

APPENDIX A

OCFS 2015-16 Relative Placement Trends Data

| County | Total Admission to Foster Care | Total Admission to Foster Care | Relative Foster Care | Relative Foster Care | Direct Custody | Direct Custody | KinGAP | KinGAP |
|-------------|--------------------------------|--------------------------------|----------------------|----------------------|----------------|----------------|--------|--------|
| | 2015 | 2016 | 2015 | 2016 | 2015 | 2016 | 2015 | 2016 |
| Albany | 167 | 158 | 2 | 5 | 35 | 56 | 1 | 1 |
| Allegany | 38 | 22 | 7 | 11 | 16 | 0 | 10 | 5 |
| Broome | 105 | 136 | 4 | 3 | 2 | 0 | 3 | 0 |
| Cattaraugus | 58 | 45 | 5 | 3 | 43 | 38 | 3 | 6 |
| Cayuga | 47 | 40 | 4 | 0 | 27 | 21 | 5 | 0 |
| Chautauqua | 110 | 79 | 3 | 2 | 0 | 3 | 0 | 0 |
| Chemung | 63 | 47 | 7 | 0 | 3 | 33 | 1 | 0 |
| Chenango | 39 | 26 | 11 | 15 | 17 | 17 | 0 | 0 |
| Clinton | 50 | 37 | 2 | 2 | 22 | 23 | 0 | 0 |
| Columbia | 35 | 24 | 0 | 2 | 9 | 15 | 0 | 0 |
| Cortland | 45 | 28 | 4 | 6 | 28 | 32 | 0 | 0 |
| Delaware | 35 | 13 | 11 | 1 | 34 | 10 | 0 | 0 |
| Dutchess | 176 | 165 | 19 | 27 | 18 | 48 | 0 | 3 |
| Erie | 617 | 633 | 42 | 52 | 512 | 584 | 2 | 3 |
| Essex | 26 | 24 | 8 | 9 | 3 | 7 | 2 | 0 |
| Franklin | 41 | 66 | 21 | 20 | 17 | 11 | 3 | 11 |
| Fulton | 33 | 26 | 2 | 0 | 1 | 0 | 0 | 0 |
| Genesee | 51 | 30 | 5 | 1 | 2 | 2 | 0 | 0 |
| Greene | 51 | 40 | 24 | 16 | 6 | 6 | 0 | 0 |
| Hamilton | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Herkimer | 48 | 62 | 2 | 2 | 3 | 30 | 0 | 0 |
| Jefferson | 60 | 87 | 1 | 5 | 57 | 44 | 0 | 0 |
| Lewis | 8 | 10 | 1 | 1 | 13 | 9 | 0 | 0 |
| Livingston | 39 | 33 | 1 | 8 | 29 | 21 | 0 | 0 |
| Madison | 27 | 18 | 3 | 2 | 0 | 0 | 0 | 0 |
| Monroe | 322 | 315 | 6 | 11 | 97 | 101 | 1 | 0 |
| Montgomery | 47 | 51 | 0 | 1 | 7 | 5 | 0 | 0 |

