allow flexibility in scheduling and the location of the trainings to better meet local needs.

- B. Reduce caseload sizes to conform to the recommendations in OCFS's 2006 *Child Welfare Workload Study*.** Manageable caseload size is closely tied to the frequency of caseworker visits with children and families. (NCSL, 2006; CWLA, 2003).¹³ One of the most significant findings from the federal Child and Family Service Reviews is that the level of family involvement and caseworker contacts with children and families is related to achieving safety and permanency goals. The reviews show that the quality and frequency of caseworker visits result in improved ability to assess children's risk of harm and need for alternative permanency options; identify and

provide needed services; and engage children and parents in planning for their future.¹⁴

The average caseload for child welfare workers nationally often exceeds recommended levels, sometimes by double or more (Alliance for Children and Families, American Public Human Services Association¹⁵ [APHSA], & Child Welfare League of America [CWLA], 2001). The complexity of cases requiring intensive intervention, as well as administrative requirements, further adds to a caseworker's workload. Manageable caseloads and workloads can make a real difference in a worker's ability to spend adequate time with children and families, improve staff retention, and ultimately have a positive impact on outcomes for children and families.¹⁶

A study of child welfare workloads prepared for OCFS in 2006, found that, on average, caseworkers were spending between 0.6 and 1.5 hours of face-to-face contact with children and families per case per month. It determined that this was not enough time to meet clients' needs or to meet the policy and best practice mandates established by state and federal agencies. The study recommended that caseworkers' workloads be reduced to 12 active investigations per month for Child Protective Services (CPS) caseworkers.¹⁷

There is limited data available on caseload sizes in local districts and agencies in New York State. An OCFS report published in June 2015 provided the percentage of workers in each county who had been assigned more than 15 CPS investigations on average over the previous six months. Many counties outside of New York City had caseworkers with more than 15 CPS investigations on their caseload during the review period. In ten counties, 50% or more of their workers had more than 15 investigations on their caseloads.¹⁸

Aside from the requirement in Social Services Law that CPS units must have sufficient staff with sufficient qualifications, New York State

does not have statutory or regulatory caseload requirements for child protective service workers.

The Panels recommend an increase in enhanced funding for hiring CPS caseworkers and the passage of legislation to establish workload standards for CPS units, including consistent reporting of caseloads at the district level.

III. Improve outcomes for children in foster care

The majority of children who come to the attention of child protective services remain with their families. The importance of the parent-child relationship to children's development is a key rationale for intervening to support families, so children can either remain with their families or, if placed in foster care, reunify with their families quickly.¹⁹ While foster care is necessary in severe cases of abuse and neglect, research shows that children typically have better outcomes in the areas of delinquency, entering the criminal justice system as adults, teen birth rates and earnings if they remain at home.²⁰

OCFS' data show that at the end of 2014 there were 18,488 children in foster care in New York State. New York has been a leader in reducing the number of children coming into foster care in the past two decades. However, it is unacceptable that children who do come into foster care in New York stay longer, are more often abused or maltreated while in foster care, and are more likely to return to foster care after discharge than children in most other states in the country.



The Agenda for Change must include plans to achieve the following:

A. Ensure that every youth discharged from foster care is discharged to a permanent family or significant, reliable permanency resource. Panel members urge the state to align foster care payments to counties and agencies with achievement of permanency outcomes through payment incentives and penalties; OCFS already has the authority to do so. Currently, there are no consequences for agencies or local districts when they allow a child to age out of foster care without permanency. The Panels urge local districts, voluntary agencies and the courts to implement evidence-informed practices that result in significant, measurable improvement and publish the results by county, agency and court for increased accountability. Every year, youth “age out” of foster care without experiencing permanency (adoption or guardianship). In 2014, more than 1,200 youth in New York State were discharged from care and “assumed responsibility for themselves,” adding to the 1,360 that aged out of care in 2013, with similar numbers in prior years. Other data indicate that, of the youth discharged from foster care at age 18 or older, about 70% had been in foster care for more than three years.²¹



