



Office of Children and Family Services

Andrew M. Cuomo
Governor

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RENSSELAER, NY 12144

Sheila J. Poole
Commissioner

Local Commissioners Memorandum

Transmittal:	20-OCFS-LCM-19
To:	Local Department of Social Services Commissioners Local Department of Social Services Directors of Services
Issuing Division/Office:	Child Welfare and Community Services Administration
Date:	December 8, 2020
Subject:	CAPTA/CARA State Grant FY2020
Contact Person(s):	See pages 4 and 5.
Attachments:	Attachment A: <i>SFY 2020-21 District Allocation Amounts</i> Attachment B: <i>Attestation of Use of CAPTA/CARA Funds</i> Attachment C: <i>Comparable Groups</i> Attachment D: <i>CAPTA/CARA Grant for Plans of Safe Care Quarterly Report</i> Attachment E: <i>Attachment for U.S. Department of Health and Human Services Grants</i>

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local social services districts (districts) of the availability of federal Child Abuse Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the State Fiscal Year (SFY) 2020-21. The Consolidated Appropriations Act of 2018 has made \$4,841,430 in federal funds available to New York State during Federal Fiscal Year FFY 2020. The purpose of this funding is to help states improve their response to families and infants affected by substance use disorders (both alcohol and drugs). The New York State Office of Children and Family Services (OCFS) intends to make available to districts \$3,620,000 of the federal CARA funds each year for the next three years, contingent on New York State receiving these federal funds each year. This LCM also provides information on each district's allocation, how districts may use the funds, and planning and claiming requirements. There are no notable changes from last year's issuance of this LCM.

II. Background

The Consolidated Appropriations Act of 2018, signed into law on March 23, 2018, appropriated \$85.3 million for the CAPTA State Grant in FY 2018. The committee report for the appropriations act agreement specified that the increase in funding is intended to help states improve their response to families and infants affected by substance use disorders. States are required to prioritize use of the funds for the development, implementation, and monitoring of plans of safe care for substance-exposed infants, consistent with the requirement found in section 106(b)(2)(B)(iii) of CAPTA, as amended by CARA.

On June 4, 2018, an LCM was disseminated to districts requiring them to utilize the newly developed *Plan of Safe Care* form for infants born and identified as affected by prenatal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (OCFS-2196, *Plan of Safe Care*). In addition, districts are required to monitor the activities in the *Plan of Safe Care* and document the implementation and progress of the plan in the case record.

In New York State the prevalence of parental drug/alcohol misuse is substantial; 29 percent of indicated reports had a substantiated allegation of parent drug/alcohol misuse.¹

One of the primary goals of child protective services (CPS) is preserving families and protecting children. Yet, when a caregiver is experiencing a substance abuse disorder, the goals of preserving families and protecting children can seem at odds with each other.

Furthermore, of the many risk factors that could be present for families, it is likely that substance use is underreported. The stigma of mental health and substance abuse diagnoses discourages many parents/caregivers from seeking the very support and services needed to address the risks of child abuse and/or maltreatment. Frequently, concerns are raised 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 adequately parent a child(ren). With targeted screening, assessment, and referral to the appropriate services and supports, many such families can be preserved.

In addition, children born to a mother who used alcohol and/or drugs during her pregnancy can often present with various health-related issues. The early identification, referral, and implementation of services is critical to families facing these challenges. OCFS is making available funding to upstate districts for the purpose of hiring behavioral health consultants or public health nurses to assist in the identification of families experiencing substance abuse disorders, and in the development, implementation, and monitoring of plans of safe care with infants and families affected by substance abuse. OCFS will allow smaller counties within upstate New York to share a behavioral health consultant or public health nurse.

¹Data source, CONNECTIONS, July 21, 2020.

III. Program Implications

Districts must use the funds to hire or to contract for a full-time or part-time behavioral health consultant or public health nurse to work alongside CPS and preventive services caseworkers, to identify and support the behavioral health needs of both the adults and children where substance abuse is an issue. This includes the development, implementation, and monitoring of the plan of safe care for children born prematurely who were exposed to substances. It is required that the behavioral health consultant or public health nurse be co-located on-site at the district. Small districts will receive \$50,000, medium districts \$70,000, and large districts \$90,000. The district size for this purpose is based on the comparable groups as noted in Attachment C. OCFS established comparable groups to permit meaningful comparison between counties with similar child welfare populations.

