



CITIZENS' COMMITTEE for CHILDREN  
OF NEW YORK INC

## Six Reports Assessing the Impact of Federal, State and City Programs on Children, Youth and Families

This summer, CCC releases six reports that shine a spotlight on policies and practices working well for children and uncover barriers to accessing needed services and effective service provision. Each report compiles findings and recommendations resulting from CCC's unique study method that blends policy and data analysis, field interviews, site visits and focus groups.

### Health Insurance Creates Access to Health Services:

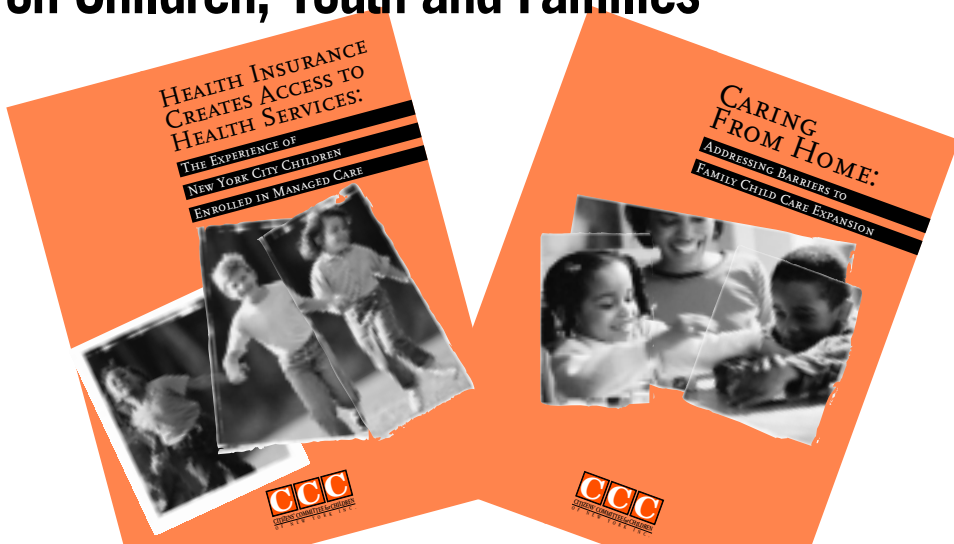
*The Experience of New York City Children Enrolled in Managed Care*

Given the tremendous growth of enrollment of children in managed care plans funded by Medicaid and Child Health Plus, examining services provided to children enrolled in these plans is vital. To find out how children in managed care are faring, CCC convened a Task Force chaired by Katherine Lobach, MD, and Jeffrey Leeds, DDS, to better understand parent/caregiver satisfaction with Medicaid Managed Care and services provided.

Our study consisted of interviews with the parents/caregivers of 68 children, almost all of whom were in Medicaid Managed Care, Medicaid Fee-for-Service or Child Health Plus. We also requested and reviewed materials from 18 managed care plans.

Findings from the interviews were generally positive. Two-thirds of interviewees reported that their child's health insurance coverage through Medicaid Managed Care and Child

continued on page 5



## Lessons Learned from 9/11: Helping Children and Families

On June 25th, over 130 New Yorkers attended a Town Hall discussion entitled *Lessons Learned from 9/11: Helping Children and Families*. CCC partnered with Children's Defense Fund-NY on the event, held at the New York Law School in lower Manhattan and hosted by John Schiumo, a *New York 1 News* reporter. The Town Hall featured New Yorkers discussing ways to improve conditions for children and youth and laid a solid foundation for urban revival. Service providers, parents/caregivers, young people, policy experts, elected and appointed officials and concerned New Yorkers, came together to identify issues, articulate priorities and better understand how the city's non-profit, government,

philanthropic and private sectors responded to the events of 9/11 and how these lessons can be applied to improving the organization and management of services.

Focusing specifically on children's mental health, Disaster Relief Medicaid, income supports, child care and youth services, the Town Hall highlighted specific regulatory changes in eligibility, benefits access and administration of programs as well as new needs and emerging challenges. Most important, it provided an opportunity for New Yorkers to present community needs, personal concerns, and perspectives to policymakers so that these experiences and views

continued on page 3

2 A Message from Our Leadership

3 CCC Honors Notable Child Advocates at 2002 Annual Meeting

4 Highlights of City and State Adopted Budgets for Fiscal 2003



Nancy Locker  
Chairman



Heidi Stamas  
President



Gail B. Nayowith  
Executive Director

## A Message from Our Leadership

As we gear up for Fall and prepare for another busy program year, we can't help but look forward to our 2002 Celebration Breakfast, to be held the morning of October 30th at the Waldorf=Astoria. The breakfast continues to be a great boost to our work for children—both stimulating and reflective—inspiring genuine enthusiasm for CCC's mission and providing a "goodwill get-together" for nearly 700 friends of CCC, both lay and professional.

