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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 95 LCM-74

Date: July 14, 1995

Division: Services and
Community
Development

TO: Local District Commissioners

SUBJECT: PREVENTIVE SERVICES: CONSOLIDATED SERVICES PLAN GUIDELINES
FOR COMMUNITY PREVENTIVE SERVICES

ATTACHMENTS: NONE.

This memorandum is to advise social services districts that the authority to provide Community Preventive Services, including the waiver of related administrative requirements, has been made permanent. In addition, this memorandum refines the guidelines first set out in 92 LCM-177 for the inclusion of Community Preventive Services within a local district's Consolidated Services Plan (CSP) process. Districts may include a Community Preventive Services component in the CSP which is due on August 4, 1995 or may add a Community Preventive Services component to the plan at a later date through the CSP plan amendment process.

Chapter 83 of the Laws of 1995 removes the previous June 1, 1995 expiration date for Community Preventive Services and makes permanent the program authority initially begun in 1987 on a demonstration basis. This also continues Department authority to approve Community Preventive Services programs and to waive administrative requirements for approved Community Preventive Services programs. Chapter 83 also includes Community Preventive Services under the Family and Children's Services Block Grant, eliminating the special appropriation for the program and discontinuing its demonstration grant status. A local district's expenditures for Community Preventive Services will be counted towards the district's Preventive Services Maintenance of Effort (MOE) under the block grant. Those districts currently involved in the Community Optional Preventive Services (COPS) demonstration program will be allowed to continue until all demonstration funds are expended.

All other provisions regarding the Community Preventive Services program in Social Services Law (SSL) 409-a(3) remain in effect:

- the ability to target services to communities and populations;
- the requirement for a local district plan for Community Preventive Services;
- the ability of the Department to waive administrative requirements when local district Community Preventive Services plans are approved, including
 - individual/family client eligibility determinations;
 - individual/family case planning;
 - uniform case recording (UCR) requirements; and
 - reports of individual/family plans and activities to the Child Care Review Service (CCRS).

What are Community Preventive Services?

As set forth in SSL 409-a(3), Community Preventive Services provisions allow the targeting of preventive services to specific communities or populations that exhibit characteristics that may result in family impairment or disruption and some future risk of foster care. Any service that may be provided as a non-mandated preventive service pursuant to Department Regulations in 18 NYCRR Part 423 may be provided under Community Preventive Services. Within this framework, Community Preventive Services are intended to be an innovative, early intervention approach to the prevention of foster care at primary or secondary levels of prevention. They are also a critical component in the continuum of services and intervention envisioned for the local delivery system by the CSP and the Department goals articulated in 94 LCM-128 ("1995-1996 Consolidated Services Plan," October 26, 1994). Waivers of administrative requirements will permit flexible program designs tailored to locally identified needs. They may also be used to create or enhance linkages with other systems.

The primary/secondary prevention approach helps to define the types of situations and conditions appropriate for Community Preventive Services target populations. Primary prevention would include those situations where there is currently no obvious family dysfunction but in which an individual or family is a member of a group or population known to be at greater than average risk of developing family problems and therefore may be at future risk of foster care placement of a child. Intervention with and provision of services to members of the identified group or population can prevent subsequent development of problems thus preserving family functioning. Secondary prevention would apply to families in which some problems in family or individual functioning are known to exist but which are not yet severe enough to pose an imminent risk of foster care. To allow these problems to remain unresolved could create a condition that may deteriorate to a point where placement of a child would become necessary. Secondary prevention may also include services to assist families to maintain themselves as they transition from the more intensive child welfare services thereby avoiding future need for such services.

A third level of prevention, tertiary prevention, relates to immediate or crisis intervention to alleviate a dysfunction or impairment so severe that, without the immediate provision of services, a child must be placed into foster care. This type of intervention requires the provision of Mandated Preventive Services and is not appropriate for Community Preventive Services.

Community Preventive Services and the Consolidated Services Plan

A local district desiring to operate a program of Community Preventive Services must obtain approval of that program through the Consolidated Services Plan (CSP) process. The guidelines for Community Preventive Services parallel the existing components of the CSP and include these elements:

- a needs assessment that identifies the target community or population to be served;
- a statement of outcomes that identify individual, family or community changes to be achieved;
- a description of measurable indicators by which program success and achievements can be verified or validated;
- a delineation of program strategies which include services to be provided as Community Preventive Services; and
- an indication of areas requiring State attention, intervention, or support.

As noted above, the statute on Community Preventive Services authorizes the Department to make available waivers of administrative requirements in these four areas:

- individual/family client eligibility determination;
- individual/family case planning;
- uniform case recording (UCR); and
- reports of individual/family plans and activities to the Child Care Review Service.

