

DEPARTMENT OF SOCIAL SERVICES

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Commissioner



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**LOCAL COMMISSIONERS MEMORANDUM**

**Transmittal No:** 92 LCM-177

**Date:** November 17, 1992

**Division:** Services and  
Community  
Development

**TO:** Local District Commissioners

**SUBJECT:** Consolidated Services Plan amendments for Community  
Optional Preventive Services waivers and reimbursement

**ATTACHMENTS:** A: Letter of Intent form [available on line]  
B: Application for plan amendment [available on-line]  
C: Application guidelines [available on-line]  
D: Application checklist [available on-line]

This memorandum announces the opportunity for social services districts to apply for funds and for waivers of certain statutory and regulatory administrative and accountability requirements in order to operate a Community Optional Preventive Services program. A total of \$600,000 is available from the 1992-1993 State Fiscal Year appropriation, to be matched by \$600,000 of local share dollars. Through applications for plan amendments to local district Consolidated Service Plans, the Department will approve a limited number of district programs for Community Optional Preventive Services programs. This memorandum provides social services districts with the information necessary to apply for approval.

**Letters of Intent are due December 7, 1992.**

**The Plan amendment application  
(including a program narrative and proposed budget)  
is due January 8, 1993.**

The earliest anticipated date for program approvals will be around March 1, 1993. No program may begin operations and be eligible for State reimbursement until the Department has approved the plan amendment. Districts may establish an initial date of operations for any time on or after the approval date. These dates may begin in the next State Fiscal Year which commences on April 1, 1993, that is, start dates may be on or after April 1, 1993.

Community Optional Preventive Services program funding remains, as it has in the past, subject to annual appropriation. Applicants need to be aware of the possibility that funds may not be appropriated for any

subsequent year. However, the Legislature has extended the statutory authority for Community Optional Preventive Services program until June 30, 1995 (Chapter 121 of the Laws of 1992). While this does not guarantee re-funding (re-appropriation of funds or appropriation at current levels), interested social services districts should not fail to apply simply because of this lack of certainty. Applying now will ensure that a social services district's program for Community Optional Preventive Services will be considered for whatever funding is available.

#### Present Status of Community Optional Preventive Services

In an effort to encourage social services districts to provide services before crisis situations arose, Section 409-a of the Social Services Law (SSL) was amended in 1987 to establish authority for the provision of Community Optional Preventive Services. Established on a demonstration program basis in 1989, eleven Upstate districts, plus New York City, participated in the Community Optional Preventive Services program between 1989 and 1992.

During early 1992, when it was unclear whether the Legislature would appropriate continuation funds, social services districts participating in the Community Optional Preventive Services program were advised in March 1992 to terminate existing programs. With the authorization of the 1992-1993 State Fiscal Year appropriation, the Department has chosen to re-open the Community Optional Preventive Services program to a new round of projects. Previous projects will be considered along with new projects. All districts interested in Community Optional Preventive Services waivers and reimbursement approval must apply under this new round.

#### What are Community Optional Preventive Services?

As set forth in SSL Section 409-a(3), Community Optional Preventive Services are intended to allow targeting of services to specific communities or populations that exhibit characteristics that may result in family disruption and the risk of foster care without necessarily having to determine specific child or family eligibility for the provision of Community Optional Preventive Services. The statute also permits social services districts to apply to the Department for waivers of statutory and regulatory eligibility determination requirements as well as of Utilization Review (UR), Uniform Case Recording (UCR), and Child Care Review Service (CCRS) documentation, reporting and tracking requirements.

Community Optional Preventive Services also serve the statutory purposes of Preventive Services which are defined in Section 409 of the SSL as those supportive and rehabilitative services provided to children and families for the purpose of averting an impairment or disruption of a family which will or could result in the placement of a child in foster care, enabling a child who has been placed in foster care to return to his or her family at an earlier time than would otherwise be possible, or reducing the likelihood that a child who has been discharged from foster care would return to foster care. Therefore, the goals and objectives of a Community Optional Preventive Services program must be reasonably related to averting an impairment or disruption of a family which would pose some potential risk of foster care.