Research has documented the bleak outcomes for many young people who leave foster care without permanency or a support network. More than one in five will become homeless.²² One in four will be involved in the justice system within two years.²³ More than two thirds of young women will be pregnant by age 21, facing higher rates of unemployment, criminal conviction, public assistance, and involvement in the child welfare system.²⁴

- B. Safely reduce the rate at which children discharged from foster care return to foster care.** The federal data cited earlier in this report show that New York’s performance is in the bottom third of all states for children being returned to foster care after discharge. More than 10% of New York’s children who have been discharged from foster care are readmitted within 12 months of discharge, compared with a national standard of 8.3%.
- C. Identify the root causes of abuse/maltreatment of children while in foster care and implement effective strategies to reduce this rate.** New York’s poor performance in preventing maltreatment of children in foster care must be investigated and remedied.

The abuse and maltreatment of children by foster parents is particularly disturbing because children have been placed in foster care for the specific purpose of keeping them safe. New York lags far behind almost all other states in this measure. The state must put resources behind an effort to determine the root causes of this problem and to take steps to correct them. Prevention guidelines issued by the Child Welfare League of America lists “careful selection, preparation, and training of foster parents” as a top priority.²⁵ It is critical to realistically and candidly explore with all prospective foster parents the challenges of fostering, their motivations for fostering, their personal and family histories, and their capacity to meet the needs of children in foster care.

Ongoing support of foster parents is also essential. Research suggests that the “nature and characteristics of a maltreating kinship or foster parent may not be pre-existing traits but may evolve or be stimulated into action as a result of the substitute care provider’s experience.”²⁶ Maltreatment is more likely to occur when foster parents are stressed and overwhelmed. Workers and supervisors need to know on a continuous basis how families are faring, which requires training and coaching in skills needed to support families and manageable workloads so visits can be meaningful and consistent.

D. Expand and strengthen *actions* to address racial and ethnic disproportionality and disparities in the child welfare system.

Black, Latino, and Native American children enter the child welfare system in greater numbers relative to their proportions of the general population and are more likely to have an indicated case, enter foster care, and remain in foster care longer. The disparity for Black children is particularly pronounced. More than 42% of the children in foster care are African American, compared to a 17.6% ratio of the general New York State population.²⁷ Accurate, statewide data are not available about the number of Native American children in care. OCFS should add tribal affiliation to the demographic information for all investigations and train child welfare staff about their obligation under the Indian Child Welfare Act (ICWA) regulations to make active efforts to inquire about Native American heritage for all investigations.

Since 2009, the OCFS Disproportionate Minority Representation (DMR) pilot project and the Race Equity and Cultural Competence (RECC) program have been examining data and developing interventions, programs, and policies to mitigate disparities in the system. This program currently is centered in 13 counties, yet we know that many more counties have disparate placement rates for African American children in particular, and Native American

children in specific regions of NYS. It should be expanded to the entire state and complete its strategy development within five years.

IV. Promote the use of differential response to SCR reports

A. The Agenda for Change must include a collaborative review of the FAR program, with the goal of modifying the FAR model to allow local districts more flexibility in the implementation of FAR and incorporating FAR practices and principles in all CPS work.

Child Protective Services caseworkers perform safety and risk assessments on every report that is made to the Statewide Central Register. Since 2008, a number of New York counties have had the option of using a “differential response” for low- or moderate-risk cases. The Family Assessment Response (FAR) program is a strength-based, family-focused approach that has been proven to reduce risk of child abuse and maltreatment. FAR allows local districts to strategically align staff time and investigation resources to high-risk reports in which court involvement may be necessary to protect children.

The FAR program grew from six districts in 2008 to 30 districts in 2013. Since then, however, nine districts have suspended the program and no new counties have applied. This is a matter of serious concern to the Panels, as FAR has been shown to be effective in assisting families in crisis and preventing abuse and maltreatment.

