



Office of Children and Family Services

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Administrative Directive

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To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
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Subject:	Raise the Age Residential Programs in Voluntary Agencies and the Updated Model Contract for Foster Care
Suggested Distribution:	Directors of Social Services Child Welfare Supervisors Foster Care Supervisors Raise the Age Program Directors Staff Development Coordinators CONNECTIONS Implementation Coordinators
Contact Person(s):	See Section VI Contacts
Attachments:	A. Letter of July 30, 2018 regarding Updated Model Contract B. Updated Model Contract (July 2018) C. Model Contract Schedule D

Filing References

Previous ADMs/INFs	Releases Cancelled	NYS Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
None	None	18 NYCRR Parts 428, 430, 431, 441 and 442.	Chapter 59 of the Laws of 2017 A-3009c/S-2009c Part WWW		

I. Purpose

The purpose of this Administrative Directive (ADM) is to provide a description of a new and enhanced model of residential treatment being provided by some voluntary authorized agencies (VAs or “agencies”) as part of the implementation of the Raise the Age law (RTA) and to distribute the updated Model Contract and other related documents. Included in the ADM are the roles and responsibilities of the local departments of social services (LDSSs),

VAs, and the New York State Office of Children and Family Services (OCFS) in collaborating to develop, utilize, support and monitor these programs to promote improved outcomes for older youth adjudicated as juvenile delinquent under RTA and placed in the legal custody of a LDSS commissioner.

II. Background

On April 10, 2017, New York Governor Andrew M. Cuomo signed legislation raising the age of criminal responsibility to age 18 to provide young people in New York who commit non-violent crimes with the intervention and evidence-based treatment they need.

The new measures are being phased in over time, raising the age of criminal responsibility from age 16 to age 17 beginning on October 1, 2018, and subsequently raising the age to 18 on October 1, 2019.

The goals of RTA include providing more rehabilitative services for young offenders, reducing recidivism and protecting teens from potentially traumatic or violent encounters in adult jails and prisons. Without age-appropriate facilities and programs, incarcerated teenagers face a greater risk of being involved in a significant assault, being a victim of sexual violence and committing suicide. Juveniles who are confined in adult facilities are five times more likely than the general population to commit suicide.¹

Youth who are processed as adults have higher recidivism rates than those processed as juveniles, and young people who are transferred to the adult criminal justice system are 34 percent more likely to be re-arrested for violent and other crimes than youth retained in the youth justice system. It is estimated that raising the age of criminal responsibility will prevent between 1,500 and 2,400 crimes every five years.²

Incarceration of 16- and 17-year-olds falls disproportionately on youth of color. Black and Hispanic youth make up 33 percent of 16- and 17-year-old youth statewide, but 72 percent of all arrests. In addition, youth who are LGBTQ, particularly youth who are female or who identify as such, are also disproportionately represented. It is also important to note that the vast majority of the crimes teenagers commit are non-violent.³

Similar to youth under the age of 15 who commit an act that would be a crime if committed by an adult, with the enactment of RTA the majority of 16 and 17-year-olds will now be processed through Family Courts as juvenile delinquency matters.

In Family Court cases, youth who are adjudicated delinquent and in need of placement are placed with the commissioner of an LDSS or the Commissioner of OCFS so to be able to reside in facilities operated by VAs or OCFS. Misdemeanor sentences are limited to one year and felonies to 18 months, though that may be extended for additional time up to the youth's 21st birthday.

Under RTA, cases involving 16-year old defendants as of October 1, 2018, and 17-year old defendants as of October 1, 2019, will be adjudicated as follows:

¹ Raise the Age/NY. Fact Sheet from the NYS governor's office. 2017
<http://raisetheagency.com/wp-content/uploads/2011/08/Raise-the-Age-Legislation-Summary-2017.pdf>

² Ibid

³ Raise the Age/NY. Fact Sheet from the NYS governor's office. 2017
<http://raisetheagency.com/wp-content/uploads/2011/08/Raise-the-Age-Legislation-Summary-2017.pdf>

- Civil violation charges, such as open container violations and possession of small amounts of marijuana, as well as misdemeanors under the Vehicle and Traffic Law, such as Driving While Intoxicated (DWI), will continue to be handled in the local court; these youth will not be placed in LDSS custody or reside in VAs due solely to these charges.
- All misdemeanor charges under the Penal Law are handled in Family Court; if adjudicated as a JD, the youth may receive services along a continuum ranging from diversion through being placed in out-of-home placement in OCFS's or the LDSS's custody on a misdemeanor charge.
- All felony charges begin in a newly established Youth Part of the criminal court where a Family Court judge presides.
 - Non-violent felony charges are transferred to Family Court, unless the district attorney makes a motion and demonstrates extraordinary circumstances that justify retaining the case in the Youth Part of the criminal court; youth adjudicated as a JD may be receive services along a continuum from diversion through being placed in out-of-home placement in OCFS or LDSS custody on a non-violent felony charge that has been removed from criminal court and transferred to Family Court.
 - Violent felony charges remain in the Youth Part of the criminal court and are subject to a three-part test that weighs the seriousness of the offense to determine whether the case will be eligible for presumptive transfer to Family Court; youth adjudicated as a JD may be placed in out of home placement in OCFS or LDSS custody on a violent felony charge that has been transferred to Family Court.

III. Program Implications

This section of the ADM addresses a number of RTA program implications. This section is organized in the following topical areas:

- A. Overview
 - 1. Overview of the RTA Placement Options and Placement Process
 - 2. Programmatic role of the LDSS
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 - 1. Risk-Need-Responsivity (RNR) approach and framework
 - 2. Reduced lengths of placement with mandated aftercare services and community supervision
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10. Provide feedback to OCFS and key stakeholders about the implementation of enhanced RTA residential programming, including aftercare

D. Residential Care and Treatment Program Components

1. Enhanced staffing
2. RNR Approach
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7. Case management and case planning: collaboration with the LDSS
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9. Aftercare services and community supervision
 - a. Overview
 - b. Minimum components of aftercare services provided by the RTA program
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A. Overview

The focus of this ADM is the enhanced RTA residential programs operated by VAs for youth adjudicated as a juvenile delinquent (JD), ordered into the legal custody of an LDSS commissioner, and placed into such a program.