Within this statutory framework, the Community Optional Preventive Services program intends to encourage an innovative, early intervention approach to the prevention of foster care. The methodological focus of such interventions is to improve the coordination of and access to community-based services by creating linkages among existing systems. The overall aim is to strengthen family functioning and to empower families, as individuals and as units, to access services to meet their needs. In order to accomplish this, Community Optional Preventive Services programs can target communities or groups rather than only parents, children and families.

These target communities and groups would be those in which most members may be expected to benefit from a program of early intervention at primary or secondary levels of prevention. Primary prevention would be to prevent a problem from occurring that could potentially pose a risk of foster care at some time in the future. Secondary prevention would be to remedy an existing problem before it becomes serious enough to pose an immediate risk of foster care.

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 would require the provision of Mandated Preventive Services and is not appropriate for Community Optional Preventive Services.

The primary/secondary prevention approach also helps to define the family intervention level and the types of situations and conditions that would be appropriate for Community Optional Preventive Services program target populations. Primary prevention would apply to 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 situation that may deteriorate to a point where placement of a child would become necessary.

It is possible that some families in which initial services are provided as a result of primary/secondary identification and intervention may ultimately be found to have more severe problems and to be at imminent risk of foster care. When found, such families will need to be referred for mandated preventive services. However, programs in which a defined target population would reasonably be expected to include a significant proportion of imminent risk (tertiary prevention) cases would not be appropriate for Community Optional Preventive Services.

#### Program priorities

The need for the early intervention, primary/secondary prevention approach of the Community Optional Preventive Services program was recently documented in the Department's study, "Families in the Child Welfare

System: Foster Care and Preventive Services in the Nineties". This study found that families in need of Mandated Preventive Services in 1990 were multi-problem families with complex problems. The most prevalent parent problems as noted in the study were drug abuse, alcohol abuse, domestic violence, mental illness and homelessness or lack of adequate housing. The most prevalent child problems were school-related problems, behavioral problems, mental illness and being a Juvenile Delinquent (JD) or a Person In Need of Supervision (PINS). Child problems were often found to be interrelated to parent problems. Sixty-two per cent of the preventive services families in the study involved indicated cases of child abuse or maltreatment. Seventy per cent of the families were receiving income support benefits (AFDC, HR, or EAF).

The study specifically identified the need for networks of comprehensive, community-based and family-focused services and for early interventions to assist families with their problems before they become serious and to support families at early stages so that they can avert problems. The study also found that the complexity of family problems would require greater interagency coordination and cooperation in order to deal with issues such as substance abuse, mental illness and homelessness or lack of adequate housing.

With this round of applications, we are particularly interested in program designs that allow for primary and/or secondary prevention through targeted programs of early intervention that address the kinds of problems identified in the study. While the Department study highlights needs on an overall Statewide basis, social services districts may identify other, local high need areas that create a potential risk of foster care and focus their Community Optional Preventive Services programs on those identified needs.

The scope of the Community Optional Preventive Services program and the availability of waivers of the administrative and accountability requirements are intended to encourage innovative and flexible program design. We especially want to encourage projects that demonstrate plans for forging strong linkages with existing community resources or other community-based initiatives that address high need areas such as substance abuse, housing, education, employment, or domestic violence.

#### Availability of Waivers

Social services districts proposing a Community Optional Preventive Services program may request a waiver of the individual child/family eligibility requirement. Eligibility for participation in the Community Optional Preventive Services program would be on the basis of membership in a targeted group, population, or community. Waivers may also be requested for the Utilization Review (UR), Uniform Case Recording (UCR), and Child Care Review Service (CCRS) documentation, reporting and tracking requirements.