| | | | | | | | | |
|---------------------|------|------|------|------|------|------|-----|-----|
| Nassau | 149 | 116 | 4 | 8 | 11 | 0 | 2 | 5 |
| Niagara | 106 | 105 | 2 | 9 | 77 | 74 | 0 | 0 |
| Oneida | 213 | 200 | 22 | 26 | 0 | 0 | 1 | 7 |
| Onondaga | 264 | 265 | 7 | 16 | 129 | 99 | 1 | 1 |
| Ontario | 39 | 37 | 2 | 2 | 14 | 9 | 0 | 0 |
| Orange | 166 | 187 | 28 | 21 | 26 | 27 | 10 | 12 |
| Orleans | 28 | 30 | 0 | 0 | 24 | 15 | 0 | 0 |
| Oswego | 50 | 55 | 16 | 13 | 66 | 44 | 0 | 7 |
| Otsego | 20 | 12 | 0 | 0 | 12 | 15 | 0 | 0 |
| Putnam | 20 | 17 | 2 | 2 | 2 | 0 | 0 | 1 |
| Rensselaer | 74 | 51 | 1 | 0 | 5 | 0 | 0 | 0 |
| Rockland | 37 | 36 | 0 | 1 | 19 | 28 | 3 | 0 |
| St Lawrence | 102 | 91 | 9 | 14 | 55 | 58 | 1 | 7 |
| Saratoga | 27 | 26 | 0 | 4 | 7 | 0 | 0 | 0 |
| Schenectady | 167 | 128 | 15 | 20 | 35 | 38 | 4 | 0 |
| Schoharie | 13 | 27 | 2 | 2 | 15 | 28 | 0 | 0 |
| Schuyler | 17 | 12 | 0 | 0 | 0 | 0 | 0 | 0 |
| Seneca | 29 | 25 | 0 | 0 | 3 | 0 | 0 | 0 |
| Steuben | 57 | 68 | 1 | 3 | 37 | 19 | 0 | 0 |
| Suffolk | 419 | 361 | 66 | 48 | 290 | 288 | 13 | 11 |
| Sullivan | 43 | 44 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tioga | 17 | 15 | 4 | 4 | 0 | 2 | 0 | 0 |
| Tompkins | 53 | 64 | 23 | 17 | 27 | 31 | 0 | 4 |
| Ulster | 71 | 96 | 5 | 31 | 31 | 38 | 0 | 6 |
| Warren | 29 | 17 | 0 | 0 | 6 | 1 | 0 | 0 |
| Washington | 24 | 49 | 0 | 8 | 0 | 11 | 0 | 0 |
| Wayne | 21 | 23 | 0 | 0 | 0 | 5 | 0 | 0 |
| Westchester | 230 | 222 | 22 | 36 | 107 | 71 | 3 | 4 |
| Wyoming | 27 | 20 | 0 | 0 | 13 | 14 | 0 | 0 |
| Yates | 12 | 7 | 0 | 0 | 11 | 7 | 0 | 0 |
| St Regis | 2 | 3 | 2 | 2 | 0 | 0 | 0 | 1 |
| New York City | 3905 | 3750 | 1301 | 1121 | 149 | 140 | 272 | 354 |
| ROS Totals: | 4866 | 4625 | 429 | 492 | 2023 | 2038 | 69 | 95 |
| NYC Totals: | 3905 | 3750 | 1301 | 1121 | 149 | 140 | 272 | 354 |
| State Total: | 8771 | 8375 | 1730 | 1613 | 2172 | 2178 | 341 | 449 |

APPENDIX B

The Opioid Crisis and its Impact on Kinship Care

Testimony given on November 14, 2017

Gerard Wallace, Esq.

Director, NYS Kinship Navigator
Public Services Professor, U.
at Albany School of Social Welfare

Ryan Johnson, MSW

Program Development and Education
Specialist, NYS Kinship Navigator
Policy Coordinator, NYS KinCare Coalition

What is Kinship Care?

Kinship care refers to nonparents (grandparents, other relatives, and close family friends) who care for children when parents are unable or unwilling to care for their children. In New York State, most of these households provide care privately, and do not receive foster care supports.

How Prevalent is Kinship Care?

Nationally, as many as 2.6 million grandparents are caring for children.¹ According to the same American Community Survey data cited in that article, in New York State, there are more than 130,000 grandparent “kinship” families. Together with aunts, uncles and other family members, estimates are as many as 200,000 kinship families are raising upwards of 300,000 children in New York State, mostly without foster care supports.

Commonality of Causes for Foster Care and Private Kinship Care

Children live with kin for similar reasons as to why they might enter foster care with non-relatives, namely parental neglect (61% of foster care placements), parental substance abuse (32% of foster care placements), parental inability (14%), physical abuse (13%) and other safety concerns. See the discussion on Diversion from Foster Care, for data on child protection records and low kinship foster care utilization outside New York City.

Children in these homes experience similar special needs as children in foster care, such as emotional and behavioral disorders, educational disabilities, trauma, and loss. Caregivers tend to

¹ See also, “Young Victims of the Opioid Epidemic” (NY Times editorial, Jan. 16, 2017).

be single, older, and are more likely to be disabled and on a fixed income (36% of caregiver households in the Research Foundation study had an income of less than \$20k)².

How Drug Use Impacts Kinship Care

With the current epidemic of heroin use throughout the country, much research has been done by national groups regarding its impact on children entering into kinship care arrangements with family members. According to the Center for Disease Control, between 2002 and 2013 rates of heroin overdose deaths have quadrupled, often leaving children of those deceased in limbo. Below are some more recent reports and articles that further describe the issues. Recent articles continue the alarming reports on kinship care and the heroin crisis.

Data from the NYS Kinship Navigator federal demonstration project documents the high rate of causation between parental drug use and placements of children in kinship care. In a Center for Human Services Research child welfare study, over 55% of mothers whose children were living in kinship care had histories of drug abuse. As a result, kinship children have significant numbers of adverse childhood experiences (ACES) at the time they enter the care of a relative.

