



Office of Children and Family Services

Andrew M. Cuomo
Governor

52 WASHINGTON STREET
RENSSELAER, NY 12144

Roberto Velez
Acting Commissioner

Local Commissioners Memorandum

Transmittal:	15-OCFS-LCM-01
To:	Local District Commissioners
Issuing Division/Office:	Child Welfare and Community Services
Date:	February 25, 2015
Subject:	Funding for Co-location/Collaboration of Behavioral Health and Child Protective Services
Contact Person(s):	Joanne Trinkle at 518-474-9441 or by email at Joanne.Trinkle@ocfs.ny.gov
Attachments:	No

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform local social services districts of the availability of \$1.2 million in federal Child Abuse Prevention and Treatment Act (CAPTA) funds for child protective services and behavioral health partnerships. The funds may be used to hire a behavioral health professional or to formally partner with a local behavioral health provider to support the work of child protective services staff. This LCM provides information on how social services districts may apply for these funds; the criteria that OCFS will use to determine which applying social services districts will be funded and the amount they will receive; and the claiming and reporting requirements for the projects.

II. Background

The primary goals of child protective services are preserving families and protecting children. Yet, when an adult struggles with behavioral health issues (mental health and/or substance abuse), the goals of preserving families and protecting children can seem at odds with each other. Nationwide, there are only a few examples of effective coordination between the behavioral health systems for adults and/or children and the child welfare system. In exploring the need for such coordination, specifically in New York State, we see that of the Risk Assessment Profiles (RAP) completed in the 33,769 child protective reports that were indicated in 2013, 50 percent (16,930) identified a

primary or secondary caretaker with an identified alcohol/substance abuse or mental health issue.

Furthermore, of the many different types of risk factors that could be present for families, it is likely that mental health and/or substance use are underreported. The stigma of mental health and substance abuse diagnoses may lead many parents/caregivers away from seeking the very support and services that could preserve their ability to parent their children and reduce the need for child protective services. People frequently raised concerns about the safety of children with parents who have mental health or substance abuse issues; however, the presence of mental illness or substance abuse does not necessarily correlate with the inability to be a competent parent. With targeted screening, assessment and referral to the appropriate services and supports, many such families can be preserved.

In addition, parents often struggle to support children with behavioral health needs. Though behavioral health supports and services are available for children, identification and assessment of children's needs can be challenging. Parents can benefit from support and advocacy as they navigate systems for themselves and their children.

III. Program Implications

Local social services districts outside of New York City are invited to apply for a portion of the available \$1.2 million to be used to hire or to contract for a behavioral health clinician to work alongside child protective services caseworkers in order to identify and support the behavioral health needs of both the adults and children in families involved in child protective services. It is recommended that the clinician, where possible, be co-located on-site. Funding will be provided to local districts outside of New York City to receive up to \$75,000 per year for two years.

Local districts must provide or contract for services provided by the behavioral health clinician to include the following:

- Become knowledgeable about the Child Protective Services (CPS) process and requirements;
- Accompany CPS caseworkers in the field to visit with identified families and/or provide direct consultation with CPS caseworkers regarding families who might benefit from behavioral health services;
- In districts where there is an Office of Mental Health-funded Early Recognition Screening (ERS) program, collaborate with the ERS specialist;
- Provide screening for adults and/or children to provide early identification of behavioral health needs;
- Provide brief interventions to families directly in an effort to alleviate areas of concern where appropriate;
- Provide clinical assessments and documentation to support the CPS process;
- Use knowledge of resources within the local district to provide referrals for identified children and/or adults who may need ongoing services;
- Provide psychoeducation and training to parents;
- Provide formal education and training to the local district child welfare staff at least twice per year; and
- Make referrals and serve as a liaison to community behavioral health services.

Social services districts awarded funding will be expected to submit quarterly reports detailing the number for each of the following:

- Assessments completed by the clinician;
- Children and adults with a positive screen;
- Families that received brief interventions;
- Referrals made by the clinician;
- Psychoeducation and training provided to parents; and
- Education and training sessions provided to child welfare staff.

Applications

Applications must include the following information:

