

Appendix F

MONDAY, SEPTEMBER 8, 2008



Empowering Youth Day : *Life After Foster Care*

ONEIDA COUNTY FAMILY COURT, UTICA NY

FEATURING:

“Achieving Permanency Resources for Adolescents”

Pat O'Brien, Founder & Executive Director of "You Gotta Believe!" and nationally recognized advocate for permanency for older youth. Mr. O'Brien will present a 1.5 hrs session for attorneys, caseworkers, therapists, and child welfare system professionals. CLE's provided (session to be held twice at 1:00 and 2:45)

**TO REGISTER
ONLINE:**

<https://app.formassembly.com/forms/view/32999>

**FOR FURTHER
INFORMATION
CONTACT:**

Cindy Roth

Child Welfare Court Improvement Project Liaison to the Fifth Judicial District
315 731-3468 or croth@courts.state.ny.us



Child Welfare

**NEW YORK
STATE**



Unified Court System • Division of Court Operations
Office of Alternative Dispute Resolution and Court Improvement Programs



Court Improvement Project

CO-SPONSORED BY:

ONEIDA COUNTY FAMILY COURT AND
ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES

Appendix G



Child Welfare

Unified Court System • Division of Court Operations
Office of Alternative Dispute Resolution and Court Improvement Programs

Court Improvement Project

THE CHILD WELFARE COURT IMPROVEMENT PROJECT (CIP) supports the Family Court's mandate to promote the safety, permanence and well being of children who are the subject of abuse, neglect, foster care, termination of parental rights and adoption proceedings.

Best Practices Bulletin

Welcome to the inaugural issue of the Best Practices Bulletin, the quarterly newsletter of the New York State Child Welfare Court Improvement Project. This publication seeks to keep you informed of the accomplishments, activities and ongoing projects implemented by the New York State Unified Court System to support the court's mandate to ensure the safety, permanency and well being of children.

The continuous improvement of child welfare court operations is the result of the leadership provided by Chief Judge Judith S. Kaye (both in her role as Chief Judge and as Chair of the Permanent Judicial Commission on Justice for Children), Chief Administrative Judge Ann Pfau

and the contribution of time, talent and energy of judicial and non judicial staff of the family courts, the Office of Court Administration, the bar and our partners in government.

Future issues of this publication will focus on specific innovations and 'best practices' implemented by our family courts including frequent and in-depth court oversight of pending cases; the use of tools and checklists to enhance the court's inquiry into the safety, permanency, health and well-being of children, use of Court Appointed Special Advocates (CASA), and use of alternative dispute resolution processes such as mediation and case conferencing.

The inspiration for specific

projects often flows from the bottom up rather than from the top down. Much of the work of court reform is accomplished by local collaborative 'stakeholder' groups convened by family courts and their government partners. These groups provide a forum for discussions that lead to enhanced court operations and improvements in the child welfare and service delivery systems beyond the court. We welcome and encourage contributions of articles for future issues of this newsletter. ■



INSIDE THIS ISSUE

2
Teen Day in Queens

3
National Summit on Children's Welfare

4
Nassau Pilots 'Basics of Substance Abuse' Training

4
Planning for the Future

4
Resources

CIP: A Strong Past; A Secure Future

New York State's Child Welfare Court Improvement Project (CIP) began in 1994 and was administered from its inception through the Fall of 2006 by the Permanent Judicial Commission on Justice for Children (The Commission), chaired by Chief Judge Kaye. The Project is partially supported by a federal grant from the Administration for Children and Families of the US Department of Health and Human Services. Court

Improvement Project grants are awarded to the highest court in each state in recognition of the integral role state courts play in charting the course for abused and neglected children. The project, which focuses on proceedings involving abuse and neglect, foster care, termination of parental rights, and adoption, provides resources and technical assistance to enhance and promote innovation in court operations and practices.

Major initiatives include

interdisciplinary training programs such as the "Sharing Success" annual statewide conference, co-sponsored with the New York State Office of Children and Family Services (OCFS); support of efforts to collect, share and distribute child welfare data to court managers and judicial decision makers; and initiatives to improve the quality of court proceedings, court operations, representation and advocacy.

During 2006, federal funding

Continued on Page 3

For more information visit: www.nycourts.gov/ip/cwcip

Teen Day in Queens Family Court

The first annual Teen Day was held in Queens Family Court in April, providing encouragement and information to youth preparing to live on their own. Six months in the planning, the event brought youth together with court and community agency personnel to inform the young adults of available programs, services, personal connections and jobs.

Invitations were extended to over 100 youth by law guardians, court referees and caseworkers.

Helen Muskus, Supervising Court Attorney in Queens, organized the effort, along with court attorney Tye Mosaku; Kim McLauren and Carolyn Silvers of Legal Aid; Lauren Meller and Dorien Gottlieb of ACS; Jennifer Goldstein and Samira Ali from CASA; Stephanie Pearl, Donna Erez and Regina Ritcey of the Permanency Mediation staff; and, of course, Referees Wanda Matthews, Amy Rood, Craig Ramseur and Kay Anixiadis, who every day hear the cases of adolescents about to age out of care. Together, they, as well as the practitioners, are concerned about whether these young adults will be able to cope with an uncertain future unless necessary services are put in place before they leave foster care.

The day began with welcoming remarks by Referee Matthews. Lauren Meller introduced Keema Davis and Richard Wilkerson from the (ACS) Administration for Children's Services Speaker's Bureau. Keema is also the coordinator for Wednesday's Child, the weekly series that highlights foster children looking for a home. These two young adults shared personal stories of their time in care, their struggles, and their eventual successful outcomes. Their most important lesson for the young adults in the audience was to try to connect with adults, to open themselves to the possibility of family.

Other speakers included Winsome McDermott; Donna Marie Antoine; Ronnel Walker-Johnson and Kim Dennis. Represented agencies included the Administration for Children's Services (ACS) Office of Youth

Development; ACS Housing; ACS Placement Services; You Gotta Believe; CUNY; The Door—A Center of Alternatives, Inc.; Child Permanency Mediation Program; Planned Parenthood of New York



“Teen Days are an excellent opportunity for us to come together as a community and engage youth in the Family Court process.”

—HON. JOSEPH LAURIA

City, Inc.; Queens Public Library; Jamaica Center for Arts and Learning; City Year; Brooklyn Job Corps Academy; The Child Center of New York, Inc.; Covenant House—Queens Community Resource Center; Goodwill; and Dress for Success.

Youth were encouraged to attend their own service plan reviews to become resources to themselves in planning for their own future. ACS youth-focused programs were discussed, including funding for education and special educational programs that allow youth to earn college credit at Bard College over the summer. Erick Hallgren of Bronx Community College discussed how important education is to their future and discussed the opportunities available throughout the CUNY system.

Paul Snellgrove of “You Gotta Believe” discussed the need for family. “You Gotta Believe” works with adolescents and foster families to create permanent families for adolescents in care.

After years of failed attempts at bonding with a family, many adolescents reach a point where they stop trying. Paul encouraged those in the audience to heed the words of Mr. Wilkerson, who told the group that he had to overcome negative advice from those around him to take a chance on

a family who seemed genuine about their interest in him.

The referees held hearings regarding the status of each adolescent and discussed their progress in school and with housing, counseling and relationships with their foster families. Each courtroom had the services of a Court Appointed Special Advocate (CASA) who stood by, ready to be appointed in those cases where certain issues seemed to need further attention. Cases were adjourned to short dates so that ordered services could be reviewed prior to the youth's being discharged from care.

Lunch was provided by Ezekiel's Catering, a specialized training program developed by Covenant House to teach New York City youth culinary arts and the skills necessary to run a business.

Attendees found the program helpful and had useful suggestions on how more youth could be encouraged to come to court. The information tables with the most interest were ones that offered information about college, housing, youth programs and jobs. With the program such a success, plans are already underway for the next Queens Teen Day. ■

Excerpted from the New York City Family Court Chronicle

National Summit on Children's Welfare

Over 200 judges and child welfare experts from 46 jurisdictions convened in New York this past March for a summit aimed at devising ways to improve the care and protection of vulnerable children across the nation.

"A Summit on Children: It's Their Future— Ours Too!" was co-sponsored by the Conference of Chief Justices and the Conference of State Court Administrators in partnership with the National Center for State Courts and the New York State Unified Court System. The meeting is a follow-up to the first National Judicial Leadership Summit on the Protection of Children held two years ago in Minneapolis.

Each state represented at the summit was asked to participate as a team of three or more, a group to ideally include the chief judge, state court administrator and either the governor's director of human services or a senior administrator of the human services agency responsible for the state's child welfare system.

As you know, today and every single day, we have an enormous amount of work to do to improve the lives and the life chances of our nation's needy children, our children," said Chief Judge Judith S. Kaye, who welcomed partici-

pants to the summit.

"It is unethical and immoral for your life's circumstances to be predicated on your zip code," said keynote speaker Geoffrey Canada, executive director of Harlem Children's Zone, a non-profit, community-based organization that works to enhance the quality of life for children and families in some of New York City's most devastated neighborhoods. Some children are forced to live in horrible conditions and to attend schools where students have failed for years, he added.

Canada also said that though people question how much it costs to fund programs that enrich children's lives, they rarely if ever think about what we as a society are willing to spend down the line, when many of these broken youngsters wind up in prison. Canada's organization spends \$3,500 annually per family to provide educational and other support services, a fraction of the more than \$30,000 it costs per year to incarcerate an individual in New York state. The Harlem Children's Zone serves more than 12,500 children and adults through a variety of programs designed to rebuild the community.

Gov. Eliot Spitzer told the audience that refocusing state dollars to intervene



earlier in the life of a child to address education, health care and other issues is clearly where social policy should head, while Mayor Michael Bloomberg discussed steps that New York City is taking to provide better training and other support to its child protective agency personnel.

A group of young adults gave conference attendees a view of what it's like growing up in foster care. They told participants that every child deserves and needs caring adults and permanency in order to connect well with others and feel hopeful about the future.

Retired New York Family Court Judge Joan Cooney encouraged child welfare workers and others at the conference to do all they can to keep children transferred to a new foster home in their current schools. Foster children are more apt to become dropouts, she said, when they're constantly being moved from school to school. ■

Reprinted with permission from Benchmarks

History *continued from page 1*

for the program increased to support additional training and data analysis efforts. The additional resources will support replication of successful activities more broadly across the state and with greater depth at the local level. The increased focus on court operational issues prompted the transition of the administration of the project to the Office of Court Administration's Division of Court Operations. The CIP continues to operate with the support, advice and counsel of the Commission whose interdisciplinary membership includes leaders from government and non-governmental systems that impact children and families.

Chief Judge Kaye appointed the Honorable Sharon Townsend, Administrative Judge of the 8th Judicial

District (and a former family court judge) to chair a CIP working group as a subcommittee of the Commission. This group will provide a "hands on" leadership team to steer the development of goals and objectives, monitor the implementation of CIP objectives, keep the full Commission membership informed of CIP activities and provide advice, counsel and support to CIP staff.

The "Office of Alternative Dispute Resolution and Court Improvement Programs" was created by integrating the former Office of ADR Programs with staff from around the state engaged in CIP activities. Dan Weitz was appointed Deputy Director of the Division of Court Operations and continues in his role as Coordinator of the Office of Alternative Dispute Resolution and Court

Improvement Programs. Frank Woods was appointed Assistant Coordinator with direct programmatic responsibility for the operation of the CIP program. Christine Kiesel, formerly a court attorney referee in Oneida County where she presided over a child welfare "best practice" part, has joined the staff as Statewide Project Manager. Trista Borra, formerly of the Commission and Karen Carroll, formerly of the Erie County Court Improvement Project joined the staff as Deputy Statewide Project Managers. In addition, over the course of the next year, the CIP will create liaison positions, co-located in other additional family courts, to implement the goals of the statewide project at the local level. This administrative team will support the reform of family courts' efforts throughout the state. ■



Child Welfare

Unified Court System • Division of Court Operations
Office of Alternative Dispute Resolution and Court Improvement Programs

Court Improvement Project

Best Practices Bulletin

THE CHILD WELFARE COURT IMPROVEMENT PROJECT (CIP) supports the Family Court's mandate to promote the safety, permanence and well being of children who are the subject of abuse, neglect, foster care, termination of parental rights and adoption proceedings.

Participating in The 2008 Child And Family Services Review: The Role of the Court System

This spring, **New York State** is participating in the second round of the Child and Family Services Review (CFSR), the federal review of the state's child welfare system conducted by the Department of Health and Human Services, Administration for Children and Families (ACF). The Child Welfare Court Improvement Project (CIP) has worked closely with the New York State Office of Children and Family Services (OCFS) to prepare for the upcoming review and to advocate for court system involvement in every aspect of the review. The CIP Subcommittee of the Permanent Judicial Commission on Justice for Children oversees this effort.

The purpose of the CFSR is to ensure New York's conformity with the requirements in Titles IV-B and IV-E of the Social Security Act and to help states identify strengths and areas needing improvement. In 2000, ACF established this results-oriented approach to measure states' performance in seven (7) outcomes related to safety, permanence and well-being (see sidebar) for families and children who receive services and seven (7) systemic factors related to the state's child welfare agency performance.

Since the CFSR is primarily a review of the child welfare system, it prompts the question: Why does the court system need to be involved in the CFSR?

First, the federal CFSR holds states accountable not only for the performance of the state child welfare agency, but also for the performance of the state as a whole. The CFSR examines the state's success in achieving safety, permanency and well being of abused and neglected children, not just the state agency responsible for oversight of child welfare services. The achievement of these outcomes depends on the performance of local departments of social services, the quality and availability of family support services in the community and the performance of the legal/judicial system.

How a state fares in its CFSR depends in part on how well its legal system performs. If courts make sound decisions concerning the safety of abused and neglected children, the CFSR will reflect the fact that children are safer. Similarly, if courts make timely decisions in child welfare cases, the CFSR will reflect that foster children achieve earlier permanent placements. Where courts help agen-

cies focus on the well being of the children and their families,

Continued on page 2



CFSR OUTCOMES

SAFETY

- Children are, first and foremost, protected from abuse and neglect
- Children are safely maintained in their homes whenever possible and appropriate

PERMANENCY

- Children have permanency and stability in their living situations
- The continuity of family relationships and connections is preserved for families

WELL-BEING

- Families have enhanced capacity to provide for their children's needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs ■

INSIDE THIS ISSUE

2
Fostering Recovery: Collaborative Approach to Helping Children in Substance Abusing Families

3
Community Collaborations: Keeping Children First

4
Sharing Success VI: 'Culture of Urgency'

4
Resources

For more information visit: www.nycourts.gov/ip/cwqip

Fostering Recovery: Grant Funds Collaborative Approach to Helping Children in Substance Abusing Families

New funding from the federal government is supporting work in Monroe County to assist young children exposed to parental substance abuse and their families.

“Fostering Recovery” is the product of a regional partnership among the University of Rochester’s Department of Psychiatry and Mt. Hope Family Center, the Monroe County Department of Human Services and the Monroe County Family Court. A three-year \$1.8 million grant supporting the project was received in October of 2007 by the University of Rochester from the U.S. Department of Health and Human Services, Administration for Children and Families’ Children’s Bureau. The project’s goal is to address the complex relational needs of families dealing with chemical dependency, especially those that have infants and toddlers (birth through age 2) in Monroe County.

“This grant is a wonderful opportunity for the courts, social services and academia to come together to foster recovery and well-being in child welfare-involved families,” said Wendy Nilsen, Ph.D., Assistant Professor of Psychiatry & Psychology and Director

of the Monroe County Hall of Justice Children’s Center. Dr. Nilsen serves as administrator of the grant.

Research is clear that young children in the child welfare system rarely receive mental health services, even though past work has shown irregularities in infants and toddler’s biological, emotional, and behavioral regulation. Using the available empirical evidence, Fostering Recovery employs multiple evidenced-based, relational interventions: Child Parent-Psychotherapy, Attachment and Bio-Behavioral Catch-Up, and Relational Recovery Group. In addition, there is a Rapid Referral program for substance abuse treatment and mechanisms to enhance Early Intervention utilization that are designed to enhance children’s well-being.

Specific goals of the program are to:

- Enhance the parent-child relationship and support emotional security in young children living at home or in foster care;
- Increase the social, emotional and cognitive development of young children in the child welfare system;
- Reduce out-of-home placements in



children who remain at home and to decrease the time until permanency for children in foster care; and

- Enhance parental participation and success in conventional chemical dependency treatment.

More specifically, Fostering Recovery supports parental recovery in four ways: 1) by providing rapid referrals to treatment providers; 2) by allowing individuals to see themselves as healthy parents for their children; 3) by linking success in recovery to children’s positive outcomes; and 4) by improving the parent-child attachment relationship, which reinforces parental responsibility and sobriety.

The treatment design is developed for substance abusing parents with

continued on next page

The Role of the Court System

continued from page 1

the children are better off and the parents are better equipped to care for their children.

The CFSR is organized into four discrete stages:

- a. Statewide assessment;
- b. Onsite review;
- c. Final report; and
- d. The development of a Program Improvement Plan (PIP).

OCFS prepared and transmitted to each local department of social services data profiles containing county specific and statewide information. The CIP distributed these packets to each of the respective family courts to help them prepare for the upcoming CFSR process. The data profiles allow counties to com-

pare their performance on child safety and permanency data indicators with the state median and with other counties. Courts and local departments of social services were encouraged to jointly interpret the data and to involve the courts in an active role in the development of local continuous quality improvement plans.

As part of the required assessment, OCFS recently conducted focus groups to obtain input from a wide variety of stakeholders. The CIP arranged for a number of focus groups of court personnel to provide input into the assessment. The groups included Family Court Judges in New York City and in the Fifth and Eighth Judicial Districts, Family Court Chief Clerks and CASA Program Directors.

The week of May 5, an onsite review

was conducted by a joint federal/state team in New York City, Rockland and Onondaga Counties. The onsite portion of the review included: (1) case record reviews; (2) interviews with children and families engaged in services; and (3) interviews with community stakeholders, such as the courts and community agencies, foster families, caseworkers and service providers. CIP staff and other key court system personnel were part of the review teams.

At the end of the onsite review, states that are deemed to be “not in substantial conformity” in each area assessed are required to develop and implement a Program Improvement Plan (PIP) addressing areas identified as needing improvement. This happened after the

continued on next page

Fostering Recovery *(continued from page 2)*

infants and toddlers (birth through age 2) who are involved with child welfare system who have children in foster care or whose children remain in-home. There are no restrictions on the number of previous children or the type of child protective report (i.e., type of abuse or neglect). Mothers under age 18 will not be invited to participate as there are other programs specifically designed for this population. To test the effectiveness of these approaches and provide valid outcome data, both programs are balanced by a control group.

The Child Welfare Court Improvement Project will play a role in training for the project, providing a training kickoff for judges, legal professionals, caseworkers, substance abuse, and service providers. Ongoing training through the three-year period will be offered to include:

1. Credentialed Alcoholism and Substance Abuse Counselor (CASAC) training on child welfare and court (CASAC person will be located at the Department of Human Services);
2. Caseworker training on substance

abuse and family court;

3. Court training for therapeutic visitation therapists and for Mt. Hope Family Center; and
4. The court-based Babies Can't Wait series designed to inform family court professionals, Department of Human Services (DHS), and service providers about the needs of young children in care. The series will use the Babies Can't Wait training to present program benchmarks and preliminary results to influence systems changes necessary to implement best practices. ■

COMMUNITY COLLABORATIONS: KEEPING CHILDREN FIRST

Monroe County Family Court uses a community collaboration model to ensure the courts and child welfare systems keep kids first in the often frenetic Family Court environment. The Child Welfare Collaborative was formed by the Hon. Craig J. Doran, Supervising Judge of the Family Courts for the Seventh Judicial District last year to foster a spirit of collaboration between the court and its key stakeholders.

The committee is chaired by Monroe County Family Court Judge Gail A. Donofrio. The collaborative meets to share new ideas, address areas of concern, and ensure that child welfare agencies and the courts remain committed to timely permanency for children.

The meeting on March 21, 2008, was facilitated by Mary Aufleger, OCA's Child Welfare Court Improvement Project

Liaison for the Seventh Judicial District, and attended by representatives from the judiciary, non-judicial staff, Monroe County Attorneys, Public Defenders, Conflict Defenders, Department of Human Services, Rochester City School District, and the private bar. The meeting centered on continuing efforts to improve court practices and outcomes for children such as the local district's Title IV-E foster care eligibility review, Adoption Panel Reviews, Fostering Recovery grant, procedures for tracking Article 10 Orders and the successful Babies Can't Wait/Teens Won't Wait cross-disciplinary training program.

Newer initiatives include efforts to maintain continuity in children's lives by keeping them in the same school district when they enter foster care, and encouraging active participation of youth in court proceedings. ■

The Role of the Court System

continued from page 2

first CFSR review and it is a virtual certainty that New York will be required to develop another PIP after this review given the high bar set by the national standards and a preliminary review of the New York data.

For example, the federal composite measure Timeliness and Permanency of Reunification requires a score of 122.6 or higher for the state to be found in substantial conformity. New York's score for the 12-month period ending March 31, 2007 was 96.3, ranking us 40th out of the 47 jurisdictions for which data was available. However, we consistently improved performance over the last three years. In Federal Fiscal Year 2005, NY's score was 80.5, in FFY 2006, 90.8, and

for 12-month period ending March 31, 2007, 96.3.

We have also improved on individual measures within the composite. We have increased our performance on exits to reunification in less than 12 months: FFY2005 - 46.3%, FFY2006 - 51.8%, year ending March 31, 2007 - 55.3%. We have also reduced the median length of stay for children that exit to reunification: in FFY 2005 median length of stay was 13.2 months, in FFY 2006, median length of stay was 11.8 months, and in year ending March 31, 2007 median length of stay was 10.9 months.