Recent Reports: Kinship Care and the Opioid Epidemic

Generations United 2016 Annual Report: Raising the Children of the Opioid Epidemic

This [23 page report](#) gives recommendations for public policy changes that would help support kinship families as they take on the role of caregivers of children affected by the opioid crisis, including funding Kinship Navigators, increasing access to financial assistance (TANF), and engaging Aging services to support kinship families who are elderly. Important facts to note from this report:

- Parental substance use accounted for one third of all foster care placements (2014)
- Opioid epidemic is responsible for increase in foster care placements, nationwide
- Kinship families who take on children, keeping them out of foster care, save the country \$4 billion dollars every year
- Children thrive when placed with kinship caregivers, in comparison to being placed in foster care with strangers

The New York Times: Children of the Heroin Crisis Find Refuge in Grandparents' Arms

This [NYT article](#), published May 21, 2016, gives firsthand accounts of grandparents throughout the country stepping in to care for their grandchildren in the face of great challenges. It follows

² In a 2013-15 survey of kinship children and caregivers conducted by the Center for Human Services Research Foundation in 5 demonstration counties in upstate NYS, as part of the NYS Kinship Navigator Children's Bureau demonstration project (final report forthcoming).

stories from eight caregivers and how they deal with thwarted retirement plans, reshuffling family roles, and fears for the future. Some important facts from this article are:

- More than 2.6 million grandparents were responsible for their grandchildren nationwide in 2014, up 8 percent from 2000
- Heroin deaths have soared among white families in suburban and rural areas, while remaining level among blacks and Hispanics

The rise in addiction has caused a increase in child welfare interventions. Resulting in more removals and a greater need for non-parent placements. Without certified foster “beds”, more children are being placed in kinship.

The Buffalo News: ‘It’s like a tsunami’: Opioid epidemic pushes kids into foster care

This [Buffalo News article](#) highlights the increased use of kinship families as a resource:

“...the Social Services Department has adjusted its strategy of how it places children who have been pulled from their parents' custody. Instead of looking first to available foster homes, caseworkers look increasingly to vet relatives – aunts, uncles, grandparents, older siblings – who can take in these children and ideally preserve the children's ties to their families, friends and community. “We have the highest percentage in the state of children who are placed with relatives rather than foster parents,” Rodwin said. Social Services Commissioner Al Dirschberger said the broader Social Services field is moving in this direction, with placement with relatives considered a best practice. Some relatives, though not the majority, go on to become certified foster parents so that they can receive additional financial support and services for the child they assume custody of. “We've become more focused on permanency, and the best permanent place is with their family,” Dirschberger said. “If not with their family, then with their relatives, their extended family. It's just the right thing to do.” It is also absolutely necessary, advocates say. Social Services has 165 certified foster homes in Erie County. That's a tiny number, compared to the hundreds of children who need a home. While the numbers of children needing foster placement has continued to rise, Social Services administrators say the number of local residents willing to become foster parents has not.”

The shortage of foster homes referenced above is not unique to NYS, but is in fact a national issues as recently reported in this Chronicle of Social Change report, “[National Shortage of Foster Care Homes](#)”, where about half of states struggle to keep up with foster care demand.

Other Recent Reports:

[NBC News: Opioid Crisis Forces Grandparents to Raise Their Grandkids](#)

[The Today Show: 'Heartbreaking': Opioid crisis forces grandparents to raise their grandkids](#)

[The Today Show: Grandparents raising grandkids: 3 things to know before taking on the new role](#)

[Vox.com: The opioid crisis is making grandparents parents again](#)

[The Wall Street Journal: The Children of the Opioid Crisis](#)

[The Washington Post: Grandparents raising grandkids grapple with retirement and college costs at the same time](#)

What Services are Available for Kinship Care Families?

New York State funds a statewide Kinship Navigator (information, referral, advocacy, and education services) and 22 localized kinship service providers (case management and support groups) administered by the Office of Children and Family Services. In FY 2017-18, the executive budget Aid to Localities provided \$338,750 for OCFS local kinship programs and \$220,500 for the Kinship Navigator, with the legislature adding \$1.9 million for local programs and \$100,000 for the Kinship Navigator, totaling \$2,559,250 dollars for kinship services in NYS. For FY 2018-19 we recommend expanding Navigator services by an additional \$300,000 in order to reach additional families with services.

Federal Action and Kinship Care

Commission Report:

The [report](#) from the President's Commission on Combatting Drug Addiction and the Opioid Crisis makes the following recommendation:

Recommendation 47: The Commission recommends that HHS, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Administration on Children, Youth and Families (ACYF) should disseminate best practices for states regarding interventions and strategies to keep families together, when it can be done safely (e.g., **using a relative for kinship care**). These practices should include utilizing comprehensive family centered approaches and should ensure families have access to drug screening, substance use treatment, and parental support. Further, federal agencies should research promising models for pregnant and post-partum women with SUDs and their newborns, including screenings, treatment interventions, supportive housing, non-pharmacologic interventions for children born with neonatal abstinence syndrome, medication-assisted treatment (MAT) and other recovery supports. (The President's Commission on Combating Drug Addiction and the Opioid Crisis, p. 81; March 2017).