1. Overview of the RTA Placement Options and Placement Process

The process for placement of these youth is now similar to the process for younger JD youth that existed prior to implementation of RTA. The Family Court makes the decision whether to adjudicate the youth, with input from the county probation department and any other available information. When a youth is adjudicated as JD, the court then has a range of options for the disposition of the case including but not limited to the following:

- The youth remains at home with a parent/guardian in the community with supervision and services;
- The youth is placed in the legal custody of the commissioner of the LDSS for out-of-home placement (foster care), *which is the focus of this ADM*; or
- the youth is placed in the legal custody of OCFS for placement in an OCFS-operated facility or replacement in a voluntary agency.

As was the case prior to RTA implementation, the LDSS is responsible for finding the most appropriate placement for the youth unless the court order is specific as to the level of care and/or agency where the youth is to be placed. A new component of this process, however, is the development of an enhanced RTA residential program with enhanced staffing and services, a maximum length of stay of eight months barring exceptional circumstances,

aftercare services starting on the first day of placement and lasting through the expiration of the court dispositional order, and aftercare community supervision starting within 24 hours of the youth's release with conditions on a trial discharge from residential placement.

The enhanced RTA residential programs may only accept RTA youth adjudicated as JDs. Non-RTA youth may not be placed into one of the new enhanced RTA residential programs. It is also important to note that the enhanced RTA residential programs are just one of the placement options for RTA youth adjudicated as JDs. Nothing precludes the LDSS from referring these youth to a different placement level or setting if that is more appropriate to meet the needs of the youth.

VAs were selected to operate enhanced RTA residential programs through a Request for Applications (RFA) that OCFS issued in January 2018. To be eligible to apply, agencies had to already be approved to operate an OCFS-licensed residential/institutional foster care program or a Residential Treatment Facility (RTF) licensed by the New York State Office of Mental Health. Applicants were required to be in good financial, regulatory and programmatic standing with their state licensing agency/agencies.

Following the process described in the RFA, OCFS selected the VAs to operate enhanced RTA residential programs. During the first year of RTA implementation, agencies will operate programs in most regions of the state, outside of New York City. As OCFS monitors the numbers and locations of youth placed through RTA during the first months of implementation, another RFA may be released for additional RTA programs and/or beds. OCFS will license, supervise and monitor the enhanced RTA residential programs. OCFS will monitor the program's metrics and outcomes for accountability to established standards. Agencies operating RTA programs must comply with applicable statutes and regulations, including but not limited to those set forth in OCFS regulations 18 NYCRR Parts 428, 430, 431, 433, 441 and 442. Attention must be paid to OCFS regulations 18 NYCRR 430.12(f) dealing with Independent Living and 430.12(j) dealing with transition planning since these youth will be older at the time of admission than JD youth prior to implementation of RTA.

2. Programmatic role of the LDSSs

The LDSSs will have legal custody of youth being placed in an enhanced RTA residential program, just as they have had – and continue to have - legal custody of younger youth adjudicated as JDs prior to RTA. Therefore, LDSSs have case management responsibility for the RTA-placed youth and assign the roles for other professionals involved with the case.

OCFS anticipates that typically, the VA where the youth is placed will be assigned the role of case planner, although it is possible that the LDSS will assign that role to another provider agency involved with the family. In those instances, the VA where the youth is placed would be assigned the role of "caseworker" as currently defined in CONNECTIONS-related policies and procedures.

The definitions and roles of case manager, case planner, and caseworker have not changed with the implementation of RTA; all current policies and procedures are applicable to RTA providers, youth and families. Just as with any child welfare case, it is essential that

the LDSS case manager and the VA case planner/caseworker work collaboratively to achieve desired outcomes for the youth and their families. This includes, but is not limited to, placement decisions, ongoing case planning and FASP development, aftercare plans.

The LDSS is responsible for deciding where to place a RTA youth in its custody who requires out-of-home placement. The enhanced RTA residential programs are another option on the continuum of placement types for the LDSS to consider. However, there is nothing that precludes the LDSS from referring a RTA youth to a different type of institutional placement or a lower level of care, if that is most appropriate to meet the youth's needs. This decision must be made for each individual youth based on the information known at the time.

The LDSS is responsible for gathering sufficient information to include in the intake/referral packet and sending it to one or more placement agencies for consideration. OCFS is developing a common intake/referral packet for use by LDSSs and VAs for the RTA residential placement referrals. This packet will be issued in a subsequent ADM; in the meantime, LDSSs should use their current practices for referring RTA youth to enhanced RTA residential programs or other placement settings.

The LDSS is responsible for maintaining contact with the VA throughout the youth's placement to actively participate in planning for the youth, including but not limited to an effective plan to release the youth with conditions on a trial discharge from the RTA residential setting within eight months. This requires early and effective permanency planning by the LDSS, the VA and the family. If visiting resources and/or a concurrent permanency plan is needed for a youth, this should be identified early in the placement and effective planning must take place.

B. Program Outcomes

The outcomes for youth and families served through the enhanced RTA residential programs operated by VAs include, but are not limited to, the following:

Immediate outcomes (upon entering placement)

- Youth and family participate in development of an individualized aftercare plan
- Youth attends and is on a path to a high school diploma or equivalency, college and/or vocational training, or employment

Short-term outcomes (first three months of placement)

- Youth attends and is rapidly engaged in program activities and treatment
- Youth remains in program as required
- At least one adult family member is rapidly engaged by the agency and is in regular contact with the agency and the youth
- Planning for trial discharge and aftercare is ongoing from first week of placement
- The youth's first supervised home visit occurs unless there are compelling safety reasons

Medium-term (months four through eight of placement)

- Youth increasingly demonstrates an increase in skills and protective factors and a decrease in criminogenic risk factors and needs
- Youth demonstrates emerging (at a minimum) independent living skills
- Aftercare worker is identifying and creating bridges between the agency and community supports to promote youth's successful reintegration into family/permanency resource and community
- Youth is released with conditions from residential care into the community on a trial discharge and is engaged in aftercare services and community supervision with appropriate family involvement

Longer-term (first month after release with conditions on a trial discharge through expiration of the court order)

- Youth complies with all conditions of release and does not re-offend
- Aftercare services and community supervision are provided through expiration of the court order
- Youth is attending and engaged in educational activities leading to a high school diploma or equivalency, college and/or vocation/career
- Youth has positive peer relationships and at least one appropriate relationship with a positive adult
- Youth has appropriate and stable housing
- Youth is receiving services appropriate to his/her needs, including but not limited to counseling, mental health support, mentoring, case management, life and social skills development
- Youth has an identified path to employment and is engaged in necessary steps toward employment such as volunteer and community service, summer and part-time jobs, internships and apprenticeship opportunities or is employed.