Similarly, although we are currently ranked 44 out of 47 for the composite measure Timeliness of Adoptions, we consistently improved performance over the last three years on several individual

measures. We increased our performance on the exits to adoption in less than 24 months: FFY2005 - 7.9%, FFY2006 - 9.3%, year ending 3/31/07 - 10.4%. We have reduced the median length of stay for children that exit to adoption: FFY 2005 median length of stay was 52.7 months, FFY 2006 median length of stay was 49.8 months, and year ending March 31, 2007 median length of stay was 49.7 months.

While progress is being made, additional improvements are needed. The development and implementation of the federally required Program Improvement Plan should be viewed as an opportunity to sustain momentum for improvement efforts that are underway and to reinforce the already strong partnership between the courts and the child welfare system. ■

Resources:

How Judges Can Build Multidisciplinary Collaborations to Benefit Children and Families

This article by the Honorable Sharon S. Townsend, Administrative Judge of the Eighth Judicial District and Chair of the Child Welfare Court Improvement Project Sub-Committee of the Permanent Judicial Commission on Justice for Children, discusses how successful systemic change has resulted from court-led multidisciplinary collaborations. **FULL ARTICLE:** http://www.nycourts.gov/ip/cwcip/Publications/judges_build_multi_disciplinary_collaborations.pdf

Building Bridges: The Case for Sharing Data between the Court and Child Welfare Systems

Achieving safety, permanency, well-being and due process goals in the child welfare system requires the efficient flow of information between and among multiple organizations and professionals. Monitoring performance requires reliable and accurate data. This report discusses the potential benefits for both the court system and the child welfare system in moving toward the appropriate statewide interoperability of the respective organization's management information systems and expanded sharing of data to support decision making.

FULL ARTICLE:

<http://www.nycourts.gov/ip/cwcip/Publications/BuildingBridges-TheCaseForDataShare.pdf>

Report of the Family Court Advisory and Rules Committee to the Chief Administrative Judge

The Committee annually recommends to the Chief Administrative Judge proposals in the areas of Family Court procedure and family law that may be incorporated into the Chief Administrative Judge's legislative program. The report outlines measures enacted during 2007, previously endorsed measures, and future measures. **FULL ARTICLE:**

http://www.courts.state.ny.us/ip/judiciary/legislative/FamilyCourtAdv_08.pdf

New Court Rules Regarding the Attorney for the Child

Two new court rules were promulgated in recent months defining the role and caseload of the attorney for child. Section 7.2 of the Rules of the Chief Judge defines the functions of attorneys representing children. **FULL ARTICLE:**

<http://www.nycourts.gov/rules/chiefjudge/07.shtml#02>

Section 127.5 of the **Rules of The Chief Administrator** establishes workload guidelines for attorneys representing children. **FULL ARTICLE:**

<http://www.nycourts.gov/rules/chiefadmin/127.shtml#05>

The Courts: Keeping Young People Involved and Aware

This issue of Connections Count, a Casey Family Services web newsletter devoted to connecting foster teens with families, discusses ways to keep young people aware of the status of their legal case and involved in strategically planning for their future. **AVAILABLE ON-LINE:**

http://www.caseyfamilyservices.org/enewsletter/october/featured3_october.html

Foster Youths' Views of Adoption and Permanency

This Urban Institute study, conducted in Washington, D.C. and New York City, examined foster youth's views of adoption, permanency, and adoption recruitment. The study identifies how foster care experiences influence youths' perceptions of adoption, as well as youth's desire for autonomy and empowerment. **FULL REPORT:**

http://www.urban.org/UploadedPDF/411609_adoption_permanency.pdf

Children of Incarcerated Parents

CW360° is a new periodical by the University of Minnesota Center for Advanced Studies in Child Welfare. This inaugural issue focuses on the needs of children of incarcerated parents who are involved in the child welfare system. **AVAILABLE ON-LINE:**

<http://cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360.pdf>

'Culture of Urgency' is Topic for Sharing Success VI

The New York State Office of Children and Family Services (OCFS) and the New York State Unified Court System (UCS) are pleased to announce their joint sponsorship of Sharing Success VI, Embracing a Culture of Urgency: Achieving Permanency for New York State's Children. The Conference will be held at the Desmond Hotel and Conference Center in Albany on November 20-21, 2008, with sign-in available beginning on the afternoon of Wednesday, November 19.

In an effort to more effectively coordinate team attendance at the conference, each county's Family Court and local Department of Social Service (DSS) will be asked to jointly nominate a multi-disciplinary team representing the court, DSS, and other system partners to attend the conference. The number of team members from each county invited to attend is based upon the number of children in foster care per county. Every county will receive between four (4) and ten (10) individuals to attend the conference.

Questions can be directed to Christine Kiesel, 315 798-3655 or ckiesel@courts.state.ny.us



Child Welfare

Unified Court System • Division of Court Operations
Office of Alternative Dispute Resolution and Court Improvement Programs

Court Improvement Project

Best Practices Bulletin

THE CHILD WELFARE COURT IMPROVEMENT PROJECT (CIP) supports the Family Court's mandate to promote the safety, permanence and well being of children who are the subject of abuse, neglect, foster care, termination of parental rights and adoption proceedings.

New Federal Law Promotes Permanency for Families

The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) will provide mechanisms to facilitate safe and permanent homes for hundreds of thousands of children and youth in foster care. Key elements of the bill include:

- Enhanced provisions for relative guardianship and adoption;
- Improved education and health care;
- Extension of federal support for youth to age 21; and
- Federal protections and supports for American Indian Children.

The bill had bipartisan support and has been fully funded at the federal level. Because the bill was signed into law October 7th, after the start of the new federal fiscal year Oct. 1, many provisions will apply to payments made to states January 1, 2009, the start of the second fiscal quarter. Some sections also have delayed or phased-in effective dates (see below).

The full text of the bill is available at:

www.govtrack.us/congress/billtext.xpd?bill=h110-6893

The legislation's major provisions include:

Promoting Permanent Families for Children in Foster Care:

■ Support for Relatives.

The Fostering Connections Act contains several elements to facilitate and expedite permanent placement with relatives. There are provisions to assist states with subsidized guardianship payments for relatives when children cannot be returned home or adopted. Increased opportunities for notice to relatives when children enter care will enhance the possibility of placements with families. The Act also seeks to reduce licensing barriers that are not related to safety, in order to allow more relatives to be eligible for federal support.

■ Support for Adoption.

The Act increases incentives to states to find adoptive families for children in foster care, especially those with disabilities or other special needs and older youth. One key provision would increase opportunities for more children with special needs to



receive federally-supported adoption assistance without regard to the income of the birth families from whom they were originally removed (effective October 1, 2009 for children 16 and older; age of coverage reduced by two years each subsequent fiscal year). States also must inform all individuals considering adoption of their potential eligibility for the federal Adoption Tax Credit.

■ Support for Birth Families.

The Act authorizes \$15 million annually in new Family Connection Grants to facilitate family group decision-making meetings with special attention to children exposed to domestic violence; intensive family finding efforts; and residential family-based substance abuse treatment, all designed to help children stay safely with or return to family members. These grants

Continued on page 2

INSIDE THIS ISSUE

2

New Federal Law Promotes Permanency for Families

3

Commentary: Law Supports Best Practice in Helping Youth Thrive After Foster Care

For more information visit: www.nycourts.gov/ip/cwcip

New Federal Law Promotes Permanency for Families

continued from page 1

also guarantee funds for Kinship Navigator programs to help connect children living with relatives, both in and out of foster care, to supports and assistance they need. The New York State Kinship Navigator Program, www.nynavigator.org, is a program of Catholic Family Center's Aging & Adult Services located in Rochester.

■ Support for Siblings.

Unless deemed harmful, the Act requires states to make reasonable efforts to place siblings together or provide for frequent visitation or other ongoing interaction if siblings must be placed separately.

Improving Outcomes for Children and Youth in Foster Care:

■ Support for Older Youth in Care (effective October 1, 2010).

Federal IV-E funding would be available under the Act to extend foster care maintenance for youth who turn 18 in care without permanent families. At state option, these youth can remain in care to age 19, 20, or 21 in order to increase their opportunities for success as they transition to adulthood. The youth may be living in a foster family, group home or supervised independent living situation. At least 90 days prior to emancipation, child welfare agencies must work with youth to develop a personal transition plan that includes housing, health insurance, education, mentoring opportunities, continuing support services, and employment services and support.

■ Educational Stability.

The Act requires that states ensure that when children are placed in foster care, they remain in their same school where appropriate, or when a move is necessary, get help transferring records promptly to a new school. Funds are provided under the Act to assist with school-related transportation costs.

■ Health Care Coordination.

State child welfare agencies are required to develop a plan to better coordinate health care for every child in foster care. Elements of the plan include appropriate screenings and assessments; follow-up treatment; oversight of prescription medications; and mechanisms to ensure the sharing of critical information with appropriate providers.

Increasing Support for American Indian and Alaska Native Children

(effective October 1, 2009):

■ Direct Access to Federal Support for Indian Tribes.

Currently, Indian tribes are denied direct access to Title IV-E funds to administer their own foster care or adoption assistance programs. Those funds are only available through an approved agreement with a state government, which more than half of federally recognized tribes do not have. The Act provides for existing agreements to continue, but also creates the options for tribal direct access to administer IV-E funds. This will allow many American Indian and Alaska Native children first-time access to federal foster

care and adoption assistance programs. Tribes also will be allowed to access a proportionate amount of Chafee Foster Care Independence Program funds.

■ Technical Assistance and Implementation Services.

Technical Assistance Grants in the amount of \$300,000 will be available to tribes to develop federal foster care plans, including assistance with necessary data collection systems and cost allocations, and agency and tribal court procedures for case review.

Improving Competencies for Individuals Working with Children in the Child Welfare System:

■ Available Federal Training Dollars.

Title IV-E funding will be available at an increasing, phased-in rate to provide for workforce development for more of those caring for and working with children in the child welfare system, including relative guardians, staff of private child welfare agencies, court personnel, attorneys, guardian ad litem, and court appointed special advocates. ■

I think the new law has the potential to do great good, and its passage was by far the best news in a bleak month.

—Hon. Sara Schechter



Commentary

Law supports best practice in helping youth thrive after foster care



New York State has been a leader in permitting youth to remain in foster care until age 21. Research shows youth leaving foster care at age 18 are more likely to become homeless, unemployed or incarcerated

The Midwest Evaluation of Former Foster Youth (Midwest Study),ⁱ a longitudinal study conducted of foster youth and former foster youth, has found that youth who remain in foster care at least a year after reaching age 18 are more likely to still be continuing their education, receiving medical and mental health services, and living in stable housing.

Each year, 1500ⁱⁱ New York State youth are discharged from foster care to another planned permanent living arrangement. That number includes 18 to 21 year olds. With federal contribution to what had been solely a state cost, additional supportive housing options and programs targeted toward older youth in foster care should proliferate in New York, allowing us to provide the support and stability these youth need to become successful adults.

School mobility - changing schools for reasons other than promotion - is linked to repeating grades, dropping out of school, and a greater likelihood of not graduating. School mobility is also linked to lower scores on standardized tests. A single move between schools can have an immediate impact on achievement and it can take months to recover and resume previous patterns of academic growth. Students with four or more moves can be approximately one full year of educational growth behind their stable peers.

With the new federal requirement to consider a child's educational stability upon placement into foster care, educational outcomes for foster children can improve dramatically.ⁱⁱⁱ Having a clear funding stream for a portion of transportation costs should encourage local social services districts to take the steps necessary to allow a child to stay in his or her school of origin when it is in that child's best interests to do so.

— Kathleen DeCataldo, Executive Director, Permanent Judicial Commission on Justice for Children

ⁱ M. Courtney and A. Dworsky. 2005. Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19: Executive Summary. Chicago, Illinois. Chapin Hall Center for Children at the University of Chicago.

ⁱⁱ New York State Office of Children and Family Services. 2007(forthcoming). 2006 Monitoring and Analysis Profiles with Selected Trend Data: 2001-2006. Rensselaer, NY: author.

ⁱⁱⁱ Wood, D., N. Halfon, D. Scarlata, P. Newacheck, and S. Nessim. 1993. "Impact of family relocation on children's growth, development, school function, and behavior." *Journal of American Medical Association* 270(11): 1134-1338. Rumberger, R.W., K. A. Larson, R. K. Ream and G.J. Polardy. 1999. The educational consequences of mobility for California students and schools (No.1, Vol. 1). Berkeley, CA: University of California. Rumberger, R. W. and K. A. Larson. 1998. "Student mobility and increased risk of high school dropout." *American Journal of Education* 10 (1): 1-35. Audette, R., R. Algozzine and M. Warden. 1993. "Mobility and student achievement." *Psychological Reports* 72(2): 701-702.; Benson, G. P., J. L. Haycraft, J. P. Steyaert and D. J. Weigel. 1979. "Mobility in sixth graders as related to achievement, adjustment, and socioeconomic status." *Psychology in the Schools* 16: 444-447.; Mao, M. X., M. D. Whitset and L. T. Mellor. 1997. Student mobility, academic performance, and school accountability (Report No. TM 026 966). Austin, TX: (ERIC Document Reproduction Service No. ED409380.) Kerbow, David. 1996. "Patterns of Urban Student Mobility and Local School Reform." *Journal of Education for Students Placed At Risk* 1(2):149-171.

It is my experience that one of the significant ways of fostering success has been to assure that youngsters in foster care receive good educational evaluations early on and consistent educational support as they progress through school. I have been fortunate in having an OCA legal fellow assist me so we were able to highlight this issue in a number of cases which led to early stability for the child and ultimately a more successful adoption process.

— Hon. Monica Drinane



Resources:

Kids Well-being Indicators Clearinghouse:
www.nyskwic.org

This site by the NY State Council on Children and Families presents data on children's health, education and well-being indicators.

Information on Legislation and Court Rules:
www.nycourts.gov/ip/judiciary/legislative/fcarcrep.007.pdf

This link to the Family Court Advisory and Rules Committee's Report to the Chief Administrative Judge of the Courts of New York (January 2007) provides information regarding legislation and court rules effecting child welfare proceedings.

Child Welfare Information Gateway:
www.childwelfare.gov

Formerly the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse, the Child Welfare Information Gateway provides access to information and resources to help protect children and strengthen families. The site is a service of the Children's Bureau, Administration for Children and Families, and the U.S. Department of Health and Human Services.

Nassau Pilots 'Basic of Substance Abuse' Training

Substance abuse impacts the vast majority of families involved in the child welfare system. To assist judges, court and child welfare professionals in meeting the needs of those families, the NYS Child Welfare Court Improvement Project (CIP) and Nassau County Family Court conducted a pilot series of trainings on the basics of substance abuse and addiction. Begun in November 2006, the training was provided by the Center on Addiction and the Family, the policy and program development arm of Phoenix House. The goal of the pilot is to refine the training format and curriculum for possible replication statewide. The training is structured as seven 90-minute modules. This format allows the training to be delivered with minimal impact on court operations. Each session combines didactic instruction and conversation with a focus on practical information grounded in theory. The audience includes Judges, Court Attorneys, Referees, Law Guardians, respondent parents' counsel and CASAs. The Nassau pilot sessions conducted to date were attended by an average of 40 participants.

Modules include:

- **Session 1:** Basics on Drugs and Addiction. Motivations for drug involvement; the continuum of experimentation through addiction and into recovery; short- and long-term effects of alcohol and drugs on the body and brain; and drug testing protocols.
- **Session 2:** Treatment Options. Treatment options available to adolescent and adult substance abusers and the various modalities that make them appropriate for different clients.
- **Session 3:** Relapse. Description of relapse and triggers; relationship to brain chemistry; identification of relapse process and responses; impact on visitation, reunification efforts and permanency decision-making.
- **Session 4:** Family Perspective on Addiction, Treatment, and Recovery. How families are affected by addiction, treatment and recovery; family dynamics; options for post-treatment living arrangements; challenges of reunification; trust; second-generation prevention; and family recovery.
- **Session 5:** Child Perspective on Addiction and Recovery. The ways in which children of different ages are affected by a parent's substance abuse; the impact of treatment; the child's perspective on the reunification process; the impact of prenatal exposure on children and teens; and implications for parent-child visits and permanency planning.
- **Session 6:** Treatment Perspective. Concerns and perspectives of treatment providers; confidentiality; coping with multiple client mandates; challenges working with other systems; and how providers experience working with the courts.
- **Session 7:** Moving Towards Change. The Stages of Change theory; basics of motivational interviewing; techniques that can be used to help encourage clients to consider changing their behavior and seeking help for substance abuse; relapse – signs and symptoms, triggers, the actual relapse process and the conflicting timelines of child welfare and recovery (which anticipates relapse as part of recovery). ■

Planning for the Future

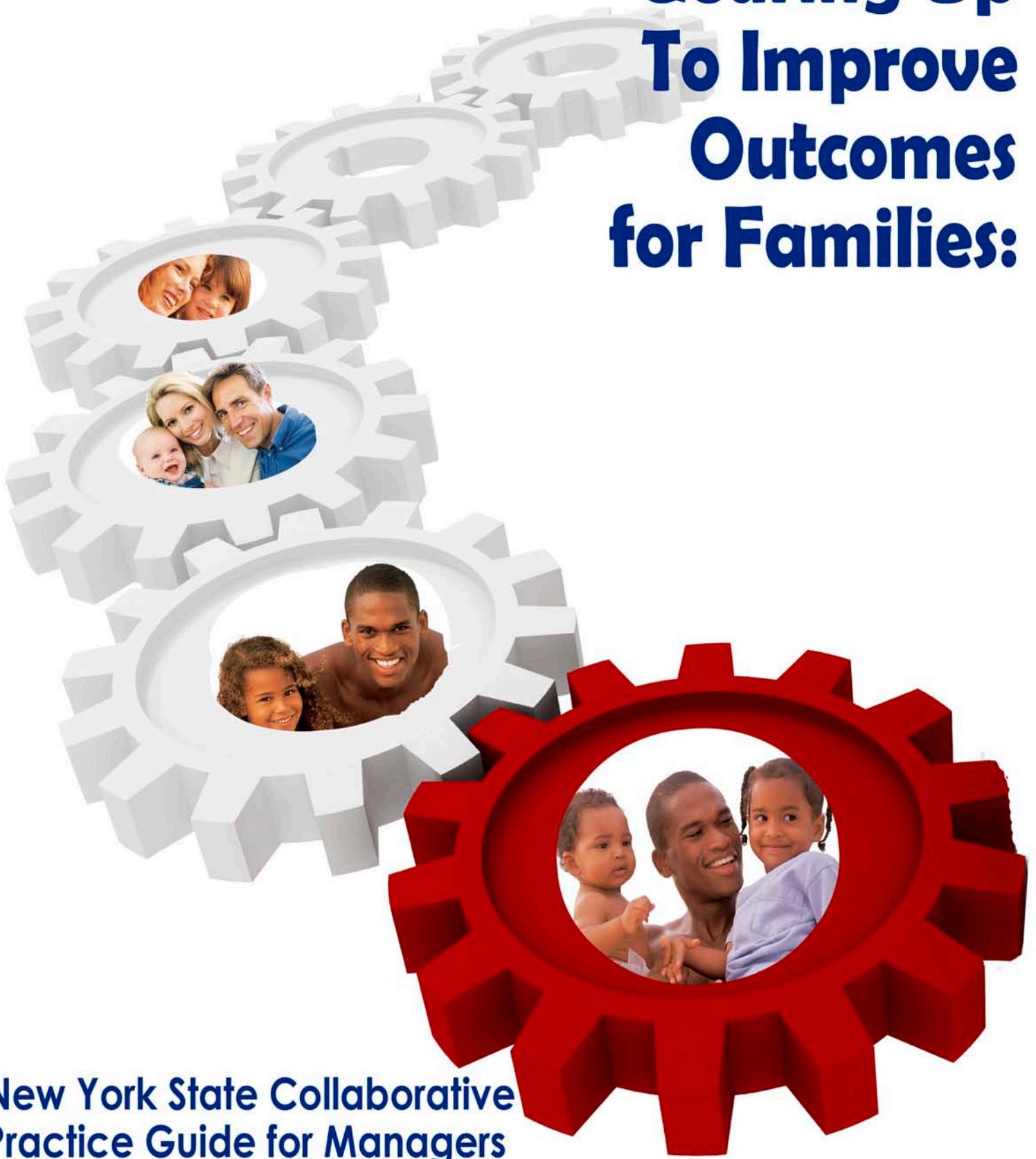
In May of 2007, the CIP hosted a two day Action Planning Meeting at the State Judicial Institute. The meeting, facilitated by the National Council of Juvenile and Family Court Judges, brought together CIP staff; Kathleen DeCataldo, the new Executive Director of the Commission; Justice Sharon Townsend; New York City Family Court Administrative Judge Joseph Lauria; senior administrators and staff of the Office of Court Administration's Divisions of Court Operations and Technology and New York City Family Court; and representatives of the state Office of Children and Family Services. This meeting provided a forum for clarification of the mission and goals and development of concrete objectives and planned activities for the next four years and a discussion of how the selected activities will lead to tangible, measurable, and time-specific improved outcomes

for children and families in the child welfare system. A copy of the Mission, Goals and Objectives document is available on the Child Welfare Court Improvement Project web site: www.nycourts.gov/ip/cwcip.