Legislation:

1. The [Supporting Grandparents Raising Grandchildren Act](#), introduced in 2017, proposes to establish a Federal Task Force to Support Grandparents and Other Relatives Raising Children ([summary here](#)). We recommend expanding the membership guidelines to include State representation from local Navigators and Child Welfare Departments.
2. The [Family First Prevention Services Act](#) of 2017 would create funding for evidence based kinship navigator programs and targeted grants to increase the well-being of

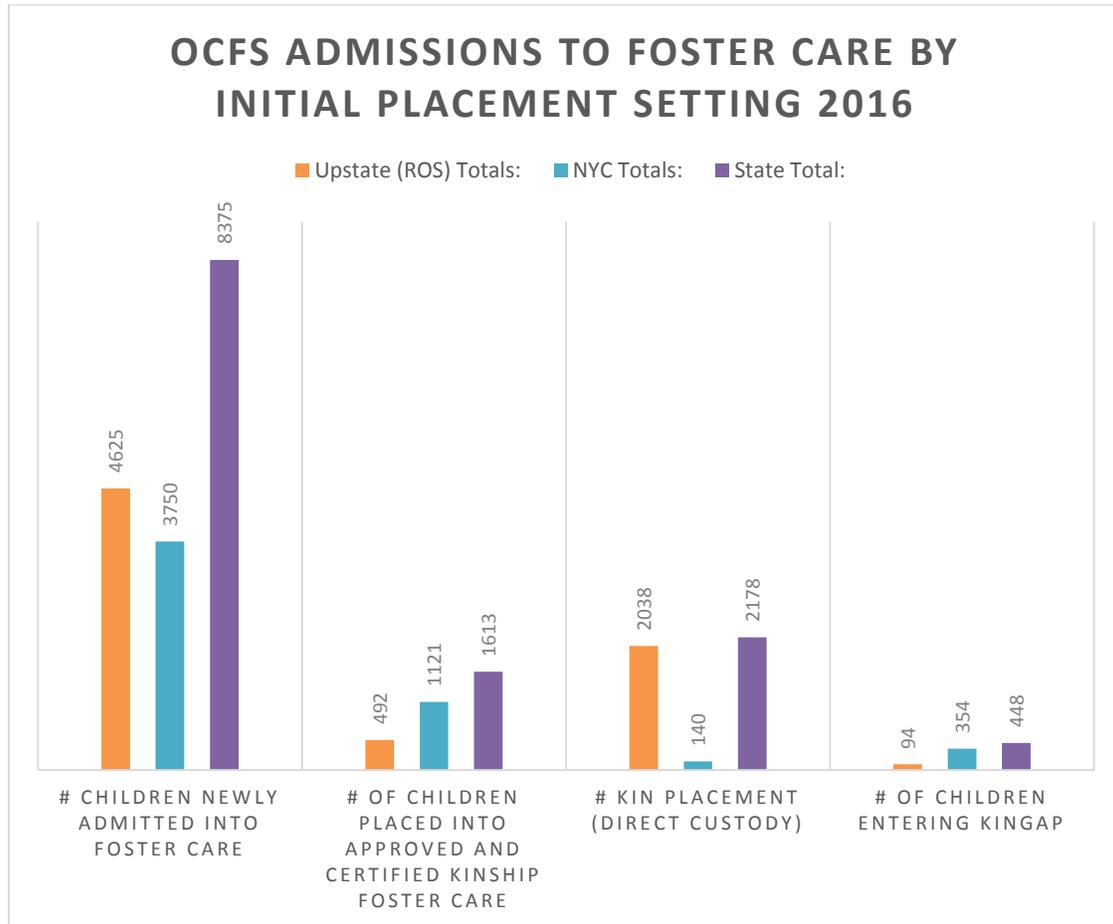
children affected by substance abuse, but unfortunately, would also defund many Residential Treatment Programs for children, and is therefore opposed by NYS OCFS.

Diversion from Foster Care

In an evaluation of child welfare records conducted by SUNY Albany during the Federal Kinship Navigator Demonstration Project, of a sampling of 455 children who were living with relatives in informal (private) kinship arrangements, 80% had past or present involvement with Child Protective Services. None were in relative foster care. While some caregivers intervene on their own, many are engaged by child welfare agencies to become placement resources. Few become foster parents, in 2016:

- 3,750 children admitted into foster care in New York City; 4,625 in Rest of State (ROS)
- Of these, 1,121 children were placed in relative foster care in NYC (30%), 492 in ROS (10%)
- See OCFS 2016 data³ on relative foster placements, “direct” custody, and KinGAP, showing widespread under-utilization of relative foster care in many upstate counties.