C. Program Framework and Principles

To promote the achievement of the outcomes listed above, OCFS has prescribed the framework, principles and key components of enhanced RTA residential programs. The enhanced RTA residential programs have one or more small, discrete units, each with a maximum of 10 males or eight females. The RTA units must be physically self-contained and not accessible from any other unit. All youth must have individual bedrooms. RTA programs are located on existing institutional/residential campuses owned or leased by the VA.

Two agencies were approved to operate small, specialized RTA programs for youth who might otherwise be placed out-of-state because of a history of sexually aggressive behavior, fire setting, significant intellectual and developmental disabilities, and/or mental health challenges. LDSSs are encouraged to refer RTA youth who meet one or more of these criteria to the specialized RTA program closest to the youth's home community.

VAs are expected to accept all RTA youth referred to their enhanced RTA program unless a youth meets the limited "rule-out" criteria proposed by the agency and approved by OCFS. In rare, extenuating circumstances, an agency may deny admission to a youth who does not meet the rule-out criteria, generally for safety reasons. Examples might include

instances in which the referred youth's co-defendant or a gang associate is already placed with the agency. However, it is expected that this will be an infrequent occurrence. VAs must inform their OCFS regional office of any rejections of youth referred to their RTA program and maintain records of all referrals and the outcomes of all referrals. OCFS will monitor compliance with the referral and admissions process during frequent on-site visits.

The following are required priorities and principles for the framework of enhanced RTA residential programs:

1. Risk-Need-Responsivity (RNR) approach and framework

Agencies are required to incorporate an RNR approach in their residential RTA programs. This is a shift in focus that will require training, coaching and support for staff. RNR is an evidence-based framework increasingly used in juvenile justice systems to significantly reduce the likelihood that youth will reoffend, and to efficiently target resources to youth at higher risk of reoffending.⁴

The RNR model is based on the premise that tailoring treatment and controls for offenders should be based on criminal justice risk and criminogenic need factors that are related to offending behaviors. Assigning the appropriate dosage, type of controls, and rehabilitative programming will facilitate reductions in future criminal offending.

The RNR principles are defined as follows:⁵

- The *Risk* principle focuses supervision and services on youth most likely to reoffend.
- The *Need* principle addresses a youth's greatest criminogenic needs.⁶ Systems can have the greatest impact on recidivism when they attend to the specific, individualized needs that are the primary causes of a youth's delinquent behaviors, such as substance use or negative peers.
- The *Responsivity* principle identifies a youth's barriers to learning and improving the youth's behavior, and then tailors services to help overcome those barriers.

Agencies are required to assess the risks and needs of the youth over time. Ideally, this will be done through the use of validated assessment tools. OCFS may identify a standardized instrument or instruments, however, in the meantime, agencies will use the assessment tool(s) they described in their application in response to the RFA to measure criminogenic risk and need.

Examples of risk/needs assessment tools include, but are not limited to:

- Youth Level of Service/Case Management Inventory (YLS/CMI)

⁴Elizabeth Seigle, Nastassia Walsh, and Josh Weber, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System* (New York: Council of State Governments Justice Center, 2014). The Council of State Governments Justice Center, *Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System*. New York City. 2014

⁵ Ibid

⁶ Criminogenic factors are characteristics, traits, problems, or issues of an individual that directly relate to the individual's likelihood to re-offend and commit another crime. While some criminogenic factors are static (e.g. age at the time of first arrest, criminal history) others are dynamic (e.g. lack of respect for authority, anti-social behavior, lack of literacy or job skills, or other expressed nonconformist behaviors, values, and attitudes) and therefore might be addressed by therapy, training, education and/or targeted programming.

- Youth Assessment and Screening Instrument (YASI)
- Structure Assessment of Violence Risk in Youth (SAVRY)

2. Reduced lengths of placement with mandated aftercare services and community supervision

RTA youth will be released with conditions on a trial discharge from an enhanced RTA residential program into the community and no later than eight months after admission, with only rare exceptions for extenuating circumstances approved by OCFS. Youth ready for release with conditions prior to eight months should be trial discharged as soon as is appropriate. Aftercare services must be initiated by the agency operating the enhanced RTA residential program starting on the first day of a youth's placement and continuing after release on a trial discharge, through the end of the court order. This is typically twelve months in total, although if the court order is for a longer period (i.e. 18 months), aftercare must be provided throughout that period.

RTA aftercare consists of two separate but interconnected activities:

- 1) Aftercare services, which are community-based and support the youth's ongoing re-integration into their home community. These services include education/vocation, behavioral health, positive youth development activities, etc.
- 2) Aftercare community supervision, where the aftercare worker sees and is in contact with the youth regularly to monitor compliance with conditions of release and the ability to maintain the youth safely in the community.

Aftercare is discussed in more detail later in this ADM.

3. Intensive permanency planning

Consistent with existing regulations, laws and policies, the LDSS and the agency must aggressively pursue permanency and stability for youth placed in the enhanced RTA residential program. Starting the first week of the youth's placement, the agency must do the following:

- Identify any barriers to permanency early in placement.
- Begin concurrent planning for all youth placed in enhanced RTA residential programs to identify and plan for any issues impacting permanency early in the youth's placement and to prevent "permanency emergencies" as the youth's trial discharge date approaches.
- Conduct rapid permanency reviews/permanency roundtables or other similar processes as often as is necessary to promote rapid permanency planning.
- Create visiting resources/mentoring opportunities early in placement for youth who may not be able to return to their family.
- Aggressively pursue kinship resources, including fictive kin (important adults not related to the youth by blood) when appropriate, as permanency resources.

Agencies operating enhanced RTA residential programs will conduct intensive reviews of the history and current treatment plans for youth who were in foster care previously and those who have had three or more changes in placement within the past two years.