Although the Community Optional Preventive Services program allows social services districts to obtain waivers from administrative and accountability requirements, these waivers are not the intent or purpose of the program. The waivers are only intended to make possible the inclusion of a broader base of individuals and families in programs of early

intervention to prevent those conditions and situations that contribute to family disruption and dysfunction.

One of the barriers to interagency cooperation has been the differing recording and tracking requirements of the coordinating agencies. Through the use of waivers of the specific requirements for UR, UCR, or CCRS documentation, recording and tracking, Community Optional Preventive Services programs could allow an interagency program to be free to utilize recording instruments from one of the non-district participants or to develop an innovative recording/tracking system acceptable to the cooperating agencies.

Requests for waivers must be based on program operation requirements. Justification for the waivers requested must be given in the application. Where appropriate, alternative methods for meeting the general objectives of the waived requirement need to be explained. The alternative method must be relevant to the program design proposed for each project. For that reason, we do not specify any particular alternatives. Social services districts are free to develop innovative plans.

#### Program Assessment

While the Department will not conduct a formal evaluation of programs funded under this appropriation, the application and guidelines do expect that social services districts will show how they will monitor and assess outcomes and results of project operations. Also, as the Community Optional Preventive Services program continues to function on a demonstration program basis, social services districts will be expected to maintain sufficient information on program participation, activities, and outcomes to allow subsequent review by the Department. This will become especially important as the Department considers steps to make the Community Optional Preventive Services initiative a permanent and Statewide program. Social services districts will also be expected to be able to justify any subsequent year funding for Community Optional Preventive Services by reporting the success of outcomes in the year just completed. Specific record keeping may be negotiated with approved projects based on the nature of each project's program design and proposed outcomes.

#### Expected awards

The total awards are limited to the \$600,000 currently appropriated for the support of Community Optional Preventive Services which must be matched equally by the social services districts. Specific awards and award amounts will depend on the number and quality of applications for Community Optional Preventive Services plan amendment requests received.

The Department expects to make allocations in the \$20,000 to \$75,000 range for single service or limited target population programs and in the \$50,000 to \$100,000 range for more comprehensive and multi-service/multi-agency programs. Applications for less than \$20,000 that indicate potential for significantly developing or coordinating community resources to prevent family disruption or dysfunction may be submitted. Larger social services districts may apply for comprehensive, multi-site or multi-agency programs at larger amounts where the proposed plan amendment documents the need for

its particular scope and shows how services as an early intervention to prevent foster care will be enhanced.

Claiming information

The Department may, subject to State Division of the Budget approval, make periodic advances to approved projects. Claiming of the costs related to an approved program will be made each month through the RF-2A claiming package. To receive reimbursement, expenditures should be claimed under the fifth column of the Schedule G (Non-Mandated Preventive Services).

If Community Optional Preventive Services funds and other Non-Mandated Preventive Services expenditures need to be used to meet a social services district's Preventive Services MOE, then the Community Optional Preventive Services costs will be kept under the Title XX ceiling and reimbursed at 100 per cent Federal share. For districts that exceed their Title XX ceiling and their Preventive Services MOE to the point where Non-Mandated Preventive Services costs are shifted for 50 per cent State funding, Community Optional Preventive Services expenditures will be reimbursed at the 50 per cent State share. The local share (50 per cent), however, can be met by tax levy funds and/or donated/in-kind match as described later in this LCM.

In addition to the regular Schedule G, an informational Schedule G (to be labelled Community Optional Preventive Services) will need to be completed each month. This report will contain only the costs related to the Community Optional Preventive Services program that are included as part of the RF-2A package.

Specific claiming instructions will be sent to approved programs along with the notification of award letter. Any district that will be operating all or any part of its Community Optional Preventive Services program directly with social services district staff will also be advised at the time of notification of specific claiming procedures for the Community Optional Preventive Services program funding for the local district operations. Reconciliation of any advances made and of costs claimed for operation of the Community Optional Preventive Services program will be completed at the time of the final State settlement for eligible costs over the Title XX ceiling.