³ OCFS Trends in Relative Placements 2012-2016 Report



Kinship Foster Care is Not Common Outside of New York City:

Despite statutory support for the use of kin as foster parents, only 19% of all children who came into foster care in 2016 were placed with relatives who were their foster parents. The disparity between NYC and ROS is alarming: 30% of all incoming children into foster care in NYC were placed with relatives, while only 11% of children in ROS were placed with relatives.

The kinship community has ongoing discussions with OCFS regarding the disparate county practices in utilization of kin as a resource for at risk children. OCFS is working on changing local practices through development of trainings and regular meetings with supervisors and has recently held meetings with Erie and Monroe County DSS Commissioners regarding these issues. However, the practice has a long history and appears to be increasingly utilized. More immediate solutions are needed. *See* NYS Bar Task Force on Family Court 2013⁴ recommending

⁴ NYSBA Task Force on Family Court Final Report (2013) can be found at: <https://nysba.org/TFFCFinalReport/>

more uniform application of laws and practices to address the disproportionality. See recommendations.

Diversion Placement Types

Kinship Children Placed in Private Kinship Care via Informal Arrangements (No Article Ten)

There is no data available regarding number of such placements, but OCFS and local counties acknowledge its use. Often used as part of a “safety plan,” called an “alternative living arrangement,” or “parole,” this practice places children directly with kin when their parent’s home is deemed unfit by a child protective services worker, but no Article 10 proceeding or official custody arrangement is made. Caregivers may seek Article Six custody or guardianship or may simply care for children without court orders.

Kinship Children Placed in Private Kinship Care via “Direct” Custody (Article Ten)

See above graph. This practice involves child welfare placing a child in the care of a relative without certifying them as a foster parent. In 2016, there were 2,178 custody placements: 140 in NYC and 2,038 in ROS. Between 2011 and 2016, In **New York City**, the number of children directly placed with relatives **decreased 45 percent**, from 273 in 2011 to 140 in 2015. In **ROS**, the number of children directly placed with relatives **increased 71 percent** from 1,186 in 2011 to 2,038 in 2016.

Kinship Children Placed in Private Kinship Care via Article Ten Conversions to Article Six

There is no data available from OCFS or the Office of Court Administration on the number of cases, but OCFS and local counties acknowledge its frequent use. Navigator case records and reporting from family court attorneys also indicate numerous instances of this practice.

Recommendations for Kinship Care Services in New York

Recommendation 1: Declare September as Kinship Care Month

Since 2014, both the Assembly and Senate have passed resolutions that declared September as Kinship Care Month. Governor Cuomo also issued declarations each of the last three years. Since New York issued this resolution in 2014, eight other states and multiple municipalities throughout the country have issued declarations. Nationally, on September 30th, 2015, the U.S. Senate passed a resolution declaring September as Kinship Care Month, and while efforts fell short to have the President sign a declaration last year, multiple national organizations have come together to push the Congress to pass a resolution this year. In other states and at the federal level, New York's resolution is being used as a model.

40, including most of rural NYS. The local programs and the Kinship Navigator are vital to the local kinship communities, enabling new kinship families to care for children, especially those whose parents have succumb to drug/opioid abuse. We expect the Governor’s proposed FY2018-19 budget to once again provide \$338,750 for local programs and \$220,500 for the Kinship Navigator (Aid to Localities pp. 363 & 365).

In order to maintain the progress the state has made in the last 3 years in kinship care services and to address the opioid crisis in rural New York, it is important for the state to maintain level funding for kinship support services and add \$300,000 for the Kinship Navigator to expand outreach to rural counties. *See* attached enhanced Kinship Navigator services memo for more information on proposed service expansion.

Recommendation 3: Legislature Should Resolve to Review Diversion Practices and Enact Reforms

Diversion in New York State has a long history. This year the State Comptroller is conducting an audit of the practices. The commentary to McKinney’s Family Court Act Section 1017 referred to “ruses” committed by local departments to convince kin not to become foster parents. Year after year, the Navigator’s director, Gerard Wallace, has testified to the Legislature about it. OCFS has acknowledged the issue, as has the New York State Bar, and numerous kinship summit reports.⁵

Despite this, little is done to develop new directions in policy and practice to reform current practices. While there are good reasons why kinship families should care for their own, it is a fact that low foster care entry rates mean that many children who need foster care services are not receiving them. The solutions are complex and can only be addressed by a focused effort on the part of the Legislature. In this effort, there are many advocates and agencies who understand the issues and the need for solutions and who would offer their assistance. In September 2016, at the State University at Albany, a national kinship summit made recommendations for national child welfare kinship reforms. With legislative leadership and the partnership of OCFS and the kinship community, it’s time to set a new direction.