The values at the heart of alternative dispute resolution processes – collaboration, inclusion, creativity, and respect for diverse views – are prerequisites for successful child welfare court reform efforts. The former Office of Alternative Dispute Resolution always strived to exemplify these values not only as theoretical unpinning of the processes it promotes as tools for case resolution, but also in its approach to program development. The new Office of Alternative Dispute Resolution and Court Improvement Programs will strive to continue that legacy and expand that approach into the child welfare court reform arena. ■

Appendix H

Gearing Up To Improve Outcomes for Families:



**New York State Collaborative
Practice Guide for Managers
and Supervisors in Child Welfare,
Chemical Dependency Services,
and Court Systems**

This Collaborative Practice Guide has been developed through the hard work of many professionals from the court, child welfare and chemical dependency systems in New York. This work occurred under the auspices of the In-Depth Technical Assistance (IDTA) Project sponsored by the National Center for Substance Abuse and Child Welfare (NCSACW) which was sponsored by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment and the Administration on Children, Youth and Families' Children's Bureau, Office on Child Abuse and Neglect. As part of New York's participation in this IDTA Project, NCSACW provided a lead consultant, Kari Earle. The IDTA Core Team extends sincere gratitude and thanks for the wisdom, perseverance, and guidance that Kari Earle provided as she facilitated, lead and, occasionally, prodded our work.

This product is the result of two year's work of this partnership. As with all collaborative work of this nature, leadership is critical. Thanks are due to the previous and current Commissioners of the NYS Office of Children and Family Services (OCFS) and the NYS Office of Alcoholism and Substance Abuse Services (OASAS) and the Chief Judge Judith S. Kaye of the New York State Unified Court System for promoting and supporting this work. Essential to the completion of this Guide, and the accompanying work, is the dedication and time of the Core Team for this IDTA Project. As with many interagency partnerships, the composition of our group changed over time. The strength of any collaborative effort is its ability to continue through transition in its membership-kudos is due to this group whose membership evolved over the duration of this work. Special thanks are made to the members of the Core Team who committed themselves and their time amidst busy schedules to complete this work. Core Team members through the completion of this document include OASAS: Lureen McNeil, Sheila Roach, Maria Morris-Groves; OCA: Frank Jordan, Frank Woods, Christine Kiesel; Permanent Judicial Commission on Justice for Children: Azra Farrell; OCFS: Larry Pasti, Mary Ellen Ange, Shelley Murphy, Betsy Stevens; New York Public Welfare Administrators: Sheila Poole; New York City Administration for Children's Services: Monette Sachs, Andrea Reid, Nancy Chapman, Erika Tullberg; and New York State Association of Substance Abuse Providers: John Coppola.

It was important to the value of this document to include input from the broad spectrum of stakeholders in these three systems. Through both a statewide advisory group and workgroup committees many professionals committed time, energy and insights. Please see Appendix III for a complete list of those that contributed and for who thanks are due. Consumer input is valuable and this work included the voices of youth and parents who experienced these systems obtained through four focus groups. While anonymous, the Core Team expresses a special gratitude to those citizens who shared their experiences, recommendations and advice. Administrative support is necessary to compile and complete this guide. For that, the patience and skill of Pam Wood and Arden Blesser are appreciated, and without whose dedication, this would not have been possible.

Introduction

- Purpose
- Goals & Objectives
- Priority Populations
- Lead Systems
- Key Collaborative Partners
- Family & Youth Input 1-3

Shared Values

- Goals & Objectives
- Joint Accountability for Shared Outcomes
- Information Sharing & Service Coordination
- Family-Centered Service Delivery
- Cross-System Training
- Interactions With the Families We Mutually Serve 4-5

Screening, Assessment and Referral

- Key Guiding Principles
- Child Welfare Worker/Treatment Provider Guidelines
- Family Court Guidelines
- Family Treatment Court Guidelines
- Special Considerations 6-7

Engagement and Retention

- Key Guiding Principles
- Child Welfare Worker Guidelines
- Treatment Provider Guidelines
- Family Court Guidelines
- Special Considerations 8-9

Information Sharing/Confidentiality

- Background & Key Guiding Principles
- General Practice Guidelines
- Child Welfare & the Courts Need to Know
- Treatment Providers Need to Know
- Special Considerations 10-11

Case Monitoring

- Key Guiding Principles
- Practice Guidelines 12-13

Discharge Planning

- Key Guiding Principles
- Practice Guidelines
- Special Considerations 14

Services for Youth

- Background & Guiding Principles
- Screening & Assessment
- Case Management
- AOD Prevention
- Additional Resources 15-16

Caseflow

- Key Guiding Principles
- Practice Guidelines
- Special Considerations 17

Appendices

- Glossary of Terms 20-23
- Preventive Services 24-25
- NY Partnership for Family Recovery Committee Members 26-27

This guidebook, developed by the New York Partnership for Family Recovery with technical assistance provided by the National Center on Substance Abuse and Child Welfare (NCSACW), is based on the premise that when parents have substance use disorders, children can suffer from abuse and/or neglect. When this occurs, it is essential that the chemical dependency, child welfare and family court systems work together with families to achieve child safety, sustained parental recovery, and family well-being. This tool was created to serve as a desk reference for staff to assist in maximizing their effectiveness in working with families, and each other. It is only through collaboration and communication across systems as well as with families being served that we can offer families an opportunity to achieve long-term recovery.

This guide is designed specifically for the State of New York, and is modeled after a protocol developed by the Administration for Children's Services (ACS) together with the NYS Office of Alcoholism and Substance Abuse Services (OASAS) as well as the national SAFERR (Screening and Assessment for Family Engagement, Retention and Recovery) model, which was released by the U.S. Department of Health and Human Services in May 2007*. Like SAFERR, this guide is based on three overarching principles:

- The co-occurrence of child maltreatment and substance use disorders demands urgency, and the highest standards of practice from everyone charged with assuring child safety and promoting family well-being.
- Success is possible and feasible. Staff in each system has the desire and potential to change individual lives and create responsible public policies.
- Family members must be active partners and participants in addressing these problems.

This guide highlights the opportunities for the caseworkers, chemical dependency counselors, and court personnel that work with families to coordinate their efforts in order to —

- Establish local cross-system teams to share information and coordinate case planning and service delivery to improve the ability of families to succeed;
- Develop tools and strategies to incorporate into daily practice protocols;
- Provide courts with information to facilitate timely and informed decisions regarding child safety and permanency; and
- Employ jointly defined mechanisms for problem-solving and success-sharing.

As the three systems worked to develop this guide, the shared language became an issue that took our time and energy so we could understand each other. One of the important areas where shared language is important is how to describe those families and individuals whose use of alcohol or other drugs/illegal substances has created problems or a need for treatment or intervention/prevention. We use the term substance use disorder (SUD) to refer to individuals whose use of alcohol or drugs require treatment. This term, underscores the understanding that a substance use disorder is a condition that requires treatment with other interventions rather than an act of volition by the individuals. Other terms used in this document include chemical dependency provider, treatment provider, addiction, substance abuse and alcohol and other drugs (AOD).

**Young, N. K., Nakashian, M., Yeh, S., & Amatetti, S. Screening and Assessment for Family Engagement, Retention, and Recovery (SAFERR). DHHS Pub. No. (SMA) 07-4261. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2007. This publication can be accessed electronically through the following Internet World Wide Web connection <http://www.ncsacw.samhsa.gov>. For additional free copies of this document, please call SAMHSA's National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686 or the National Clearinghouse on Child Abuse and Neglect at 1-800-394-3366.*

Purpose

The priority outcome of this initiative is to achieve child safety, permanency and well-being by supporting sustainable family recovery and reducing the need for court intervention. New York State has undertaken to create a holistic approach to working with families by bringing key systems into collaboration. Each of these systems and their partners recognize the need to work more effectively with families; to treat the parent for multiple problems, to foster long-term recovery and create comprehensive service plans with the family’s input. These systems and their representatives are committed to work together in the best interest of the child by supporting the entire family in a strength-based manner that promotes success.

The Adoption and Safe Families Act (ASFA) has heightened the urgency of achieving successful collaboration among systems working with families, particularly when children are placed outside the home due to child neglect. ASFA creates a presumption that if children are not able to be safely returned to their home after placement outside the child’s home for 15 months out of the past 22 months, DSS must petition to terminate the parent’s rights. ASFA requires that children achieve permanency swiftly. Parents whose children have entered the child welfare system as a result of their substance use disorder have unique challenges requiring prompt assessment, engagement and treatment. Treatment providers, child welfare workers and the courts must work collaboratively and with a clear understanding of the other systems in order to effectively support families.

The New York Partnership for Family Recovery seeks to provide guidelines and best practices to assist child welfare agencies, treatment providers and court officials working with families at the intersection of these three systems. These guidelines are designed to help parents and families engage in services to obtain treatment and maintain long-term recovery, while keeping their children safe. As adapted by various counties and cities, this document will be recommended for use in all future initiatives to improve outcomes for children and families by providing a model for cross-systems collaboration.

Goals & Objectives

- To establish a set of core values and principles that will guide the implementation of collaborative policies and practices.
- To provide practice guidance for local jurisdictions in the areas of: family engagement, screening and assessment, cross-system referrals, information sharing and service coordination, discharge planning and aftercare.
- To work with families affected by substance use disorders to support long-term recovery, reach better outcomes, reduce recidivism and break the cycle of multigenerational involvement in the child welfare, family court and treatment systems.
- To identify opportunities throughout the course of a family’s multisystem involvement to improve engagement, assessment, referral and service coordination and to identify and respond to any alcohol and other drug issues that may arise after the abuse/neglect petitions are filed with the court.
- To address the service needs of children impacted by parental substance use disorders as an essential part of a family’s comprehensive service plan.

Priority Populations

This initiative focuses on families affected with substance use disorders that are involved with child welfare, chemical dependency and court systems. These families often have histories of repeated involvement in one or more systems and may be the most extensive and expensive users of system resources.

“Family” in this context is defined broadly to include, for instance, adolescents in congregate care, multigenerational households, and other less traditional constellations.

Many of these families present with a history of intergenerational issues including substance use disorders, mental health diagnoses, physical disabilities, domestic violence and parenting deficits that are rooted in the parents own childhood experiences. It is recognized that all families fall on a continuum of need, development, and progress, and that services must be targeted to all family members, no matter what point they fall along that complex continuum.

Lead Systems

New York State’s

- Office of Alcoholism, Substance Abuse Services (OASAS),
- Office of Children and Family Services (OCFS)*,
- Office of Court Administration (OCA).

Key Collaborative Partners

- New York City’s Administration for Children’s Services (ACS)
- New York State Office of Temporary and Disability Assistance (OTDA)
- New York Public Welfare Association (represents county departments of social services)
- Association of Substance Abuse Providers (ASAP)
- State and local agencies involved in the provision of services to families, including but not limited to: mental health, domestic violence, education, maternal and child health, child care, domestic violence, parenting, corrections, welfare, housing, etc.

Family & Youth Input

Focus groups with parents and youth that had been involved in all three systems were conducted in April 2007 to obtain their perspective on how current delivery of services in New York State can be improved. A summary of these focus groups can be found at <http://www.oasas.state.ny.us/special/index.cfm#>.

What Worked?

- Being treated with respect and compassion
- Peer support and mentoring
- Increased contact with and accountability to the courts, coupled with positive support
- Integrating treatment with wraparound support services
- Structure and consistency

* New York has a state supervised county administered child welfare system. Child welfare services are provided by the county Departments of Social Services, St. Regis Mohawk Tribe, and, in New York City, the Administration for Children’s Services.

- Case Management and Advocacy that helps families and youth navigate and understand the system, as well as access resources
- The Family Treatment Court approach (multi-agency team, increased judicial oversight, increased support)

What Needs Improvement?

- Need more of the following services and support:
 - Recovery mentors and family advocates
 - Integrated case planning
 - Case management
 - Family-centered treatment
 - Marriage and family counseling
- Treating families with dignity - including children
- Giving youth a voice throughout the process
- Supporting children in maintaining family connections during out-of-home placement
- Consistent staffing of counselors and caseworkers
- Training caseworkers and service providers on motivational techniques, the use of proven engagement and retention strategies, and best practices for handling relapse.

Goals & Objectives

- To deliver prevention, treatment, and recovery services to SUD – affected families as a part of a comprehensive service plan that may include trauma-informed services, parenting skills classes; mental and physical health assessments and services, interventions for domestic violence victims and child witnesses, housing and education assistance, employment readiness and advocacy in responding to criminal justice issues.
- To ensure that appropriate resources are available to support families in their recovery from the effects of substance use disorders and other identified challenges. This can be accomplished through providing immediate and effective engagement, assessment, referrals to treatment, service delivery and coordination.

Prioritizing the safety and well-being of children in each system’s policies and practices.

Supporting the safety and well-being of children by providing parents with comprehensive service plans that include treatment and support for recovery from substance use disorders, as well as address any other issues that might interfere with parenting.

Partnering to uphold the safety of the child(ren) in the event of parental relapse, by educating child welfare staff about the dynamics of relapse and providing information to assist in timely and appropriate interventions with the families that promote child safety and well-being.

Learning the dynamics of each system, how to work within each system’s established parameters and how to utilize those structures to ensure that children are safe and that the parent’s treatment needs are fully met. (While each system is an equal partner with respect to the expertise and knowledge it contributes to the family’s treatment, case management and discharge plan, we acknowledge that the relative power and authority of each system is not equal.)

All systems agree to communicate and share pertinent and reliable information about family members in a purposeful and respectful manner that complies with Social Services Law, CASAC regulations, 42 CFR Part 2 (the federal law regarding confidentiality of alcohol and drug use patients), Health Insurance Portability and Accountability Act (HIPAA) and relevant court rules.

Each system will maintain updated key contact information to facilitate timely referrals, ongoing communication, service coordination, changes in case status and discharge planning across systems and between state, city, county, and local entities and providers throughout the life of a case.

Counselors and caseworkers will collaborate to work with and support the family by coordinating appointment schedules and developing service plan/treatment plan goals, to avoid creating unnecessary barriers to the family’s success.

Joint Accountability for Shared Outcomes

Information Sharing & Service Coordination

Family-Centered Service Delivery

All systems will:

1. Support and facilitate family visits, if appropriate, when the parent/caretaker is incarcerated or in residential treatment. Visiting fosters and sustains the parent-child relationship, which is critical to a child's physical, emotional and psychological development and can also enhance the recovery of the parent. (If a parent or child expresses reservations about visiting, these issues will be explored separately with the parent, child and the appropriate service agencies.)
2. Work together to provide safety and permanency for children that have been neglected or abused and advocate that they receive timely and appropriate therapeutic interventions of sufficient quality and duration to facilitate healing.
3. Coordinate services for families with co-occurring substance use disorders and domestic violence problems so that all necessary precautions are taken to protect the survivor. Treatment for the traumatic effects of domestic violence on survivors, including child witnesses, must be sufficient to maximize recovery. Abusive partners will be held accountable for their actions.

Cross-System Training

Cross-systems training will be provided for staff from the lead systems and their partners that:

- Teaches these shared values and supports their integration into policy and practice;
- Builds respect and operational knowledge that fosters a seamless system of care for families;
- Imparts practical guidance for dealing with differences of opinion without damaging the collaborative process.

Interactions With The Families We Mutually Serve Will Be:

Strength-based – services and interventions should build on the strengths and competencies of all family members, who must be empowered to actively participate in the service and treatment plan design.

Needs-driven—service and treatment plans should reflect the unique needs identified by the family seeking assistance and those working with them.

Family-centered – as understood by the three systems is a term wherein the family, as defined by its own members, is consistently regarded as having primary responsibility for nurturing and protecting its children unless child safety concerns require outside intervention.

Culturally competent – services will be delivered with an understanding of and respect for the individual culture of the family, as well as the family's ethnic, cultural, social and environmental context.

Community-based – recognizing that families are best served in their own communities, both traditional and non-traditional resources of the community will be utilized to fully support the family's recovery.

Comprehensive – families require coordinated services that address multiple and complex needs related to substance use disorders, mental health, family reunification housing, employment, education, health, and other challenges.

Once a person’s appropriate level of care has been identified, a referral to an appropriate service provider should be made in a timely manner.

All families should be screened for a SUD by the child welfare worker. This screening can be conducted informally, through informal observation or discussion with family members, or formally using a screening tool, with consent. Whenever possible, this screening should be done before a petition is filed in family court.

Upon determination that a family member is likely to have a SUD, a referral should be made to an OASAS-certified program for a comprehensive assessment and level of care determination. (In the case of co-located CASACs at DSS offices, the on-site CASAC can conduct an in-depth exploration of chemical dependency issues and then make a referral to an OASAS-certified program for a level of care determination.) At the same time, a safety plan for the child should be made.

CASACs are mandated child abuse reporters *and* must report any suspected child abuse or maltreatment to the New State Central Register of Child Abuse and Maltreatment (SCR). Specifically, when a child, parent, or other person legally responsible for a child is before a mandated reporter acting in his or her professional capacity and the mandated reporter is presented with a reasonable cause to suspect child abuse or maltreatment, that information must be reported to the SCR.

Because the focus is on family well-being, caseworkers should not limit their screenings to the identified parent, but should also explore substance use by other household members. When appropriate, other family members who indicate a possible SUD should be encouraged to also participate in an assessment process with a treatment provider that can provide culturally and developmentally appropriate treatment and supportive services.

The child welfare worker and the treatment provider should invite the parent to sign release forms authorizing the disclosure of information among systems (in accordance with 42 CFR Part 2 and HIPAA) as early as possible in the process, to allow for sharing of information and case coordination.

Based on the results of the assessment and level of care determination, a referral will be made to an appropriate program, taking into concern existing family issues and child welfare mandates.

Upon admission to a program, an individualized treatment plan will be developed that addresses the clinical needs of the client, along with family and child issues, and requirements from child welfare, family court, and other involved systems.

Child welfare workers, treatment providers, and family court should work collaboratively to share information about screening and assessments, clinical diagnoses, recommendations for care, and other relevant facts utilizing release of information forms that conform with HIPAA and 42 CFR Part 2.

Families involved in the Temporary Assistance program must have screenings and assessment conducted by a CASAC through the county Department of Social Services (or the Human Resources Administration in New York City). This assessment is mandatory for adults to remain eligible for temporary assistance benefits.

Family Court Guidelines

After the filing of a neglect petition, where alcohol and drug use is alleged and/or subsequently identified, the court may order or attempt to persuade the respondent or other household member to participate in a screening and assessment for a substance use disorder, in order to assist the family in accessing and engaging in treatment.

When families and agencies appear before the court, judges or magistrates should ensure that appropriate screening and assessments have been conducted to include diagnosis and level of care determination and next scheduled visits in their deliberations. Attorneys for parents play a key role in advocating for timely assessments and in encouraging their clients to participate in the assessment process. The assessment results and their implications for services should be discussed in the courtroom or by a court conference with all interested parties expeditiously as soon as possible after the assessment results are available. A separate calendared appearance may be necessary.

Family Treatment Court Guidelines

Historically, there has been a lack of coordination among the courts, treatment providers and child welfare systems when dealing with substance use disorders in families. With the implementation of Family Treatment Courts (FTC) and Model Courts, these systems have begun to work collaboratively resulting in earlier linkages to treatment and better retention rates. Family Treatment Court Resource Coordinator/Case Managers are Credentialed Alcoholism and Substance Abuse Counselors (CASACs) who may conduct screening upon the filing of a neglect or abuse petition and with the consent of the parties or upon order of the court. The Family Treatment Court Resource Coordinator, DSS caseworker and treatment provider should not share specific information with one another unless they are authorized to do so by the client through a signed release or a court order. To do so without proper authority may result in the violation of the confidentiality requirements of Social Services Law, HIPPA or 42 CFR Part 2.

Special Considerations

- Since communication is key to successful collaboration, the case plan must include the authority to exchange information between systems via releases or a court order. Therefore, if a client fails to engage in treatment for a Substance Use Disorder, the provider can promptly notify the child welfare worker and family court.
- All three systems need to ensure that the appropriate releases are signed so that information can be shared regarding the families' progress.
- Referral to a child welfare agency (Family Rehabilitative Program (FRP) with ACS) must take place when working with families with children in order to ensure that child safety is maintained.
- Substance use disorders need to be viewed in the context of how addiction affects the ability of parents to care for their children or poses specific risks for child maltreatment. It is important to note that pursuant to Social Services Law §422 and 422-a, DSS may not disclose information regarding unfounded child abuse and maltreatment reports to the State Central Registry or reports that are still under investigation unless ordered to do so by a court.

Key Guiding Principles

Child welfare services, chemical dependency treatment providers and the court system need to collaborate to develop a comprehensive plan to help the families. Localities should form collaborations that include all three systems, along with community-based providers, to engage family members in prevention, treatment, and recovery services —particularly when substance use is suspected but not indicated in the court case. The ability to leverage opportunities that exist in other systems is an important tool in engaging family members in chemical dependency services. This multisystem collaboration can result in several benefits, including:

- Ensuring that a broad range of knowledge and expertise is available to address problems, thereby increasing the likelihood that services will be comprehensive and that families will engage and remain in them.
- Increasing the exchange of accurate information (if authorized to do so by the client or a court order) and timely coordination of services, as a result of increased understanding of one another's services and procedures.
- Developing a broader understanding of the needs of the family in regards to substance use disorder prevention, treatment and recovery services, as well as other preventive services, thus enhancing the team's ability to match services to family needs.

Individual system goals, mandates, and services should be woven into a single and comprehensive services plan that is clear to families and service providers. If unified case plans are not feasible, it is important that plans be developed in a coordinated manner that give clear and consistent guidance and direction to families.