While not a substitute for permanency, LDSSs and VAs may need to establish or expand a network of Supervised Independent Living Programs (SILPs) or Transitional Independent Living Support Programs (TILPs) for youth without a permanent home to return to after placement, or as a step-down prior to discharge.

4. Release/discharge planning starting early in placement

Planning for release with conditions on a trial discharge, with aftercare services and community supervision, begins during the first week of placement in the enhanced RTA residential program. Aftercare services include work done before the youth actually leaves the physical placement with the program. Aftercare services include, but are not limited to, the items listed below.

- Identifying supportive resources in home communities for parents and younger siblings to prepare for youth's return home.
- Training parents or another permanency resource simultaneously in the Cognitive Behavior Therapy (CBT) model skills to help sustain gains made in care.

Aftercare community supervision starts within 24 hours of a trial discharge from RTA residential care and continues through the expiration date of the court order. Aftercare services, begun during the first week of placement, continue during trial discharge until the expiration of the court order.

5. Effective program models

Enhanced RTA residential programs must be able to meet the behavioral and developmental needs of all youth in their care and must be responsive to trauma, gender, and the needs of LGBTQ youth and their families.

Agencies operating enhanced RTA residential programs are encouraged to use evidence-based and promising/best practices and have a coherent theory of change that is appropriate to the population being served and in which all staff are trained, coached and supported.

Additionally, enhanced RTA residential programs must be gender-responsive and incorporate developmentally appropriate programming that engages youth, including:

- Activities that are youth-driven by areas of interest.
- Enhanced and innovative programming, which keeps youth engaged; this is critical to incident reduction strategies including leaving without consent.
- Positive youth development programming that is valued equally with effective treatment models.
- Programs that have a youth voice component.

6. Crisis Management and De-escalation

Agencies must demonstrate an effective, developmentally appropriate approach to crisis management including prevention, de-escalation and physical restraint in enhanced RTA residential programs. The required elements of the crisis management approach must:

- be responsive to individual youth's trauma histories and any special needs.
- have clear protocols for incident reviews, and
- utilize recognized and effective restorative justice practices rather than a law enforcement approach for lower level infractions by residents.

7. Culturally competent staff

For the purposes of this ADM, cultural competence is the ability of staff and organizations to effectively deliver services that meet the social, cultural and linguistic needs of those served, such as the youth and families served by the RTA programs. Agencies will use effective strategies to recruit staff who demonstrate the skills associated with cultural competence. Agencies will also provide training, support and ongoing learning opportunities in cultural competence.

At a minimum, agencies are expected to prioritize recruiting and retaining staff at all levels that reflect the racial, ethnic, socio-economic and life experiences of the target population. Agencies must also provide training, coaching, supervision and support for all staff in continuing to build their cultural competence, recognizing that this is an ongoing process that is never complete.

Agencies must make connections to local community-based organizations that work with disengaged populations in the youth's home communities. Aftercare workers and Navigator staff (described below) should have first-hand knowledge of these communities and, whenever possible, have lived and/or worked in those communities.

Additional strategies for agencies to consider for their programs include, but are not limited to the following:

- Include families and youth on the advisory board.
- With input from youth, review menus, recreation, education and overall program to make sure they are inclusive and supportive of youths' cultures.
- Work with OCFS's racial equity and cultural competence (RECC) coordinator, as well as the New York State Division of Criminal Justice Services' (DCJS) race equity coordinator to review and provide support to programs.
- Develop policies that support cultural competencies across identities (race, ethnicity, gender/gender identity and expression, sexual orientation, etc.).

8. Partnerships and protocols with law enforcement

Agencies are required to take steps to create or build upon a productive partnership with local law enforcement entities that may interact with youth from the enhanced RTA residential programs, respond to the campus when called by the agency, and investigate alleged incidents in the program reported by a third party. These partnerships must strike an appropriate balance among youth safety, staff safety and preventing a youth's further penetration into the juvenile or criminal justice system.

Agencies are expected to utilize recognized, effective restorative justice practices rather than calling law enforcement for lower level infractions by youth and to consider any special needs of youth when determining how to respond to youth infractions.

9. Community safety and relationships

Agencies must demonstrate sustained investment in developing and promoting relationships between the community and the agency through activities including, but not limited to the following:

- Developing a community advisory board
- Having community representation on the agency board of directors
- Purchasing local goods and services when possible
- When feasible, engaging local community groups (e.g., Elks, Rotary) to assist with creation of local internships
- Identifying opportunities for placed youth to volunteer in the community (community beautification projects, visiting elderly, etc.) with appropriate supervision
- Creating youth employment opportunities off-campus, when appropriate

10. Provide feedback to OCFS and key stakeholders about the implementation of enhanced RTA residential programming, including aftercare

Implementation of a new initiative of the size and scope of RTA is most effective when the involved parties jointly identify successes, challenges, and lessons learned, and together make course corrections, if needed. To this end, OCFS convened a “Learning Collaborative” with participating VAs that meets regularly for focused discussions about implementing enhanced RTA residential programs.

OCFS will monitor implementation of enhanced RTA residential programs for consistency with the required core model components and those supplemental components included in the agencies’ RTA applications. Agencies are required to collect, track and report on specific metrics and outcomes. In addition, OCFS will ask agencies and the LDSS’s for feedback about implementation, including any recommendations for improvement, and take those under advisement in determining whether adjustments to the RTA residential model are needed.

D. Residential Care and Treatment Program Components

Youth in need of placement in enhanced RTA residential programs are likely to have higher levels of need than youth currently in residential foster care programs or younger youth admitted into residential care. RTA youth will all be 16 years of age or older at the time of admission. Many will have complex needs including, but not limited to, mental health challenges, substance abuse and/or aggressive behavior.

In collaboration with OCFS, VAs are implementing enhanced programmatic models and strategies for RTA-placed youth than are currently used with younger populations. This requirement aligns with OCFS’s enhanced program requirements and the commensurate enhanced maximum state aid rate (MSAR).

Requirements for enhanced RTA residential programs include, at a minimum, the following:

1. Enhanced staffing

The enhanced RTA residential program model requires enhanced staffing at all levels.

Direct care staff: Significantly enhanced direct care staff-to-youth ratios are required for enhanced RTA residential programs. Direct care staff must be compensated at higher than minimum wage with consistent raises. VAs must provide consistent, intact, direct care staffing teams in RTA units to promote stability and relationship-building with youth. Staff will be trained and coached in providing trauma-responsive care and the associated skills. Direct care staff must be provided with classroom and on-the-job training, therapeutic support and supervision to address vicarious trauma.