2014 data show that more than three-quarters of families named in CPS reports were eligible for the FAR program, although most participating districts used the FAR option for less than one third of their cases.²⁸ Districts conducted optional investigations of other FAR-eligible families. Based on an analysis of 2013 data, FAR families were less likely (30%) than investigated families (39%) to be named in subsequent CPS reports. They also had fewer petitions filed in Family Court related to child abuse (5.7% vs. 8.8%) and fewer foster care placements (1.5% vs. 2.6%).²⁹

In addition, 86% of FAR families reported their interaction with CPS staff was positive, compared to 72% for investigated families. More than 60% of those who had prior experience with CPS said that participating in FAR was a better experience than their previous interactions.

Panel members met with more than a dozen counties across the state this year to hear about their experiences with FAR and to gather information about the increasing number of counties that have discontinued FAR. Without exception, local CPS staff support the increased emphasis on family engagement that is central to the FAR model. Some districts found, however, that implementing the program in the required manner created divisiveness in their workforce that could not be resolved, among other issues. The Panels urge OCFS to introduce additional flexibility in the FAR implementation process to support the counties that have discontinued FAR to consider re-starting the model.

V. Improve outcomes for children of incarcerated parents by facilitating family contacts and raising awareness of the unique needs of this special population

Although it is challenging to disentangle the effects of parental incarceration from other risk factors that children may have experienced prior to a parent's incarceration, parental incarceration is now recognized as an "adverse childhood experience" (ACE) of the type that can significantly increase the likelihood of long-time negative outcomes for children.³⁰ Parental incarceration is distinguished from other adverse childhood experiences by the unique combination of trauma, shame, and stigma.³¹

A recent study by Child Trends, Inc. found that more than five million children — seven percent of all U.S. children — have had a parent who lived with them go to jail or prison. This proportion is higher among black, poor, and rural children. And this figure is an undercount, since it does not include children with a non-residential parent who was incarcerated.³²

It is estimated that 105,000 minor children in New York State have a parent in jail or in prison.³³ However, due to a lack of data, it is difficult to quantify how many of these children are involved in the child welfare system. Given the disproportionality in both the child welfare system and the criminal justice system, it is likely that a significant number of children receiving child welfare services have an incarcerated parent. It is estimated that one in nine African American children, one in 28 Latino children, and one in 57 white children have an incarcerated parent.³⁴

The Panels make the following recommendations:

- A. Update the CONNECTIONS system to collect case specific and aggregate data about children who are receiving child welfare services and who have incarcerated parents.**
 - B. Support legislation that would establish a pilot program to move a number of incarcerated parents, including those with children in foster care and/or being cared for by relatives, to facilities closer to their children to sustain family connections and promote permanency, where possible and appropriate.**
 - C. Incorporate information about the needs, the laws and statutes related to this special population of children into the core training curriculum for caseworkers and supervisors, as well as foster parents.**
 - D. Support changes in visiting policies at correctional facilities to allow more frequent contact in child-centered settings between parents and children via in-person visits and video technology.**
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APPENDICES

2015 Citizen Review Panel Activities

New York City Panel Meetings

March 3, 2015

The panel received an update from OCFS staff on the Executive Budget Summary for 2015-16, results of the Children and Family Services Review, the Children and Youth Bill of Rights, and the “Raise the Age” proposal. Panel members expressed a desire to get reliable data from ACS on how poverty affects families in child welfare. The panel decided to sign on to the *amicus* brief in a case to determine whether a fetus is considered to be a child.

May 5, 2015

The panel met with ACS Commissioner Gladys Carrión and several of her senior staff to review a range of topics related to child protective services, including fair hearing policies, workforce development, and the Racial Equity Task Force. Lisa Gordon of OCFS provided updates on OCFS activities and panel member Wayne Ho presented a review of mandates for Citizen Review Panels as stated in the Child Abuse Prevention Act.