Questions regarding claiming procedures or instructions may be directed to Roland Levie, Bureau of Local Finance Operations, at 1-800-342-3715, extension 4-7549, or in the Metropolitan Region to Marvin Gold at 212-804-1108.

Applicability of In-Kind/Indirect Services and Non-Tax Levy (Donated) Funds

Claiming for Community Optional Preventive Services program funds may include in-kind/indirect services or non-tax levy (including donated) funds in the local share. When reporting the use of in-kind/indirect services or non-tax levy/donated funds to make up the local share, it is imperative that these services or funds have not been previously used to match or draw other State match dollars. If State funds already support a program, position or activity, neither may those dollars be counted as non-tax levy/donated funds nor may that position or activity be used as an in-kind/indirect service

contribution to match the Community Preventive Services State dollars. Also, in-kind/indirect services and non-tax levy/donated funds may not be used for more than one-half of a social services district's total annual expenditures for Community Optional Preventive Services. At least 50% of the local share must be local tax levy funds, that is 25 per cent local cash.

The use of Federal dollars is subject to similar conditions. Federal dollars received by social services districts or voluntary agencies (or the positions or activities funded by those dollars) could be used to support the local match requirements so long as the Federal dollars are not already being used to match other State and/or local shares for funds and so long as the Federal rules and regulations under which the Federal dollars have been granted does not prohibit their use for such purposes and must not restrict their use to purposes other than those of the Community Preventive Services program to be supported.

#### Consolidated Services Plan amendment process

The use of the Consolidated Services Plan amendment process is intended to give local districts a means for establishing Community Optional Preventive Services as part of a social services district's overall plan for services. In addition, it provides a vehicle less cumbersome and less administratively burdensome than the previous Memorandum of Understanding (MOU) process.

For this process of applying for Community Optional Preventive Services funds, the type and level of information and explanation of the program required in the application for plan amendment approval is specified in a structured format in order to facilitate the Department's ability to make necessary decisions to allocate funds. In the expected event that applications received exceed the \$600,000 available, the quality and completeness of an application in addressing the areas of information requested will become a key factor in the selection process. For this reason, we are requesting some information that normally would not have to be submitted as part of a Consolidated Services Plan submission. These items include the Organizational Narrative, Staffing Plan, Budget Summary and Budget Justification. In the application package, these are noted as Attachments 1, 2, and 3. Only the plan amendment request form (face sheet) and the narrative and waivers sections (Parts II through VIII) of the application will constitute the actual plan amendment.

The Community Optional Preventive Services program application process (and its Consolidated Services Plan amendment request) overlaps the 1993 Consolidated Services Plan Annual Implementation Report (AIR) process. The Community Optional Preventive Services plan amendment process is separate and distinct from that AIR process. Approvals of plan amendment requests will be made on or about March 1, 1993 and will specifically cite approval of the Community Optional Preventive Services Consolidated Services Plan Amendment Request. Any approval letter or communication received by a social services district relating to its AIR must not be misconstrued as applying to or granting approval of a Community Optional Preventive Services plan amendment request.

### Letters of Intent

A social services district considering applying for approval of a Community Optional Preventive Services program should complete and submit the Letter of Intent form that accompanies this memorandum as Attachment A. The purpose of the Letter of Intent is to give an indication of the type of programs proposed and to assist the Department in planning for the review process for completed applications when they are submitted. Letters of Intent descriptions should be brief, probably not more than two to four sentences that identify the purpose, services and proposed target population for the Community Optional Preventive Services program that is to be funded.

Completed Letters of Intent are due at the Department by close of business December 7, 1992. Social services districts that are on-line with OFISLINK may copy the letter form, complete it, and send it by Electronic Mail (E-Mail) to the Department, addressed to USERID: FCSBPP.

Submission of a Letter of Intent will not absolutely commit a district to complete a plan amendment request application, although we will encourage all districts that submit Letters of Intent showing a viable Community Optional Preventive Services program to complete a full application. Likewise, failure to submit a Letter of Intent will not prohibit a social services district from submitting a completed plan amendment request application.

