



TESTIMONY OF
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PRESENTED TO THE
NEW YORK STATE ASSEMBLY STANDING COMMITTEE
ON CHILDREN AND FAMILIES

REGARDING THE
SUPPORTS FOR FOSTER PARENTS AND
RELATIVE AND NONRELATIVE CAREGIVERS

DECEMBER 14, 2017

SUMMARY OF RECOMMENDATIONS

Following are specific recommendations in regard to potential changes toward the improved provision of supports to foster parents and relative and nonrelative caregivers.

Policy

- **Policy — Kin-First Placements** — Fully implement and monitor State policies to ensure that children are to be placed with a relative when it is in the child’s best interest. This effort should include expedited licensing and specialized kin training.
- **Policy and Support** — Foster parents to have “standing” in court:
 - **Foster parents** should meaningfully be included in all service planning and in permanency hearings in Family Court;
 - **Access to health care** — Problems here could be solved by making it routine for foster parents to be present during permanency hearings in Family Court and judges routinely asking the foster parent if there is any medical, mental health or dental care that the child needs and is not getting; and
 - **Parents as partners in decision-making** — Making even some of the items in this section a routine part of our system could go a long way to recruiting, engaging and retaining the foster parents we need.
- **Policy — Respite Care** — Offer and fund so that respite care be available 2 days per month.

Funding

- **Funding — KinGAP reform** — remove the financing from the foster care block grant and make it akin to adoption subsidies as a way to incentive us of relative placements
- **Recruitment — Kin and foster parent recruitment** — Prioritize funding and maximize technical assistance to utilize child centered recruitment as soon as a case is opened by CPS

Support

- **Policy and Support** — Promote flexible scheduling of trainings.
- **Policy and Support** — Provide viable ways to promote transportation of children to visitations.
- **Policy and Support** — Encourage and promote support for 24/7 crisis response.
- **Policy and Support — Licensing Standards** — policies should require expedited licensing for kin as well as supported by limited fiscal support for one-time compliance purchases (e.g., fire extinguishers, safety locks, radon detectors, etc.).
- **Policy and Support — Liability Insurance** — develop and implement policy to limit the liability of foster parents if youth is liable for something.

Foster parents and extended families remain the major therapeutic intervention of the foster care system. We must provide support to ensure that stable placements with a warm, nurturing, empathic, and trained relative and/or caregiver is available.

Hello. My name is William Gettman and I am the CEO of Northern Rivers Family of Services located in Capital District.

About Northern Rivers Family of Services

Northern Rivers Family of Services was established in 2012 through affiliation with long-standing family services agencies **Parsons Child & Family Center** and **Northeast Parent & Child Society**. Together, the 1,400-strong workforce of Northern Rivers and affiliates serve more than 16,000 children and families in 35 counties each year, with \$85 million invested through more than 60 social services programs. Northern Rivers builds a strong, successful, and healthy future for our children, families, and communities through quality services, collaboration, and innovative leadership. Our program areas include:

- Residential and community-based child welfare programming including foster care, preventive service, postadoption services, and evidence-based home visiting programs;
- Educational services for 400 students including early learn Pre-K and Head Start as well as accredited 853 middle–high schools;
- Community-based mental health and crisis services programs for children and adults including mobile crisis, school-based services, and licensed clinic programs;
- Community-based waiver programs for children and adults including health home services.

I would like to thank Chairperson Jaffee and members of the Assembly Standing Committee on Children and Families for this opportunity to testify in regard to support for foster parents and relative and nonrelative care givers. **Foster parents and extended families remain the major therapeutic intervention of the foster care system. We must provide support to ensure that stable placements with a warm, nurturing, empathic, and trained relative and/or caregiver is available.**

Northern Rivers Family of Services is grateful for many of the measures the Governor and the Legislature have taken over the past few years to stabilize the State's economy and help to build a better New York. **Despite these improvements, more needs to be accomplished to make New York State a great place to live, raise a family, and operate a business.**

We all understand the challenges we face today. Economic challenges are forcing critical conversations and new approaches to innovation at the state, local, and not-for-profit sector level. These conversations and innovative approaches can help us meet the complex needs of families and children and achieve improved outcomes.

Why Invest in Families and Extended Families?

The foster care system in the United States evolved over the last century as a means of providing care and protection to children and adolescents removed from their family of origin (predominantly for reasons of abuse and/or neglect and imminent safety concerns). The goal of the foster care system is to provide for the health, safety, and well-being of children and adolescents while fostering reunification or an alternative permanency arrangement (adoption, guardianship, placement with relatives, or independent living) when reunification is not possible.

Loving, nurturing parenting is the most powerful intervention for helping children thrive and succeed in school, relationships, and in life. For most children and youth in foster care, their foster parents are the most important adults in their daily lives. Yet, policy reforms have overlooked the role of quality foster parenting as a driver of better outcomes for children. **By improving supports and respecting parenting as the primary intervention for children in foster care, elected and appointed policy makers can ensure excellent parenting and promote better outcomes for children in care.** These changes can also help ensure that more children are cared for in families, rather than in group or institutional care.