Family members should be actively engaged in creating their plans. Families often have resources in the form of relatives, friends, churches, or other support networks that can participate in creating plans and in ensuring that families are able to comply with their plans. Families should be welcomed as full participants in multidisciplinary team meetings during which decisions about case plans will be made, and should have opportunities to express the needs of their family throughout the process.

Child Welfare Worker Guidelines

Factors of importance to Local Social Service District case plans include:

- A permanency plan for the child(ren)
- Child safety
- Reunification services to be provided to the family as part of helping parents retain or regain custody, including chemical dependency services
- A visitation schedule for the parent(s) and child(ren)

Department of Social Services case plans should outline all individual and family goals and services that will be provided to assist parents and children. The Department of Social Services will conduct statutorily required Family Assessment and Service Plans (FASPs) reviews that include family members and all service providers involved with the family. At these meetings families should have an active voice in the development of their service plans and should feel comfortable expressing their needs and the needs of their family. All involved agencies should share information regarding the family's progress and treatment goals and objectives.

Treatment Provider Guidelines

A referral to Chemical Dependency Services may come from a child welfare agency or the family court. Chemical Dependency Prevention and Treatment providers should be mindful of the Adoption and Safe Family Act (see Appendices, I. Glossary of Terms for additional information) timetables. Treatment planning should include a discussion of those timetables when possible.

Treatment plans should be based on prior screening and assessment, as well as information obtained, from the Court and Child Welfare System. All information should be obtained with the appropriately signed releases or by court order and should include the following:

- Problems Areas to be addressed, includes but not limited to substance use, family relationships, medical care, and educational and employment needs;
- Goals of the treatment process (e.g., abstinence from the use of alcohol or drugs and improved parenting skills);
- Objectives and strategies to reach the treatment goals (e.g., develop social network with individuals who do not use substances and successfully complete evidence-based parenting classes);
- People responsible for actions such as making referrals, attending treatment sessions, and preparing follow-up reports;
- Timeframe within which certain activities should occur; and,
- Expected benefits for the individual participating in the treatment experience.

Treatment plans are to be developed and reviewed with each client, on a regular basis. As the treatment plan is reviewed and revised, the chemical dependency providers must be current with updated information from the child welfare and court system.

Family Court Guidelines

Family Court orders typically incorporate the service plan designed by the child welfare services agency, turning the child welfare case plan into a court order that complies with ASFA requirements and reflects the needs of both the respondent and the family. AOD treatment provisions in Family Court orders typically require the respondent to comply with treatment recommendations. All the agencies involved with a family should review the court order with the respondent to ensure that the Family Court's expectations of the respondent(s) are clear. In addition to the above, **Family Treatment Court** contracts should be thoroughly explained and reviewed with each respondent and his or her counsel to make sure that they fully understand all the service plan requirements.

Special Considerations

Caseworkers and service providers should receive training on Chemical Dependency and its effect on families, the Stages of Change model of recovery as well as motivational interviewing or client engagement. This training should be part of cross systems training that also includes sensitivity training regarding parental privacy rights.

Treatment providers should receive training on the Adoption and Safe Families timetables and the child's need for permanency.

Personnel in all three systems need training related to collaboration, confidentiality and parental rights, as well as knowledge of evidence-based practices for working with families at the intersection of the three systems.

Background & Key Guiding Principles

Cross-system communication and the exchange of privileged client information often presents a challenge to collaborative practice, and is typically seen as a significant barrier, due to myriad federal and state confidentiality regulations.

Systems should work together to develop consensus regarding the nature and type of information required to support informed decision-making and make agreements about how shared information will be used. It is important to note that no agreement may overrule the statutory – mandated roles of an agency or court. For example, DSS cannot agree to disregard information pertaining to child safety. Child welfare staff and the courts legitimately need information about family members’ participation in services in order to make informed decisions about child safety and permanency. This needs to be balanced with a family’s privacy rights, and the treatment provider’s responsibility to guard against the unauthorized release of sensitive information regarding their clients. Finally, no agency should share information with another unless authorized to do so by a release from the client, a court order or as required by state or federal law.

Accessing information systems offers opportunities for service providers to reduce the duplication of reporting requirements. This is an important area for the collaboration to explore and support.

General Practice Guidelines

When developing collaborative guidelines, confidentiality regulations and privacy rights should be taken into account early in the process, leaving ample time to develop forms that comply with regulations and respond to the needs of families and of each collaborative partner.

Counselors and caseworkers should work collaboratively with family members to obtain the necessary consents to exchange information about screening, assessments, and service provision as early in the life of the case as possible in order to facilitate timely referrals to treatment and supportive services, so that child permanency can be achieved sooner rather than later. Court staff should also be included in these releases. If a client refuses to consent to information sharing, a court order may be sought.

Multi-agency release of information and consent forms should be used (or developed if not already in existence) and approved by the lead systems that enable the sharing of information about a parent/caretaker or adolescent in a purposeful and respective manner that maintains compliance with Social Services Law, CASAC Regulations, 42 CFR Part 2, HIPAA and relevant court rules.

As soon as appropriate releases and confidentiality forms are signed, the systems can work together to ensure that all family members receive the help they need.

Child Welfare & the Courts Need to Know:

After a referral is made:

- Referral status: e.g. referral accepted; appointment kept or missed; admission approved, pending or denied; next scheduled appointment
- Assessment summary or recommendations
- Diagnosis
- Level of care determination
- Services to be provided
- Urinalysis results

During the course of treatment:

- Progress and attendance in treatment
- Compliance with program, including urinalysis results
- Identification of co-occurring issues

- Significant changes: address, level of care, diagnosis, household composition, etc.
- Observations of parent-child relationship
- Discharge status and aftercare plans/needs

Treatment Providers Need to Know:

Upon referral of a parent or child from CPS:

- Reason for the referral and whether SUD issues were indicated in the petition
- Results of screening and assessments done previously
- Case plan goals for all family members
- Confirmation that release of information forms are signed or court order obtained
- Previous history regarding alcohol and other drugs use
- Previous history of child welfare involvement
- Composition of family/household, including children that might have been permanently removed
- Client identifying information for benefits (SSN, Medicaid)
- Status of children and visiting schedule
- Contact information of caseworker/planner/supervisor

Throughout the treatment process:

- Parent/Respondent court dates
- Service Plan Review (SPR) dates
- Information on child custody issues
- Results of any Court or CPS-conducted urine tests
- Ongoing status related to child or visiting arrangements as well as schedules
- Status of court case, including closing of court case

In order to improve communication and information sharing, it is crucial that localities assess their information system resources and improve structures for sharing information across systems in ways that will not be detrimental to the client/respondent. The process of information sharing should be reviewed by all parties to be sure that each system is collaboratively meeting the needs of the family.

Forms must be designed to be used for both parents and youth with child welfare and substance use disorder issues.

Obtaining a parent's or guardian ad litem's consent is an important and necessary step to engage the youth and family in chemical dependency treatment.

Special Considerations

Key Guiding Principles

Nationally, parental substance abuse has been identified as an underlying factor in as high as 80 percent of child abuse/neglect cases. However, Family Court judges note that in many cases, it is not included in the allegations contained in the neglect petition. Even if there is a strong suspicion of parental substance abuse, the parent(s) attorney will often advise against making any admission of alcohol or drug abuse, due to a concern that this information may be used against the respondent in a proceeding to terminate parental rights. This has the effect of impeding the ability to expediently identify the underlying issues that bring these families to the attention of the court and the child welfare system. Left unidentified, these problems will most likely be unresolved, and may lead to repeat neglect, causing a profoundly negative trajectory in the developmental life of the child(ren).

Timely and coordinated prevention and treatment services will foster family stability and self-sufficiency, and promote long-term recovery. Families involved with the Family Court, child welfare and chemical dependency systems have complex needs that require a coordinated response. Children from families impacted by a substance use disorder have a higher risk for attachment disruptions, psychological trauma and medical issues such as ADD, ADHD, Fetal Alcohol Spectrum Disorder - all of which may significantly affect academic and social adjustment.

Once a local collaborative has agreed on their mutual values, goals and principles, and developed a mechanism for sharing information they must determine if the community has the necessary resources to support the collaborative. They also should always be open to adding the necessary community-based organizations and other systems to improve the services to the families that they serve. It is within these networks that training between the systems; collaborative agreements and the pooling of resources should take place. It is important that localities collaborate to engage every entity working with each family member, including treatment providers, law guardians, attorneys and case managers.

Practice Guidelines

New York estimates that up to 70 percent of clients/respondents within the court and chemical dependency systems are also receiving temporary assistance. This creates an opportunity to utilize the leverage that local DSS possesses through temporary assistance to engage parents for treatment.

There are several points of intersection where families can be engaged in services. Community collaborations networks should work to develop agreements to engage client/respondents at these points:

Referral for preventive services: When the child has not been removed and the client/respondent cooperates voluntarily with preventive services, there is an opportunity to address other issues (such as, chemical dependency, mental health, domestic violence) in a holistic way without court intervention.

Child removal or placement outside of the home: If a child has been placed outside of the care of his or her parents as a result of abuse or neglect, both the family court and the local DSS will be a part of the collaboration network.

Ongoing family reassessment, service provision, and court permanency hearings throughout the child welfare case: Parents or caretakers who are suspected but have not had substance abuse identified can be engaged through community service providers who are part of the collaboration or by the judicial officer or attorney for parent or child.

Case closure and treatment completion: Families with chemical dependency issues should be referred for aftercare services and family support services, which allows them to be supported and re-engaged, if needed, in the event of relapse.

Localities should seek to form collaborations that include DSS, Court, chemical dependency systems, treatment providers, legal professionals, CASA and community-based providers for the purpose of engaging clients in treatment particularly when substance abuse is suspected but not indicated in the court case. In each locality where systems are coming together to collaborate around child welfare and substance abuse issues, there should be a focused effort to identify how cases flow through each system, and where cases intersect between the systems to identify points where the clients can be engaged and encouraged to be assessed for chemical dependency treatment if appropriate.

Key Guiding Principles

A coordinated service plan that includes ongoing connection to community-based service providers is essential to sustainable family recovery. These connections can offer long term support to parents and children after official system requirements end. All systems involved need to develop and implement policies that support the transition from the completion of treatment to self-sufficiency. Cross systems discharge planning should focus on the family members in recovery, family dynamics, and family values. It should help families identify and build upon their unique strengths, successfully face their challenges and make positive choices. Discharge planning must be a joint effort with defined expectations that are made clear to parents and child(ren) by the systems involved.

Practice Guidelines

Discharge Planning begins from the moment the family enters one of the three systems and should include the following types of supports to long-term recovery;

- A plan for family reunification or child permanency with child safety a key component;
- Connection to a recovery community to provide sober supports;
- Connection to all necessary community-based services;
- Supportive and safe parenting skills training;
- Alcohol and other drugs education and prevention services for children;
- Services to promote healthy development of the family throughout the reunification process, including ongoing case management services for children;
- Linkage of child(ren) to necessary medical ,mental health and social services, as well as evidence-based prevention/early intervention programs to address identifiable risk and protective factors.

Cross-system discharge planning should begin early in the treatment/Intervention/judicial process, and be continually reviewed and updated until treatment is completed or the case is closed. It is recommended that:

- Family intervention services are considered a priority in the discharge process within the cross-systems collaboration;
- After treatment completion, the family's status is closely monitored to assure that the appropriate aftercare/recovery services needed to sustain parental recovery and child safety and well-being are provided;
- A plan to provide community-based supportive services is established that can meet the ongoing medical, mental health and social service needs of the family;
- Cross-system training is provided to enhance the skills of the staff involved in the discharge planning process.

Special Considerations

Cross-training and collaborative network and resource development support a well designed discharge planning process, so that continuity of care is maintained, family bonds are strengthened, and recidivism is reduced.

Background & Guiding Principles

Families affected by substance use disorders present a multitude of risk factors that need to be addressed as part of the plan for long-term recovery. Youth from families affected by substance use disorders frequently have serious emotional and behavioral problems which manifest as a range of high risk behaviors including alcohol and other drug use. In 2003-04, 1.4 million children aged 12 -17 in foster care were classified as needing drug treatment; yet 87 percent of these youngsters did not receive it (*NSDUH Report 24, 2006*).

Children of substance abusers require early and sustained interventions to avoid high lifetime rates of substance use disorders and related health problems (NSDUH Report 24, 2005). These problems must be identified before they can be addressed. The lack of understanding of the clinical effects that result from parental substance use disorders, disrupted attachments and environmental instability contributes to of the failure to provide services to children.

Screening & Assessment

Children and adolescents from families affected by a substance use disorder should receive a comprehensive assessment to include;

- Physical Health
- Emotional Health
- Behavioral Health (Mental Health and Chemical Use)
- Educational

Young children should be referred to Early Intervention programs for screening assessment and treatment. Adolescents should be referred for comprehensive assessments to an appropriate professional who can make referrals for services. Pre-teens and adolescents should also be referred to evidence-based alcohol and other drugs prevention or treatment programs to help them identify, express and cope with feelings regarding parental substance use disorder use and assist them in cultivating healthy relationships and life skills.

Case Management

Collaboration should include mechanisms to ensure ongoing case management for youth who have identified prevention, intervention, treatment or other service needs, to ensure referral, engagement and appropriate duration of service is achieved.

AOD Prevention & Treatment

Extensive efforts have focused on addressing parental substance use disorders within the families that we serve. However, in spite of research which clearly shows that children of parents with SUDs are at greater risk for delinquency, teen pregnancy, school drop out and violence, little has been done to address these risks until problem behaviors emerge. Efforts to decrease chemical dependency and improve outcomes for youth must focus on ensuring the integration of existing community and school-based resources, and ensure that each child of parents with SUDs receives prevention and treatment services.

The OASAS prevention framework supports safe and healthy environments. In OASAS, prevention is seen as a proactive, researched based, data driven process utilizing proven strategies and programs to reduce or prevent alcohol and other drug abuse among individuals, families, and communities. The risk and protective focused framework is grounded in a public health approach, using evidence-based predictors of problem behaviors to achieve positive outcomes. Research has shown that if certain risk and protective factors are present, a predictable outcome will result. Understanding and identifying risk and protective factors helps providers and communities prevent problem behaviors and promote healthy development

AOD Prevention & Treatment

among children, adolescents, and young adults. This approach allows providers to select the most appropriate evidence-based programs and strategies to help their populations effectively reduce or avoid substance use and abuse, by focusing their resources on reducing those risk factors specific to their community.

Collaboration between the systems should include identification of mechanisms to ensure ongoing case management for youth who have a significant need for prevention/intervention services to ensure continuity as well as appropriate ongoing services to address their identified risk and protective factors as well as the need for interventions if appropriate.

Local collaborations can be strengthened by each system being clear about language and identifying which programs or services are effective to achieve which outcomes. For example, “prevention services” means something different to the chemical dependency system than “preventive services” means to the child welfare system. Yet, some practices or evidence-based programs have been identified that work in each system to achieve its outcomes.

OASAS certifies treatment programs in three levels of care which are Chemical Dependency Outpatient Services, Chemical Dependency Inpatient Services and Chemical Dependency Residential Services. In addition, OASAS is in the process of implementing Residential Rehabilitation Services for Youth (RRSY) as a foundation for our system of care for adolescents.

Within the Chemical Dependency Residential Services are Intensive Residential Services (long term/traditional therapeutic community model) and Community Residence (halfway house model). Both of these service models have programs that allow young children to enter treatment with their parents.

In order for an individual to receive treatment services they must have a DSM IV Diagnosis for Substance Use Disorder. If an individual does not meet this diagnostic criterion but has experienced problems related to the use of alcohol or other drugs, the individual or family should be referred to OASAS Prevention Services.

Additional Resources

A listing of prevention providers in each region can be found at <http://www.oasas.state.ny.us/prevention/index.cfm#>. In addition, providers and system representatives can use the following links to find women and children treatment program and adolescent treatment programs <http://www.oasas.state.ny.us/special/index.cfm#> and other treatment programs <http://www.oasas.state.ny.us/treatment/index.cfm#> throughout New York. Assistance in finding and selecting appropriate evidence-based programs is available at OCFS' Effective Practices website at http://www.ocfs.state.ny.us/main/sppd/eff_practices/.

Background

Nationally, parental substance abuse has been identified as an underlying factor in as high as 80 percent of child abuse/neglect cases. However, Family Court judges note that in many cases, it is not included in the allegations contained in the neglect petition. Even if there is an allegation of parental substance abuse, the parent(s) attorney will often advise against making any admission of alcohol or drug abuse, due to a concern that this information may be used against the respondent in a later proceeding to terminate parental rights. This has the effect of impeding the identification and treatment of the underlying issues that bring families to the attention of the court and the child welfare system. Left unidentified, these problems will most likely remain unresolved, may lead to additional acts of neglect and may cause a profoundly negative trajectory in the developmental life of the child(ren).

Points of Intersection & Opportunities

There are several points of intersection where families can be engaged in services. Community collaborations should work to engage the client/respondents at these points:

Temporary Assistance: There are estimates that up to 70 percent of clients/respondents within the court and chemical dependency systems are also receiving temporary assistance. This creates an opportunity to utilize the leverage that temporary assistance services possess to engage parents for treatment.

Child removal from the home: If it is ascertained that the client is receiving temporary assistance payments and, if the county Departments of Social Services and NYC Human Resource Administration are part of the collaboration with agreements and processes are in place, then the client can be assessed and referred to treatment if appropriate.

Referral for Preventive Services: When the child has not been removed and the client/respondent is referred to Preventive Services, there is an opportunity to address issues such as substance use disorders, mental health, domestic violence and other issues in a holistic way.

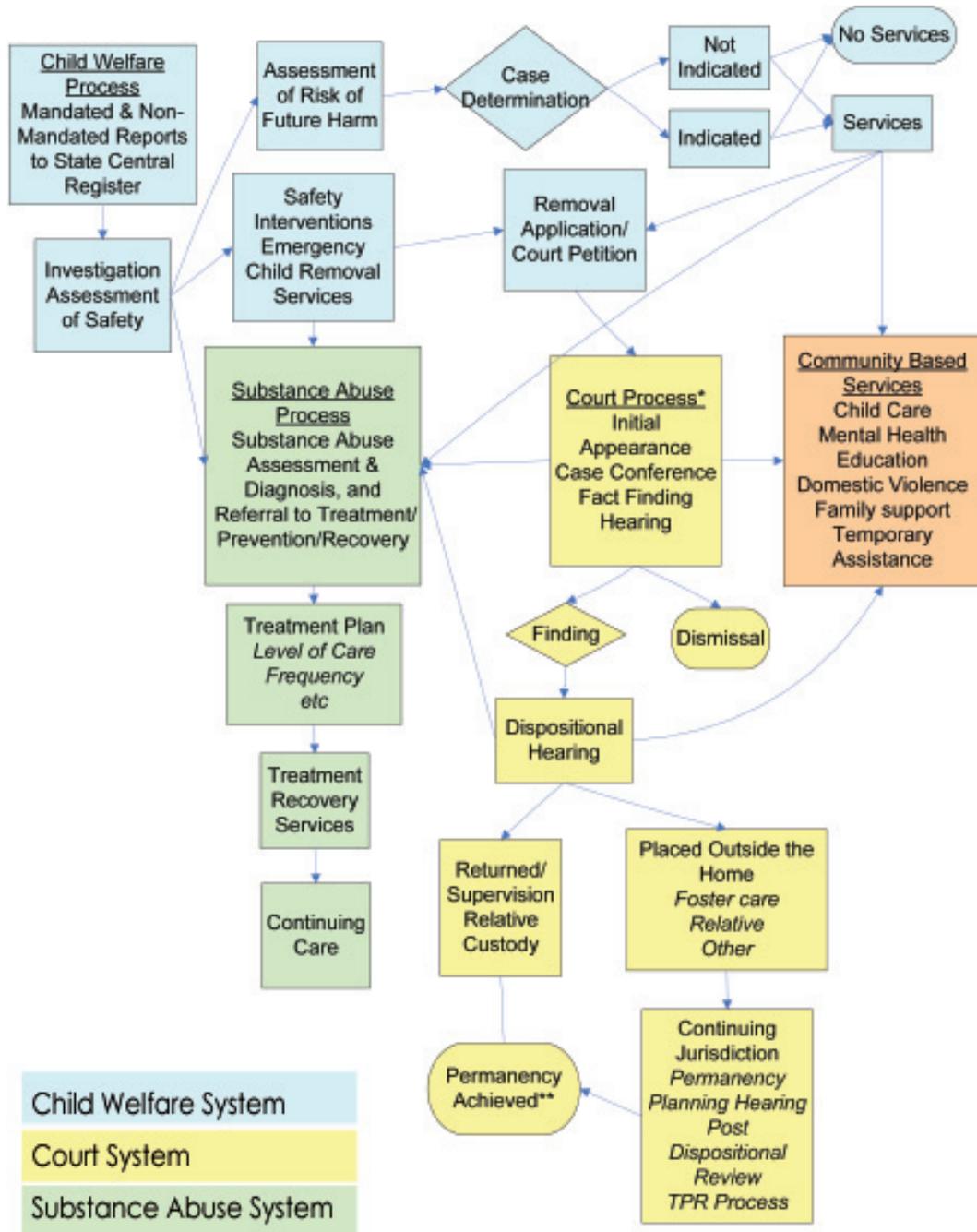
Ongoing family reassessment, service provision, and court permanency hearings throughout the child welfare case: Parents or caretakers who have not had substance use disorders identified early in the case may be referred for assessment at any time by service providers who learn new information.

Case Closure and Treatment Completion: Families with substance use disorders should be referred for aftercare services and family support services, which allow them to be supported and re-engaged, if needed, in the event of relapse.