The statute also provides that the Department may establish alternative standards for the requirements which are waived.

These Community Preventive Services guidelines include a requirement for the inclusion of outcome statements and measurable indicators. These outcomes and indicators will constitute the alternative standards under the waiver provisions of the statute. Upon approval of a local district CSP with appropriate targeted outcomes for Community Preventive Services, these waivers will be part of the Department approval of the plan. No additional application for waivers will be necessary.

As with the CSP in general, the criteria for approval of a Community Preventive Services component to the plan will be:

- relation of the needs assessment to the family and children's services goal statement;
- internal consistency of the proposed plan (outcomes, indicators and strategies);
- consistency with the Community Preventive Services purpose of increasing early intervention through primary and secondary prevention strategies.

Community Preventive Services Needs Assessment

The needs assessment for Community Preventive Services is a component of the needs assessment for the family and children's services statewide goal:

FAMILIES, INCLUDING NUCLEAR, EXTENDED AND ADOPTIVE FAMILIES
WILL BE STRENGTHENED AND SUPPORTED IN RAISING AND NURTURING THEIR
CHILDREN; IN ENSURING THEIR CHILDREN'S CONNECTIONS TO THEIR
HERITAGE; AND IN PLANNING FOR THEIR CHILDREN'S FUTURE.

In undertaking this needs assessment process, it is important to identify client groups or communities that have service needs or are at risk of developing service needs known to be linked with risk of foster care and that could benefit from an early intervention approach. A 1990 Department study, "Families in the Child Welfare System: Foster Care and Preventive Services in the Nineties," found that parent service needs related to drug abuse, alcohol abuse, domestic violence, mental illness, and homelessness and inadequate housing and that child service needs related to school concerns, behavior, mental illness, and being a JD or PINS were the most prevalent service needs for families receiving mandated preventive services. One-half of the mothers receiving services had been teenage parents when their eldest child was born. The majority of the families were also involved in indicated cases of child abuse or maltreatment and over two-thirds were on public assistance. These are examples of needs that may be indicative of areas to which early intervention efforts addressed through a program of Community Preventive Services may prevent future risk of foster care placement. Social services districts may also identify other kinds of service needs that are known to create a potential risk of foster care.

To identify the specific client groups or communities that can benefit from primary or secondary prevention aimed at strengthening families in raising and nurturing their children, local districts may utilize existing data on the characteristics and service needs of children and families coming to the attention of the child welfare system. Districts are also encouraged to seek input from a wide variety of local governmental systems and community representatives, including families with unmet service needs that can impact family stability.

When completed, the assessment should:

- identify and define the particular groups, populations, or communities targeted for early intervention and how they were selected as priorities for this approach, including the specific service needs of these client groups or communities and the sources used to determine these needs;

- describe the current capacity of the service delivery system to meet the needs of the identified client groups or communities, including a look at what services are available from other DSS programs and other systems (such as education, public health, mental health, employment, housing, and substance abuse prevention and treatment) and their providers to meet the identified needs;

- describe whether already existing services are accessible to the target client group or community or whether there is a need to outreach; and

- identify specific service gaps, including how these service needs and/or service gaps could be met through greater coordination of existing services and, where appropriate, the feasibility of combining resources with other systems through interagency collaboration to provide a more comprehensive approach to meeting the identified needs of the target group or community.

Outcome Statements and Measurable Indicators

As noted in the Assessment section, Community Preventive Services address the Department goal that families will be strengthened and supported in raising and nurturing their children, in ensuring their children's connections to their heritage, and in planning for their children's future. Community Preventive Services are to be targeted to communities or populations identified as needing primary or secondary prevention early intervention to prevent the risk of foster care from developing in those communities or populations. Waivers of administrative requirements on eligibility determination and case recording and reporting will require the inclusion of outcome statements and measurable indicators as the alternative standard for program approval by the Department.

Within this framework, districts must identify outcomes to which the local Community Preventive Services program will be addressed and measurable indicators by which these outcomes will be verified or validated. Outcome statements may be as broad or as narrow as the local district chooses. However, the measurable indicators of how program success will be validated must be in keeping with the outcome statements identified. A brief description of what is expected in terms of outcome statements and measurable indicators is set out in the next few paragraphs.

Outcome statements identify results expected from a program or plan of services. In defining an outcome, you are expected to be as specific as possible about the results that you forecast and how these results are different from the baseline of performance currently being achieved by the participant(s) in the program. As with the CSP generally, outcome statements for Community Preventive Services must be expressed as a change in the status or behavior of individuals or groups of individuals. The outcome statement should point to the measurable indicators to be used to measure its success or achievement.