The Need for Family-Centered Care

In 2015, 269,509 children were removed from their families—for neglect (61 percent), drug abuse by a parent (32 percent), and physical abuse (13 percent)—and placed in the U.S. foster care system. Key indicators of needs and opportunities include:

- The number of children entering foster care has increased in recent years. After declining from more than 300,000 children in 2005 and 2006, entries hovered around 255,000 children from 2009 to 2013, and then crept up to about 265,000 in 2014 and nearly 270,000 in 2015.

- Children who experience foster care tend to exhibit more behavioral and emotional problems, physical and mental health challenges, and poorer educational outcomes than children who do not.
- Older youth who exit the foster care system because they “age out” (reach the maximum age for foster care in their state) are at particular risk for problems later in life, especially related to finding employment, accessing safe and stable housing, and involvement in the juvenile or adult justice systems.
- Foster youth who identify as LGBTQ (lesbian, gay, bisexual, transgender, or queer), who are overrepresented in the foster care system, may have elevated risks of contracting STDs, experiencing depression, and attempting suicide.

The significant unmet mental health, social and emotional, academic, and health needs of children and adolescents in foster care are rooted in their complex trauma histories and compounded by their poor access to appropriate community based services. Limited access to mental health and health care and unmet health needs precede placement and often endure in foster care.

Data from the last 30 years demonstrating the high prevalence of social, emotional, and health problems have led the American Academy of Pediatrics (AAP) to classify children in foster care as a population of children with special health care needs. Health is defined broadly in this population and includes medical, mental health, developmental, educational, oral, and psychosocial well-being.

Overall,

- 30 percent to 80 percent of children come into foster care with at least one medical problem, and one-third have a chronic medical condition.
- It is common for such problems to have gone undiagnosed and untreated before these children enter foster care.
- Up to 80 percent of children and adolescents enter with a significant mental health need, and almost 40 percent have significant oral health issues.
- Approximately 60 percent of children younger than 5 years have developmental health issues, and more than 40 percent of school-aged children have educational difficulties.

- Children in foster care are more likely to change schools during the school year, be in special education, and have a history of grade retention.
- 6 percent of foster care alumni have at least some college education, but only 1 percent to 2 percent graduate with a 4-year degree.

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We Need New Approaches to Family and Relative Centered Care

Most jurisdictions are facing a shortage of foster parents available for children in care who cannot be placed with kin. Child welfare agencies can no longer rely on general recruitment (i.e., billboards and public service announcements) to create a steady supply of qualified foster parents. Successful foster parent recruitment requires a data-informed and targeted approach that relies on the best information available on the children in foster care, the status of the current pool of foster families, and the types of new foster families needed to meet the unique needs of children in care. Recruitment also requires a diverse set of messages and messengers on the realities and rewards of foster parenting.

Following are specific recommendations in regard to potential changes in the provision of supports to foster parents and relative non-relative caregivers.

Foster and Kinship Parents Are Game Changers

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While the availability of critical policy, support, and funding improvements can create a lifelong impact, we also need to deal with the workforce crisis in those agencies that serve and support foster families or our efforts will be less than successful.

New York's families have faced many challenges in the past seven years: the down economy, joblessness, homelessness, opiate/substance abuse, and violence in already plagued communities. When families are in crisis and children are at risk, New York's network of not-for-profit children and family services providers are on the job. **The men and women in the not-for-profit workforce are Human Services First Responders for at-risk and vulnerable families, children, and individuals.**

Throughout the state, not-for-profit human services and not-for-profit child welfare agencies respond to family crises around the clock, and our workers are not immune from the trauma that affects victims. They too are under stress. The expectations are unrelenting. We must support these front line workers who play critical first responder type roles when a family is in crisis.

New York's not-for-profit workforce is not only hard working but also an economic engine. Across New York State, 1 in 7 workers is employed by a not-for-profit organization. These workers contribute billions to the State's economic health; including the payment of income, sales, and property tax. Beyond the economic impact, the not-for-profit workforce, especially the direct care staff in child welfare, mental health, child care, aging, health, and developmental disability programs care for hundreds of thousand individuals with unique and special mental health, social, health, and physical needs. These consumers, ranging from young children in foster care and day-care settings, to teens and adults served in outpatient clinics, day programs, and specialized treatment settings often require 24-hour care, intensive supervision, and caring support.

Today, thousands of job opening exist in the not-for-profit world. Not-for-profit executives report that starting about five years ago they have trouble filling jobs because of the low pay for challenging work, which has historically paid more than the minimum wage.

More than ever, we must make the human services workforce a priority. We urge Governor Cuomo and the Legislature to provide workforce increases for the not-for-profit sector.

We will be serving our vulnerable children, adults, and families for years to come, and we must have a workforce ready for those changes by being fairly compensated, well-trained, and

equipped for the challenges that lie ahead. The investment and impact will be good for all of New York State's citizens and communities and guarantee a brighter future.

Conclusion

In closing, we urge the Legislature to negotiate a budget with the Governor that ensures that the State remains committed to the programs that produce positive outcomes for children, families, and individuals and one that ultimately saves the state money on more expensive interventions such as long term foster care, unnecessary medical care, homeless shelters, and the juvenile justice system.

Thank you for the opportunity to testify.