September 15, 2015

Panel members heard a presentation from Jennifer Levy of the New York City Public Advocate’s Office regarding a class action lawsuit against ACS and OCFS and shared recommendations on moving children out of foster care as quickly as possible. The panel discussed ways to obtain additional information about case reviews, and requested that the panel get copies of the most recent audits of foster care agencies in the city. Lisa Gordon of OCFS provided an update on OCFS activities, including implementation of the Well-Being Practice Initiative.

Eastern Panel Meetings

February 27, 2015

The panel received an update from Lisa Gordon of OCFS on the Executive Budget Summary for 2015-16, results of the Children and Family Services Review, the Children and Youth Bill of Rights, and the “Raise the Age” proposal. Panel members discussed topics and dates for their 2015 meetings and the approach to an Impact Assessment of CRP recommendations. Panel member Angela Baris presented a draft protocol for CRP review of specific cases.

April 30, 2015

Panel members JoAnne Merriman and Sharon Chesna presented information on the function of Fatality Review Teams; and Anne Johnson of OCFS discussed OCFS data tracking of child fatalities. Panel members also heard updates from Lisa Gordon of OCFS and discussed the development of performance benchmarks in relation to mandates set forth in the Child Abuse Prevention Act.

September 24, 2015

Panel members discussed the Impact Assessment and the OCFS response to the 2014 recommendations from the state’s Citizen Review Panels. Lisa Gordon provided an update on OCFS activities. Panel members reviewed agenda items for upcoming meetings.

December 11, 2015

Yufan Huang of OCFS presented a review of data on the impact of the Family Assessment Response (FAR) program. Kari Squiddiri shared the Child Welfare Advocacy Agenda developed by the Schuyler Center for Analysis and Advocacy. Lisa Gordon of OCFS updated the panel on the state's Safe Sleep initiative. Panel members discussed meeting dates and agenda topics for 2016.

Western Panel Meetings

March 13, 2015

The panel received an update from Lisa Gharthey-Ogundimu of OCFS on the Executive Budget Summary for 2015-16 and results of the Children and Family Services Review. Outgoing Erie County Commissioner of Social Services Carol Dankert-Mauer discussed recent successes and challenges in the county's child welfare system. Members also discussed the needs of children whose parents are incarcerated, and topics and dates for their 2015 meetings.

May 8, 2015

Erie County Department of Social Services Commissioner Al Dirschberger met with the panel to discuss issues affecting child protective services. Panel members received updates from OCFS and reviewed recent data concerning western counties and the Family Assessment Response program.

September 11, 2015

The panel held a roundtable discussion with 11 Commissioners of Social Services from western New York on a number of issues, including workforce retention, caseloads, participation in the FAR program, child fatality trends, and the disproportionate numbers of minority children in the child welfare system. The group also discussed ways in which the panel can assist local districts within the scope of its legal mandate.

November 6, 2015

The panel heard updates from OCFS on the Safe Sleep initiative and recently released data on the FAR program. The group also reviewed its activities during 2015 and discussed possible agenda items for 2016.

Joint Meetings

June 11, 2015

The three New York State panels met via videoconference with OCFS Acting Commissioner Sheila Poole and Deputy Commissioner Laura Velez, who provided updates on a variety of panel interests and OCFS initiatives. Eastern Panel member Mary McCarthy reported on the activities of the Impact Assessment work group. New York City panel member Wayne Ho led a discussion on recommendations to be included in the panels' 2015 annual report.

October 8, 2015

The three panels met via videoconference. Each panel reported on their most recent meetings and activities. Panel members discussed the results of the Impact Assessment and recommendations that will be included in the 2015 annual report. A number of recommendations were approved by the panels.