Measurable indicators identify the methods or data to be used to verify or validate the change that has occurred in individuals, families or communities as a result of services provided. Measurable indicators serve as the alternative to the administrative reporting requirements being waived. They create the means by which local districts establish accountability to track outcomes and must be appropriate to program design and strategies. The indicators may be drawn from data produced by one of the Department supported systems, from local data collection, from client surveys, or through any other relevant technique. The method chosen or identified must be included as part of the district's plan for Community Preventive Services.

Outcome statements are more than reports of activities planned and measurable indicators are more than counts of activities completed. A program statement such as "Ten parents will complete a program of 4 group counselling sessions" is neither an outcome statement nor a measurable indicator. It is a statement of input not a description of results. It does not identify what change is expected from the parents as a result of having gone through this activity or why this change will result in the parents being different or performing differently than before the program or how the parents' status as a result of the program differs from others who have not participated in the program.

An example of an outcome statement for a school-based intervention program may illustrate this difference. The current assessment of performance for the target population of the program indicates that without intervention 30 students will drop out in the next year. An appropriate outcome statement (result target) then might be that through application of the program intervention one-half of the expected dropouts can be prevented. If the program expects to serve 30 students in the next year an appropriate outcome statement might be: "Of the 30 students at risk of dropping out, no more than 15 will drop out."

Verification/validation of the program effort then becomes not whether 30 students completed the program, but how many of them were prevented from dropping out. Did the desired/expected number of persons attain the result/outcome expected? Samples of measurable indicators for the targeted result might be discipline and attendance office reports, monthly teacher reports of student progress, parent and/or student feedback.

Another example of an outcome statement and possible measurable indicators relates to a Family Resource Center program. To prevent the incidence of family violence and family disruption, the center operates a parent training group for parents who have had a first or one-time report of child abuse or neglect related to child discipline.

One outcome statement for such a program could be: "Of 20 parents referred to the program for inappropriate discipline of their children and completing 6 months of parent training, 10 will demonstrate increased skills for positively disciplining children. Appropriate measurable indicators might include that there are no subsequent child protective reports for these parents, parent self-reports, counsellor/caseworker notes of observed behavior of parents with children.

Not all Community Preventive Services programs will have as specific targets as the school-based or parent training interventions. For some, the measurable indicators will not be individual or family change but changes in the indicators that identify the target population or community as potentially at risk for foster care placement. These situations could be reductions in reports of or indicated cases of child abuse or maltreatment, reductions in number of children entering foster care, reductions in PINS petitions or in referrals to PINS Adjustment, increases in utilization of health care services, increases in general school attendance, etc.

As with the individual or family change outcomes, outcome statements based on statistical indicators need to be expressed in terms of change from a baseline. Thus, one such outcome statement might be expressed as: "Reports of child abuse or maltreatment will be reduced by 15% from the same period in 1994." Others could include: "75% of families will show improved family functioning and reduction of risk through pre- and post-services completion of the Kempe Family Stress Checklist" or "The percent of families obtaining primary health care for children will increase from 25% to 70%."

Strategies

Strategies are the activities and/or service components the district proposes to undertake to achieve it's stated outcomes. Strategies concretely outline what services, approaches and linkages will be implemented to comprise the overall program design. The composition of district service strategies should be responsive to the demonstrated need of the targeted population or geographic area and should relate directly to the achievement of the proposed outcomes.

Local districts are encouraged to consider implementing Community Preventive Services strategies which are aimed at creating an environment in which families who require services can be moved through an integrated service continuum. Community Preventive Services can be a critical component of any local district service continuum. Community Preventive Services is a 'front end' family support service option that districts can plan and develop within the context of the overall CSP design and the district's formulations for foster care, adoption, preventive services and child protective services. Community Preventive Services can be an important part of a local district strategy to facilitate cross-systems collaboration, interagency planning and service delivery, and the establishment of community linkages for client access to services. Districts must explain how the Community Preventive Services strategies (services, etc.) they propose fit within the district design for its continuum of services.

Narrative provided by local districts pertaining to the strategies to be employed should include, as appropriate, the following:

Identify the specific service components that will be offered by the program, whether services will be purchased and/or provided directly, and if purchased what agency or agencies will provide the service;

Explain what strategies will be utilized to outreach the at risk population and how the community will be made aware that the services are available;

Describe how the district will formally integrate Community Preventive Services into their service continuum and indicate what method(s) will be utilized for effective coordination and referral of clients to mandated preventive and/or child protective services;

Delineate any collaborative mechanisms and/or protocols with other systems or community services such as schools, health clinics, youth services, food pantry services, etc. that will be implemented to achieve the program design;

State how much the total Community Preventive Services program will cost and explain what other types of resources (including donated funds, in-kind/indirect services contribution, etc.) will be obtained from other systems or agencies to support the Community Preventive Services program in order to maximize the availability of services, coordination of services, and improved access to service delivery.