Direct care staff supervisors: The required minimum ratio of supervisor-to-direct care staff for RTA programs is 1:4, or one supervisor per shift (not to exceed the 1:4 ratio). Supervisors are assigned to specific programs and teams of direct care staff and are trained in supervision, coaching, effective engagement and boundaries. Supervisors are provided with regular and consistent support and training from their supervisors. Direct care supervisors are not to be used in the role of direct care staff except in emergencies.

2. RNR approach

As described previously, RTA programs must utilize a RNR framework for treatment of youth. Agencies will assess the risks and needs of the youth over time. Ideally, this will be done through the use of validated assessment tools. OCFS may identify a standardized instrument or instruments, but, until that time, agencies should use the assessment tool(s) described in their application to operate a RTA program. Examples of risk/needs assessments tools include, but are not limited to, the following:

- Youth Level of Service/Case Management Inventory (YLS/CMI)
- Youth Assessment and Screening Instrument (YASI)
- Structure Assessment of Violence Risk in Youth (SAVRY)

These are only three examples, each designed to provide data that will assist agencies in defining how to measure criminogenic risk and need and allowing agencies to provide the most appropriate treatment modalities to address the identified risk and need of each individual youth.

3. A focus on youth engagement and well-being

Agencies must provide activities that are youth-driven by areas of interest, including enhanced and innovative programming to keep youth engaged and to prevent absences without consent. Positive youth development is valued equally with effective treatment models. Staff, mentors, volunteers and board members will create and update leisure, recreation, service learning, and vocational opportunities for youth.

4. Organizational capacity

Agency executive staff must provide support, guidance and leadership to enhanced RTA residential programs. Executives should be a visible and consistent presence on the campus of the RTA program. Agencies must remain in good financial, programmatic and regulatory standing with state licensing agencies and have an appropriately staffed and effective quality assurance (QA) function for the RTA program(s). QA staff will work not only with agency executives but also with teams of direct care staff and supervisors as part of the process of identifying effective and ineffective practices.

5. Safety and security

Maintaining safety and security for youth, staff and the community are of the highest priority for enhanced RTA residential programs. There are several ways in which the RTA program model supports these priorities, including but not limited to, those described below.

Staffing: Increased staffing ratios for enhanced RTA residential programs will help the staff implement a comprehensive safety and security plan for individual programs and campuses. Each campus where there is an approved RTA residential program must have a security/safety director who, in conjunction with program management, is responsible for creating a comprehensive program to proactively address potential safety concerns, develop effective de-escalation and intervention plans, and conduct searches.

Staff must be trained in approved de-escalation and crisis management techniques and must provide consistent “eyes-on/ears-on” supervision. Staff must be trained in policies and procedures for responding to youth who are leaving without consent. Staff must also be trained in agency policies regarding youth in one another’s bedrooms or private spaces.

Physical Plant: Agencies must plan for and implement additional physical plant and hardware, as appropriate, to support increased safety and security. Options for physical plant improvements include, but are not limited to, the following:

- Individual bedrooms (required)
- Delay mechanisms on egress doors
- Window restrictors (that allow windows to be only partially open or only open from the top)
- Fencing/shrubbery to create a barrier to the street that can help prevent youth from leaving without consent
- Motion-sensor lighting
- Installation of cameras and monitoring system
- Clear sightlines in programs and on-grounds that allow staff to see youth
- Use of allowable contraband detection devices.
- Locks are permitted on exterior doors to prevent the public from accessing the programs, consistent with current regulations.
- A locked unit, when approved by OCFS, may be contained within a closed unit and is designed to serve a special population. Because the goal of RTA programs is to provide therapeutic services, the purpose of this is to provide a safe environment for the benefit of youth placed in the program.
- Appropriate contraband detection instruments are permissible and encouraged.

- Contraband and search policies and protocols must be developed by agencies and approved by OCFS.

6. Educational, vocational and workforce readiness

Enhanced RTA residential programs must include age-appropriate and developmentally-appropriate educational, vocational and work readiness activities, training and skill development. Programs should consider service-learning or project-based learning models and innovations to best meet the educational, vocational and workforce readiness needs of the RTA population.

Enhanced RTA residential programs must provide – at a minimum – the following components:

1. *An on-campus educational program* that meets the requirements of the New York State Education Department. Educational programs must meet the needs of youth on track to graduate from high school, as well as older, under-credited youth who are unlikely to have time to complete the requirements for a high school diploma prior to turning age 21. Programs must meet the special education needs of youth who have an Individualized Educational Program (IEP), may be seeking a high-school equivalency degree or who are eligible for college. Programs may include partnerships with local colleges, BOCES, etc. While some RTA-placed youth may be able to attend and succeed in a public school setting, it is anticipated that this will be the exception.
2. *Vocational training:* Given the age of the youth likely to be placed, programs must have engaging, on-site vocational training programs that prepare youth for work readiness and employment opportunities upon discharge. These may include on-site apprenticeship programs and/ or curricula resulting in industry recognized credentials.
3. *Workforce readiness and work experience:* Agencies are required to provide an on-campus work experience, with a paid stipend, for all youth in an enhanced RTA residential program. This can be supplemented by a workforce readiness program that prepares the youth for the realities of a workplace. These include, but are not limited to, arriving on time, good attendance at work, completing assignments timely, receiving supervision, etc.

Enhanced RTA residential programs are encouraged to use innovative and effective strategies that will help youth obtain and retain a paying job upon trial discharge. Programs should provide a variety of opportunities and match youth according to their educational levels, aptitudes, skills and future career interests. A financial literacy component addressing budgeting and money management should be incorporated.

7. Case management and case planning: collaboration with the LDSS

Most youth adjudicated as JD and placed in enhanced RTA residential programs operated by voluntary authorized agencies are in the legal custody of an LDSS commissioner. A small number of RTA-placed JD youth may be in the legal custody of OCFS and placed in an enhanced RTA residential program with a voluntary agency.