At the Breakfast, we will present Betty Wolff, former CCC Chairman and long-time advocate for juvenile justice, with the *Eleanor Roosevelt Award*, named for one of CCC's founders. For over thirty years, Betty has supported and enriched CCC, asserting always, that an organization like CCC can survive if necessary, on the intelligence, energy and duty of advocates alone, forsaking the "frills" and pledging that "scotch tape and spit has always kept us going and always will."

We will also present Karen Liu, Assistant Director of the Chinese American Planning Council, Child Care Division, with the *Samuel P. Peabody Award for Community Activism*, for her innovative child care programs that have successfully created a strong voice for child care in the community and have shown, by example, that child care is paramount to overall family and community well-being. Our keynote speaker will be Bard College President Leon Botstein, an innovator in education and a partner in the Bard High School Early College, a unique Brooklyn Public High School that grants high school graduates an associate of arts (A.A.) degree. Mr. Botstein's reputation as a provocative and impassioned thinker and speaker precede him and we're thrilled he will be joining us.

Please give us a morning of your time—to both learn about inspired advocates and connect or re-connect with the spirit and work of CCC and New York child advocates. After an absence of almost a year and a half, a move back to the Fall, and an upgrade to the Grand Ballroom of the Waldorf=Astoria, we hope we can count on everyone to make this year's breakfast the most successful ever! Together we can make New York City a better place for children. For more information, or for an update of additional program elements, look for invitations in September or call (212) 673-1800, ext. 21, 22 or 23.

Nancy Locker  
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**CCC WELCOMES HEIDI STAMAS AS OUR NEW PRESIDENT.** Heidi has been involved at CCC since 1993, beginning with a study of mental health services for children entitled *A Window of Opportunity for Children Who Stay Too Long*. She took the CLC in 1994 and joined the Board in 1995. Heidi has served on several board committees including finance, nominating, and development and was Vice President for Development for the last two years. She has also served on CCC's Task Force on Adolescent Health and the Task Force on Substance Abuse Treatment Programs for Teens. Heidi has MBA and MSW degrees from Columbia University and worked for eight years at Time Warner in strategic planning and finance. She has two young children and lives in Manhattan. As Heidi takes on the role of CCC President, Nancy Locker, who has been President since 2000, will become CCC Chairman.

# CCC Honors Notable Child Advocates at 2002 Annual Meeting

On Tuesday, June 4th, CCC held its *2002 Annual Meeting* at the New York School of Interior Design to thank CCC Board and Advocacy Council members and other friends and citizens for their hard work, celebrate accomplishments and present CCC Founders Awards to four extraordinary individuals who have done great work for New York City's children.

John Sanchez, a long-time child advocate, received the CCC Founders Award for his superb leadership as the Executive Director of East Side House Settlement in the Mott Haven section of the Bronx. East Side House Settlement provides services that empower community residents and improve the quality of their lives. John was also honored for his service as CCC's Vice President of Program, a position he has held for four years, leading the Program Committee in shaping CCC's advocacy priorities, research and task force agendas.

Emily Menlo Marks also received CCC's Founders Award. She is retiring as Executive Director of United Neighborhood Houses of New York (UNH) and was honored by CCC for her distinguished work in the field of child care advocacy and public policy. UNH is a federation of 36 settlement houses providing program development, public education and technical assistance to settlement houses throughout the city and advocating for public policy and social reforms that improve the lives of New Yorkers young and old.

CCC's first Founders Awards for youth were presented to Taylor Roberson and Emma Zuroski, two graduating seniors from The Horace Mann School, who were honored for their extraordinary work as participants in CCC's YouthAction program. For the past two years Taylor and Emma have assisted with the development and implementation of advocacy projects for youth and community education initiatives including the YouthAction Mini-Course and the YouthAction website. This summer, Emma will help launch the first summer internship for youth at CCC, making YouthAction a full-year program for young people. In September, Emma and Taylor will begin their freshman years at Brown University and Columbia University, respectively.



Emily Menlo Marks



Nancy Locker and John Sanchez



Donna Tiburzi, Emma Zuroski, Jean Schrag, Taylor Roberson and Betsy Guttmacher

The *2002 Annual Meeting* was also an evening that marked transitions as Hamilton F. Kean, CCC Board member since 1971, became an Honorary Director and Nancy Solomon stepped down as Board Chairman. CCC welcomed new leadership, Board and Advocacy Council members who are ready to lead the fight to make policies and legislation child-friendly, and ensure that every New York City child is healthy, housed, educated and safe.

