

Council of Family and Child Caring Agencies
Testimony Presented by
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Good afternoon, my name is Jim Purcell and I am the CEO of the Council of Family and Child Caring Agencies (COFCCA) and with me is Dr. Sophie Charles our Director of Preventive Services Policy and Practice. COFCCA is the statewide membership association for nearly all of the not-for-profit agencies that provide child welfare and juvenile justice services to New York's abused, neglected, and troubled children and their families. We represent child welfare agencies of all sizes across the state, from small community-based child abuse and foster care prevention programs to large, multi-service agencies providing foster family, residential, and other services to thousands of children and families each year. The considerable majority of these agencies – from Suffolk to Chautauqua counties--provide preventive services to families in their communities.

We have been pleased to host several of you at our regional COFCCA Cares for Kids forums across the state this fall. We deeply appreciate the time so many members of the legislature took to meet with our local agency leaders to hear of the work they do in your communities and the stresses they face. In fact we will finish those sessions this week in the mid-Hudson Valley and on Long Island.

Thank you Chairperson Lupardo, and the entire committee, for convening this hearing today. The child welfare system in New York is an asset to the state, and the role that is played by preventive services is a vital one. I have now been a participant in many different aspects of child welfare for 35 years and first went to the then State Department of Social Services to help implement the state's new Child Welfare Reform Act of 1979 (CWRA). This groundbreaking statute was the first real funding for preventive services. In the late 1970's the legislature had provided funds to operate the first 7 preventive services programs in the state. Based on their early success in keeping children safe and families together, the CWRA provided 75% open-ended state funding to any county which invested in preventive services programs.

It may be hard to believe in 2014, with a robust array of services in many areas of the state to support and maintain families today, that prior to that date child protective workers had only 2 real options when they indicated a child abuse or neglect case. They could admonish the parents to do a better job raising their children and close the case, or they could place the children in foster care.

When the child welfare financing statutes sunset a couple of years ago, the counties, the COFCCA agencies, and the advocates all agreed that while we wanted changes in the foster care block grant, and we wanted to return preventive services and CPS from 62% to 65% state funding, the single highest priority was to maintain the open ended funding strategy for preventive services. That commitment from the state is a message to every county that if they invest in preventive services the state will reimburse

them for at least 62% of those costs. This leverage is of vital importance and is perhaps the single greatest contributor to the fact that the foster care census in NYS is at an historical low level today. The foster care census continues to drop in NYC and while the numbers have recently begun to inch up in the rest of State, they are still remarkably low.

The declining foster care census represents a positive shift in child welfare outcomes for children and families and a substantial reduction in state cost for children in out of home placements. In 2010, the average cost for a child in foster care was \$25,000, average for residential care was about \$92,000, and the cost for preventive services was approximately \$10,000 per family. Even though there has been a decline in the foster care population, the number of reports of child abuse and neglect has not decreased and these families still require services. So, if not to foster care, where do these children go? They land on the door steps of agencies providing preventive services such as Good Shepard Services, the Children's Home of Wyoming Conference, Glove House, Berkshire Farms, Catholic Charities, Jewish Child Care Association, Children's Village, Hispanic Family Services and other nonprofit child welfare organizations. So, what do we see today when we assess the landscape for preventive services?

Because New York is a state supervised locally administered child welfare system, the picture surely varies by county. We have very extensive and solid data for New York City where there are now under 11,200 children in foster care while over 10,000 families with over 30,000 children are receiving preventive services. We do not have access to such data regarding preventive services for the other counties.

When the entire system is working well there is a strong relationship between the county child protective service and the nonprofit agencies which the county contracts with for preventive services. Those CPS workers need to be able to trust that families they refer for preventive services will be well served, that in conjunction with CPS the preventive staff will keep a strong focus not only on how well the parents and children are doing with accessing and benefiting from whatever services they might need, but also that they keep a clear eye on the ongoing safety and the risks facing those children.

In addition to regular meetings and in home visits by the preventive services worker, they might make referrals to a variety of treatment programs or services the parent might need including mental health, substance abuse, or alcohol treatment, domestic violence services, anger management, parenting classes, etc. When their caseloads permit they might also be working with the family regarding adequate housing, employment, etc.

One way in which preventive services continues to change is in the basic casework practices and approaches. Over recent years a number of interventions have been rigorously tested and found to be effective in improving outcomes for families and their children. Thus today many of our agencies provide these evidence based programs under contracts with the counties or with the NYC Administration for Children's services. For example, in NYC about 1/3 of the services are now evidence based.