Describe what kinds of local district and/or provider agency staff functions are needed to achieve the program design;

Describe how the program will seek ongoing input from the community with regards to cultural responsiveness and appropriateness of services;

Shaping An Effective State Response

The Department recognizes that the development of a Community Preventive Services program at the local level will require a strong State/local partnership. As the last part of the Community Preventive Services component for its CSP, the local district should identify specific state actions and/or supports that will be necessary for a local district to achieve its planned outcomes.

The following are examples of areas in which the state could provide assistance and/or support:

Outcome Statements and Measurable Indicators--It is recognized that the definition of outcome statements and measurable indicators is a new task for most districts. Technical assistance is available from Department staff to any district for help in designing appropriate outcome statements and identifying measurable indicators for a district's plan for Community Preventive Services.

This same assistance will continue to be made available following CSP approval to help districts continue to focus on and refine outcomes for their Community Preventive Services programs, as outcomes and their measurable indicators will be a key element in program monitoring and evaluation both for the local districts and the Department.

Developing a Local Approach--A local district may want assistance in designing an overall approach to providing these services. This might include but need not be limited to deciding whether to provide the service directly or purchase it through an agreement with a not-for-profit or another public agency. It might also include determining how Community Preventive Services fits into the district's overall approach to providing services including whether or not to use a managed care approach.

Program Models--A local district might also want information on approaches or models other local districts have developed. Some of the program models local districts have developed include but are not limited to: school based preventive services; Family Resource Centers; home visiting; crisis intervention; and employment training/job placement. Information concerning various models or approaches is available through the Department's Division of Services and Community Development.

Developing Linkages/Collaborative Approaches/Negotiating Barriers--A local district may also seek support or assistance in the area of developing linkages or collaborative models with other systems. This might include but need not be limited to joint program development efforts between various social service and community based agencies as well as as the development of joint funding strategies. We are encouraging collaborative approaches particularly between social services districts and local school systems, as well as with other public agencies, including public health and mental health, and not-for-profit community based agencies. In addition, a local district might also seek assistance in negotiating barriers to service delivery which may be the result of a state policy and/or regulation(s). Technical assistance from the Regional Offices of the Division of Services and Community Development are available in this area.

Networking With Other Local Districts--A local district might want assistance in networking with other local districts who have either developed or are in the process of developing Community Preventive Services programs. This may also include multi-district planning for joint utilization of service providers for Community Preventive Services. To the extent possible, the Department through Regional Offices will facilitate networking among local districts.

Assessing and/or Evaluating Community Preventive Services--Finally, a local district could request assistance in the area of assessing and/or evaluating Community Preventive Services. This could include helping to devise methods or instruments to collect data for the evaluation. It is important to note that we will be requiring all districts to assess the extent to which they are meeting their program outcomes.

Staff Development Assistance

Districts need to assess the organization and staff and any staff development support they will need to effectively implement a Community Preventive Services program in their county and how the Department may assist the district in that effort. For example, technical assistance related to serving a special needs population (e.g., substance abusers) or on staff utilization or deployment strategies from other programs may be made available. Where appropriate, indication of any such needs or requests should be included in the Community Preventive Services program design.

Claiming Information

Districts which develop and implement Community Preventive Services programs pursuant to this LCM and incorporation in the local district CSP will report and claim expenditures for the Community Preventive Services program on the Schedule G as Non Mandated Preventive for Purchased Services or on Schedule D-2 as Non Mandated Preventive for Direct Services.

Submission of Community Preventive Services Component for CSP

Districts which plan to include Community Preventive Services as a part of their services continuum under their CSP may elect either to include the Community Preventive Services component in the new district CSP which is due to the Department on August 4, 1995 or to submit their Community Preventive Services component narrative at a later date as a CSP plan amendment. Districts which have an existing Community Preventive Services program or which have already developed plans for Community Preventive Services may find it easier to include the Community Preventive Services component in the plan submitted by August 4, 1995. However, this is not mandatory and all social services districts have the option of including Community Preventive Services at a later date by the CSP plan amendment process. Some districts may choose to include a planning period for Community Preventive Services in the current CSP with a design for implementing Community Preventive Services to be completed by a plan amendment at a later date. As noted above, districts currently involved in the Community Optional Preventive Services (COPS) program will be continued until current demonstration funding is expended. Whatever time for submission is chosen, the submission must conform to the guidelines of this memorandum and the CSP requirements outlined in 94 LCM-127, including the requirement for the designation of the plan's effective period and the instructions for mailing of proposed plans to the Department and Regional Offices for review and approval.

For assistance in completing the Community Preventive Services component of the CSP, contact your representative in your Regional Office of the Division of Services and Community Development.

Donald K. Smith