



Leadership, voice and vision for child welfare in New York State

Council of Family and Child Caring Agencies

Testimony from

James F. Purcell, CEO

for the

New York State Education Department

July 30, 2018

Thank you for the opportunity to submit written testimony to the Department regarding implementation of Part Y of Chapter 57 of the Laws of 2018, which amended Articles 153 (Psychology), 154 (Social Work), and 163 (Mental Health Practitioners) of the State Education Law. My name is Jim Purcell and I am the CEO of the Council of Family and Child Caring Agencies (COFCCA). Our member agencies include over 100 not-for-profit organizations providing foster care, adoption, family preservation, juvenile justice, and special education services in New York State. Collectively, our member agencies employ more than 55,000 New York State residents.

Our child welfare agencies currently experience significant challenges in both recruitment and retention of employees for all positions, from direct care (front line) staff to clinicians. Our agencies utilize a therapeutic approach, with many of them investing significantly in evidence-based models of care and in delivering trauma-informed treatment to the children and youth in our programs, and for family work as well. All of our programs compete with other settings to attract and to retain licensed professionals, and, especially, to attract culturally competent licensed professionals that are able to speak in languages other than English, to meet the needs of our children and families. Our agencies have a shortage of applicants from all staff—including psychologists, mental health counselors, and social workers, at all levels of education. Our programs are all funded by rates set by the state or contracts with local county departments of social services. The salary and benefits our agencies are able to offer are not competitive with what licensed and credentialed professionals can earn in the public sector. The following represents our average statewide starting salaries for caseworkers/case planners, based on a 2016 survey of our programs statewide:

- Caseworker/Case planner (bachelor's level) \$34,753

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- Caseworker/Case planner (master’s unlicensed) \$39,106
- Caseworker/Case planner (LMSW) \$41,570
- Caseworker/Case planner (LCSW) \$42,049

As you can see, these salaries are not competitive with the public sector; in addition to the salary disparity, our agencies are not able to offer the level of retirement benefits and health benefits that attract prospective employees into the public sector.

COFCCA has measured the turnover rates of our member agencies’ staff for many years now. Our most recent workforce report, completed in June of 2017, shows an average annual turnover rate statewide for Caseworkers/Case Planners of 40.9%. This is a shocking number that has only increased throughout the years we have conducted this survey; for example, when we last conducted the survey in 2015, the average annual turnover figure statewide for Caseworkers/Case Planners was 35.9%. We hear resoundingly reports from our agencies regarding professional, licensed employees beginning at our agencies just after graduating their Master’s program (for example, MHC or MSW) that stay at our agencies for a few years to get valuable training and experience only to leave soon after they become licensed, to earn anywhere from \$20,000 to \$40,000 more in other settings. In this way, our state’s not-for-profit child welfare agencies act as the “training ground” for professionals to learn evidence-based treatment models, to develop their knowledge and expertise in understanding trauma and adverse childhood experiences. We know that the training and practice experience our agencies provide produces professionals extremely well-suited for working with children and young people—unfortunately, they just do not remain in our agencies.

It is through the lens of our agencies’ dire workforce crisis that we begin to look ahead at how the changes passed in Part Y of Chapter 57 of the Laws of 2018 may impact our agencies’ ability to meet the needs of the children, youth, and families in New York State. It is our understanding from the legislation that was passed that a person without a license continues to be able to engage in:

“creating, developing or implementing a service plan or recovery plan that is not a behavioral health diagnosis or treatment plan. Such service or recovery plans shall include, but are not limited to, coordinating, evaluating or determining the need for, or the provision of the following services: job training and employability[,] housing[,] homeless services and shelters for homeless individuals and families; refugee services; residential, day or community habilitation services; general public assistance[,] in home services and supports or home-delivered meals[, investigations conducted or assessments made by]; recovery supports; adult or child protective services including investigations; detention as defined in section five hundred two of the executive law; prevention and residential services for victims of domestic violence; services for runaway and homeless youth; foster care, adoption, preventive services or services in accordance with an approved plan pursuant to section four hundred four of the social services law, including, adoption and foster home studies and assessments, family service plans, transition plans [and], permanency planning activities, and case planning or case management as such terms are defined in the regulations of the office of children

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and family services; residential rehabilitation; home and community based services; and de-escalation techniques, peer services or skill development.”

In our view, this is a very important component of the legislation that will allow our programs to continue providing high quality, trauma-informed care and services for the children and families we serve. We know that relationship is the most important “ingredient” of working therapeutically with a young person in foster care who has experienced trauma, and with families that are working through significant challenges in preventive services as they work to keep their children safely at home with them. We simply cannot afford to disrupt therapeutic relationships that our children and families rely on as they work towards healing, safety, permanency, and well-being, and we believe that if the statute is implemented as written, we will be able to continue our work with those relationships between our staff and the children and families they work with strong and intact.

We also appreciate the “grandfathering” provided in the legislation that will allow our licensed and unlicensed employees to continue working as they have been and which will assist in continuity of service provision for the children and youth in our programs, as well as for their families. We are very appreciative that the grandfathering provision is “portable,” meaning that our staff members can move from one agency to another agency and still maintain their status as grandfathered.

Many of our programs have licensed mental health counselors on staff, and we note that we would strongly support any efforts the Department would consider to change requirements so that the profession would be able to diagnose independently. This expansion of the amount of licensed professionals that could diagnose would only improve the agencies’ ability to meet the needs of the children and families that we serve.

We would like to offer some questions that have arisen as we have discussed the coming changes with our agencies and their staff.

Questions:

1. Regarding “grandfathering,” can New York State have one centralized location or portal where employers can check to see if an individual is “grandfathered” under this law? Rather than checking different systems (i.e. if OPWDD had a system separate from OCFS’s tracking system), it would be far simpler for our Human Resources staff to be able to consult one system rather than consulting multiple systems.
2. Our NYS voluntary foster care agencies are currently preparing to become licensed 29-I clinics through the NYS Department of Health (per statute passed in the 2017-2018 state budget); the agencies expect to be licensed by early 2019 in order to begin contracting with Managed Care Organizations (MCOs) prior to the foster care population entering into Medicaid Managed Care in July of 2019. Several of our agencies have asked the question, how do the licensure scope of practice changes passed through the 2018-19 budget comport with the agencies’ expectations under the 29-I licensing process?

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We appreciate the Department's efforts to implement this legislation and we respectfully request to participate in any additional stakeholder engagement opportunities the state may provide moving forward.

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