Local districts must provide or contract for services provided by a behavioral health clinician or public health nurse who is knowledgeable or will become knowledgeable about the CPS process and requirements. The behavioral health clinician or public health nurse must do the following:

- Accompany CPS and preventive caseworkers in the field to visit with identified families using a screening tool (e.g., Uncope+) and/or provide direct consultation with CPS/preventive caseworkers regarding families who might benefit from substance abuse screening
- Conduct screenings for adults and/or children for early identification of substance abuse treatment needs
- Assist in the development, implementation, and monitoring of the plan of safe care for any infant born to a parent with a positive toxicology screen, an infant identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder
- 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

To receive the allocated funds, districts must complete Attachment B, *Attestation of Use of CAPTA/CARA Funds*, and must indicate on the form how they will utilize these funds, either to hire a full-time or part-time behavioral health consultant or public health nurse. Funds can be used for the cost of salary, fringe benefits, and travel costs, and must be spent by November 30, 2021.

To receive the funds, districts must submit **Attachment B** to: ocfs.sm.cara.pqi@ocfs.ny.gov by **December 30, 2020**, (date to be determined) that includes the following information:

- If the funds will be used to hire a full-time or part-time behavioral health consultant/public health nurse
- If the funds will be used to contract for a full-time or part-time behavioral health consultant/public health nurse
- If you plan on sharing a behavioral health consultant/public health nurse, and if so with what county

Districts awarded funding will be expected to submit quarterly reports to include the following:

- Number of visits to family by provider type
- Number of plans of safe care developed, implemented, and monitored
- Number of screenings and/or assessments completed for children and adults by the behavior health consultants/public health nurse
- Number of children and adults with a positive screen
- Referrals made by the behavioral consultant/public health nurse to services identified through the *Plan of Safe Care* form

IV. Fiscal and Claiming

There is \$3,620,000 in federal funds in the SFY 2020-21 Budget for expenditures related to the implementation of CARA. Claims for these funds must be submitted as described below. These funds are to be used only to reimburse expenditures beginning December 1, 2020, and ending November 30, 2021. Continuation of funding is dependent upon New York State receiving federal CAPTA funding.

Reimbursement is 100 percent federal share, up to the amount of the district's allocation. These 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, *DSS Administrative Expense Allocation and Distribution by Function and Program* (LDSS-2347), in the F17 column in the RF2A claim package. The individual project costs should also be reported under the project label **CARA SFY 2020-21** on the LDSS-4975A, *RF17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs*. Salary and fringe benefit costs related to the CARA program may be directly charged to the RF17 claim package. Total project costs and shares should be reported on the LDSS-4975, *Monthly Statement of Special Project Claims Federal and State Aid (RF-17)*. Please note that the associated Central Services (previously known as A-87 costs) are not reimbursable from state funds and, therefore, are 100 percent local share.

The expenditures must be made by November 30, 2021, and claims must be final accepted in the Automated Claiming System no later than February 22, 2022. OCFS may reallocate any unspent funds from a local district to other local districts that have claims in excess of their allocation.

Instructions for 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.nyenet/bfdm/finance/>.

Please note: These expenditures must be processed off-line. They cannot be processed through purchase of service authorizations in the Welfare Management System paid through the Benefits Issuance Control System.

V. Contact Persons

Any programmatic questions should be addressed to the appropriate Division of Child Welfare and Community Services regional office.

BRO – Amanda Darling	(716) 847-4446	Amanda.Darling@ocfs.ny.gov
RRO – Christopher Bruno	(585) 238-8201	Christopher.Bruno@ocfs.ny.gov
SRO – Sara Simon	(315) 423-1200	Sara.Simon@ocfs.ny.gov
ARO – John Lockwood	(518) 486-7078	John.Lockwood@ocfs.ny.gov
WRO – Sheletha Chang	(914) 708-2499	Sheletha.Chang@ocfs.ny.gov
NYCRO – Ronni Fuchs	(212) 383-1788	Ronni.Fuchs@ocfs.ny.gov

Any claiming questions from the Administration for Children’s Services should be directed to:

Regions 1-5: Lauren Horn, (518) 474-7549	otda.sm.Field_Ops.I-IV@otda.ny.gov
Regions 6: Michael Simon, (212) 961-8250	Michael.Simon@otda.ny.gov

/s/ Lisa Ghartey Ogundimu

Issued By:

Name: Lisa Ghartey Ogundimu
 Title: Deputy Commissioner
 Division/Office: Child Welfare and Community Services

/s/ Derek J. Holtzclaw

Issued By:

Name: Derek J. Holtzclaw
 Title: Deputy Commissioner
 Division/Office: Administration