In 2013, The New York City Administration for Children's Services (ACS) made sweeping changes in its preventive services system by converting a large portion of its general preventive services programs to evidence-based programs and adding an additional 35 new evidence-informed or promising practice programs to serve high risk teens and their families. Approximately, \$20 million in funds were added to the annual budget to provide specialized teen and intensive teen preventive services, and non-secure placement aftercare

In recognition of the national movement to embrace evidence-based practices and our responsibility to support our membership, we convene forums to assist voluntary agencies with navigating the landscape of evidence-based practices (EBPs). Evidence-based discussions are embedded in our preventive service forums and evidence-based workgroup where agencies meet to discuss best practices, challenges, solutions, and share implementation experiences. While we support new models of practices in the child welfare system and improved services to children and family, we know that EBMs are very costly (ranging from \$12,000 - \$55,000 per family) and it takes 2-3 years for full scale implementation of these models, and agency budgets are overly stretched by mandates to maintain and sustain EBPs. Providers are forced to raise private dollars to sustain evidence-based programs, in some counties, agencies were awarded evidenced-based contracts, trained many caseworkers to deliver the costly models, and introduced families to successful service outcomes, only to find that contracts would no longer receive funding after the first few years. High end, costly programs with evidence of positive outcomes is a major change for agencies, families, and funders.

Many of evidence based models are exciting innovations, but like everything the agencies, and the public sector, are constantly assessing what works best, and what approaches work best for different types of families. The same interventions conducted with families who have adolescents living in the home may well not be effective with infants and toddlers. Conversely, other programs designed to improve parenting skills require a level of commitment from the parents that not every family is ready for.

There are three areas where we suggest we are really lacking in the system. First, at the front end we are not positioned to provide much help to struggling families who are not subjects of CPS reports. While this is not a requirement for receiving preventive services, most families are referred to preventive services by the local child protective service, and sometimes there is even a court order requiring the parents to accept services as a condition of their CPS case. Other families at risk can step forward and request preventive services, but they must in essence agree that their children are, to quote the statute, “at imminent risk” of foster care placement. For obvious reasons, many parents are unwilling to agree to that.

The Child Welfare Reform Act anticipated this and actually created two forms of preventive services. The main form is officially known as mandated preventive services, and the vast majority of families receiving services are funded this way. Under the CWRA these services would be funded at 75% state share, subsequently reduced to 65% and now to 62%. The second arrangement was called “optional” preventive services and were intended for families where the children were not at “imminent risk” of placement. These would be reimbursed at 50% state share. Not surprisingly very few optional programs were created or funded in the 1980’s.

In the late 1980’s, the Legislature addressed the problems and replaced “optional” services with Community Optional Preventive Services (also known as COPS). The idea was that a county, working with a provider agency, would identify a “community of need.” Some of these were geographically defined, while others related to the types of challenges a family was facing.

One of the most important aspects of COPS was that all of the interventions and definitions of community were devised at the local level since they know their needs best. While funded at that time at 50% state share, the advantage of these programs was that there was a pre-defined group eligibility so no family had to voluntarily acknowledge the risks they and their children faced. In addition, each county and program outlined the accountability and performance expectations for each program and OCFS in approving an application could waive some of the usual case specific requirements.

These COPS programs were an important component the set of services. While families meeting the requirements for mandated preventive services were still served by those programs, at the local level public and private sector leaders had a means to address their community's unique problems with a locally driven, locally determined program response.

Because of a set of sometimes inconsistent budget driven decisions starting in 1995, most of these programs have been closed and no new ones can be initiated. It is important that re-think this approach and learn some lessons from what has worked, as well of course what has not. A re-developed Community Oriented Preventive Services program would once again support communities in finding the best way to meet their own needs with a reasonable level of state support. We hope that in the coming months we can work with all stakeholders to develop a well-conceived program and funding model.

Second, the amended child welfare financing statute of 2003 added one very important term to law – “aftercare”. A county can now access the 62% funding for aftercare services for a family when a child is discharged from foster care. NYC and a few other counties provide some funding via this mechanism, but much more is needed.

Families whose children have been removed deserve some support when we return their children to them from foster care. Aftercare can provide those transitional supports a parent and the children need as they re-adjust to being a family. And an aftercare worker who is in regular contact and in the home periodically is positioned to notice when things are not going as expected and when further safety interventions may be warranted.

And third, a word about the one area in the child welfare spectrum where we are doing nothing – post adoption services. While these services are not always thought of in the context of prevention, that is very much what they are. Families who adopt children are absolutely vital to all of us; and yet once the adoption is finalized there is no readily available support for these families. Indeed we know that some families, whether consciously or not, delay finalizing adoptions from foster care so as not to lose the supports from their caseworkers that they receive while the children are in care.

For about 10 years, using available money through legislatively added TANF funds, the state funded a dozen post-adoption programs across NYS. As those funds have all but disappeared, so too have these programs. Post-adoption services include, but are not limited to, support groups for parents and for adopted children, counseling services, respite, case management, educational support, health, and other advocacy for families, as well as training as needed for professionals to support the progress of adopted families and children. Post-adoption services, including those aforementioned, have previously produced documented, measurable positive outcomes for adoptive children and families in our state in preserving adoptions. We urge the Governor and the Legislature to provide \$5 Million in this year's budget to establish these important programs. We suggest that the funding not be all TANF so that all adoptive families are eligible, that approved programs operate in all areas of the state, that KinGap families also be eligible for these supports, and that OCFS work with all stakeholders to develop the expectations for high quality programs to support the needs of adoptive families.