## Lessons Learned

continued from page 1

are considered in public and private efforts to plan and rebuild New York City. Councilmember Tracy Boyland, Chair of the Women's Issues Committee, Councilmember Bill de Blasio, Chair of the General Welfare Committee, Ester Fuchs, Special Advisor to the Mayor on Governance and Strategic Planning, and Councilmember David Weprin, Chair of the Finance Committee, were in attendance.

The Town Hall will be broadcast on *New York 1 News*, August 1st at 8 PM and a full report of the findings and proposals presented at the event will be released on September 27th at the *Lessons Learned from 9/11: Helping Children and Families, One Year Later*, conference where New Yorkers will articulate their vision for the future.



Clockwise from top left: Larry Aber, Jane Barker, Elvira Gonzalez; Scarlet Taveras, John Schiumo; Andrea Anthony, Janet Kelley, Gretchen Buchenholz; Gail Nayowitz, Suzy Edelstein



# Highlights of the City Adopted Budget for Fiscal 2003

*Adopted Budget: \$42 billion in total funds (an increase of \$175 million above the Mayor's Executive Budget proposal)*

## BUDGET ENHANCEMENTS & RESTORATIONS TO SPECIFIC PROGRAMS FOR CHILDREN AND FAMILIES

### MENTAL HEALTH & HEALTH

#### Restorations

- \$2.5 million for infant mortality reduction programs
- \$5.5 million for Family Health Clinics
- \$750,000 for school nurses – hepatitis B immunization program for children entering the 7th grade
- \$100,000 for family support programs for families with mentally ill children
- \$1.5 million for alcohol and substance abuse treatment for teens
- \$200,000 for case management for youth leaving juvenile detention facilities
- \$400,000 for Bellevue/ACS Program to provide mental health services to children entering foster care
- \$500,000 for school violence prevention/mental health services in five public schools
- \$300,000 for school based mental health clinics

#### New initiatives

- \$1.4 million to support school- and community-based programs to reduce tobacco use

### CHILD WELFARE & JUVENILE JUSTICE

#### Restorations

- \$750,000 to provide after care services to youth in the juvenile justice system
- \$200,000 for alternative to detention programs

### CHILD CARE & EDUCATION

#### Restorations

- \$24 million for child care expansion supporting 3,000 child care slots citywide
- \$252 million anticipated state/federal school aid
- \$652,667 for teacher workstations
- \$400,000 for high school law enforcement academies
- \$350,00 for conflict resolution

### YOUTH EMPLOYMENT & YOUTH SERVICES

#### Restorations

- \$2.1 million for Summer Youth Employment
- \$3.1 million for Council discretionary funds for youth programs
- \$500,000 for the Virtual Y afterschool instructional support
- \$500,000 for a citywide pilot of school-based counseling and academic services for students at risk of dropping out
- \$1.4 million for Boys and Girls Club, Citysports, Sports and Arts Foundation, Beacon Preventive Services, Multi-Talents Inc., and the Neighborhood Assistance Program

#### Enhancements

- \$8 million added for Summer Youth Employment

### HOUSING & INCOME SUPPORT

#### Restorations

- \$628,353 for a partial restoration to the Family Rental Assistance Program to serve approximately 100 families
- \$2.9 million for a partial restoration to contractors providing shelter to homeless families
- \$2.5 million to support anti-eviction and SRO legal services
- \$1.05 million to support community consultants
- \$350,000 for the Citywide Task Force on Housing Court

### TOTAL ADOPTED CAPITAL BUDGET: \$6.2 BILLION IN TOTAL FUNDS

- \$25 million over five years in capital funds restored to support the construction and renovation of child care facilities
- \$53.5 million eliminated halting the development of 200 secure juvenile detention facility beds.