The Legislature should hold hearings on diversion and learn firsthand from caregivers and advocates the impact of this practice, and the Legislature should take action to review current child welfare practices and make recommendations for reform.

⁵ For summit reports, see http://www.nysnavigator.org/?page_id=273

Recommendation 4: Amend Social Services Law 392 to Require Local Departments of Social Services to Refer Kinship Caregivers to Kinship Services

Reforming child welfare agencies practices will take years to accomplish. Even if achieved, there will still be need for most children to remain in private kinship families. While diversion practices may decline, kinship families will continue to exist mostly on their own. Their main supports will be the OCFS administered kinship services programs. Given that most kinship families have contact with local departments of social services either through applications for benefits or through engagement with child welfare staff, local departments should ensure that kinship families have full access to kinship supports by connecting them to kinship services.

In the Kinship Navigator federal demonstration project, the most successful lesson was the collaboration with local departments of social services which led to a 600% increase in referrals to kinship services. With the current upsurge in kinship families now caused by opioid crisis, it is imperative that families receive specialized kinship services. Given the barriers to outreach (cost, rural isolation, reluctance of caregivers, etc.), implementing a requirement for referrals is a low cost solution which will cause many more kinship families to be connected to kinship services.

Social Services Law section 392 was enacted to require local departments to make available information about public benefits and kinship services. See Office of Temporary and Disability Assistance informational letter [OTDA 12-ADM-01](#) (Requirement to Make Information Available to Non-Parent Caregivers Relating to Available Services and Assistance Programs). The statute reads:

§ 392. Services for relative caregivers. Notwithstanding any other provision of law to the contrary, local social services districts shall make available through the district's website or by other means information for relatives caring for children outside of the foster care system. Such information shall include but not necessarily be limited to:

- 1. information relating to child only grants, including but not limited to, how to apply for child only grants; and*
- 2. information on department of family assistance or local department of social services funded resources for relative caregivers, including those that provide supportive services for relative caregivers.*

Implementation is inconsistent and does not include connecting caregivers to kinship services. Requiring local departments to make referrals to kinship services is a necessary step to ensure that no caregiver falls “between the cracks.” We no longer want to hear, “CPS gave me my grandchild eight years ago, and this is the first time I’ve found out there’s help for me.”

APPENDIX C

NYS Kinship Navigator (KN) Program Expansion 2018/19

Current Program = \$320,500

The NYS Kinship Navigator (KN) seeks to expand its services to address identified needs, particularly in the 40 NYS counties that are without kinship services for all kinship families. Following up on its federal demonstration grant (2012-16), the expansion incorporates project best practices and includes hiring of two full time and two part time employees and securing office space in Albany.

Proposed Expansion: \$300,000

Total: \$620,500

1. Educational Outreach

One of KN's primary functions is to educate kinship caregivers and professionals about benefit eligibility and to assist in connecting caregivers to those benefits. Most kinship families are eligible for special benefits, but many do not know they are eligible, even those children who have been placed with relatives by Child Protective Services. Research in NYS shows that about 15% of all eligible families are actually receiving financial benefits, and about 40% of eligible families are receiving SNAP benefits.

During its federal demonstration project, KN implemented a Permission to Contact (PTC) procedure that increased referrals by 600% from local departments of social services in five targeted counties. Since the project ended, KN has done introductory presentations about the PTC to numerous public and private agencies in another 14 additional counties and is regularly receiving PTC's from most of them. But a barrier to successful implementation is the lack of KN resources for outreach/training activities. Outreach and training would ensure local staff are engaged and using the PTC. Thereby caregivers are being connected to KN, and subsequently screened for benefits and referred to local services.

Critical to the use of the Permission to Contact procedure is KN connecting to local departments of social services as well as other local agencies/organizations, including Area Offices on Aging, schools, courts, Office of Mental Health, head starts, and medical providers. A full time Outreach Coordinator would solely focus on connections and trainings. Target areas would be counties without Office of Children and Family Services kinship programs, currently 40 counties, many of which are rural.

2. Legal Assistance

Each month, KN speaks to many caregivers who need legal assistance, often related to custodial actions or public benefits. KN currently cannot provide legal advice via consultations and assistance in drafting legal documents. OCFS has indicated that to be beyond the scope of KN's legislation. KN does provide legal "fact sheets" and makes referrals to legal resources. This proposal would include hiring a legal consultant on staff who would provide phone consultations and would allow KN to offer otherwise unavailable services to caregivers across the state, and would make KN the only agency on a statewide level to offer such services. Additionally, the kinship attorney would assist in promoting outreach to the legal community and would present specialized kinship law trainings (CLE's) for attorneys and educational activities for key stakeholders in support of kinship families.