Attachment A**SFY 2020-21 District Allocation Amounts**

District	Allocation	District	Allocation
Albany	\$90,000	Onondaga	\$90,000
Allegany	\$50,000	Ontario	\$70,000
Broome	\$70,000	Orange	\$90,000
Cattaraugus	\$70,000	Orleans	\$50,000
Cayuga	\$70,000	Oswego	\$70,000
Chautauqua	\$70,000	Otsego	\$50,000
Chemung	\$70,000	Putnam	\$50,000
Chenango	\$50,000	Rensselaer	\$70,000
Clinton	\$70,000	Rockland	\$70,000
Columbia	\$50,000	Saint Lawrence	\$70,000
Cortland	\$50,000	Saratoga	\$70,000
Delaware	\$50,000	Schenectady	\$70,000
Dutchess	\$70,000	Schoharie	\$50,000
Erie	\$90,000	Schuyler	\$50,000
Essex	\$50,000	Seneca	\$50,000
Franklin/St. Regis	\$50,000	Steuben	\$70,000
Fulton	\$70,000	Suffolk	\$90,000
Genesee	\$50,000	Sullivan	\$70,000
Greene	\$50,000	Tioga	\$50,000
Herkimer	\$50,000	Tompkins	\$50,000
Jefferson	\$70,000	Ulster	\$70,000
Lewis	\$50,000	Warren	\$50,000
Livingston	\$50,000	Washington	\$70,000

Madison	\$70,000	Wayne	\$70,000
Monroe	\$90,000	Westchester	\$90,000
Montgomery	\$50,000	Wyoming	\$50,000
Nassau	\$90,000	Yates	\$50,000
Niagara	\$70,000		
Oneida	\$90,000	Statewide Total	\$3,620,000

Attachment B

Attestation of Use of CAPTA/CARA Funds

This is to certify that _____ social services district will use the allocation of these funds authorized in the amount of \$ _____ to hire or contract with a behavioral health consultant or public health nurse who will be co-located within the district for the purpose of developing, implementing, and monitoring plans of safe care for infants affected by prenatal exposure to substance abuse and their caregivers.

Such funds will not be used to supplant any other state or local funds. Claims for reimbursement under this appropriation will not be submitted for the same type and level of funding covered by any other state or locally authorized appropriation.

Plan for use of funds:

- Hiring or contracting for a part-time behavioral health consultant
- Hiring or contracting for a full-time behavioral health consultant
- Hiring or contracting for a part-time public health nurse
- Hiring or contracting for a full-time public health nurse

Name of person completing the form:

Date:

Name of commissioner:

Commissioner's signature

Date:

Attachment C

Comparable Groups

Comparable groups were established to permit meaningful comparison between counties with similar child welfare populations. In 2013, the comparable groups were revised based on an analysis of child welfare data for 2011. The district variables analyzed were:

This classification is based on the 2010 child population: Children Census: 0-17 years of age.

This classification is updated based on the following indicators:

- Total number of children with preventive and/or protective services cases open as of 12/31/11
- Total number of CPS/FAR reports during calendar year 2011
- Total number of children admitted into foster care during calendar year 2011

Comp. Group 1	
Albany	Oneida
Erie	Onondaga
Monroe	Orange
Nassau	Suffolk
New York City	Westchester

Comp. Group 2				
Broome	Clinton	Niagara	St. Lawrence	Ulster
Cattaraugus	Dutchess	Ontario	Saratoga	Washington
Cayuga	Fulton	Oswego	Schenectady	Wayne
Chautauqua	Jefferson	Rensselaer	Steuben	
Chemung	Madison	Rockland	Sullivan	

Comp. Group 3				
Allegany	Essex	Herkimer	Otsego	Tioga
Chenango	Franklin	Lewis	Putnam	Tompkins
Columbia	Genesee	Livingston	Schoharie	Warren
Cortland	Greene	Montgomery	Schuyler	Wyoming
Delaware	Hamilton	Orleans	Seneca	Yates

**Attachment D
Office of Children and Family Services
Child Welfare and Community Services Division
Year 3/2020-2021
CAPTA/CARA Grant for Plans of Safe Care Quarterly Report**

County	Person Completing Report	Title or Position
Email Address	Phone Number	

Instructions: Please complete the following information on a quarterly basis and email to:
ocfs.sm.cara.pqi@ocfs.ny.gov

- Quarter 1: December – February – report due by 3/30**
- Quarter 2: March– May – report due by 6/30**
- Quarter 3: June – August – report due by 9/30**
- Quarter 4: September – November– report due by 12/30**

I. Visits Conducted by Provider

This section should only include visits related to assessing, screening, and/or developing, implementing, monitoring Plans of Safe Care.