# Highlights of the State Adopted Budget for Fiscal 2003

*Adopted Budget: \$89.6 billion in total funds (an increase of \$600 million above the Governor's Executive Budget proposal).*

## BUDGET ENHANCEMENTS AND RESTORATIONS TO SPECIFIC PROGRAMS FOR CHILDREN AND FAMILIES

### MENTAL HEALTH & HEALTH

- \$26 million *restored* to fully fund the enhanced community services program
- \$14.4 million to support a 3% COLA for mental health services
- \$3.5 million added for school-based health care services

### CHILD WELFARE & JUVENILE JUSTICE

- The New OCFS Financing Model
  - \$324 million for open-ended funding for preventive, protective, independent living, adoption administration, and after care services
  - \$364 million for a foster care block grant that allows counties to rollover unspent foster care funds for preventive services
  - \$500,000 added for a new commission on the quality of congregate care
- \$3 million added for a 3% COLA for direct foster care workers
- \$5 million added for Special Education tuition for New York City children in foster care residential treatment facilities
- \$26 million added for adoption subsidies
- \$11 million added for preventive services initiatives
- \$4.6 million added for PINS preventive services

### EDUCATION & CHILD CARE

- Mayoral Control of New York City's Board of Education
- \$460 million added for payment of prior education claims
- \$205 million added for Pre Kindergarten
- \$140 million added for early grade class size reduction
- \$50 million added for minor maintenance and repair of school buildings
- \$43 million added for summer school aid
- \$26 million added to the Child Care Block Grant for subsidies
- \$3.4 million added for SUNY/CUNY child care
- \$17 million added to expand and facilitate access (\$5 million for a pilot program in the Bronx, Yonkers and Westchester and \$10 million in the Liberty Zone to expand eligibility for working families with incomes up to 275% of poverty; \$2 million for NYC satellite programs operated by the Consortium of Worker Education).
- Recruitment and retention grants to providers increased to a maximum of \$2,000 and continued until September 30, 2003.

### YOUTH EMPLOYMENT & YOUTH SERVICES

- \$5 million added for Advantage School afterschool programs
- \$10 million *restored* for Summer Youth Employment
- \$1.1 million added for youth delinquency prevention
- \$342,000 added for runaway and homeless youth

### HOUSING & INCOME SUPPORT

- \$2 million added for supportive housing for families and youth
- \$1 million added for the Supplemental Homeless Assistance Program (SHIP) – providing social services to homeless families
- \$2 million added for the New York State low income housing tax credit
- \$1.5 million added for the Neighborhood Preservation Program – expanding affordable housing opportunities
- \$1.6 million added to support food pantries
- \$5 million added for the Wage Subsidy Program for public assistance recipients

## Policy Papers

continued from page 1

Health Plus was “good” or “very good.” Most parents/caregivers said they thought their children’s managed care plans were good, and that managed care eased their children’s access to health care services. Eighty-three percent said their experience with doctors in the past year had been good or very good. And almost every parent/caregiver said their child had an ongoing relationship with a primary care provider or health clinic that served as a medical home. From the study, it seems that children are getting good comprehensive preventive services, screenings, and immunizations.

The interviews also identified trouble spots. For example, 28% of those with children in managed care said they had difficulties getting appointments as soon as they wanted. One-fifth reported delays in obtaining approvals for care and another one-fifth that their children were not receiving needed care, whether primary or specialty, since enrollment in the plan. An especially problematic finding was that half the children in the study had been to an emergency room in the past year. And almost half the children in managed care plans who had gone to emergency rooms had been there four or more times in the past year.

Our recommendations to the state Department of Health and the city Department of Public Health as a result of this study include:

- Further investigation of the reasons for large numbers of emergency room visits by children, particularly those enrolled in managed care plans, and better education for enrollees regarding emergency room use.
- Increased efforts to ensure adequate provider capacity to avoid waits for care, and greater education of consumers regarding the availability of primary health services in sites such as the New York City Health and Hospitals Corporation Child Health Clinics.
- Encouraging managed care plans to improve materials and information given during the enrollment process to better identify specialists and the availability of specific doctors, and to define the scope of benefits.

For more information, call Tara Sher, Staff Associate for Health and Mental Health, at 212-673-1800 ext. 16 or e-mail [tsher@kfny.org](mailto:tsher@kfny.org)

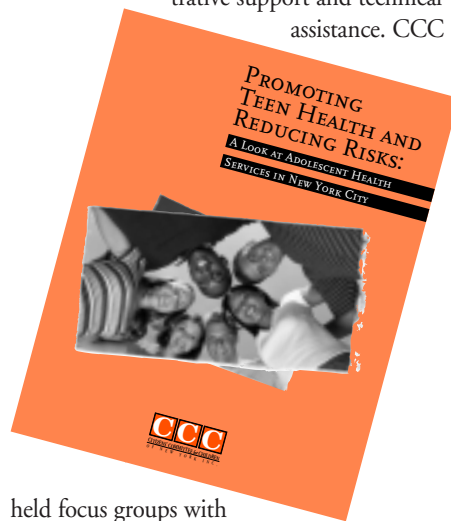
### Caring From Home:

#### *Addressing Barriers to Family Child Care Expansion*

As the city grapples with the overwhelming demand for subsidized child care and a

shortage of qualified caregivers, providing support for regulated family child care providers and eliminating the barriers to expand these programs has become increasingly important. Family child care homes are a vastly preferable alternative to unregulated, informal child care settings because they offer high quality care, more affordable parent fees, can be developed more quickly than child care centers and are often preferred by parents of very young children. In the Fall of 2001, CCC convened a Task Force chaired by Sally Mendel and Shirley Ginsberg, to examine family child care.