Citizen Review Panel Members

Eastern Panel Members

Angela Baris
Program Coordinator, retired
Northeast Parent and Child Society
Executive Office

Edward Blatt, Ph.D.
*Smarter Social Programs
Market Segment Manager*
IBM Software Group,
Enterprise Content Management
Executive Office

Sharon M. Chesna
Executive Director
Mothers & Babies Perinatal Network of South Central New York, Inc.
Executive Office

Lance R. Jackson
Executive Director, retired
Northeast Parent and Child Society
Senate

Mary McCarthy
*Director, Social Work
Education Consortium*
School of Social Welfare
SUNY Albany
Senate

Maureen McLoughlin
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Hector Ramirez
Panel Chair; President
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Carrie Jefferson Smith
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Syracuse University
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Erin Christopher-Sisk, Ph.D.
Clinical Director
ECS Psychological Services
Senate

New York City Panel Members

Dr. Jocelyn Brown
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Child Advocacy of New York
Executive Office

Jorge Saenz De Viteri
Chief Executive Officer
ECE Management NY, Inc.
Executive Office

Wayne Ho
*Panel Chair Co-Chair; Chief
Policy and Program Officer*
Federation of Protestants Welfare Agencies
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David J. Lansner, Esq.
Partner
Lansner & Kubitschek
Assembly

Sania Andrea Metzger, Esq.
Director of Policy
Casey Family Services
Assembly

Mathea C. Rubin
Parent
New York City
Senate

Marion White
Senior Program Director
The New York Foundling Child Abuse Prevention Program (CAPP)
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Western Panel Members

Melissa A. Cavagnaro
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Matrimonial & Family Law
Senate

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Emergency Medicine, and
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Children's Hospital of Buffalo
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Stefan Perkowski
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Child & Adolescent Treatment Services
Executive Office

Danny Sklarski
Auditor; Legislator
NYS Parks and Recreation,
Niagara County
Senate

Sarlyn Tate
Social Worker
Buffalo Psychiatric Center
Executive Office

Dennis Walczyk
Chief Executive Officer
Catholic Charities of Buffalo
Assembly

Karl L. Wiggins
*Vice President of Youth
and Family Services*
Gustavus Adolphus Child and Family Services
Senate

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:

- Examining the policies, procedures, and practices of state and local agencies.
- Reviewing specific cases, when warranted.
- 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, establishing 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 or contact:

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518-713-4726

Administrative Support is provided to the panels by Welfare Research, Inc. (WRI).