Type of Provider Visit to Unique Families*	This Quarter Only	Cumulative 2020/2021
Number of visits by Behavioral Health Specialist (BHS) without CPS	0	0
Number of visits by Public Health Nurse (PHN) without CPS	0	0
Number of joint visits by CPS Worker and BHS	0	0
Number of joint visits by CPS Worker and PHN	0	0
Number of joint visits Preventive Services worker and BHS	0	0
Number of joint visits Preventive Services worker and PHN	0	0
Total:	0	0
Comments:		

** Unique Families refers to the identification of a single-family unit. By identifying a single-family unit duplicate counts for data will be avoided. For example; A father might not live with the child and mother, yet screenings and/or visits are made with the father. The father is not counted as a separate family or household, considered part of the unique family count.*

II. Type of Visit by Provider

Provider:	BHS	PHN	CPS Worker & BHS	CPS Worker & PHN	Preventive Services Worker & BHS	Preventive Services Worker & PHN	This Quarter Only	Cumulative 2020/2021
Screening	0	0	0	0	0	0	0	0
Assessment	0	0	0	0	0	0	0	0
Developed Plan of Safe Care	0	0	0	0	0	0	0	0
Implemented Plan of Safe Care	0	0	0	0	0	0	0	0
Monitored Plan of Safe Care	0	0	0	0	0	0	0	0
Total:							0	0
Comments:								

III. Plans of Safe Care

Plans of Safe Care (POSC) for Each Unique Family	This Quarter Only	Cumulative 2020/2021
Number POSC Developed	0	0
Number POSC Implemented	0	0
Number POSC Monitored	0	0
Total:	0	0
Comments:		

IV. Screening/Assessments by Behavioral Health Specialist or Public Health Nurse

Screened or Assessed for Substance Use Disorders (SUD)	This Quarter Only	Total Cumulative 2020/2021
Number of Adults	0	0
Number of Children	0	0
Number of Unique Families Served	0	0
What instrument/s was used to screen or assess for SUD?		
Comments:		

Based on Screening or Assessment there was a Positive Indication for SUD	This Quarter Only	Total Cumulative 2020/2021
Number of Adults with Positive Indication for SUD	0	0
Number of Children with Positive Indication for SUD	0	0
Number of Unique Families with Positive Indication for SUD	0	0
Total Number of with Positive Indication for SUD	0	0
What instrument/s was used to determine for Positive Indication?		
Comments:		

Number of Positive Indications with a Need for Treatment or Services	This Quarter Only	Total Cumulative 2020/2021
Number of Adults	0	0
Number of Children	0	0
Number of Unique Families with PI	0	0
Total:	0	0
Type of treatment or services needed:		
Comments:		

V. Referrals

Referrals Made	This Quarter Only	Total Cumulative 2020/2021
Number of Adult referrals	0	0
Number of Children referrals	0	0
Number of Unique Family referrals	0	0
Total:	0	0
Type of referrals made:		
Comments:		

Attachment E

Attachment for U.S. Department of Health and Human Services Grants

Title 45 U.S. Code of Federal Regulations Part 75 (45 CFR 75), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, section 354(a) states “all pass-through entities must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, includes the changes in subsequent subaward identification.”

(i)	Subrecipient Name	Attachment A
(ii)	Subrecipient’s unique entity identifier	County LDSS office
(iii)	Federal Award Identification Number (FAIN)	1601NYCA01 1701NYCA01 1801NYNCAN 1901NYNCAN 2001NYNCAN
(iv)	Federal award date to the recipient by the HHS awarding agency	12/4/15 (1601NYCA01) 11/22/16 (1701NYCA01) 11/29/17 (1801NYNCAN) 1/24/19 (1901NYNCAN) 2001NYNCAN
(v)	Subaward period of performance start and end date	Section IV: Fiscal and Claiming
(vi)	Amount of federal funds obligated to the subrecipient by this action by the pass-through entity to the subrecipient	Attachment A
(vii)	Total amount of the federal funds obligated to the subrecipient by the pass-through entity including the current obligation	Attachment A
(viii)	Total amount of the award committed to the subrecipient by the pass-through entity	Attachment A
(ix)	Federal award project description	Section I: Purpose

(x) Name of the HHS awarding agency, pass-through entity, and contact information for awarding official of the pass-through entity	Administration for Children and Families Section I: Purpose Section VII: Contacts
(xi) CFDA number and name	93.669 – Child Abuse and Neglect State Grants
(xii) Identification of whether the award is Research and Development (R&D)	N
(xiii) Indirect cost rate for the federal award (including if the de minimum rate is charged per section 75.414)	Please see uniform guidance 45 CFR 75.