Individual family child care providers are affiliated with networks run by nonprofit agencies that provide them with training, administrative support and technical assistance. CCC



held focus groups with 30 providers working with four of the agencies operating networks, asking them to describe the barriers they’ve encountered in their own efforts to provide quality child care. The issues raised by providers in these groups included:

- **Low compensation and few benefits.** Low wages and a lack of workplace benefits discourage providers from staying in the field and hamper their ability to provide safe, stimulating and developmentally appropriate care. In New York City, rates paid to family child care providers don’t actually cover the costs of providing the service. In addition to adequate rates, providers want assistance in a number of areas that affect their financial viability—dealing with start-up costs such as buying books and toys, obtaining affordable health insurance, sustaining their enrollment levels, and obtaining liability insurance, for example.
- **Negotiating bureaucracies.** Information regarding health and safety guidelines, regulations, and payment mechanisms such as vouchers is lacking. Providers must negotiate

a public system in which multiple agencies are responsible for administering and overseeing subsidized child care, and which often leads to bureaucratic tangles and confusion for individuals trying to become certified and obtain payments for providing services.

- **Limited training opportunities.** While the range of knowledge required to become a quality child care provider is vast, there are few places for providers to educate themselves, whether about the developmental needs of children, or about the workings of the public systems that oversee and administer subsidized care.

To address these barriers to family child care expansion, CCC recommends that the city and state:

- Develop a new methodology for calculating reimbursement rates that will provide caregivers with the necessary resources to offer high quality care.
- Expand eligibility for subsidies to children in families up to 275% of the federal poverty level.
- Increase funding for child care to both cover the actual cost of care and the costs of the networks that support them.
- Streamline regulations, monitoring, and the process of making payments to providers.
- Increase professional development opportunities by creating a training institute in New York City and offering incentives for providers to become accredited.

For more information, call Candice Anderson at 212-673-1800 ext. 17 or e-mail [canderson@kfny.org](mailto:canderson@kfny.org)

### Promoting Teen Health and Reducing Risks:

#### *A Look at Adolescent Health Services in New York City*

Financial concerns, fears about confidentiality and other issues can prevent teens from seeking needed health care. Health services are too often not accessible to adolescents who need treatment. As part of a study of the availability of adolescent health services in New York City, a CCC Task Force chaired by Diane Fogg and Felice Burns and comprised of adult and teen members interviewed personnel from 22 health clinics that provide primary care to teens and conducted focus groups with teens.

Based on our findings, there are a number of reasons that make it difficult for adolescents in New York City to get the health care they need:

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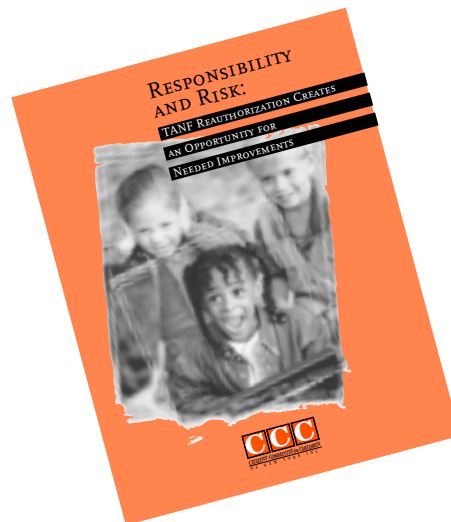
## Policy Papers

continued from page 5

- **Confidentiality.** Adolescents are not always aware of laws governing confidential care and don't know what kinds of services and communications are legally protected; many clinics are inconsistent in their approach to informing teens about confidentiality, contributing to a lack of knowledge and understanding; and not all clinics adhere to the law.
- **Fragmentation of services.** The clinics in this study provided an array of primary and preventive care to adolescents, including routine check-ups, school/activity examinations, immunizations, diagnosis and treatment of acute illness, hearing and vision screening, and mental health screening. But some services, including mental health, dental, and comprehensive reproductive health, are not available in many of these clinics. Clinicians interviewed expressed particular concern about the lack of mental health services in their communities.
- **Health education.** Most teens prefer getting information about health services and answers to questions from their peers or from written materials, but most of the clinics used oral communications between clinicians and teens as their primary method of health education.
- **Practitioner/teen relationships.** Too few clinics provide their staff with training regarding adolescent health and developmental issues and ways to successfully engage teens.
- **Teen-friendly environments.** Limited office hours before and after school, limited space devoted exclusively to adolescents, and clinic fees were all cited as obstacles to attracting teens for ongoing primary care.

