



CHILD AND FAMILY SERVICES PLAN

OFFICE OF CHILDREN & FAMILY SERVICES - OCFS
MICHAEL MASCARENAS, *Commissioner*

Submitted:
06/01/2018

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County Overview

If the district has one, please enter the district's mission or vision.

Our Mission is provide a range of temporary and permanent services to residents of Essex County in a timely, mutually, respectful manner.

Essex County Social Services is an agency where:

1. Employees feel valued and think of or local district as positive work environment that provides meaningful work to the population that we serve.
2. Customers are offered services in a respect manner.
3. The public recognizes the Department as an effective, efficient, respectful government services that provides a level of value to the County as a whole.

To accomplish our mission we enact the following principle:

1. We communicate with each other with dignity and respect.
2. We collaborate, focus on teamwork, and cooperation as we move toward common goals.
3. We encourage tolerance, empathy, patience and understanding.
4. We treat customers and colleagues with kindness, honesty, and dignity.
5. We create opportunities to share accomplishments with each other, the Board of Supervisors and general public.

Describe the district's demographic, economic, and social characteristics.

Geographically, Essex County is the second largest county in New York State.

Essex County, NY has a population of 38,912 people with a median age of 45.9 and a median household income of \$52,758. Between 2014 and 2015 the population of Essex County, NY declined from 39,072 to 38,912, a -0.41% decrease and its median household income grew from \$50,322 to \$52,758, a 4.84% increase.

The population of Essex County, NY is 92.2% White, 2.97% Hispanic, and 2.85% Black. 6.07% of the people in Essex County, NY speak a non-English language, and 97.6% are U.S. citizens. In 2015, the median age of all people in Essex County, NY was 45.9. The median age of residence in the Adirondack Park is nearly nine years older than the rest of America. This is alarming in that our population is going to have a higher need for services as they age without family support systems.

The median property value in Essex County, NY is \$145,100, and the homeownership rate is 73.8%. The average car ownership in Essex County, NY is 2 cars per household.

Describe the district's successes and achievements in the last five years.

As an agency, Essex County has continued to focus on strengthening and preserving families by improving our service delivery methods.

Child Protective Services- Child protective services continues be one of the most challenging jobs within any government agency. Over a five year period our staff and leadership have worked very hard in providing the best possible outcomes for the families that we serve. Some of our achievements include:

1. Improving public perception-We have worked with our board, school districts, partner agencies and community groups on understanding what our mission is and what our barriers are to reaching a desired outcome. We have found this level of public engagement to be beneficial in modifying the perception of CPS and have witnessed improved outcomes as a result.

2. With the addition of an attorney we have witnessed better outcomes for families in Essex County. Previously we had one attorney that handled all service and child support cases throughout the county.

3. Essex County has performed better in recent years in terms of the CPS performance reports. Our leadership and caseworkers take great pride in the work they perform. Our Board of Supervisors and County Manager have been generous in giving us the staffing levels we need to reach desired goals for caseworkers. This has resulted in Essex County typically being among the better counties in the state in terms of caseload. Because of this we have also witnessed a large improvement to overdue cases. We are still struggling to provide timely safety assessments but the Director of Services has made it a department priority in the coming months.

Child Preventive Services - Child preventive services continues to work with children and families that are at risk for placement.

1. In recent years we have improved our service delivery methods to minimize the likelihood of placements. We have done so by contracting with service providers and providing in house opportunities for trainings. This level of commitment provides more opportunities for our client base and presents a real opportunity for growth and change. Those contracted programs include 1,2,3, Magic, Caring for a Newborn, and most recently a mentoring program.