Endnotes

- 1 OCFS MAPS Data, 2014
- 2 CFSR State Performance Workbook. May 1, 2015. <http://www.acf.hhs.gov/programs/cb/resource/cfsr-state-performance-workbook>
- 3 Centers for Disease Control and Prevention (2012). Cost of Child Abuse and Neglect Rival Other Major Public Health Problems. Accessed at <http://www.cdc.gov/violenceprevention/childmaltreatment/economiccost.html>
- 4 Florence, C., Brown, D.S., Fang, X. and Thompson, H.F. (2013). Health Care Costs Associated With Child Maltreatment: Impact on Medicaid. *Pediatrics*, 132: 1-7.
- 5 Healthy Families New York: A Home Visiting Program that Works!
- 6 Zimmerman, F. and Mercy, J.A. (2010). A better start: child maltreatment as a public health priority. Accessed at <http://www.zerotothree.org/maltreatment/child-abuse-neglect/30-5-zimmerman.pdf>
- 7 America's Children: How are They Doing?
- 8 Children's Defense Fund (2005). The State of America's Children. Washington, D.C.
- 9 Ibid, Children's Defense Fund (2005).
- 10 K. DuMont, M. Rodriguez, S. Mitchell-Herzfeld, N. Walden, K. Kirkland, R. Greene, and E. Lee (2008). Effects of Healthy Families New York on Maternal Behaviors: Observational Assessments of Positive and Negative Parenting. OCFS: Rensselaer, NY.
- 11 OCFS (2010). Child and Family Services Plan, pp. 50-55. Cost-benefit ratio calculated by OCFS.
- 12 Child Welfare Information Gateway, <https://www.childwelfare.gov/topics/management/workforce/>
- 13 Child Welfare Information Gateway, *Caseload and Workload Management*, State Managers Series, Issue Brief, April 2010.
- 14 Children's Bureau/ACF/DHHS. (2008). Program Instruction ACYF-CB-PI-08-03.
- 15 PDF American Public Human Services Association. (2005). Report from the 2004 Child Welfare Workforce Survey: State agency findings. Retrieved December 2, 2009
- 16 Child Welfare Information Gateway, *Caseload and Workload Management*, State Managers Series, Issue Brief, April 2010.
- 17 Walter R. McDonald & Associates, Inc. (2006). *New York State Child Welfare Workload Study*. Rockville, MD
- 18 OCFS. (2015). Six Month Average: Percentage of Workers with More Than 15 CPS Investigations. Accessed at: <http://ocfs.ny.gov/main/reports/Child%20Protective%20Services%20caseload%20data%20Jan-July%202015.pdf>
- 19 Williams, S. C. & Vandivere, S. (April 2015). Five Myths about Child Maltreatment. Washington, D.C. Child Trends, Inc.
- 20 Ibid
- 21 OCFS. (2015). 2014 Monitoring and Analysis Profiles (MAPS). p. 7
- 22 Casey Family Programs. (1998). Northwest foster care alumni study. Seattle, WA.
- 23 Courtney, M.E., and Dworsky, A. (2005). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19. Chicago, IL: Chapin Hall Center for Children.
- 24 Pecora, P.J., Kessler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., White, C.R., Wiggins, T., and Holmes, K. (2005). Improving family foster care: Findings from the Northwest foster care alumni study. Seattle, WA: Casey Family Programs.
- 25 CWLA Standards of Excellence for Services to Strengthen and Preserve Families with Children (2003). Child Welfare League of America, Washington, D.C.
- 26 Holder, W., Nabinger, D., Lund, T. R., Costello, T., Morton, T. D. (2003). Maltreatment in out-of-home placement: A leadership initiative. Duluth, GA: National Resource Center on Child Maltreatment. Accessed at <http://nrccps.org/documents/2003/pdf/MaltreatmentinOutofHomePlacement.pdf>
- 27 2014 MAPS data. NYS Office of Children and Family Services. Rensselaer, N.Y.
- 28 CONNECTIONS data for familial reports, 1/1/2014-12/31-2014. NYS Office of Children and Family Services. Rensselaer, N.Y.
- 29 CPS Differential Response System: Impact on Child Welfare Outcomes in NYS. (2015) NYS Office of Children and Family Services. Rensselaer, N.Y.
- 30 Raimon, M., Lee, A., & Genty, P. (2009). Sometimes Good Intentions Yield Bad Results: ASFA's Effect on Incarcerated Parents and Their Children [cited by Urban Institute Center for the Study of Social Policy. (2009). *Intentions and results: A look back at the Adoption and Safe Families Act.*]
- 31 Bates, R., Lawrence-Wills, S., & Hairston, C. (2003). *Children and families of incarcerated parents: A view from the ground*. Jane Addams Center for Social Policy and Research, Jane Addams College of Social Work. Retrieved from http://www.uic.edu/jaddams/college/research_public_service/files/childrenbrief.pdf
- 32 Murphey, D. and Cooper, P. M. (October 2015). *Parents Behind Bars: What Happens to Their Children?*
- 33 Krupat, T., Gaynes, E. and Lincroft, Y. (2011). A Call to Action: Safeguarding New York's Children of Incarcerated Parents. New York, New York: New York Initiative for Children of Incarcerated Parents, The Osborne Association.
- 34 The Pew Charitable Trusts. (2010). Collateral Costs: Incarceration's Effect on Economic Mobility. Washington, DC: The Pew Charitable Trusts.