CCC's recommendations to address these concerns include the following:

- Requiring the public display of confidentiality policies in clinics that serve adolescents, and widespread distribution of publications informing teens about confidentiality.
- The creation of "Adolescent Liaisons" in hospitals, not only to make referrals to outside services, but to escort teens to appointments and establish linkages to community-based providers and other health care providers.
- A City Department of Public Health-sponsored campaign aimed at educating teens on health-related issues and where to go for services, and a city and state-funded peer education program.
- Increased long-range planning on adolescent health and the development of adolescent-



specific protocols for everything from confidentiality to health education training and materials.

For more information, call Tara Sher, Staff Associate for Health and Mental Health, at 212-673-1800 ext. 16 or e-mail [tsher@kfny.org](mailto:tsher@kfny.org)

### **Responsibility and Risk:** *TANF Reauthorization Creates an Opportunity for Needed Improvements*

In a look at the results of policies governing public assistance, CCC convened a Task Force chaired by Dr. Sheila Kameron and Jack Krauskopf, that examined how children and families are faring after five years of welfare reform in order to recommend needed changes to the federal Personal Responsibility and Work Opportunities Reconciliation Act (PRWORA) of 1996 prior to the reauthorization of the Temporary Assistance to Needed Families (TANF) Block Grant in October 2002. This study consisted of interviews with professionals working closely with families on public assistance, policy experts, academics and agency representatives; analyses of both public and private-sector studies of outcomes for those leaving welfare; and our own research and policy development in this area since 1997. While government policymakers have declared victory in the reforming of the welfare system, our findings strongly suggest major adjustments to the federal PRWORA need to be considered during the reauthorization of the TANF block grant, in order to ensure families will move from welfare to work and financial independence. An examination of the results of welfare reform in New York City shows the following:

- **Welfare caseloads have dropped but child poverty persists.** As caseloads dropped signif-

icantly, the number of children born into poverty decreased only slightly.

- **Families leave welfare for low paying jobs and unstable work.** Households do not earn enough to move out of poverty after leaving welfare, according to studies of families that have left the rolls since 1997.
- **Eligible families are not receiving Medicaid and Food Stamps.** Numerous indicators prove that many families don't get these benefits, resulting in continued high rates of uninsured children and a large increase in demand for emergency food services.
- **The lack of affordable, quality child care has made it difficult for families to maintain employment.** Despite massive increases in subsidized child care, the vast majority of eligible families don't receive child care subsidies, hampering the transition to work.
- **Eligibility Verification Review (EVR) and other anti-fraud tactics have diverted many families from receiving needed assistance.** A court case and the city's own data have shown that families have been wrongly cut-off and diverted from receiving public benefits.
- **Family homelessness is rising at a dramatic rate in the city.** The combination of high rents and low vacancy rates has contributed to soaring demand for shelter and housing subsidies.

CCC will advocate for changes to the federal legislation that do the following: facilitate increased opportunities for education and training so people leaving welfare can find jobs that will support their families and keep them out of poverty; increase flexibility in the use of TANF funds so states can more easily create networks of support services for families leaving welfare for work; and revoke the five-year time limit for families where the head of household is working but his or her wages are low enough that they continue to qualify for cash benefits. CCC also plans to advocate that the federal government maintain the Block Grant allocation to the states at level funding, indexed for inflation, and that states be required to maintain their own current levels of funding for these programs. In addition, CCC's report recommends changes to city and state welfare policy that will help support families that have made the transition from welfare to work but continue to struggle to achieve and maintain financial independence.