Youth placed in enhanced RTA residential programs operated by VAs are in foster care, just as are younger JD youth. Therefore, all applicable laws, regulations, policies and procedures relevant to foster care also apply to the enhanced RTA residential programs. These include, but are not limited to, safety and risk assessments, case management and case planning responsibilities, casework contacts, documentation in the CONNECTIONS system, development of the Family Assessment and Service Plan (FASP), and court appearances including permanency hearings.

Coordination between the VA enhanced RTA residential program and the LDSS case manager will be essential for optimal outcomes for RTA youth and their families.

Case management: The LDSS will maintain case management responsibility for youth placed in its legal custody and placed in an enhanced RTA residential program in a voluntary agency. All current policies and procedures relevant to foster care case management for JD youth also apply to cases of youth placed in enhanced RTA residential programs.

Case planning: The LDSS case manager will determine whether the role of the RTA agency caseworker/social worker will be that of case planner or case worker, consistent with current policies, practices and CONNECTIONS definitions. If the RTA-placed youth and the youth's family do not have an open case in CONNECTIONS at the time of the youth's placement, the LDSS will assign the case planner role to the agency. If there is already an open CONNECTIONS case and an identified case planner at the time of the RTA placement, the LDSS will likely assign the agency caseworker/social worker the role of caseworker in CONNECTIONS. These roles should be established by the LDSS no later than the first day of the youth's placement and communicated to the agency.

The following minimum requirements are specified for the agencies' RTA case planners/caseworkers and their supervisors:

- The agency case planner/caseworker will have office space in the RTA program unit and will be part of the daily therapeutic milieu.
- RTA case planners/caseworkers must have a bachelor's degree in a related field and carry a maximum caseload of 10 RTA-placed youth and their families/permanency resources.
- The case planner's role and job duties are defined by current child welfare/foster care statutes, regulations and policies. Among those duties is coordination with the LDSS case manager and any other caseworkers involved with the youth and family.
- The RTA case planners'/caseworkers' supervisors must have a bachelor's degree in a related field (preferably a BSW degree) and at least two years of child welfare experience. An MSW degree is preferred. They may supervise a maximum of five case planners and one administrative staff member.
- Among the key responsibilities of the agency case planner/caseworker is discharge planning, with guidance from their supervisor. Discharge planning activities will begin at the time of placement. The case planner/caseworker will work closely with the aftercare worker to identify the youth's and family's needs and identify

supportive resources in home communities for parents and younger siblings to prepare for youth's return home.

8. Health and behavioral health services

The ways in which physical and behavioral health services in New York State are being delivered and financed for youth in foster care, including RTA youth, are changing and evolving. The implementation of Medicaid Redesign, health homes and care management, among other initiatives, are creating these changes. LDSSs with youth in their legal custody and VAs operating enhanced RTA residential programs must stay current with these changes and provide, arrange for, and/or coordinate health and behavioral health services for youth consistent with current policies and practices. Among the critical services to be provided by appropriately qualified RTA agency staff is medication management.

The job duties and qualifications of health services staff for RTA youth are the same duties and qualifications currently found in OCFS regulations for institutional care⁷. Agencies are responsible for providing, or arranging for the provision of, physical health services for all placed youth consistent with statute, regulations, and policies.

Physical health services for RTA youth must include on-campus nursing services for the majority of every 24-hour day and on-call nursing services at all times. Agencies will provide youth with access to appropriately credentialed medical, dental and mental health professional to provide the needed services consistent with the youths' needs.

Behavioral Health Services

Behavioral health clinicians must have a master's-level degree in social work or a closely related field. Agencies must have sufficient appropriately credentialed behavioral health staff, including clinicians and clinical supervisors, who are adequately trained and supported by their immediate supervisors and other upper-level management staff to meet at least the following:

- a) Provide on-campus assessment for youth for mental health and substance abuse issues within the first seven days of placement.
- b) Provide ongoing mental health services on campus that are shown to be effective in addressing criminogenic risk (e.g., DBT, CBT).
- c) Provide or arrange for substance abuse services when needed. These can be provided on campus when possible, or through a community provider if the services are not available on campus.
- d) Provide crisis prevention and intervention services to youth.
- e) Refer youth to emergency behavioral health services when they are the most appropriate services for youth while avoiding unnecessary trips for the youth to a hospital emergency room. When needed, youth will receive appropriate emergency

⁷ 18 NYCRR 442.18

services and be transitioned back to the program and on-campus services as soon as possible.

- f) At a minimum, meet weekly with each youth for at least one hour to provide appropriate behavioral health services.
- g) Provide family counseling in the family's home, when possible, or on-campus for families willing to participate and able to travel. When neither is an option, consider the use of mobile video technology or conference calls when the family lives a great distance from the program.
- h) Reinforce use of the RNR Model approach using validated tools, whenever possible, to assess each youth's risk, needs and responsivity. Treatment should be cognitively based and tailored to youth based on criminal justice risk and criminogenic need factors that are related to offending behaviors.
- i) Offer creative arts, pet therapies, and/or somatic approaches either directly or through contracts.
- j) Agencies must provide ongoing training and clinical supervision for behavioral health services clinicians in the cognitive-behavioral modalities used by the clinicians and approved by the agency.

9. Aftercare services and community supervision

a. Overview

As described previously in this ADM, aftercare includes both aftercare services and community supervision. OCFS requires voluntary authorized agencies operating an enhanced RTA residential programs to provide, either directly and/or through subcontracts with qualified service providers, aftercare services and community supervision for all youth placed in the enhanced RTA residential programs.

Effective aftercare services and community supervision are essential for a youth's successful reintegration into the community following placement. OCFS requires that planning for a youth's release with conditions on a trial discharge from an enhanced RTA residential program begin during the first week of placement. OCFS's commitment to this approach is demonstrated by a daily rate specifically for aftercare, provided from the first day of a youth's placement through the termination of aftercare services and community supervision, typically at the expiration of the court order. Aftercare services and community supervision must be provided for the entire period during which the LDSS has legal custody of the youth.

The RTA-residential program model requires that agencies provide both aftercare services and community supervision to the youth upon a youth's release with conditions on a trial discharge from residential care, with an overall goal of reducing recidivism. Aftercare services are provided to the youth and, where appropriate, his/her family/permanency resources to prepare and support the youth and family for the youth's return. Aftercare supervision is provided to support and monitor a youth's compliance with the conditions of release and the court order.