Practice Guidelines

Localities should seek to form collaborations that include DSS, Court, Chemical Dependency systems, and community-based providers for the purpose of engaging clients in treatment particularly when substance abuse is suspected but not indicated in the court case. In each locality where systems are coming together to collaborate around child welfare and substance abuse issues, there should be a focused effort to identify how cases flow through each system, and where cases intersect between the systems to identify points where the clients can be engaged and encouraged to be assessed for chemical dependency treatment if appropriate.

The chart below visually represents how the three systems and other providers intersect and how referrals are made across systems. It is designed to help agencies develop a comprehensive and collaborative process that will provide the most effective services for the families we serve.



* Family Treatment Courts are being established in the Family Courts to address cases where a substance abuse disorder is a factor in a neglect proceeding. Please see the full report for additional information.

** Permanency may be achieved by: reunification, permanent custody with a relative, guardianship, adoption or another alternate permanent planned living arrangement.

APPENDICES

ACS – New York City’s Administration for Children’s Services

Alcohol and drug services – includes the broad continuum of programs and strategies designed to prevent and treat substance abuse and dependence and to ameliorate adverse consequences associated with substance use.

AOD - Alcohol and other Drugs.

ASFA - Adoption and Safe Family Act is federal law, enacted in 1997. ASFA made changes in a wide range of policies established under the Adoption Assistance and Child Welfare Act to improve the safety of children, to promote adoption and other permanent homes for children, and to support families, including a presumption that a child in foster care for 15 months out of the past 22 months must be safely returned home or freed for adoption by filing to terminate the parent’s rights. NYS enacted a statute implementing the federal ASFA, which was further amended in 2000. A comprehensive “permanency bill” was signed into law in NYS in 2005.

Aftercare or continuing care – the immediate period after an intensive period of substance abuse treatment designed to support an individual’s recovery through provision of formal supports such as relapse prevention services. These supports are combined with informal community-based recovery supports, such as participation in 12-Step programs, church, or other activities that support the recovery process.

Assessment in child welfare – broadly refers to gathering information that affects a child’s immediate safety, potential risk of future harm, and a family’s level of functioning and well-being based on its strengths and needs. The types of assessment in child welfare are:

Safety Assessment – evaluates immediate threats to the life or wellbeing of a child.

Risk Assessment – evaluates potential future threats to the life or wellbeing of a child in the context of existing protective factors.

Family Assessment – evaluates how well a family is functioning in several domains that affect child and family wellbeing, including needs and strengths of the family.

Assessment for Substance Use Disorder – broadly refers to a comprehensive bio-psycho-social interview conducted by an OASAS-certified treatment provider, CASAC or QHP

Best Practice Part - The courtroom practice of a Family Court Judge or Court Attorney Referee that implements procedures and practices toward achieving better outcomes and changing behaviors in child welfare cases; usually tied to the implementation of the NCJFCJ’s Resource Guidelines and is frequently the result of collaborative design among the key child welfare stakeholders in that jurisdiction.

CASA – Court Appointed Special Advocate

CASAC - Credentialed Alcohol and Substance Abuse Counselor

Case plan – an individualized plan of action based on a comprehensive assessment, with measurable goals and outcomes developed by a family and child welfare services worker to ameliorate risk to children and ensure their safety, permanency, and wellbeing.

Child abuse – to cause substantial physical injury to a child or place the child at risk of substantial physical injury that is likely to cause death or protracted impairment of the child’s physical or emotional health.

Child neglect – to cause impairment or risk of impairment to a child’s physical, mental or emotional condition by failing to provide a minimum degree of care.

Glossary of Terms

Examples of neglect are failing to meet a child’s basic needs, failing to supervise a child, inflicting harm to a child, and/or the misuse of drugs or alcohol to the extent that the person loses control of his or her actions when caring for a child.

Child protective services (CPS) – the division within child welfare services that is responsible for investigating reports of child abuse and neglect and who determine whether a child is in need of protection.

Child welfare services (CWS) –the broad continuum of programs and strategies designed to protect children from child abuse and neglect and to strengthen families.

Community-based recovery support – informal support available to an individual that helps that individual to maintain recovery from a substance use disorder. This support frequently involves participation in 12 Step programs, but may also include supportive friends, family, church, sports activities, hobbies, or other activities that reinforce the individual’s recovery either directly or indirectly.

DSS – County Department of Social Services

Diagnosis of a substance use disorder – using criteria established by the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV), to determine whether a person is classified as a substance user, substance abuser, or is substance dependent.

Dispositional hearing – the stage of the family court process in which, after finding that a child is abused or neglected, the court determines whether the child should remain at home, or be placed outside of the home and whether to order the respondent(s) to engage in specific services under the supervision of DSS. The standard for this determination is what is in the best interest of the child.

Drug Testing - Tests conducted by agencies or the Court to determine if there is a physical presence of alcohol or other drugs in the bloodstream.

Family Court - Family Court, present in every county in New York State, hears cases involving children and families including adoption, child custody, visitation and support, neglect and abuse, persons in need of supervision (PINS), juvenile delinquency, family offenses (domestic violence) and paternity. The Family Court does not decide divorce, annulment or separation proceedings.

Family Treatment Court - FTC is a specialized court that hears child neglect and abuse cases involving parents with substance abuse problems. The Court is designed to not only break the cycle of addiction and neglect through monitored service delivery, but strives to shorten out of home placement through ongoing case monitoring and expedited, informed permanency planning.

Fact-finding hearing – in child welfare proceedings, the trial stage at which the court determines whether allegations of child abuse or neglect are sustained by the evidence and, if so, are legally sufficient to support intervention on behalf of the child. This is followed by a dispositional hearing that defines the nature of such intervention.

Model Court - Originally a designation that was attached to the pilot courts in New York City and Erie County through the National Council of Juvenile and Family Court Judges (NCJFCJ) Victim’s Act Model Court program. By accepting this designation, the courts agreed to implement the recommendations of the NCJFCJ’s Resource Guidelines outlining best court practice for child welfare cases and become a pilot site for other initiatives designed to achieve positive outcomes for children and families. Over time, this term has come to represent a part of court in other jurisdictions engaged in the same work and is often interchangeable with the term “best practice part” (see definition above) or “permanency part”.

Network- Grouping of community service providers comprised of representatives from the child welfare, court, chemical dependency, DSS, medical, mental health, domestic violence, educational/vocational and other human service systems.

Glossary of Terms

Permanency Goal – Required for every child placed outside of his or her home in order to plan for the child’s stability, safety and well-being. A permanency goal may only be one of the following: return to parent; placement for adoption with the local DSS filing a petition for Termination of Parental Rights; legal guardianship; placement with a fit and willing relative; or placement in another planned permanent living arrangement that includes a significant connection to an adult who is willing to be a permanency resource for the child, including documentation of the compelling reason for determining that it would not be in the best interests of the child to have one of the other permanency goals.

Permanency planning hearing – Required by ASFA and the New York State’s Permanency Law of 2005 for all children removed from their homes. The permanency hearing must be commenced initially within 8 months after a child is removed from his or her home and subsequent permanency hearings are held every 6 months from the completion of the last permanency hearing. Every permanency hearing must be completed within 30 days of the date certain scheduled for a permanency hearing. When a child is freed for adoption, or a determination has been made that aggravated circumstances exist or that reasonable efforts are not required in a case, a permanency hearing is held within 30 days of the child being freed and completed again within 30 days.

QHP- Qualified Health Professional (As defined in statute this refers to one of the following NYS licensed or credentialed professionals: physician, psychiatrist, psychologist, nurse, certified social worker, CASAC, nurse aid or physician assistant.

Reasonable efforts – the reasonable efforts requirement of the federal law is designed so that families are provided with services to prevent child abuse and neglect and to reduce unnecessary disruption of families. Once children are placed outside the home, federal law requires reasonable efforts to be made toward a designated permanency goal. (See definition of permanency goal above.) The family court must determine whether the agency has made the required reasonable efforts. ASFA expanded reasonable efforts provisions by requiring that when a court determines that reasonable efforts to reunify are not required, a permanency planning hearing must be held within 30 days of such determination. Reasonable efforts also must be made to place the child in a timely manner in accordance with the permanency plan and to complete whatever steps are necessary to finalize the plan. Reasonable efforts have been determined to be equivalent to DSS’s diligent efforts required to prove permanent neglect.

Recovery – the process by which an individual has learned to develop and maintain a lifestyle that is free from substance use which enables individuals with substance abuse and dependency problems to return to full functioning.

Relapse – to fall back into a previous problem behavior pattern; a return of a disease or illness after partial recovery from it.

Removal hearing – the first court hearing in a child abuse or neglect case that occurs either immediately before or immediately after the child is removed from home on an emergency basis. It may be preceded by an ex parte order directing placement of the child and in emergency cases may constitute the first judicial review of a child placed without prior court approval.

Respondent – the person against whom a petition is filed in family court, and who responds to the petition. In a child abuse or neglect case, the respondent is a parent, guardian or person who is regularly in the home providing care for the child who causes or allows the abuse or neglect of a child. The Respondent is known as the defendant in other types of courts.

Screening for child abuse or neglect, or both – observations and questions leading to a determination that a child may have been the victim of abuse or neglect, or both. These observations or questions are centered on issues of physical or sexual abuse, deprivation, and neglect of child’s basic needs or well-being.

Glossary of Terms

Screening for substance use disorders – a set of routinely administered observations and questions leading to a determination that a person has a potential substance use disorder. Screening is conducted by child welfare service staff as well as community-based providers, hospital staff, other health or local DSS eligibility staff, or may be a specialized service conducted by an alcohol or drug counselor.

Substance use disorders – include the spectrums of substance abuse and dependence as defined by the diagnostic criteria of the American Psychological Association, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV):

Substance use – the consumption of legal or illegal, or both, psychoactive substances.

Substance abuse – a pattern of substance use that results in at least one of four consequences: (1) failure to fulfill role obligations, (2) use placing one in danger (e.g., driving under the influence), (3) legal consequences, or (4) interpersonal/social problems.

Substance dependence – a pattern of use resulting in at least three of seven dependence criteria as specified in the DSM-IV: (1) tolerance, (2) withdrawal, (3) unplanned use, (4) persistent desire or failure to reduce use, (5) spending a great deal of time using, (6) sacrificing activities to use, or (7) physical/ psychological problems related to use.

Termination of parental rights (TPR) hearing – a hearing or trial which may result in severance of all legal ties between child and parent. The burden of proof must be by clear and convincing evidence. ASFA requires that a termination of parental rights petition be filed, except in certain cases, when a child is in foster care for 15 months out of the most recent 22 months. There are several grounds for terminating parental rights. They include: 1) permanent neglect – when a parent fails to plan for the future of the child or maintain contact with the child for at least 12 consecutive months of the child’s placement or 15 out of 22 months despite the diligent efforts of DSS to assist the family; 2) abandonment – when a parent fails to have significant communication or contact with the child or agency, although able to do so, for a period of 6 months or more; 3) mental retardation or mental health – when a parent is significantly impaired and unable to safely care for a child now and in the foreseeable future due to mental retardation or mental health diagnosis; 4) severe and repeated abuse – when a parent commits one of a list of certain crimes against a child, or when a parent is found to have committed more than one act of child abuse in a five-year period. A petition seeking termination of parental rights must be based upon one of the following grounds (SSL §384-b): abandonment; permanent neglect (also FCA §614); mental illness; mental retardation; or severe or repeated abuse (also FCA §1012(j)).

Treatment plan – an individualized plan of action based on a comprehensive assessment, with measurable goals and outcomes developed by a participant and substance abuse specialist to reduce or eliminate substance use and related adverse consequences.

Preventive services - those supportive and rehabilitative services provided to children and families for the purpose of averting disruption of a family via placement of a child in foster care; or services enabling a child who has been placed in foster care to return to his family at an earlier time would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care.

Every county must have these Core Services available, which consist of:

1. *Day care* includes day care centers, family day care, group family day care, and school-age childcare activities.
2. *Homemaker Services* includes assessing the need for, arranging for, providing and evaluating the provision of personal care, home management and incidental household tasks through the services of a trained homemaker.
3. *Parent training* as group instruction in parent skills development and the developmental needs of the child and adolescent for the purpose of strengthening parental functioning and parent/child relationships in order to avert a disruption in a family or help a child in foster care return home sooner than otherwise possible.
4. *Parent aide services* are those services provided in the home and community that focus on the need of the parent for instruction and guidance and are designed to maintain and enhance parental functioning and family/parent role performance.
5. *Transportation services* including providing or arranging for transportation of the child and/or his family to and/or from services arranged as part of the child's service plan except that transportation may not be provided as a preventive service for visitation of children in foster care with their parents and may only be provided if such transportation can not be arranged or provided by the child's family.
6. *Clinical services* includes assessment, diagnosis, testing, psychotherapy, and specialized therapies provided by a person who has received a master's degree in social work, a licensed psychologist, a licensed psychiatrist or other recognized therapist in human services.
7. *Respite care* and services for families in which a parent, legal guardian, caretaker or child has Acquired Immune Deficiency Syndrome (AIDS), HIV infection or HIV-related illness.
8. *Twenty-four hour access to emergency services* which means developing a plan for, arranging for or providing emergency services, including cash or the equivalent thereto, goods and shelter when a child is at risk of foster care and such services may prevent placement. The plan may include coordination with income maintenance staff or identification of service agencies within the social services district that provide 24-hour services such as a privately administered telephone hotline.
 - Emergency cash or goods as money or the equivalent thereto, food, clothing or other essential items that are provided to a child and his family in an emergency or acute problem situation in order to avert foster care placement.
 - Emergency shelter as providing or arranging for shelter where a child and his family who are in an emergency or acute problem situation reside in a site other than their own home in order to avert foster care placement.

Appendix II

Preventive Services

Other Services (Not required to be available but can be considered preventive services)

1. Housekeeper/chore services includes assessing the need for, arranging for, providing and evaluating the provision of light work or household tasks (including such activities as help in shopping, lawn care, simple household repairs and running errands) which families and individuals in their own homes are unable to perform because of illness, incapacity or absence of a caretaker relative, and which do not require the services of a trained homemaker.
2. Family planning services includes arranging for and providing social and educational services which include the distribution of printed material, group discussions and individual sessions to discuss family planning, educational and medical resources available in the community and or medical services, which include diagnosis, treatment, drugs, supplies and related counseling furnished or prescribed by or under the supervision of a physician.
3. Home management services assessing the need for, arranging for, providing and evaluating the provision of formal or informal instruction and training in management of household budgets, maintenance and care of the home, preparation of food, nutrition, consumer education, child rearing and health maintenance.
4. Day services to children include programs offering a combination of services including at least: social services, psychiatric, psychological, education and/or vocational services and health supervision and also including, as appropriate, recreational and transportation services.
5. Housing services defined as rent subsidies, including payment of rent arrears, or any other assistance necessary to obtain adequate housing will be considered preventive services but will only be available to families of children already in foster care if such families satisfy the requirements.
6. Intensive, home-based, family preservation services are casework services and direct therapeutic services provided to families in order to reduce or avoid the need for foster care placements of children who are in imminent danger of such placements. Intensive, home-based, family preservation services may include arranging, on behalf of the families, housing assistance, child care, job training, education services, emergency cash grants and basic support needs
7. Outreach activities are those activities designed to publicize the existence and availability of preventive services for parents, caretakers, and children who meet the criteria for the provision of preventive services and to advise such parents, caretakers and children of the availability of such services to meet their needs, alleviate the cause or condition that creates the risk of foster care placement and to assist the family to stay together.

New York Partnership for Family Recovery And Committee Members

Karen Ambrozik
NYS Drug Treatment Court

Mary Ellen Ange
NYS OCFS

Mary Aufleger
Office of Court Administration

Melissa Baker
Administration for Children's Services

Linda Baldwin
Office of Court Administration

Bill Barnett
NYS OASAS

Mark Bertozzi
NYS DOH

Trista Borra
Office of Court Administration

Allison Campbell
NYS OMH

David Cardona
NYC Family Court

Karen Carroll
Office of Court Administration

Nancy Chapman
Administration for Children's Services

Mary Collier
NYS OASAS

John Coppola
ASAP

Donna Crummell
Leake & Watts

Michael A. Deas
Administration for Children's Services

Jacqueline DeCarlo
Lower Eastside Service Center

Kathleen R. DeCataldo
NYS Permanent Judicial Commission

Biana Delorenz
NYS Division of the Budget

Barbara DeMayo
NYC Family Court

Bruna DiBiasi
Office of Court Administration

Kari Earle
NCSACW

Evan Elkin
Vera Institute of Justice

Azra Farrell
Permanent Judicial Commission
On Justice for Children

Corrie Fierstein
NYS Division of the Budget

Nina Rose Fischer
North American Family Institute

Christa Foschio-Bebak
Office of Court Administration

Bill Fox
FLACRA

Allison Frantz Harte
Administration for Children's Services

Alexis Gadsden
Outreach Project

Ms. Randy Gottesma-Smolian
Network-Development

David Guyer
Oswego County Drug Treatment Courts

Brenda Harris-Collins
Queens Outreach

Honorable Judy Harris Kluger
Court Operations and Planning

Paula Hennessy
NYS OCFS

Selina Higgins
Administration for Children's Services

Jim Isenberg
North American Family Institute

Frank Jordan
Office of Court Administration

Jerry Josepher
Catholic Guardian Society

Mayra Juliao-Nunez
Administration for Children's Services

Christine Kiesel
Office of Court Administration

Raymond Kimmelman
Administration for Children's Services

Gaye LaSalle
Rockefeller College, University at Albany

Pat Lavin
NYS OASAS

Pat Lincourt
NYS OASAS

Mark Madden
NYS OTDA

Honorable Gerald E. Maney
Albany County Family Court

Cindy Heady Marsh
NYS Drug Treatment Court

Appendix III

Partnership for Family Recovery and Committee Members

Appendix III

Partnership for Family Recovery and Committee Members

Nancy Martin
Administration for Children's Services

Nancy Martinez
NYS OCFS

Robert Martinez
Administration for Children's Services

Elaine McCann
NYS Division of the Budget

Lureen McNeil
NYS OASAS

Maria Morris
NYS OASAS

Juliet Morton
Educational Alliance Pride

Shelley Murphy
NYS OCFS

Patsy Murray
NYS OCFS

Andrew Myerberg
Administration for Children's Services

Susan Ohanesian
Palladia, Inc.

Karen Orcutt
NYS Division of Budget

Emily Parise
NYC Family Treatment Court

Lawrence Pasti
NYS OCFS

Ronald Pawelczak
Monroe County Family Court

Michael Piazza
Putnam County Department of Social
Services

Susan Plaza
Odyssey House

Sheila Poole
Albany County Dept. for Children, Youth
& Families

Michelle Rafael
NYS OCFS

Pam Reger
Rockefeller College, University at Albany

Andrea Reid
Administration for Children's Services

Robert Resnick
NYS OCFS

Kelleena Richards
NYS OCFS

Sheila Roach
NYS OASAS

Elizabeth Roberts
Administration for Children's Services

Steve Rockman
Samaritan Village

Nicholas A. Roes
New Hope Manor

Julie Rosenbluth
Phoenix House

Maureen Rossi
Office of Court Administration

Cindy Roth
Office of Court Administration

Joanne Ruppel
NYS OCFS

Monette Sachs
Administration for Children's Services

Jim Scordo
CREDO

Junius Scott
Administration for Children & Families

Donald K. Smith
The Hope House

Tyler Spangenberg
CCSI

Betsy Stevens
NYS OCFS

Erica Tullberg
Administration for Children's Services

Kevin Valenchis
NYS Division of Budget

Justine Van Straaten
Center for Court Innovation

Darlene Ward
Office of Court Administration

Rue Zalia Watkins
Mental Health Assoc of New York

Naomi Weinstein
Phoenix House

Denise White-Smith
JBFCs-Mawthorne Cedar Knolls

Frank Woods
Office of Court Administration

GUIDING PRINCIPLES

Interactions with Families Should Be:

- ◆Strengths-based ◆Needs-driven ◆Family-centered ◆Culturally competent

SCREENING ASSESSMENT AND REFERRAL

- ✓ After the filing of a neglect petition, where AOD use is alleged or subsequently identified, the court can attempt to persuade the respondent or other household member to voluntarily participate in an alcohol and substance abuse assessment/treatment process, in order to assist parents in accessing and engaging in treatment as early as possible during the case flow.
- ✓ When families and agencies appear before the court, judges or magistrates should ensure that appropriate assessments were conducted and that the court has information regarding assessment results and diagnoses. The court should encourage the respondent to engage in any recommended treatment. Attorneys for parents play a key role in advocating for timely assessments and in encouraging their clients to participate in the assessment process.
- ✓ With the implementation of Family Drug Treatment Courts (FTC) and Model Courts, agencies have begun to work collaboratively toward identification of alcohol and substance abuse issues much earlier in the process, resulting in earlier linkages to treatment and better retention rates. FTC Resource Coordinator/Case Managers can conduct screening upon the filing of a petition and with the consent of the parties.

ENGAGEMENT AND RETENTION

- ✓ **Family Court** orders typically incorporate the information provided by the child welfare services agency, turning the case plan into a court order that complies with ASFA requirements and reflects the needs of both the respondent and the family. All agencies involved with a family will share information with each other to reinforce agency collaboration and to ensure that the Family Court’s expectations of the respondent(s) remain clear.
- ✓ In addition to the above, **Family Treatment Court** contracts should be thoroughly explained and reviewed with each respondent and counsel to make them aware of program expectations.

INFORMATION SHARING

Localities need to work together to develop consensus regarding the nature and type of information that is needed to support informed decision-making regarding child safety, wellbeing, and permanency, and establish collaborative agreements about how shared information will be used. Child welfare staff and the Courts legitimately need information about family members receiving services in order to make informed decisions about child safety and permanency. This needs to be balanced with a family’s privacy rights, and the treatment provider’s responsibility to guard against the unauthorized release of sensitive information regarding their clients.