For more information, call Maria Toro, Staff Associate for Housing and Income Support, at 212-673-1800 ext. 20 or e-mail [mtoro@kfny.org](mailto:mtoro@kfny.org)

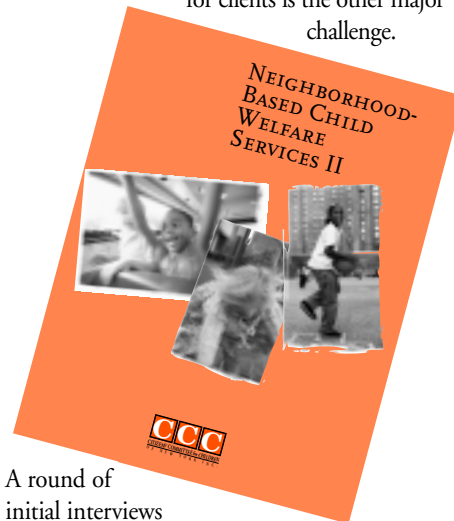
## Neighborhood-Based Child Welfare Services II

Three years ago, New York City's Administration for Children's Services (ACS) started the long process of restructuring the provision of child welfare preventive and foster care services, moving to a neighborhood-based system in which children and families receive needed services near home and when necessary, are placed in a foster home in their neighborhood. CCC convened a Task Force at that time to track the implementation of this new system and published an interim study, *Closer to Home: Serving Children and Families in Neighborhoods*. The interim study detailed findings from interviews with foster care and preventive service providers in the Bronx, where the initiative was first implemented. In 2001, the Task Force, chaired by Alma Carten, D.S.W. and John Sanchez, interviewed Bronx providers a second time, and conducted an initial round of interviews with providers assigned to serve community districts throughout the remaining four boroughs (Brooklyn, Queens, Staten Island, Manhattan).

A number of findings from second interviews with 18 provider agencies in the Bronx indicate the significant advantages of neighborhood-based services. According to these providers, biological parents are now able to visit their children more often because foster homes are nearby, and can more easily access support services they need to work toward reunification. Foster care caseworkers spend less time in transit to visit families and accompany them to appointments. They're developing greater expertise in and knowledge of the specific neighborhoods they work in, and are more likely to have a sense of belonging in those neighborhoods. Most agencies reported that positive relationships are forming systematically for the first time between foster parents and birth parents, meaning less stress for parents and foster parents, an easier transition for the child and greater likelihood of a return home. An additional positive finding is that all the agencies have implemented enhanced staff training, and there is better communication and more collaboration between child welfare agencies serving the same communities, including more joint training and regular meetings.

Overall, while Bronx providers are meeting with local community-based organizations on a regular basis and are formalizing relationships with them to make referrals, there are problems with these relationships, both because of extremely limited capacity of services (particularly in mental health services) and at times the poor

quality of services. Providers in the Bronx continue to be frustrated by the difficulty of recruiting enough foster parents living within their community districts. Agencies have tried to address this problem by doing everything from hiring a recruiter who is paid a bonus for each successful recruitment, to paid ads, to sending staff members to local churches. Finding affordable housing for clients is the other major challenge.



A round of initial interviews regarding neighborhood-based services with 27 providers from Manhattan, Brooklyn, Queens and Staten Island revealed important information regarding provider perceptions of the changeover in system structure, but relatively little information about actual implementation, because of its early stage. Particular concern was noted regarding the need for more mental health services, substance abuse treatment, child care, housing and employment training, as well as preventive services. Agencies in these four boroughs were also having difficulty with recruiting enough foster parents in the neighborhoods they serve, as well as with high staff turnover.

CCC's recommendations to ACS as a result of the study include:

- Broaden the reach of foster parent outreach efforts to include moderate-income families, consult national resources about techniques used elsewhere.
- Require agencies to improve communications with other community-based providers, particularly around case closures in preventive services.
- Provide contract agencies with updated comprehensive information on other neighborhood-based services, set deadlines by which the agencies must have established links with these services.
- Support ACS's work to create consumer feedback tools for use with direct care and volun-

tary foster care agencies and preventive service agencies.

Since the completion of field interviews in the Spring of 2001, upon which study findings are based, ACS has made significant strides to begin to address the recommendations raised above.

- The agency's Circles of Support Initiative has established foster parent led focus groups at the community district level to help retain and recruit foster parents. The agency has also performed extensive interviews of foster care providers, current foster parents, and assessed neighborhood specific needs and is in the process of testing marketing messages designed to better recruit foster parents.
- To facilitate neighborhood based network development, in October of 2001 ACS developed and distributed a Neighborhood Network Guide that lays out the ten critical components of a well functioning network. The guide provides helpful information on network membership, community presence, client/parent involvement, network governance, mission and goals, community needs assessments, service coordination and delivery, and network evaluation.
- In Spring of 2002, Community Data Profile books which identify child and family well-being by community district and provide a list of community district based resources will be distributed to network members and community stakeholders.
- ACS piloted the use of a consumer feedback tool among 45 foster boarding home agencies. ACS interviewed over 350 foster parents, parents, and children involved in the foster care system – examined issues of parent-child and case worker turnover in order to determine what families have to say about the system and particular services. The agency is currently refining the tool and examining how it should be used system wide. Next steps include piloting the tool with 200 preventive service providers and eventually with congregate care providers.