Research highlights the need for returning youth to experience “seamless” transitions from residential/institutional settings to community settings, with clear communication among the different agencies and individuals involved in the re-entry process.⁸ Providers that could be involved in re-entry efforts include residential facility staff, mental/behavioral health service providers and other community-based treatment providers, schools, and family members and other adults who can support returning youth.

Youth returning to the community face a variety of challenges that can affect re-integration. Research has shown that it is important to identify a youth’s criminogenic needs (i.e., needs that are associated with criminal behavior, such as substance abuse issues) and match them to appropriate services, to reduce youths’ odds of reoffending once they return to the community⁹

RTA-placed youth require innovative interventions and significant resources to address their high levels of need and broad array of risk factors, which often include living in areas where the crime rate is high and there is pervasive gang involvement, human trafficking, and an increased likelihood of severe trauma. The enhanced RTA residential programs must demonstrate a commitment to promoting services that are developmentally appropriate, family-centered, and responsive to local needs. This programming will be community-based, culturally and linguistically competent, and demonstrate effectiveness in achieving desired outcomes.

b. The minimum components of aftercare services provided by the enhanced RTA residential program are:

During Placement:

First two weeks of placement:

- An agency aftercare worker, who is not the same person as the youth’s case planner/caseworker at the agency, is assigned to the youth and family and meets face-to-face with the youth at the residential facility and with the family, in the family’s home, whenever a home visit is possible and appropriate.
- The aftercare worker meets with the youth face-to-face twice during the first month of placement and at least monthly thereafter.

First month of placement:

- The agency case planner/caseworker convenes the first child-specific team meeting to include key agency staff. Also invited and encouraged to attend are the youth, family, family supports, and the LDSS case manager. The preferred location of the team meeting is in the family’s home, when possible and appropriate.
- Child-specific team meetings are held at least monthly thereafter during placement. The meeting agenda includes planning for permanency, trial

⁸ Platt, John S., Paul D. Bohac, and Wanda Wade. 2015. “The Challenges in Providing Needed Transition Programming to Juvenile Offenders.” *Journal of Correctional Education* 66(1): 4–20. As cited in *Literature Review: A Product of the Model Programs Guide*. OJJDP. August 2017. <https://www.ojjdp.gov/mpg/litreviews/Aftercare.pdf>

⁹ Andrews, Donald A. and James Bonta. 2010. “Rehabilitating Criminal Justice Policy and Practice.” *Psychology, Public Policy, and Law* 16: 39–55. As cited in *Literature Review: A Product of the Model Programs Guide*. OJJDP. August 2017.

discharge and aftercare, with a continued focus on increasing skills and protective factors and reducing criminogenic risk and needs.

- The aftercare worker, in consultation with the agency case planner/caseworker and the LDSS case manager, assesses the family's/permanency resource's needs related to preparation for the youth's return. Appropriate referrals for services are made to community resources as needed.
- The aftercare worker and agency case planner/caseworker connect the family with the agency's behavioral health or social work staff to prepare the family for the youth's return home.

By end of third month of placement:

- The aftercare worker, in consultation with the case planner, arranges for and supervises the first home visit for the youth. If there are safety concerns, the first visit may occur at the agency.
- Following the first supervised home visit, the aftercare worker and case planner/caseworker jointly develop a plan for the frequency of home visits, the length of each visit, conditions for each visit if applicable, and whether the visits are to be supervised or unsupervised.
- The expectation is that home visits will occur at least monthly unless there is a compelling safety reason for them to not occur. The decision about whether the visits should be supervised or unsupervised should be based on whether there are safety-related concerns that require supervision.

By the end of fifth month of placement:

- If home visits up until this point in placement have been supervised, the aftercare worker, in consultation with the agency case planner/caseworker and the LDSS case manager, arranges for and facilitates the youth's first unsupervised home visit. If there is a compelling reason for visits to continue to be supervised, this must be documented in the case record and receive approval by at least the second level of agency supervisors/management since it may be an indicator that a change in the youth's treatment or permanency planning is needed.

By the end of sixth month of placement:

- The youth's permanency plan is finalized and a trial discharge date established.

By the end of seventh month of placement:

- The agency case planner/caseworker, in consultation with the aftercare worker, assesses the youth's readiness for release with conditions on a trial discharge, based on the youth's increased skills and protective factors, and decrease in criminogenic risk factors and needs, using a validated tool (if available).

Ongoing during placement:

- The aftercare worker has face-to-face contact with at least one family member/permanency resource every other week.

- The aftercare worker has weekly contact with at least one family member/permanency resource by phone, text or email.
- During all contacts with the family/discharge permanency resource, the aftercare worker provides casework services related to trial discharge planning and the youth's successful return to the family and community.
- The aftercare worker develops an aftercare plan with and for the youth, including an educational/vocational and/or employment plan.

Within two weeks prior to release with conditions on a trial discharge:

- The agency case planner/caseworker and the aftercare worker, in consultation with the LDSS case manager, assign youth an aftercare community supervision level which balances the needs of the youth with community safety.

c. Aftercare Services and Community Supervision During Trial Discharge:

Aftercare services and community supervision will be provided or arranged for by the agency through the end date of the court order. To the extent practicable, youth and their families will keep the same aftercare worker throughout placement and while on trial discharge from residential placement to promote consistency and stability of service providers.

Aftercare workers, with assistance from navigators (see description below), will supervise the youth's compliance with the conditions of release and the youth's aftercare community supervision level. In addition, they will

- meet face-to-face with youth twice weekly for the first six weeks of trial discharge and weekly thereafter to monitor needs and compliance with the conditions of release;
- meet face-to-face with family/permanency resource twice monthly for the first two months of trial discharge and monthly thereafter;
- make weekly contact with the family/permanency resource through emails, texts, or phone calls;
- beginning the first week of trial discharge and ongoing thereafter, support and monitor progress with educational/vocational transition;
- initiate a process to return the youth to residential placement, if needed; and
- during the last month prior to expiration of the court order, prepare youth and family/permanency resource for the end of aftercare services, including making and facilitating any additional needed referrals for services.

d. Aftercare workers and Navigators

Aftercare workers will have at least a bachelor's degree and carry a maximum of 10 active cases.

