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## **Local Commissioners Memorandum**

Transmittal:	24-OCFS-LCM-27
To:	Local Departments of Social Services Commissioners
Issuing Division/Office:	Division of Child Welfare and Community Services
Date:	October 8, 2024
Subject:	CAPTA/CARA State Grant SFY2025
Contact Person(s):	
Attachments:	Attachment A: SFY 2024-25 District Allocation Amounts Attachment B: Attestation of Use of CAPTA/CARA Funds Attachment C: CAPTA/CARA Grant for Plans of Safe Care Quarterly Report Attachment D: Attachment for U.S. Department of Health and Human Services Grants

## Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to advise local departments of social services (LDSSs) of the availability of federal Child Abuse Prevention and Treatment Act (CAPTA) Comprehensive Addiction and Recovery Act of 2016 (CARA) funds in the state fiscal year (SFY) 2024-25. The purpose of this funding is to help states improve their response to families and infants affected by substance use disorders (including alcohol and other substances). The New York State Office of Children and Family Services (OCFS) is making available to LDSSs \$4,430,000 of the federal CARA funds in this SFY. This LCM also provides information on each district's allocation, how districts may use the funds, and planning and claiming requirements.

OCFS has restructured the district's allocation amounts for (SFY) 2024-25, see Attachment A. OCFS increased the minimum allocations in 2024-25 to allow the LDSS to be more competitive in their hiring and contracting for these services. The minimum allocations were increased from \$50,000 to \$70,000. The maximum allocation remains at \$90,000.

## II. Background

The Consolidated Appropriations Act of 2018, signed into law on March 23, 2018. The committee report for the appropriations act agreement specified that the increase in funding is intended to help states improve their response to families and infants affected by substance use disorders. States are required to prioritize the funds for the development, implementation, and monitoring of plans of safe care for substance-exposed infants, consistent with the requirement found in section 106(b)(2)(B)(iii) of CAPTA, as amended by CARA.