For more information, call Jennifer March-Joly, Associate Executive Director for Program and Policy, at 212-673-1800 ext. 12 or e-mail [jmarch@kfnny.org](mailto:jmarch@kfnny.org)

## The Federal Adoption and Safe Families Act (ASFA) and the Family Court

The Family Court system is the locus for implementation of many of the provisions of the federal Adoption and Safe Families Act

continued on page 8

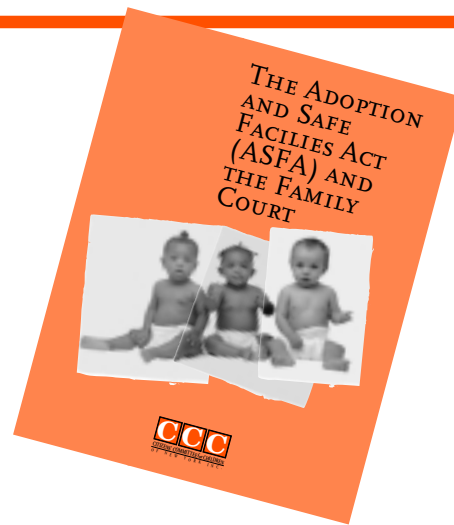
## Policy Papers

continued from page 7

(ASFA). Family Court judges, court attorneys, and referees (attorneys with the authority to hear uncontested cases and issues court orders) are in charge of making sure that the legal requirements of placements are met, that all parties have representation, and that the child and family receive needed services.

As part of a study of the degree to which ASFA has been successfully implemented in Family Courts in the five boroughs, a CCC Task Force, chaired by Judith Garson and Chris Stern Hyman, conducted interviews with ten of 22 judges, and four of 27 referees working in Family Court in Brooklyn, Manhattan, Queens and the Bronx. The staffing structure of the Manhattan Model Court and its distinct use of Court resources were examined as were state and city statistics pertaining to Family Court actions in foster care cases.

Under ASFA the Family Court is held to strict guidelines for achieving permanency for children in foster care via reunification, guardianship, or adoption. For example, ASFA requires the Court to conduct a hearing regarding a permanent placement for the child within 12 months of the initial placement in foster care. Task Force interviews made clear, with the exception of the Model Court, a number of barriers that make it difficult for the Family Court to meet this requirement. One barrier is the growing number of petitions that judges and referees must hear each day. Another is the fact that judges and referees too often have to adjourn, or delay, hearings on cases because sufficient information about the child in question is not available, needed mental health assessments meet



with extensive delays, lawyers and caseworkers aren't prepared, parental representation is unavailable or necessary parties simply fail to show up. Because of the busy Court calendars, adjournments typically add months to the process. Court data showed that many cases are actually adjourned multiple times.

When hearings do occur, judges reported that ACS caseworkers are often not fully informed and knowledgeable about their cases, and that the required forms submitted in each case are often incomplete or outdated. Large caseworker caseloads, low pay, difficult working conditions and a limited supply of attorneys who represent parents, also makes it difficult to ensure a timely and fair hearing process in each child's case. In many cases, judges also find that parents aren't able to access the services they need to work toward reunifying with their children such as mental health counseling, drug and alcohol treatment, employment services, or assistance finding housing among other services.

The experience of Manhattan's Model Court offers an exception to the findings dis-

cussed above. Benefiting from a staffing structure which includes a referee, court attorney, and case coordinator – the Model Court has a team that begins mediation/case conferencing of each case very early on. While each member of this team plays a distinct role, this approach draws in necessary parties such as parents, foster parents, caseworkers and attorneys and works to facilitate an ongoing exchange of needed information, continuous case monitoring, and case planning in which all parties participate. The Model Court has an easier time complying with ASFA time frames and more effectively meets the needs of parents and children.

CCC's recommendations for improving conditions in Family Court include:

- Pass the court reform plan currently under consideration to add much needed staffing and financial resources to the Family Court.
- Increase compensation of 18-B Panel attorneys to enhance retention and recruitment and ensure that parents have assigned counsel throughout every phase of the case.
- Assign a single judge to each case from initial filing until permanency is achieved and require time certain scheduling for each appearance in court.
- Reduce caseloads of foster care caseworkers so they have more complete knowledge of each individual case and are well prepared for each court appearance.
- Invest in needed court resources including: mental health clinicians, interpreters, school liaisons, drug screening, housing specialists, and social workers among others.

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