2. Along with CPS and Foster Care, the Preventive office continues to break down the silos between service units.

Foster Care -The most significant changes to our local district in the past 5 years has been in the area of Foster Care. Most recently Berkshire Farms has contracted with Essex County to perform

the majority of our foster care services. While there has been challenges in developing the logistics of this service, we have witnessed some success. Those include:

1. All of Berkshire Farm Foster Homes are trained to be Therapeutic homes. This requires a more intensive and specialized training. Whether a youth is placed at a Regular or Therapeutic level is based on the child's needs rather than the home itself. Therapeutic children receive counseling from a Master's level clinician who sees the child in the foster home rather than in a mental health office.
2. Because of the dual certification, we are better able to place siblings together.

Domestic Violence-Services for victims of domestic violence and abuse are provided through a contract with Behavioral Health Services North, through their Stop Domestic Violence Program. The program presents both residential and non-residential services for victims of intimate partner violence and their dependent children.

Child Care- Child Care has remained constant since the 2012 plan was submitted. Currently we are serving 104 children from 47 different families.

Describe the financing for the district's services. Include general information about the types of funds used (e.g. federal, State, local, TANF, or innovative funding approaches). Include new uses of TANF or Flexible Funds for Family Services for program services. Include any innovative approaches to funding or new uses of funds to support the service delivery system.

Essex County's total budget for our Local Social Service District is 18,000,000. Of that 18,000,000, we receive approximately \$8,500,000 in State and Federal reimbursements. The remaining \$9,500,000 is comprised of local contribution. The largest burden remains our Medicaid expenses which totals \$6,500,000 in local contributions.

The funds that are received through State and Federal reimbursements are governed by mandates and controls that leave little room for flexibility. Many times funds are not sufficient to meet program needs. For example, all Local Social Service Districts recently received a reduction to their Foster Care Block Grant. For Essex County, this came at a time when our foster care numbers continue to grow due to the opiate crisis and other factors out of our control. As a result we were forced to commit a portion of our FFFS plan to cover the loss of Foster Care funds. The domino effect resulted in lost revenue to our preventive programs at a time when we need to focus on family wellness.

We are currently utilizing a combination of local dollars and OCFS/OTDA funds to contract with providers that can help in strengthening our preventive program. The thought process is a stronger preventive program will eventually lead to less placements. If successful, we will save money and present the best outcomes for families.

If purchase of service agreements are used, describe the criteria and procedures used by the district for selecting providers for all child welfare, adult protective, and non-residential domestic violence purchase of services (e.g. RFP process, news releases on availability of funds, sister agencies panel).

As stated earlier, we are currently utilizing a combination of local dollars and OCFS/OTDA funds to contract with providers that can help in strengthening our preventive program. Those program providers include 123 Magic, Mentoring, Caring for a Newborn, and Youth Advocate Program are the primary agencies that provide services for us.

In Essex County our availability of services are limited by our rural nature and lack of population center. Several of the services we provide have to be developed in house. We simply do not have the human service agencies in our area to meet our needs. When RFP's have been issued in the past, we do not receive responses. Our limited resources force us to seek out agencies or individuals that are willing to be trained to provide the services we need.

Describe procedures that will be used to ensure that the services being purchased are effective in meeting the outcomes as outlined in the contract and your plan. Include the frequency of monitoring, tools that will be used, and who will be involved.

Within each contract, we have deliverables that need to be meant in order for payment to be issued. Typically those activities are reviewed by our Director of Services. The Director is charged with verifying that services were actually received. The process is then forwarded to our Accounting Department to make sure the amount billed is what was agreed upon between the two parties. If there are any discrepancies during any part of the process, the information is returned for correction.

Monitoring of programs varies depending upon frequency of use and need. For example, our largest vendor is Berkshire Farms. We meet with them monthly and review program outcomes and best case practice. Other programs that are utilized less will be reviewed on a quarterly basis.

Describe any existing situations where child protective services information is shared with service providers or coordinators of services and the agreements whereby such disclosure of Child Protective Services information is allowed. Disclosure of Child Protective Services information with providers or coordinators of services is unlawful unless the county documents herein any such existing agreements (SSL 422(4)(A)(o)).

Child Protective Services shares information with service providers with providers that are allowed. We accomplish this through MOU's with the following:

District Attorney, Probation, Multi Disciplinary Team, and for Berkshire Farms.