When developing collaborative guidelines, confidentiality regulations and privacy rights should be taken into account early in the process, leaving ample time to develop forms that comply with regulations and respond to the needs of families and of each collaborative partner.

CASE PLANNING AND MONITORING

The questions of whether there are demonstrable changes and whether these changes are sufficient to warrant family reunification or closing the case can be answered only if all staff work closely with families to monitor their progress and adjust plans as needed, and if there is effective communication between the AOD treatment, child welfare, and court systems. **Child Welfare workers** and **AOD treatment providers**, with facilitation from the **Court**, should collaborate to develop the most comprehensive and flexible plan possible to help the family succeed.

Family Treatment Court Coordinators and Case Managers can work closely with AOD Treatment Providers and Child Welfare Workers by sharing observations and concerns relative to behaviors exhibited during visits to the court.

DISCHARGE PLANNING

Cross systems discharge planning should focus on the family members in recovery, family dynamics, and family values to help families identify and build upon their unique strengths, successfully face their challenges and make positive choices. Discharge planning must be a joint effort with defined/shared expectations of the caretaker and child(ren) by the systems involved.

Cross-system communication about the family's discharge planning needs should begin early in the treatment/Intervention/ judicial process, and be continually reviewed and updated until treatment is completed or the case is closed. It is recommended that:

- ✓ Family intervention services are considered a priority in the discharge process within the cross systems collaboration;
- ✓ After treatment completion, the family's status is closely monitored to assure that the appropriate aftercare/recovery services needed to sustain parental recovery and child safety and wellbeing are being provided;
- ✓ A means to provide community-based supportive services is established that can meet the medical, mental health and social service needs of the caretaker and child(ren);
- ✓ Cross-system training is provided to enhance the skills of the staff involved in the discharge planning process.

Families involved with child welfare may be more at risk for relapse at certain points during their case involvement. Vulnerable points include:

- ✓ Before court hearings,
- ✓ After family visits,
- ✓ Shortly before regaining custody of children,
- ✓ Shortly before being discharged from residential treatment, and
- ✓ Shortly before exiting from the child welfare system.

Counselors and case workers can work together to use relapse episodes to help parents learn what factors trigger their cravings to use substances, and help them to accept the fact that relapse does not equal failure, so that they can be re-engaged in treatment immediately. Child welfare workers can also help parents anticipate the possibility of lapses or relapses by creating safety plans for their children. Parents who learn their triggers can become empowered to plan for the safety of their children and seek healthy ways to neutralize or mitigate triggers.

A listing of prevention providers in each region can be found at www.oasas.state.ny.us/prevention/index.cfm#. In addition, providers and system representatives can use the following links to find women and children treatment program and adolescent treatment programs www.oasas.state.ny.us/special/index.cfm# and other treatment programs www.oasas.state.ny.us/treatment/index.cfm# throughout New York. Information on the science of drug abuse and addiction can be found at <http://www.drugabuse.gov>

ADDITIONAL RESOURCES



Appendix I



nyc ACS Administration for
Children's Services

The NYC Administration for Children's Services is the City's child welfare agency, dedicated to protecting children, strengthening families and providing childcare and Head Start programs

LUC Data Project

Real Time Exchange of Case Information

Governance Committee Meeting

November 18, 2008

LUC Data Project

- Overview
- Progress Report
- Resources
- Roll-out plan
- Outreach
- OCFS Connection
- Training
- Closing

Build Zero – What does it do?

- Enables new Neglect & Abuse petitions to be filed electronically
- Provides electronically signed petitions to the court
- Provides intake hearing information to ACS
- Provides future hearing dates on all ACS cases
- Provides UCMS with electronically submitted permanency reports on all children in out of home care under ACS jurisdiction.

Build Zero – the work involved

- Pre-match of all Court/ACS cases
- Application and work flow changes, to prepare each system to send and receive messages.
- Creation of 6 discrete messages to:
 - request and complete the electronic filing,
 - send and receive documents,
 - update appearances and
 - keep the systems in sync.
- Transmission of these messages via DoITT.
- Testing, Training, Implementing, Monitoring

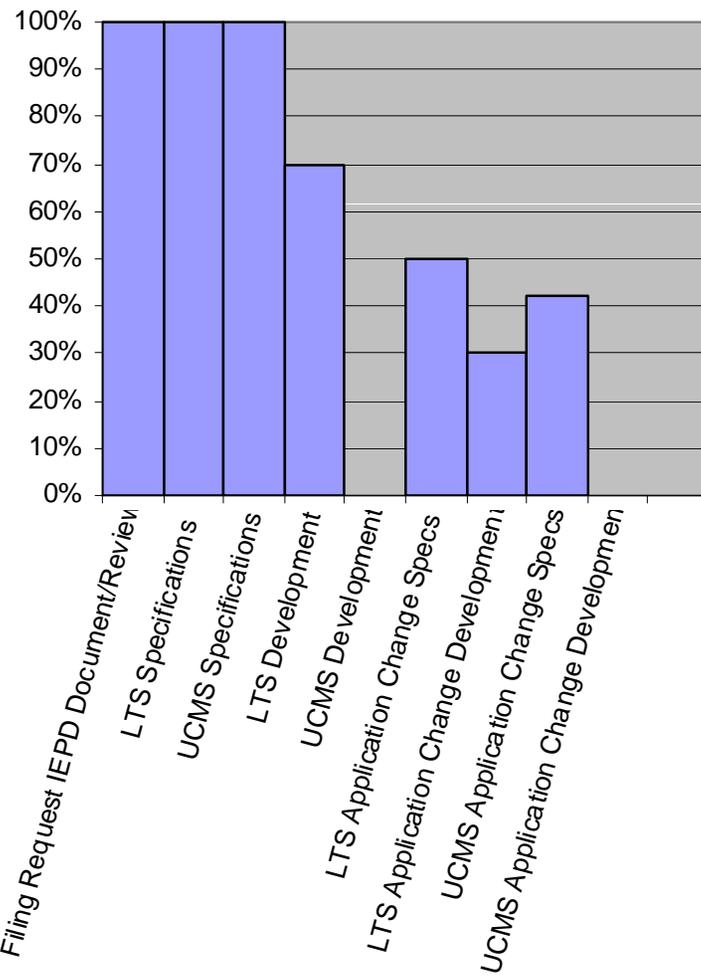
Steps for Each Message:

- IEPD Documentation and Review
- Write the technical specifications
- Program/develop the specifications
- Make changes to UCMS/LTS applications to enable receipt or transmission of the information contained in each message

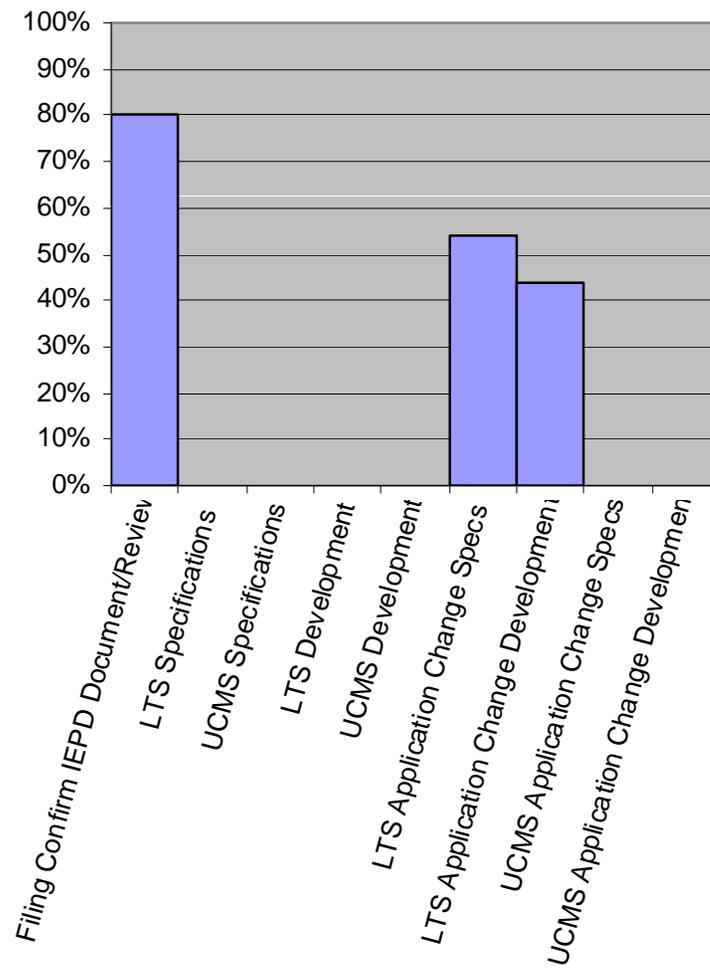
....begin testing

Build Zero – Two Primary Messages

Preliminary Filing Request

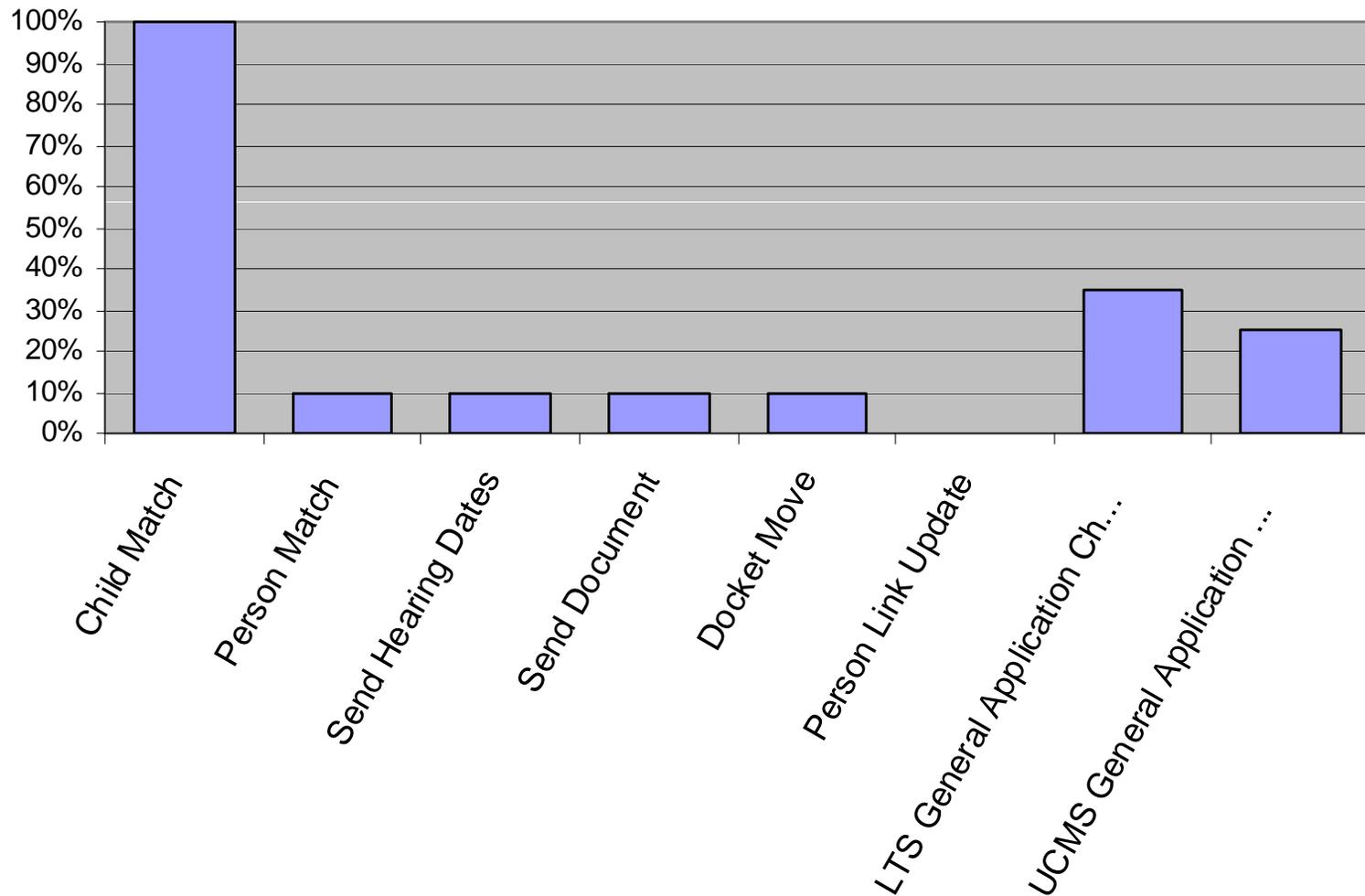


Filing Confirm

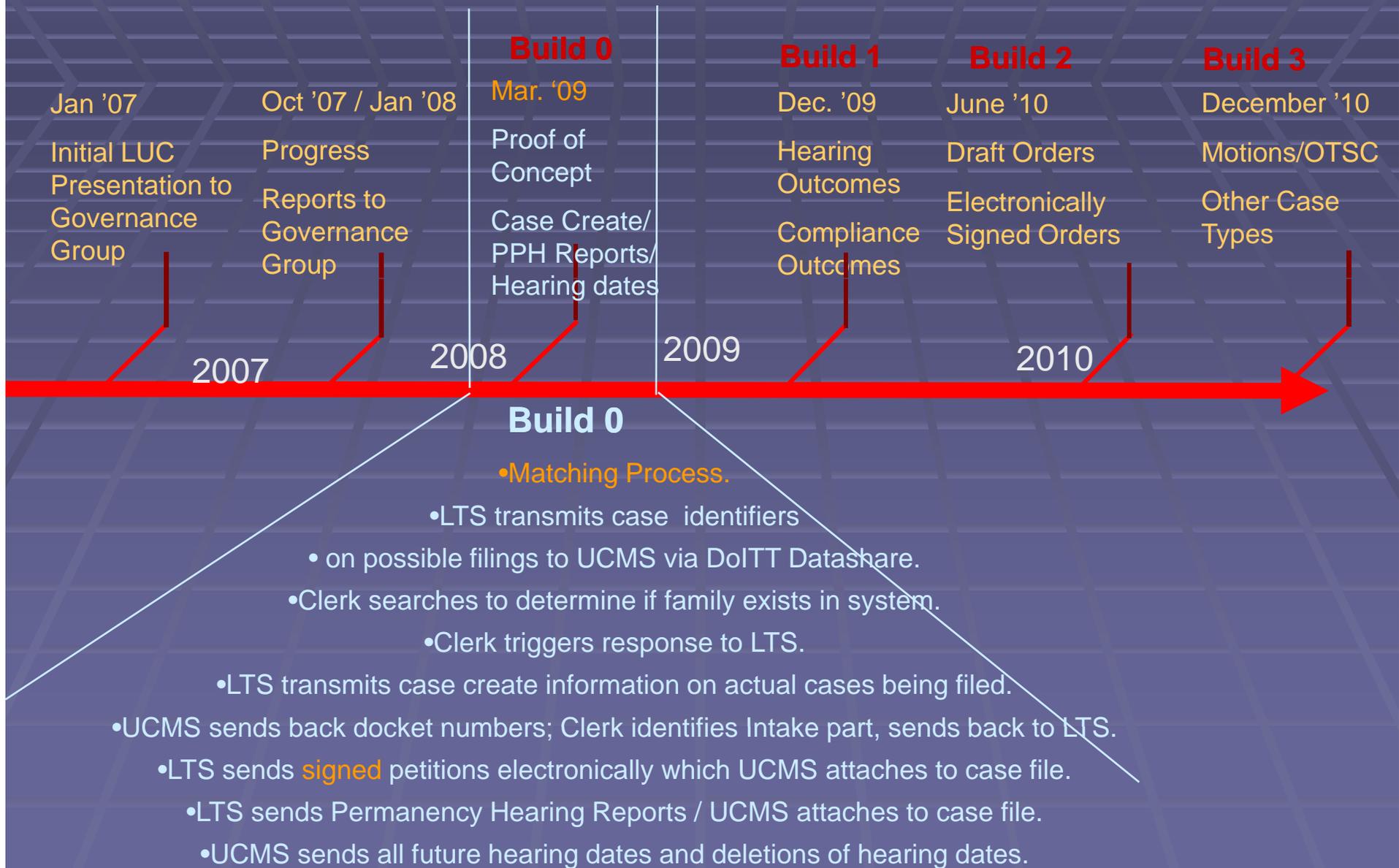


Build Zero – Ancillary Messages

Preliminary Match and Ancillary Messages



Implementation Timeline – March '09



Resources

- ACS – Fully staffed
- OCA – Fully staffed
- Allocation of staff will continue to be dependent on other factors: legislative changes, audits, system builds, emerging situations, etc.

Roll-out

- *Manhattan – testing for about one month*
- *Roll-out to other counties around one every two to three weeks*
 - *Queens*
 - *Bronx*
 - *Kings*
 - *Richmond*

Outreach

- Progress
 - Clerk's Conference presentation
 - Saratoga presentation to NYPWA
 - Presentation to Legal Aid
 - Meetings with Permanency Deputies
 - Meetings with FCLS attorneys
- *Going Forward*
 - *Meet with Center for Family Representation*
 - *Meet with 18b Panel Representatives*

OCFS Connection

- Permanency Hearing Reports
 - Discussions on how electronic filing of Permanency Reports, and possibly petitions, might work statewide
- Hearing Dates
 - Interest in receiving “date certain” permanency hearing dates.
- Freed Child notification

Training

- In-house training.
- Training with both court and ACS staff together, with representatives from all five counties.
- Train the trainer model
- Timing: around one month prior to roll-out

End

Appendix J

LUC Project: Baseline Study Report

Executive Summary

Abstract

The Baseline Study for the LUC (LTS, UCMS, and Connections) datashare project has been conducted in all five New York City counties to serve as a measure of the current process of the Administration for Children's Service's (ACS) Abuse and Neglect petition filing in Family Court, starting from the time that ACS prepares the petition, through the court's processing of that petition, and ending with the resulting court appearance.

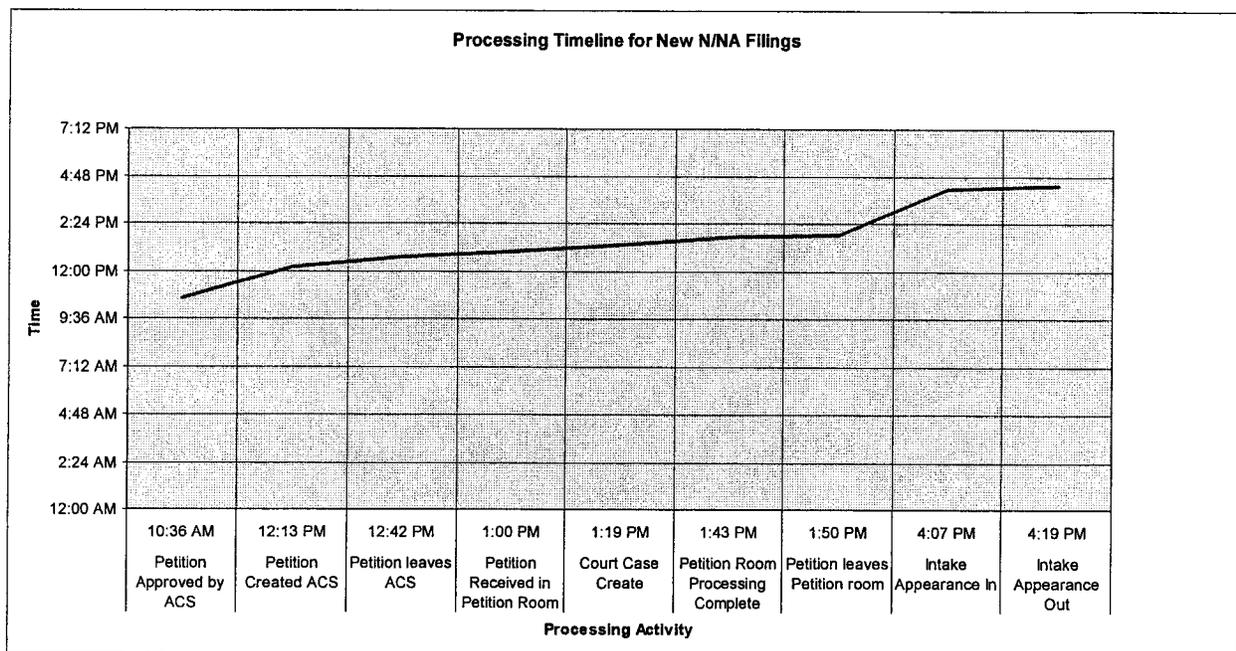
As with any baseline study, the purpose of conducting this inquiry is to obtain a reading of the current state of ACS and family court operation that can be used for comparison purposes post-LUC implementation. Essentially, the study serves as a form of quality control, allowing the LUC team to assess the success of LUC implementation as well as determine if there are any possibly unintended effects of the electronic interface that may need to be accounted for and taken into consideration as a new part of the operational process.

Another important benefit of conducting this baseline study and eventually a post-implementation study is to gain insight into the LUC process that will undoubtedly be very valuable in the future during the planning and development phase of a potential statewide version of LUC's electronic petition filing interface between local Departments of Social Services and the rest of New York State's family courts. Having baseline and post-implementation data to guide the process of planning for a such a statewide version of LUC will allow for an evidence-based model of development that will certainly help to smoothen the process of tailoring a version of the LUC interface for upstate.