Navigator staff are paraprofessional case aides who are based in the larger communities to which youth will return. Navigators will assist aftercare workers with the identification and delivery of effective aftercare services. They will go out into the community with the youth and assist them with transitional activities to be determined by the agency. *It is*

important to note that contacts made by navigators do not count toward the mandated foster care or preventive services casework contacts required in regulation.

The essential qualification for navigator staff is to have first-hand knowledge of the available services and resources, both formal and informal, in the communities from which youth are placed and to which they will return upon trial discharge. Ideally, navigator staff have personal experience with foster care, juvenile justice or are parents of youth who have been court-involved. Agencies will establish any relevant educational and work experience requirements for navigator staff.

In addition, agencies will have at least one full-time equivalent (FTE) navigator for every 40 RTA-placed youth.

10. Staffing requirements, training and supervision

Each agency with four or more RTA residential units must have a full-time staff person on the campus for each of the two positions listed below. Programs with fewer than four RTA residential units must have at least a half-time person for each of these two positions. Agencies included the qualifications for these positions in their RTA applications.

- Director of Vocational/Recreational Services
- Director of Security

Staff training and supervision

OCFS will provide, or arrange to be provided, the initial general training for agencies approved to operate enhanced RTA residential programs. The content of this training will focus on the required elements of the RTA model that are common across all enhanced RTA residential programs.

Following the initial general training provided or arranged for by OCFS, agencies must have - or develop - the internal capacity to provide, or arrange to be provided, all needed training for all levels of staff in their enhanced RTA residential program(s) on agency-specific program models, policies and practices. Agencies are encouraged to collaborate with other agencies operating enhanced RTA residential programs to develop such innovations as train-the-trainer models and other effective strategies for training all levels of RTA staff.

To support staff in applying their training to their daily work, agencies must provide appropriate and effective supervision that includes, but is not limited to, coaching and supporting staff in appropriate practices with the RTA population. The enhanced rate provided for enhanced RTA residential programs allows for low supervisor-to-worker ratios to support these expectations.

IV. Required Action

A. RTA Financing

Start-up funds: In response to the RFA, agencies applied to OCFS for reasonable start-up costs to be used for up to six months prior to their program opening date. Final budget approval included the approved amount for start-up costs.

Expenditures within the approved start-up budgets are being fully reimbursed with state funding. Agencies have received specific guidance about invoicing their identified “anchor county” for reimbursement. Anchor counties are a handful of county LDSSs that agreed to work with OCFS and the agencies on this process using state funding to the LDSS for this purpose.

Maximum State Aid Rate (MSAR): An enhanced MSAR was established by OCFS for each agency’s enhanced RTA residential program, based on several factors including but not limited to the annual RTA operating budget submitted by each agency. The enhanced rate is commensurate with the enhanced staffing and programmatic requirements for the enhanced RTA residential program model. There is a separate aftercare rate, to be paid from the first day of placement through the end of the court order, for each placed youth. The LDSS is mandated to pay both the enhanced MSAR and aftercare rate for each RTA-eligible youth placed in an enhanced RTA residential program.

Fiscal hold-harmless: Agencies approved to open enhanced RTA residential programs before September 30, 2019 are being held fiscally harmless for the impacts of bed utilization for a three-year period. During the hold-harmless period, OCFS will carefully monitor and assess utilization patterns and occupancy of enhanced RTA residential programs and will make rightsizing adjustments going forward. OCFS’s primary tool in rightsizing will be the number of additional beds to be approved for the second and third years of RTA residential program start. OCFS does not anticipate reducing the number of beds approved during the first year.

OCFS has committed to funding VAs at their full budget per operating bed for each month of operation. For care days used by RTA-placed youth in enhanced RTA residential programs, the agency will bill the LDSS that has custody of, or responsibility for, the youth. The LDSS will pay the agency and then receive full reimbursement from OCFS if the LDSS is in a locality eligible to receive 100 percent RTA funding. For vacancy care days, each agency will bill its anchor county for “gap payments,” which will be paid by the anchor county to the agency and be fully reimbursed by OCFS.

The hold harmless gap payments apply to the aftercare rate only for “In Facility Available Days.” They do not apply to “Post-Discharge Aftercare Days.”

B. Contracts

OCFS strongly encourages LDSSs to develop new contracts and/or amend existing contracts with all VAs operating RTA programs. While it is OCFS’s goal to have RTA programs in all regions of the state so that youth can be placed as close to their homes as possible, that is not currently the case. Having contracts in place with all agencies will expedite an RTA placement should that be necessary.

OCFS issued an amendment to the foster care model contract for enhanced RTA residential programs and distributed it to all LDSS commissioners in July 2018. Copies of the foster care model contract, the amendment for RTA, and the July letter from OCFS are included in the Attachments section of this ADM.

V. Systems Implications

Since youth placed in enhanced RTA residential programs operated by voluntary agencies are considered to be in foster care, all systems requirements for foster care cases apply to youth placed in such programs, and their families. This includes opening or updating a case in CONNECTIONS upon the placement of the youth.

A new activity code of L900 has been added to *CONNECTIONS* to denote RTA youth. The Date of Activity for the L900 cannot be prior to 10/1/2018. An L900 can only be entered for children that are 16 years of age on the Date of Activity (which is the start date of the offense).

In addition, LDSSs will enter information about the RTA youth in the JJIS system, just as is currently done for younger JD youth in the custody of the LDSS commissioner. The agencies will not have access to Juvenile Justice Information System (JJIS), at least during the first year of RTA implementation so the LDSS will be solely responsible for entering required data.

VI. Contacts

Any questions concerning this release should be directed to the Raise the Age mailbox at ocfs.sm.RTAprogram@ocfs.ny.gov or to the appropriate regional office in the OCFS Division of Child Welfare and Community Services:

Buffalo Regional Office - Amanda Darling (716) 847-3145

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Rochester Regional Office - Karen Lewter (585) 238-8201

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Syracuse Regional Office - Sara Simon (315) 423-1200

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Albany Regional Office - John Lockwood (518) 486-7078

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New York City Regional Office - Ronni Fuchs (212) 383-4873

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Native American Services - Heather LaForme (716) 847-3123

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VII. Effective Date

October 1, 2018

/s/ Laura Velez

Issued by:

Name: Laura M. Velez

Title: Deputy Commissioner

Division/Office: Child Welfare and Community Services