3. Improvement of Online Supports

A primary function of KN is delivery of information via its website regarding kinship benefits, county services, and legal fact sheets. A growing online video education function has proven helpful to the kinship community. A Marketing Content and Online Outreach Coordinator would add online resources and services, including online video guides about benefit eligibility and the application process. Enhanced maintenance of our social media accounts (Twitter/Facebook) would provide increased access to resources, offer potential additional support services (for example: online caregiver groups), and increase dissemination of relevant kinship information. The Marketing Content and Outreach Coordinator's responsibility for enhancing KN's website and improving user-friendly features would be an important information pathway for assisting kinship families.

4. iFoster

KN continual seeks to grow its referral network and to increase services that address kinship family needs. However, KN lacks offerings of tangible services, such as product discounts and free products for caregivers who utilize our services. IFoster, developed as part of the recent federal kinship navigator demonstration project grants, is a California Kinship Navigator program that helps caregivers gain access to products and services through an online portal and self-help accounts. By developing community partnerships with organizations, iFoster has offered discounted and free merchandise, including free laptops for graduating high school students, coupons/vouchers to clothing/food stores, as well as many other tangible services. IFoster has contracted with the NYC, but has not developed a program in the Rest of State. Development of iFoster for New York's Rest of State kinship community would give access to vital supports to help increase permanency for caregivers especially in communities without a local kinship support program and in rural areas. KN, which was one of the seven Fostering Connections demonstration projects along with IFoster, has approached IFoster about bringing their program to upstate NYS and would work with California's IFoster senior staff to implement the program.

APPENDIX D: Utilizing the TANF Child-Only Grant: Increasing Accessibility

Child Welfare and Kinship Care

The majority of kinship care arrangements are informal or voluntary, meaning that Child Welfare (CW) involvement in the placement was non-existent or brief. Families often make arrangements independently without CW involvement. It is difficult to know exactly how many informal kinship care arrangements there are since many do not have records on file with CW services or the local Departments of Social Services (LDSS), and Census data appears to under-report. Informal kinship care estimates range from 150,000 to 300,000 children.

In 2016, utilizing a form of voluntary informal placement known as N-Docket, 1017 placement, and/or Article 10 placement, county CW agencies in NYS placed 2,178 children in “direct custody” with kin, diverting these children away from foster care, saving the state millions of dollars in potential foster care expenses.

It appears evident that few families are being certified or approved as foster parents and receiving foster care supports (Taylor & Blair, 2006). In NYS in 2016, there were 16,211 children in foster care as of December 31, 2016. Of those, only 3,323 children were living in approved foster homes with relatives, leaving the majority of children with kin with minimal supports in place, if any (OCFS, 2016).

Not only does kinship care keep children out of foster care, research has shown that children experience better emotional and behavioral outcomes when compared to those who enter foster care with strangers (AEC, 2012). Research shows that informal kinship care arrangements generally improve safety, stability,

and wellbeing for children, but that many kinship care families have high levels of material and service needs (Gibbs, et al, 2006). According to data presented by Mauldon, et al (2012), 32% of all kinship families nationally live below the federal poverty line. Research indicates that children in poverty tend to have worse outcomes than their peers socially, developmentally, and academically (Sandstrom & Huerta, 2013).

Available Assistance to Kinship Families

The Temporary Assistance for Needy Families Child-Only grant is federally funded dollars that states may access for helping kinship families. In NYS, the average amount allotted to families in the Child-Only grant is around \$430 per month for the 1st child, and \$150 per month for each additional child (NYS Kinship Navigator, 2015). Though the grant is small, receiving the grant could have a great impact on the improvement of positive child outcomes in behavioral and emotional disorders, thus also lowering the stress levels of caregivers (Akee, et al 2015).

According to data from OTDA on Child Only Cases, there are on average 1.4 children per kinship household. While almost all kinship families are eligible to receive the Child-Only grant, research indicates that only 15% of kinship families in NYS are currently receiving it (Mauldon, et al, 2012). Some of the reasons for the underutilization of this grant include family’s and worker’s lack of knowledge of the grant and eligibility criteria, as well as difficult and inaccessible application processes (Martin & Citrin, 2014).

Recommendations

The barriers to gaining access to the NPC grant listed above are ones that can be solved. Helping families in need to gain access to even limited financial resources can have a large positive impact on children, as research has shown. Here are some solutions for addressing this problem:

1. REDUCE THE APPLICATION LENGTH

Currently, applying for the Child-Only grant involves navigating a 28 page application booklet, the standard booklet used to apply for all available benefits, i.e., child care, Medicaid, Cash Assistance, etc. Creating a shorter application specific to the Child- Only grant would create less confusion for caregivers as well as social service workers when determining eligibility.