Results

The baseline study took place during a week-long period, starting on March 31, 2008 through April 4, 2008, using an assessment tool referred to as the “Blue Card” that was designed and tested by LUC project team members. Information gleaned from the Family Court’s Universal Case Management System and ACS’ Legal Tracking System was also used to supplement the Blue Card data. The study encompassed all new Abuse and Neglect petitions filed during this period, yielding a sample of 223 petitions.

The results of the baseline study indicate that the filing of the average Abuse and Neglect



petitions in New York City, from the minute that the petition is approved for filing by ACS to the conclusion of the case’s initial intake appearance in front of a Family Court judge, takes 5 hours and 45 minutes. This length of time varied in average across the five counties, ranging from an average of 3 hours in Richmond County to 6 hours and 26 minutes in Bronx County.

Each “step” in the petition filing process was measured individually for the purposes of completing a chronological timeline of events to represent the aggregate petition filing process.

These “steps” or events are as follows: Petition approved by ACS, Petition Created by ACS, Petition Leaves ACS, Petition Received in Court’s Petition Room, Court Creates Case, Petition Room Processing Done, Petition Leaves Petition Room, Intake Appearance Begins, and Intake Appearance Ends.

Generally speaking, the timeline can be split into two distinct processes; the ACS process starting at petition approval and ending at the delivery of the petition to court, and the Court process, starting at the receipt of the petition in the petition room and ending with the completion of the intake court appearance.

ACS’ initial process of petition approval, generation, and delivery to court takes an average of 2 hours and 24 minutes, approximately 42% of the total petition filing process. This average varied across the counties from 1 hour and 4 minutes in Richmond County to 3 hours and 12 minutes in New York County. The approximate percent of the total ACS filing time varied amongst the counties, from 31% in Bronx County to 55% in both Kings and New York Counties.

The Family Court side of the processing took an average of 3 hours and 18 minutes across the 5 counties, comprising approximately 58% of the total petition filing process. The approximate percent of the total Court processing time varied amongst the counties, from 44% in Kings and New York Counties to 69% in Bronx County.

The court process can essentially be divided into three process stages: the petition room processing, the pre-intake hearing stage, and the intake hearing itself. The average times for these processes are 50 minutes in the permanency planning unit, 2 hours and 17 minutes pre-intake, and 12 minutes for the intake hearing.

The petition room process includes work such as case inquiry for prior history and a domestic violence look-up, the case being reviewed for appropriateness for Family Treatment

Court, case create in UCMS, docketing and scheduling, and the manual creation of the physical case file. Once processing is completed in the petition room, the case is sent to the intake part where some pre-intake work takes place.

The lion's share of the entire process as it plays out in court is spent waiting for the parties to the case to come together and prepare for the hearing. Law guardians, who in this study were present in 87% of the cases, must be given a chance to review the petition. Sometimes they get to look at the petition when the court receives it; sometimes not. Parents, who appeared in 41% of the study cases, need to have checked in with the bridge officer, and speak with an attorney. Parent's attorneys, who usually get assigned and pick up the case minutes before the hearing, need to interview their clients. The ACS attorneys themselves need to finish up whatever cases they have been working on, insure that their client - the caseworker - is prepped, and get ready to present the case in court.

The culminating event, the intake hearing itself, takes about 10 minutes, but ranged from less than a minute in the case of a petition on an infant in an existing case (an afterborn) to a forty minute hearing to determine the placement of the child.

These figures provide general insight on an aggregate basis regarding the ACS petition filing process of Abuse and Neglect petitions in Family Court. The second segment of this baseline study report (p.7) provides more in-depth process details on a county-by-county basis.

Key Factors

A review of the results of the baseline study yield interesting inferences that can be drawn from the analysis of the timeline data. Specifically, three key factors that potentially affect the expediency of case intake have been identified through this data:

- Whether the petition is received in the petition room before or after lunch
- The number of parties in attendance at the court appearance
- The general practice of parties not arriving at court prior to 2pm

The data gleaned from this baseline study suggests that these overall broad trends in the petition filing process may have an affect on how quickly the events in the timeline take place. The receipt of a petition prior to the lunch hour generally seems to pose less of a delay to the eventual court appearance than a petition that comes in after the lunch hour, accounting for the hour of lunch.

The number of parties in attendance at the court appearance generally seems to have a positive relationship with the length of time the appearance takes, so that the more parties present, the more time is spent at the intake appearance. This is not necessarily a factor causing undue delay, however; when all parties are present for appearances, more substantial reviews of case issues can take place. Interestingly, the number of parties is not correlated to the overall length of the petition filing process.

Finally, the general practice of parties being advised not to arrive at court for new Abuse and Neglect petition filings until after 2 pm may have the greatest impact on when the case is called into court. For a case to be called, not only do the parties need to be present, but they also need to have already met with their legal representatives and completed interviews with necessary casework staff and/or treatment court staff. Discussion with both court and ACS employees that took place during the course of the baseline study indicated that both sides agree that parties arriving to court later in the day can delay the calling of a case before the judge.

This information is especially pertinent when coupled with the finding that there seems to be no correlation between how soon the petition arrives at the court and when the appearance before the judge begins. In New York County, where case creation in UCMS takes place prior to the arrival of the physical petition due to the practice of ACS sending the court a case intake sheet with demographic information regarding the day's expected filings, the findings still indicate that the court appearance time is not greatly impacted by this early information exchange.

Hence, the results of the baseline study provide not only a timeline of petition processing events, but also an indication that the method of information sharing, either through the current physical process, or through a new electronic interface, can have the greatest impact on processing times only when conflated with process change, or a change in the practice of handling these cases. The results of this study suggest that a potential practice change that may most acutely maximize on the efficiency of the electronic interface is to change the practice of generally beginning case appearances for these abuse and neglect filings after 2pm. Setting specific intake times such as 12 pm and 2:30 pm might encourage a change in practice where parties would be ready for intake earlier in the day. Otherwise, the benefits of the LUC project may not greatly impact the second half of the processing timeline, the time between when the case is created in UCMS and when the case is called.

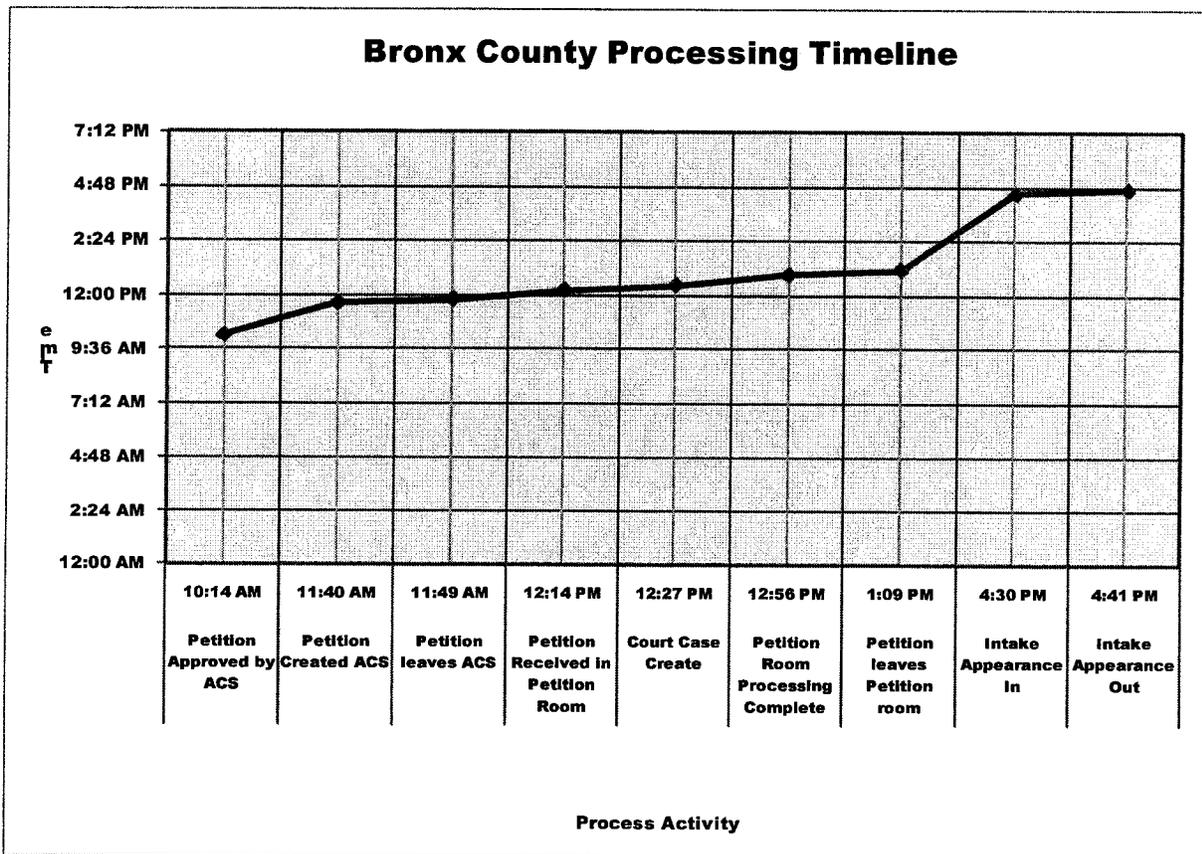
County Profiles

Bronx County

Bronx County’s individual timeline shows the longest petition filing process from start to finish, lasting an average of 6 hours and 26 minutes, however it is important to note that Bronx County also received the highest number of filings at 77 petitions, or an average of 15.4 petitions a day. Certainly, higher volumes of cases can have a cumulative effect on the expediency of petition processing. The entire petition filing process ranged from 1 hour and 48 minutes to 10 hours and 30 minutes.

Of these 77 petitions, there were a total of 39 families. There were 29 removals, at a rate of 38%. On average, 4 parties were present for each proceeding, and a respondent mother or father was present in more than half (42) of the appearances.

In the Bronx, the longest step in the petition filing process was, by far, the time between



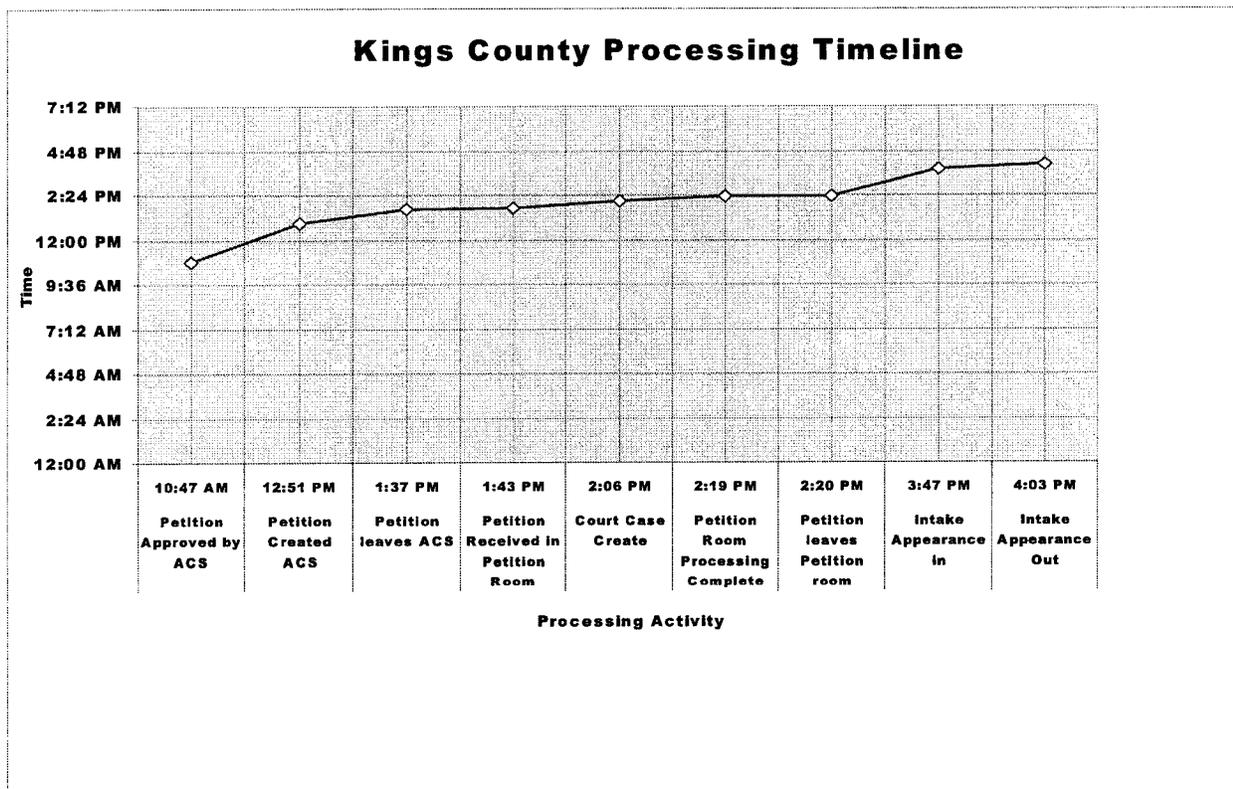
when the petition leaves the petition room to go up to the court and the time the case is called, at

an average of 3 hours and 21 minutes. This is also the longest step for any of the counties for any step throughout the baseline study.

The shortest step in the process in Bronx, and also the shortest step for this event across all the counties, is the time between ACS’ petition creation to when the petition leaves ACS for delivery, at 9 minutes, arriving at the petition room on an average of 25 minutes later.

Kings County

Kings County’s individual timeline was the closest to the overall NYC average of 5 hours and 14 minutes at 5 hours and 19 minutes. Kings received 54 petitions during the baseline week, or 10.8 cases a day, closes to the overall NYC average of 8.92 cases per day, per county.

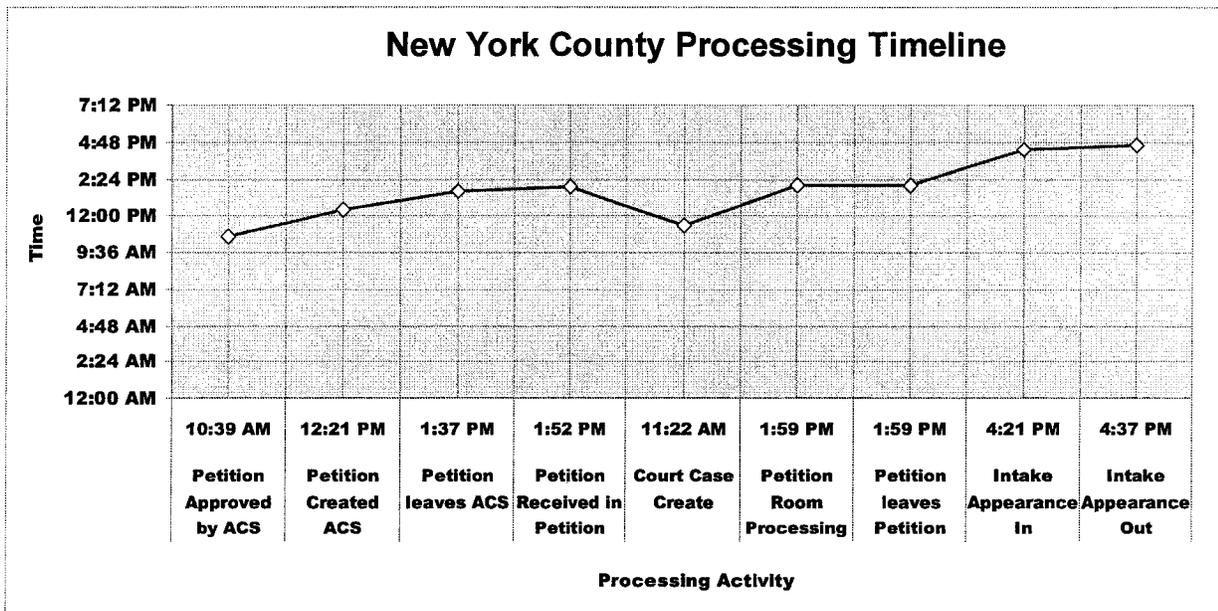


Of these 54 petitions, there were a total of 24 families. There were 27 removals, at a rate of 50%. On average, 5 parties were present for each proceeding, and a respondent mother or father was present in slightly less than half (24) of the appearances

The longest step in the Kings petition filing process was the time between ACS approving the petition to the time the petition was generated, lasting an average of 2 hours and 3 minutes. Subsequent steps in the process generally take less than half an hour per step, excluding the time between the petition leaving the petition room and the case being called in court. The quick turnaround time between events may be partially attributed to the location of a satellite ACS office within the Kings County Family Court building.

New York

New York County’s individual timeline encompassed an average of 5 hours and 58 minutes, close to the overall NYC average of 5 hours and 14 minutes. New York received 27 petitions, with an average of 5.4 petitions per day, much less than the overall NYC average of 8.92 cases per day, per county.



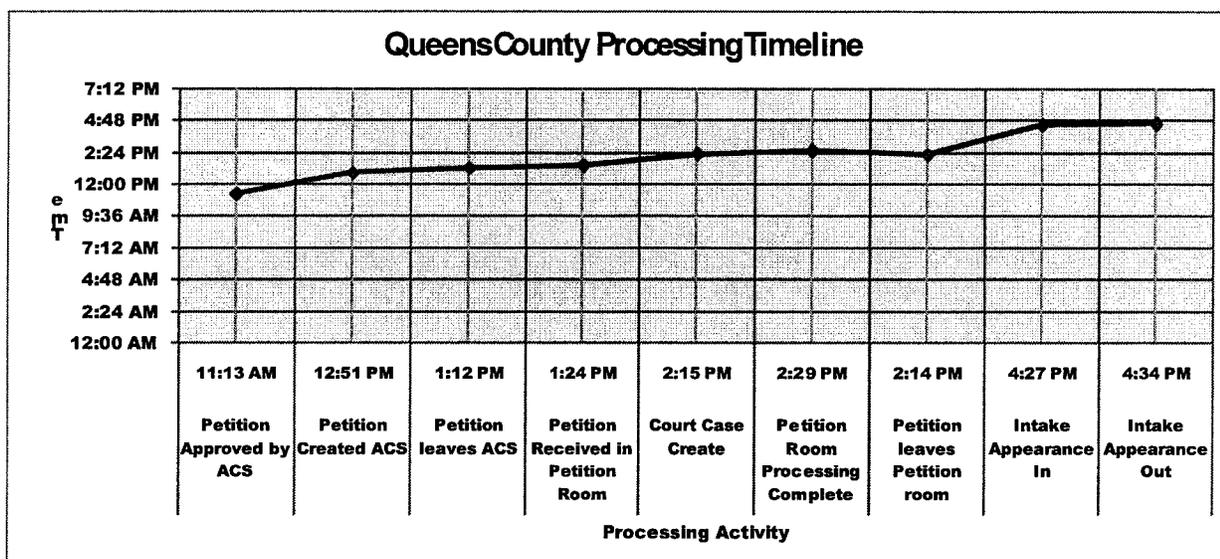
Of these 27 petitions, there were a total of 19 families, including 14 removals, with a removal in 52% of the petitions. On average, 3 parties were present for each proceeding, and respondent mother or father was present in just 12 of the appearance, less than half.

The longest step in the New York petition filing process is the time between ACS approving the petition to the petition being generated, with the delivery to the petition room

being the second longest step. However, it is important to note that a parallel process takes place in New York County, with the petition room’s activities being performed while ACS is drafting their petition. This occurs due to ACS faxing the court an intake sheet with information regarding all of the expected filings for the day. The petition room clerks can thus create the case in UCMS and the physical file while ACS completes the petition. Once the physical petition arrives, the petition room clerks have essentially already completed their processing and can send the petition up to this courtroom.

Queens County

Queens County’s individual timeline lasted an average of 5 hours and 27 minutes, close to the overall NYC average of 5 hours and 14 minutes. Queens received 52 petitions, with an average of 10.4 petitions a day, close to the overall NYC average of 8.92 cases per day, per county, closest of all the county’s to the overall NYC average.



Of these 52 petitions, there were a total of 30 families, including 5 removals, with a removal rate of just 10% of the petitions. On average, 4 parties were present for each proceeding, and a respondent mother or father was present in just 11 of the appearances, less than 20 percent.

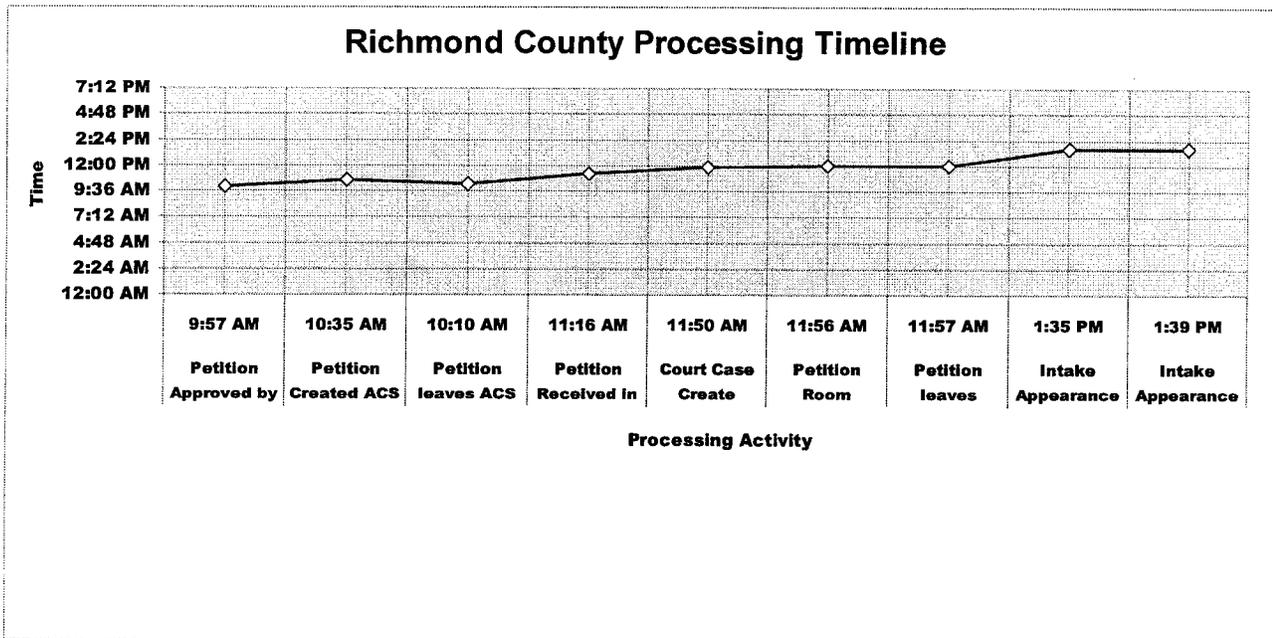
The longest step in the Queens petition filing process is the time between the petition leaving the petition room and being called into the courtroom for the intake appearance, which

took on average 2 hours and 12 minutes. Besides the Bronx this was the longest average wait for the case to be called of all the counties. The shortest step in the Queens petition filing process is the ACS delivery time, which took on average 3 minutes for a petition to arrive in court. Again, proximity of the ACS office to the petition room is a critical factor in how long this step takes.