- A detailed assessment of the need for a behavioral health clinician in your district. The assessment must include data (please site source) demonstrating the need, including the number of child protective reports where primary and/or secondary caregivers are identified as having alcohol, drug or mental health problem(s), and the number of referrals in the past two years for substance abuse or mental health assessment(s) or services, and the number who received such services/interventions. Include existing services available to address the need, as compared to the demand for such services. Preference will be given to those districts demonstrating the greatest service gap need.
- A detailed implementation plan that addresses the following:
 - an assessment of the district's readiness;
 - name, title and qualifications of the person responsible for the coordination and oversight of the project, as well as who will directly supervise the behavioral health clinician;
 - a defined strategy and commitment to sustain behavioral health expertise in the district following the ending of the state funding; and
 - a description of how you plan on collaborating with the Early Recognition Screening Specialist, if applicable.
- A budget for up to \$75,000, only to cover the cost to hire or retain the services of one behavioral health clinician.
- A position description that includes:
 - the key components of the duties of the behavioral health clinician;
 - whether the behavioral health clinician will be co-located within CPS or a consultant outside of the department of social services (preference will be given to those districts that co-locate the behavioral health clinician);
 - a plan of how the behavioral health clinician will collaborate with the ERS specialist if there is one in the county; and
 - a description of supervisory reporting.
- The estimated time frames of when you anticipate that the position will be approved by the necessary local government authorities and/or formally agreed upon by a partnering provider of behavioral health services, and when it is anticipated that the new staff would be hired (a letter from the chief executive officer and/or the chief elected official of the county is encouraged). OCFS's preference is that these occur relatively quickly.

Applications must be submitted by **April 1, 2015**, and sent to:

Renee R. Hallock
New York State Office of Children and Family Services
Room 327 North Building
52 Washington Street
Rensselaer, NY 12144

Review Criteria

In determining which applying social services districts will receive all or a portion of the funds that they request, all information identified above as requested for the application will be assessed to determine which districts will receive funding.

Preference will be given to districts that demonstrate the following:

- The greatest services gap need
- The ability to hire or contract with a Behavioral Health Specialist quickly
- The ability to have the Behavioral Health Specialist co-located within CPS

Depending upon the number of acceptable applications and the demonstrated service gap needs and the amount of funding requested in such applications, a social services district potentially could be approved for an amount less than requested in its application. Additionally, please note that a social services district may use the money allocated to it in combination with any other funding it receives, provided that the funds from this appropriation are used to hire or retain credentialed behavioral health clinical staff.

OCFS reserves the right to reallocate unclaimed funds awarded to a social services district to another social services district(s).

IV. Fiscal and Claiming

There is a total of \$1.2 million (\$600,000 per State Fiscal Year 2015-2016 and 2016-2017) in federal CAPTA funds that will be allocated for CPS and behavioral health partnerships. Claims for these funds must be submitted as described below. As these funds are 100 percent federal grant reimbursed, no additional federal revenues can be claimed for any expenditure reimbursed by this funding.

NOTE: The staff funded by this initiative cannot be included in the Random Moment Survey (RMS) universe for those districts in the RMS for social services programs.

The project expenditures should be claimed through the RF17 claim package for special project claiming. These costs should be identified as F17 functional costs (Other Reimbursable Programs) and reported on the Schedule D, on the LDSS-2347 "DSS Administrative Expense Allocation and Distribution by Function and Program," in the F17 column in the RF2A claim package. The individual project costs should also be reported under the project label "Behavioral Health SFY1516," and for the following year under the project label "Behavioral Health SFY1617" on the LDSS-4975A "RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs." Salary and fringe benefit costs of staff outside of RMS may be directly charged to the RF17 claim package. Non-salary administrative costs are reported with the appropriate object of expense(s) on the LDSS-923B Summary-Administrative (page 1) "Schedule of Payments for Expenses Other

Than Salaries for Other Reimbursable Programs.” Total project costs and shares should be reported on the LDSS-4975 “Monthly Statement of Special Project Claims Federal and State Aid (RF-17).”

For each district, the expenditures reported for Behavioral Health SFY1516 will be reimbursed by the state up to the amount of the district’s allocation. To receive reimbursement, claims for expenditures of Behavioral Health funds for the period of May 1, 2015, through April 30, 2016, must be received by July 31, 2016. OCFS may reallocate any unspent funds from a local district to other local districts that have claims in excess of their allocations.

For each district, the expenditures reported for Behavioral Health SFY1617 will be reimbursed by the state up to the amount of the district’s allocation. To receive reimbursement, claims for expenditures of Behavioral Health funds for the period of May 1, 2016, through April 30, 2017, must be received by July 31, 2017. OCFS may reallocate any unspent funds from a local district to other local districts that have claims in excess of their allocations.

The Schedule D and RF17 claim package are found in Chapters 7 and 18, respectively, of the Fiscal Reference Manual (FRM) Volume 3. The FRMs are available online at <http://otda.state.ny.net/bfdm/finance/>.

V. Contact Persons

Questions concerning this funding should be directed to Joanne Trinkle at 518-474-9441 or by email at Joanne.Trinkle@ocfs.ny.gov

Any claiming questions should be directed to:

Region 1-5 – Edward Conway - (518) 474-7549 Edward.Conway@otda.ny.gov

Region 6 – Michael Simon - (212) 961-8250 Michael.Simon@otda.ny.gov

/s/ Laura M. Velez

Issued By:

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Title: Deputy Commissioner

Division/Office: Child Welfare and Community Services