2. REQUIRE MANDATORY TRAINING FOR LDSS STAFF ON BOTH THE GRANT AVAILABILITY AS WELL AS THE APPLICATION PROCESS

Keeping CW and TANF staff informed about available resources for kinship caregivers is an important way in which caregivers can get connected to services, especially during the crucial time when caregivers first take children into their care.

3. UTILIZE THE PERMISSION TO CONTACT FORM: REQUIRE LDSS REFERRALS TO KN

The NYS Kinship Navigator, in conjunction with SUNY Albany, developed a Permission to Contact procedure in which caregivers gave consent to a DSS or CW worker for the NYS Kinship Navigator to contact them. The procedure has increased referrals by over 600% in target counties.

APPENDIX E

OTDA Child Only Cases by County as of APRIL 2017

| | CASES: | CHILDREN NOT SON/DAUGHTER STEP: | *GRAND CHILDREN: |
|----------------|--------|---------------------------------|------------------|
| 01 ALBANY | 340 | 466 | 297 |
| 02 ALLEGANY | 78 | 111 | 92 |
| 03 BROOME | 597 | 834 | 522 |
| 04 CATTARAUGUS | 170 | 235 | 163 |
| 05 CAYUGA | 118 | 178 | 128 |
| 06 CHAUTAUQUA | 290 | 438 | 299 |
| 07 CHEMUNG | 227 | 335 | 195 |
| 08 CHENANGO | 111 | 166 | 122 |
| 09 CLINTON | 237 | 347 | 263 |
| 10 COLUMBIA | 74 | 109 | 81 |
| 11 CORTLAND | 102 | 152 | 108 |
| 12 DELAWARE | 75 | 114 | 86 |
| 13 DUTCHESS | 270 | 397 | 275 |
| 14 ERIE | 1,592 | 2,343 | 1,575 |
| 15 ESSEX | 42 | 64 | 44 |
| 16 FRANKLIN | 58 | 79 | 60 |
| 17 FULTON | 63 | 90 | 62 |
| 18 GENESEE | 52 | 66 | 42 |
| 19 GREENE | 64 | 101 | 73 |
| 20 HAMILTON | 4 | 5 | 3 |
| 21 HERKIMER | 109 | 167 | 135 |
| 22 JEFFERSON | 196 | 294 | 217 |
| 23 LEWIS | 37 | 52 | 34 |
| 24 LIVINGSTON | 76 | 108 | 72 |
| 25 MADISON | 87 | 137 | 102 |
| 26 MONROE | 1,102 | 1,485 | 951 |
| 27 MONTGOMERY | 81 | 125 | 82 |
| 28 NASSAU | 437 | 619 | 392 |
| 29 NIAGARA | 391 | 577 | 412 |
| 30 ONEIDA | 380 | 561 | 382 |
| 31 ONONDAGA | 805 | 1,165 | 696 |
| 32 ONTARIO | 159 | 229 | 174 |
| 33 ORANGE | 308 | 433 | 304 |
| 34 ORLEANS | 124 | 176 | 100 |

| | | | |
|------------------|--------|--------|--------|
| 35 OSWEGO | 241 | 342 | 252 |
| 36 OTSEGO | 63 | 96 | 78 |
| 37 PUTNAM | 35 | 47 | 32 |
| 38 RENSSELAER | 183 | 268 | 178 |
| 39 ROCKLAND | 134 | 178 | 120 |
| 40 ST. LAWRENCE | 155 | 245 | 170 |
| 41 SARATOGA | 153 | 240 | 171 |
| 42 SCHENECTADY | 245 | 343 | 219 |
| 43 SCHOHARIE | 72 | 103 | 74 |
| 44 SCHUYLER | 39 | 60 | 42 |
| 45 SENECA | 55 | 73 | 52 |
| 46 STEUBEN | 147 | 224 | 162 |
| 47 SUFFOLK | 952 | 1,372 | 911 |
| 48 SULLIVAN | 158 | 226 | 159 |
| 49 TIOGA | 142 | 196 | 142 |
| 50 TOMPKINS | 108 | 155 | 107 |
| 51 ULSTER | 228 | 306 | 229 |
| 52 WARREN | 55 | 76 | 47 |
| 53 WASHINGTON | 85 | 113 | 80 |
| 54 WAYNE | 144 | 207 | 139 |
| 55 WESTCHESTER | 416 | 570 | 383 |
| 56 WYOMING | 43 | 56 | 43 |
| 57 YATES | 57 | 89 | 66 |
| 66 NEW YORK CITY | 4,917 | 6,350 | 4,021 |
| NYS TOTAL | 17,683 | 24,693 | 16,420 |
| | | | |