Richmond County

Richmond County’s individual timeline lasted an average of 3 hours, far below the overall NYC average of 5 hours and 14 minutes and the shortest overall timeline of any of the counties. Richmond received 13 petitions, with an average of 2.6 petitions a day, the lowest volume of any of the NYC counties. The relatively lower volume of petition filing can be a possible contributing factor to the quick petition processing time in Richmond.

Of these 13 petitions, there were a total of 6 families, including 5 removals, with zero removals. On average, 2 parties were present for each proceeding, and a respondent mother or



father was present in just 2 of the appearances, less than 20% percent.

The longest step in the Richmond petition filing process is the time between the petition leaving the petition room and being called into the courtroom for the intake appearance, which took on average 1 hour and 11 minutes.

Appendix A

Methodology

The baseline study sought to study two specific categories of petition data: volume and time spent. Volume gives an assessment of what level of system capacity can be expected for the first build, and also will help the implementation team to plan accordingly for subsequent builds. This type of data was harvested through reports of filings from the Family Court's Universal Case Management System and ACS' Legal Tracking System.

The data collected involving time spent, in terms of how long each step of the petition filing and appearance scheduling process takes, is presented in the form of a timeline of the average case from ACS approval of the petition to the time the appearance begins. The collection of this data took the form of a time assessment survey called a Blue Card which was a document that traveled from ACS to the court attached to each petition, and was stamped by the workers who completed each step of the process.

The Blue Card was developed and tested by the LUC project team. Testing took place city-wide over a two day period, from March 12, 2008 through March 13, 2008, after which feedback was received from the users and slight adjustments made to the Blue Cards.

An example Blue Card and the instructions sent to the workers are attached in the following appendices.

Appendix B

*** example: blue card***

LUC Project Pre-Pilot: KINGS County

Docket # _____

Child Name _____

Date ____ / ____ / 0 8

Intake Start Time: _____ Intake End Time: _____

1. Petition leaves ACS

2. Petition is received in petition room

3. Processing in petition room complete

4. Petition leaves petition room

Time Stamp Here

Time Stamp Here

Time Stamp Here

Time Stamp Here

Appendix B

Baseline Study Blue Card Instructions

Practice Run: March 12

Collection Period: March 31- April 4

Thank you for participating in the Baseline Study!

This study will examine the filing and scheduling process for new abuse and neglect petitions, starting at ACS and ending with the court appearance. The data will be collected in the form of time stamps on Blue Cards.

Please follow these instructions for stamping the Blue Cards:

1. When the physical petition is received in the petition room, there will be a Blue Card attached to it. Please time stamp the second box on the Blue Card as soon as it comes in (ACS has already stamped the first box).
2. When you have completed processing the petition in the petition room (all jackets have been made, UCMS inquiry and case create are done, DV look-up is complete), please stamp the third box on the Blue Card.
3. When you are delivering the petitions to the courtroom, please note the time you arrive at the courtroom in the last box on the Blue Card.

*****Things to Remember*****

There should be one blue card for each petition filed.

Don't forget to make sure your time stampers have fresh ink.

If you have a question, just ask!

Your participation is greatly appreciated!!!

Appendix K

White Paper
February 2008



Building Bridges:

The Case for Sharing Data between the Court and Child Welfare Systems

Paul Drezelo
SENIOR COURT ANALYST

Amelia Lepore
SENIOR COURT ANALYST



Child Welfare

**NEW YORK
STATE**



Unified Court System • Division of Court Operations
Office of Alternative Dispute Resolution and Court Improvement Programs



Court Improvement Project

Introduction

Courts and child welfare agencies share responsibility for the state's most vulnerable children. Local Departments of Social Services (LDSS), under the supervision of the executive branch Office of Children and Family Services (OCFS), are responsible for investigating reports of abuse or neglect and deciding if children must be removed from their home when warranted by safety concerns. When children are removed, the LDSS must provide services to families and children to facilitate permanency goals and ensure the well-being needs of children are met while they remain in the state's care. Family Courts must protect the due process rights of parents and balance the rights of families to keep their children against the needs of children for safe, stable and permanent homes. Courts make the formal determination on whether a child's removal from the home was warranted and whether abuse or neglect has occurred. Courts then periodically review cases to decide if parents and child welfare agencies are meeting their obligations to the child.

In recognition of the negative impact that temporary foster care can have on children, the federal Adoption and Safe Families Act (1997) placed new obligations on the courts and child welfare agencies by creating statutory timeframes to expedite the achievement of safe and permanent homes for children in the foster care system. The federal government periodically reviews the state's performance in assuring the safety, permanency and well being of children in the child welfare system and defines that system to include the state courts. The state's success in the review process depends on both child welfare agency and court performance.

Achieving safety, permanency, well-being and due process goals in this complex system requires the efficient flow of information between and among multiple organizations and professionals. Monitoring performance requires reliable and accurate data. The dual priorities of efficiency and effectiveness have driven efforts by both the courts and child welfare agencies to develop robust data information systems to streamline operations, develop efficiencies and evaluation system performance. Research shows that significant outcome improvements can be achieved when courts and child welfare agencies develop interoperability between their respective data systems and share data¹.

There is considerable national activity around the issue of court/agency data sharing. In 2002 the federal government funded pilot projects designed to demonstrate the benefits of enhancing state court systems' capacity to implement automated data collection and case-tracking systems and to use such systems to evaluate court performance. The Strengthening Abuse and Neglect Courts Act (SANCA) initiative was implemented in six sites selected by the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention: Colorado, Georgia, Florida, Idaho, New Jersey, and Virginia. These pilots illustrated the potential benefits of enhanced case tracking capabilities and the use of data to measure court performance².

The American Bar Association Center on Children and the Law (ABA), the National Center for State Courts (NCSC), and the National Council of Juvenile and Family Court Judges (NCJFCJ) -- three of the nation's largest and most influential judicial and legal organizations focused on child abuse and neglect issues -- provided technical assistance to these pilot projects and jointly developed a document entitled "Building a Better Court" as a guide to help courts develop their capacity to measure performance and increase accountability in abuse and neglect matters³.

In 2004, the Pew Commission on Children in Foster Care issued an influential report⁴ which recommended strengthening court oversight of children in foster care. Noting the importance of data, the report stated: “To fulfill this responsibility, they [courts] must be able to track children’s progress, identify groups of children in need of attention, and identify sources of delay in court proceedings”. The report went on to recommend the following:

1. Every court handling abuse and neglect matters should adopt the court performance measures developed by the nation’s leading legal associations and use this information to improve their oversight of children in foster care⁵;
2. State judicial leadership should use these data to ensure accountability by every court for improved outcomes for children and to inform decisions about allocating resources across the court system; and
3. Congress should appropriate \$10 million in start-up funds and such sums as necessary in later years, to build capacity to track and analyze caseloads.

This third recommendation was implemented in The Deficit Reduction Act of 2005 which authorized and appropriated funds for a new grant program under the federal Court Improvement Program. The new grant program provided the New York State Unified Court System with an annual grant of approximately \$475,000 specifically for the purpose of improving collection and analysis of child welfare data. The CIP funding requires state court systems to implement grant funded activities with “meaningful and ongoing collaboration with the state child welfare agency,” and articulates the need for courts and child welfare agencies to collaboratively engage in tracking and monitoring outcomes through shared data analysis.

New York State has not been idle in pursuing the elusive and technically daunting task of sharing data between systems. Under the leadership of Chief Judge Judith Kaye, the New York State Unified Court System (UCS) has actively engaged with the OCFS and other government partners in a number of data-related projects described in depth below.

This report will discuss progress that has been made to date, the potential benefits for both the court system and the child welfare system and the opportunities and challenges inherent in moving forward toward the development of appropriate statewide interoperability of the respective organization’s management information systems and expanded sharing of data to support decision making.

Potential Benefits

Sharing data between the courts and child welfare system has specific potential benefits:

1. **System interoperability**: Interoperability means direct communication between individual agencies’ electronic case management systems in a way that is mutually beneficial. System interoperability supports enhanced operational efficiency, decreased data entry, faster service delivery, improved communication, standardized practice and improved data validity.

2. Increased capacity for evidence-based evaluation and enhanced decision making: Data sharing will benefit both the courts and child welfare agencies in their efforts to evaluate performance and monitor improvement efforts. With combined data, agencies can adopt a common outcome-oriented focus.
3. Reinforced partnerships between the courts and child welfare agencies: Through the interagency collaboration necessary to implement a data share, enhanced agency partnerships can emerge. Oftentimes, agencies work at cross-purposes unaware of the other's activities. Through the process of collaborating on data-share projects, agencies will be more likely to align resources and develop a sense of shared responsibility for the safety, permanency and well-being of New York State's children in foster care.

Progress to Date

The UCS, OCFS, and the New York City Administration for Children's Services (ACS) have all made progress in developing and implementing systems to collect and analyze data and to automate operations. Each of the respective organizations has developed automated management information systems.

The UCS has developed a robust state of the art case management system for the Family Courts: the Universal Case Management System (UCMS). The UCMS enforces the standardization of data, court processes and business rules and makes information available to judges, clerks and outside agencies.

UCMS allows users to create a case, assign a judge, schedule the case for an appearance and ultimately record the disposition of the case. UCMS includes a host of modules including: Case Create, Attorney Assignment, Inquiry, Court Activity, Inter-court Transfers, Permanency Planning, Forms, Reports, and Scanning. It also interfaces with the statewide Domestic Violence Registry which contains orders of protection issued for all Family, Criminal (family offense) and Supreme Matrimonial cases since 1995.

The OCFS maintains several data sources, but chief among them is the CONNECTIONS system which includes child demographic, family assessment and service plan data. CONNECTIONS, used by the New York City ACS and the fifty-seven Local Departments of Social Services outside New York City, is designed to support child-centered and family-focused case practice and to guide and document worker efforts to achieve these outcomes for children and families .

CONNECTIONS was developed with federal financial incentives provided to states to encourage the development of a Statewide Automated Child Welfare Information System (SACWIS) to provide a more efficient and effective administration of child welfare programs and to meet the federal mandate for state collection of standardized foster care and adoption data [the Adoption and Foster Care Analysis and Reporting System (AFCARS)]. CONNECTIONS, in accordance with these mandates, was designed to create a single, statewide, integrated system for the collection and recording of child protective services, preventive services, foster care and adoption services information⁶.

Recently the OCFS announced a comprehensive plan to update the CONNECTIONS system. The 2008-09 executive budget contains funding to support the first-year cost of modernizing the system. This will

reportedly entail a migration to an updated architecture and a comprehensive top to bottom review to enhance the end-user experience.

In New York City, ACS uses the Legal Tracking System (LTS), an automated legal tracking and workflow support system. LTS is used by ACS staff including those in the legal division, caseworkers, IV-E reimbursement auditors, and managers. LTS is also used by foster care provider agencies to track their legal and permanency hearing report status. The LTS system includes significant tracking and document production, and management support functions.

—LTS/UCMS/CONNECTIONS (LUC) Project—

A promising pilot project has been initiated in New York City. The catalyst for the project, known as the “Legal Tracking System/Universal Case Management System/CONNECTIONS” or “LUC” data share project, was a grant from the Pew Charitable Trust. This grant enabled the New York City Family Court and ACS to embark on an ambitious project to design and implement an interagency system interoperability project with the goal of streamlining the process of filing child protective petitions, synchronize the legal case information between the court and child welfare agency data systems and to enhance the reliability and validity of the respective data sets.

The LTS/UCMS stage of the project will be implemented using an existing data share architecture hosted by New York City’s Department of Information Technology and Telecommunications (DoITT). This will allow both systems to automate processes such as petition filing and submission of permanency reports to the court and on-line distribution of reports and Orders to parties. The court will use information submitted by ACS to initiate a case in the UCMS system and send information regarding the docket number and scheduled appearance information to the agency. ACS will use the court information to update their records concerning the outcome of hearings, next hearing dates, and reports due. The DoITT data share architecture will provide a mechanism to allow court data to be shared not only between the court and ACS, but eventually, subject to appropriate safeguards, with other entities as well (such as law guardians or respondent parents’ counsel.) When everyone has access to the same information, inefficiencies caused by misinformation and miscommunication will be minimized. In a city with thousands of cases, the benefits will be substantial.

To date, the project workgroup has defined the business requirements and developed a multi-phased project plan to implement the project objectives over four “builds” throughout 2008-2010. The next steps are to continue work on the interagency architecture and to begin system requirements and coding for the phase one build.

To measure the impact of the LUC project on court operations and inform the design process, a study was conducted by the OCA Office of Trial Court Operations to document the current process of manual petition filing in child welfare matters in the New York City Family Court. This study established an operational baseline that will be used as a reference point for comparison purposes in post-LUC implementation studies.

It is envisioned that implementation of the New York City phase of the project will provide a model for the development of statewide interoperability. The LUC Governance group, which includes

management from the UCS, OCFS and ACS, will provide a forum to explore the feasibility of creating similar interoperability between UCMS and CONNECTIONS to extend the benefits statewide. A joint OCFS/OCA working group has already engaged in several pre-requisite tasks including: 1) development of a descriptive analysis of the UCS and OCFS data sets; 2) comparative analysis of UCS and OCFS data from several pilot counties; 3) documenting the challenges that inhibit interoperability, and; 4) exploring solutions to overcome identified challenges.

—Evidence-Based Evaluation and Enhanced Decision Making —

As the LUC project has worked to develop true interoperability between systems, the UCS and the OCFS have simultaneously explored ways of manually exchanging data to support decision making and evaluation of improvement efforts. In 2006, the Permanent Judicial Commission on Justice for Children published the first edition of *The CHILD in Child Welfare and the Courts* in collaboration with the OCFS and the New York State Council on Children and Families. The data book includes statewide and county specific data profiles that presented court and child welfare data related to the federal Child and Family Services Review within the context of child well-being indicators to inform local and state policy development, planning and accountability as a means to improve outcomes for children, youth and families.

The OCFS has developed a robust outcome framework published in the Foster Care Profile, a report developed by Chapin Hall Center for Children⁷. The Foster Care Profile provides state, regional and county staff with longitudinal data on the rate of placement into foster care and information on the core outcomes of county foster care systems: length of stay, permanency, placement stability and re-entry. The Foster Care Profile provides a longitudinal analysis to help administrators recognize trends in child welfare services and core outcomes, a process begun several years ago in response to the Federal Child and Family Service Reviews.

In 2007, the Child Welfare Court Improvement Project recognized the potential value of this data to the court system. In partnership with the OCFS this data was distributed to family court managers statewide. The objective of the parallel dissemination effort is twofold: to provide a single child welfare data set emphasizing local data to all county-based DSS agencies and family courts throughout New York State; and to foster local court-child welfare agency discussions based on data to improve the outcomes for children in each given region. Plans to expand upon this effort are outlined below.

Going Forward

The existing technology infrastructure and history of collaborative projects described above provide fertile ground from which to cultivate a comprehensive, coordinated plan to develop appropriate statewide interoperability of the respective organization's management information systems and expanded sharing of data to support decision making and system improvement efforts. To succeed, clear goals for data sharing must be articulated by the senior management of both the court system and the child welfare system. Concrete interagency plans must be developed as to how best achieve the project's objectives.

The UCS and OCFS must work collaboratively to plan and prioritize data sharing initiatives. The creation of LUC Governance Group is a significant first step in ensuring ongoing coordination in planning the scope, schedules, and resource allocations necessary to achieve project goals.

—System Interoperability—

The pilot project in New York City to share data between the New York City Children’s Services Legal Tracking System and the Family Court UCMS can be considered a first step toward developing statewide interoperability. However, significant challenges exist.

First, the functionality engineered in UCMS as a result of the LUC project could be applied to counties outside of New York City, however the Legal Tracking System is only used in New York City and the current version of CONNECTIONS does not have the capability to store certain legal-related data. For example, the current version of CONNECTIONS does not contain the final version of the Permanency Report submitted by the agency to the court prior to the permanency hearing. Caseworkers prepare the report in CONNECTIONS, but it is subsequently exported from the system so that the document can undergo legal review prior to submission. If the Permanency Report could be submitted electronically directly from the CONNECTIONS case management system, UCMS could electronically promulgate the report to the attorneys of record and other parties entitled to a copy of the report. This would allow thorough review of the report by the judicial reviewer and all interested parties well in advance of the permanency hearing, ostensibly the intent of the legislature in requiring the report be submitted 14 days prior to the hearing. To maximize the potential benefits of court and agency data system interoperability, this, and other process issues must be rectified. Presumably the current CONNECTIONS modernization planning process will provide the opportunity to do so.

Another challenge is matching data records between organizations. The UCS and OCFS maintain distinct child identifiers in their respective systems—the Entity ID in UCMS, the Person Identification (PID) in CONNECTIONS. Consequently, to identify children between systems, the use of demographic information (i.e. first/last names, date of birth, etc.) must be employed, which presents identification challenges due to spelling/data variations. To avoid the pitfalls of data-matching on the basis of demographic characteristics, a more accurate, standardized way of identifying children across systems must be developed. The use of a linking mechanism between separate agency ID numbers for children can eventually lead to the evolution of a uniform statewide cross-system child identifier.

Lastly, improved statewide operational standards to ensure consistent data from court-to-court and from LDSS-to-LDSS must be developed. Discrepancies are due in part to the division of state and county responsibilities in the NYS child welfare system; and to the need to allow for local flexibility in each county-level family court within the statewide court system. Uniform practices will enhance the syncing of data between systems. To improve the reliability and validity of data elements the UCS and OCFS must jointly identify business rules and definitional standards and support training of end users to promote consistency. Such steps will greatly enhance our ability to share data in a meaningful way.

—Evidence-Based Evaluation and Enhanced Decision Making—

The Child Welfare Court Improvement Project (CIP) has established a goal to develop child welfare court data measures to report information regarding child welfare court operations within a child

outcomes framework to New York State Family Courts. Since 2002, the Center for Court Innovation (CCI) and New York City Family Court have been working together to develop such benchmark measures for abuse and neglect cases using UCMS data.

Based on emerging national standards designed to assess court performance in child welfare cases the CIP will compile and disseminate a comprehensive report that integrates child welfare court metrics with the OCFS Foster Care Profile data measures. Using metrics from both court and agency data sets will provide an up-to-date, comprehensive view of the status of New York State's child welfare system from removal to permanency.

These county-by-county data indicators will provide benchmarks in the following categories:

1. Child safety
2. Timeliness of permanency
3. Child well-being
4. Due process

In partnership with the OCFS this data will be distributed to all family courts statewide and all fifty-seven LDSS. The data will provide a longitudinal view for the purpose of tracking trends over time as well as comparative analysis across counties. This combined data set will provide a foundation to better monitor the impact of court reform initiatives and will assist local counties to focus on identified issues that emerge from an analysis of the data. Preliminary discussions are underway with both Chapin Hall and CCI to harness the expertise of their respective organizations in this project.

Eventually this data will be promulgated via a web-accessible, "executive dashboard" user interface. This will provide a user-friendly, comprehensible method of retrieving and displaying critical child welfare data in an organized fashion. This interface will provide significant insight into both short term operational effectiveness and long term trends to serve as the basis of policy development.

Conclusion

Overcoming the complex challenges to achieve data share goals will require continued, sustained interagency collaboration among the courts, the OCFS and local partners. There are substantial potential benefits for both the court system and the child welfare system that weigh in favor of moving forward toward the development of statewide interoperability of the respective organization's management information systems and expanded sharing of data to support decision making. The commitment to achieving these goals is the result of an increased sense of shared responsibility among the leadership of both systems for New York State's children in the foster care system.

¹ www.fosteringcourtimprovement.org

² Strengthening Abuse and Neglect Courts in America: Management Information Systems (SANCA MIS) Project, Office of Juvenile Justice and Delinquency Prevention

³ Building a Better Court: Measuring and Improving Court Performance and Judicial Workload in Child Abuse and Neglect Cases

⁴ Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care: The final report of the Pew Commission on Children in Foster Care, May 2004

⁵ These court performance metrics are under final federal review and will reportedly be published soon.

⁶ OCFS Administrative Directive: Case Management Changes Associated with CONNECTIONS Build 18 (February 2005)

⁷ New York State Data Packet Fall 2007. New York State Office of Children and Family Services: 2007.