Finally I have to speak for a moment about money. We know that finances at the county level are under great stress in large part because of the property tax cap. So we understand that thinking that they will be in a position to make even greater contributions to this work is at best unlikely.

We also need you to understand that the nonprofit agencies which work in this field also have no available money, and no realistic prospects for changing that. Chairwoman Lupardo, you may recall a briefing we did a year ago to outline the findings of an analysis we undertook with the Baruch College Center for Nonprofit Strategy and Management. Their report then showed the worsening financial status of our agencies from 2006 to 2011: negative operating margins, waits for reimbursement averaging 60 days, and huge challenges trying to raise money for what are in fact government mandated services.

One of the great vulnerabilities in the network of preventive services we are discussing continues to be the very poor salaries the existing programs are able to provide and the impact this has on staff turnover. While as a simple matter of justice these salaries ought to be higher for the work done, the real impact is on the families we serve. Families are more likely to achieve their identified goals and outcomes with a worker they have worked with over a longer period of time and trust more. In 2013 the average salary for a new bachelor level caseworker was \$29,500 upstate and \$35,000 in NYC. No wonder that 35% of these workers left their positions that year.

But what that means for the families served is considerably worse. Since there is no funding to have replacement workers available and trained when a caseworker leaves their position, most often for better paying jobs with government, hospitals, etc. their cases are “picked up” by the remaining workers on the team. They maintain the basic functions until a replacement worker is hired. So for one-third of our families, they will now have had at least three workers. And it is these front line workers who monitor child safety, assess ongoing risk of harm, and work to improve parental functioning. Staff turnover at these levels is dangerous for all of us. If this were my family, and I suspect if it were your family, this would not be acceptable.

The financial analysis we previously conducted with Baruch College has now been updated for 2012. Based on the audited financial reports and IRS filings, the situation with no rate or funding increases for six years in most instances is, perhaps not surprisingly, worse. There is no available money in the nonprofit sector to continue to subsidize these mandated programs at higher and higher costs. Very few of our member agencies have endowments or significant private funds they can access. While they endeavor to raise private dollars, those are limited as well.

Further we recently documented for the Administration the considerable number of these agencies which have already taken extensive actions to be more efficient – over 20 mergers and affiliations, sharing both back office and program resources, decreased administrative spending, layoffs, no pay increases for years, and essentially taxing our own staff by decreasing even further their already minimal benefits like health insurance and pensions. We will provide the Committee with a summary of the 2012 fiscal health update. While we will continue to seek efficiencies, the fact is that the government needs to pay for the services to meet their expectations. Unfunded new mandates must stop, and service and accountability demands must be funded.

New federal mandates continue to enact child welfare regulations for increased agency accountability and expand services to address the needs of our youth. In September 2014, HR 4980, “Preventing Sex Trafficking and Strengthening Families Act” was signed by President Obama. The new law has implications for youth 15 and older in foster care, it restores adoption incentive funding, and imposes requirements on all states to report on adoption disruptions, youth/children who have AWOL’d, and on sexually trafficked children (Child Welfare League of America, 2014). NYS Office of Children and Family Services, provider agencies, and the entire spectrum of the child welfare system will be required to develop measures for identifying, screening, and delivering services to children and youth who are at risk of being

a victim of sex trafficking. Staff development, information technology systems, and tracking tools are just a few areas that will impact budgets and require additional funds to comply with federal and state mandates in HR 4980.

Recommendations

1. Create a pathway for families to seek preventive services without being processed through a mandated child protection track. Through the use of a re-designed COPS funding, there is an opportunity to fill gaps in services for high needs populations receiving costly front-end temporary solutions to address long-term problems, i.e., families residing in shelters, unaccompanied minor children, and youth at risk for sex trafficking. Open-ended COPS funding can offer lower cost effective interventions with wraparound services for these youth and families.
2. Fund post adoption services in this year's budget and encourage counties to provide aftercare services via the existing open-ended funding.
3. Maintain the integrity of preventive services programs by adding a cost of living adjustment to preventive budgets for casework staff. Over the past three years, increased workload demands resulted in staff turnover rates never before seen in preventive services. The complexity of high-risk families requires a depth of skill and commitment not comparable with earned salary. Current salaries do not allow for advanced trainings, graduate, and post-graduate work which would further workers' skills.

It's important to note that there are a number of children, youth and families touched by preventive services though foster care prevention, aftercare services, youth aging out of foster care, post adoption services, juvenile justice/crossover youth, and other populations. Preventive services are a far-reaching, low cost investment designed to support families during crisis. Government funders need to reconsider ways to adjust funding streams to better support this valuable alternative to foster care placement, youth incarceration, and more expensive treatment interventions. Preventive programs provide positive and long-lasting child welfare outcomes.

Thank you and we would of course be happy to answer any questions.