### Application Process

Social services districts must submit separate applications for each project. A program aimed at one target population with a particular purpose of goal and under a single operational management would constitute one project. This would be the case whether the program operated at one site or multiple sites. On the other hand, a program that would serve differing target populations or have more than one operational management unit would be deemed a project for each separately identifiable population or management unit even though the program would be organized under a single theme or goal. A separate, complete application, including all its attachments, is required for each project unit.

### Application

As noted above, a separate, complete application must be completed for each project. A complete application consists of the Consolidated Services Plan Amendment Request form (face sheet), completed program narrative and waiver request (Parts II through VIII), plus the completion of the attachments: Organizational Narrative, Staffing, Budget Summary, and Budget Justification. Attachment B to this memorandum contains the forms for one complete application.

Instructions for completing the plan amendment application are contained on the application and attachment pages and in the accompanying guidelines (Attachment C of this memorandum) which give additional direction for completing the application sections and its attachments. The Contact Persons listed at the end of this memorandum are available to consult with districts regarding the applicability or viability of a local district



concept for a Community Optional Preventive Services program or to answer questions regarding completion of the application, including how to respond to individual items or sections.

Responses to the application format are not expected to be extensive or lengthy. The application is structured to obtain information regarding specific, key areas applicable to an appropriate and viable Community Optional Preventive Services program. The norm for replies should be conciseness and clarity. Brief, direct responses are what is desired. The white space on the forms is a function of the format and is not intended either to dictate or to suggest a length for responses.

#### Submitting the Application

Districts applying for approval of a Consolidated Services Plan Amendment Request for a Community Optional Preventive Services program must submit the application to Mr. James Purcell, Associate Commissioner, Office of Family and Children's Services, Division of Services and Community Development, at the address shown on the request form face sheet. An Application Checklist is included with this memorandum as Attachment D to assist districts in submitting a complete package in a timely manner.

**Applications must be received at the Department no later than close of business (5:00 PM), Friday, January 8, 1993. Applications received after that deadline may not be considered for approval.**

Districts that are on-line with OFISLINK may copy the application and attachments pages, complete them, and Electronic Mail (E-Mail) the complete application to USERID: FCSBPP. Applications may also be hand-delivered, mailed, or package expressed to the Department, addressed as noted on the plan amendment request form face sheet. Applications that are not E-mailed must submit an original plus one copy.

Facsimile transmissions of applications will not be accepted. Do not bind applications or use special covers.

#### Contact Persons

The Community Optional Preventive Services program presents a special opportunity to develop and provide early intervention that may have a long-term effect on preventing the need for foster care and, more importantly, on the ability of families to sustain their own functioning and maintain stability. Any district that has an idea for such a program is encouraged to apply.

Local districts are encouraged to consult with one of the contact persons listed below considering the applicability of any local district concept for a Community Optional Preventive Services program. If you have any idea for a program, please discuss it. These contacts are also available if you have questions regarding the application process or completing the application forms (narrative, etc.). Any of these contacts may be reached by E-Mail using the appropriate USERID, by dialing directly the telephone number listed, or by calling toll-free, 1-800-342-3715, and

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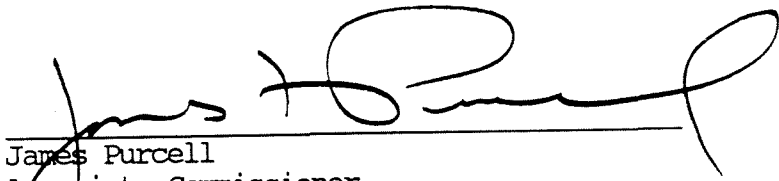
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then requesting the last 5 numbers of the contact person's direct line number.

Hal Harkess  
USERID: 0fb110  
518-474-9584

Hallie Schroeder  
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