If any other information is shared, it will be done so with a release of information.

Relationship Between County Outcomes and Title IV-B Federal Goals

Each district seeks to improve outcomes that support the achievement of the Federal Safety, Permanency and Well-Being goals. The outcomes, identified in the New York State Child Welfare Practice Model, are listed below and the strategies to reach these outcomes are located throughout this county's Child and Family Services Plan.

- Through effective intervention, parent, caregivers, and families improve their ability to develop and maintain a safe, stable environment for themselves and their children.
- Children are safely maintained in their own home, families and communities with connections, culture and relationships preserved.
- When it is necessary to place children in out-of-home care, it is a safe, short and stable experience concluding with permanent attachments to caring adults.
- Parents and caregivers have the capacity to provide for their children's needs. Children are cared for in safe, permanent, and nurturing environments that meet their needs and develop their physical, cognitive, behavioral/emotional and social functioning. As youth transition to adulthood, they benefit from services that promote health development, academic success and/or self-sustainability and safe living conditions.
- Organizations are diverse, flexible, professionally and culturally competent and use child-centered, family-focused practice, and demonstrate partnership at all levels.


Submission & Approval

Submitted by County

Approved by State

Sonoma Pelton *granted this section State approval.*

April 16, 2018 2:29 PM

 Angie Allen *submitted this section on behalf of the County.*

March 26, 2018 8:13 AM

Michael Mascarenas *began work on this section.*

February 28, 2018 9:10 AM

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Safety / Prevention

Outcome

Children are safely maintained in their own home, families and communities with connections, culture and relationships preserved.

(Child Welfare Practice Model Safety Outcome)

Indicator

We have noted that Essex County had a recurrence rate of 24.2% which is comparable to the National Average of 9.1% during the Wave 3 timeframe.

(CFSR Round 3 Recurrence Indicator - Children with at least one indicated report in FFY 2014 with another indicated report within 12 months of the initial report)

Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

Essex County has identified that of the 38 children that experienced recurrence 33 were closed to formal preventive services, however only four children did not have any identified service needs. Most families who experienced recurrence has mental health concerns identified as a risk factor. Additionally, families affected by mental health, domestic violence, and alcohol use seem most likely to experience recurrence. Given the rural nature of Essex County access to services is sometimes a challenge for families.

Factors (bright spots) that positively impact the outcome:

Beginning in 2018, ECDSS is restructuring their child welfare staff into two separate units consisting of CPS staff, Preventive Services staff, and Foster Care Staff to promote a continuity of service provision to families in Essex County and to aide in more knowledge and support across program areas. While CPS staff do currently refer cases to preventive services, the case moves from a CPS unit to the preventive services unit which contributes to a loss of information and/or engagement with the family.

Strategies and Measures: Recurrence Strategies

Please enter a separate form for each strategy.

Based on these identified factors we plan to:

Recurrence Strategy:

ECDSS will increase the utilization of natural community support services

Activities:

1. ECDSS will utilize the critical thinking process as well as family engagement skills to conduct a complete and thorough assessment of the underlying conditions effecting families.
2. ECDSS staff will be trained and more informed of the support services in our community.
3. ECDSS staff will become familiar with point of entry personnel and the referral process to effectively facilitate referrals.

What evidence will you use to know the strategy was effective?

More families will accept and receive formal preventive services. Preventive services caseworker will experience an increase in open preventive services cases either on a voluntary basis or court ordered, but this will reduce the likelihood that children experience recurrence of abuse and maltreatment.

Case activities will reflect an increase in referrals to both internal and community support services.

Strategies and Measures: Protective and Preventive Strategies

At least one Preventive Service Strategy must be included in either the Safety or Permanency sections.

Please enter a separate form for each strategy.

Based on these identified factors we plan to:

Protective / Prevention Services Strategy:

ECDSS will increase the utilization of internal preventive services.

Activities:

1. ECDSS will utilize the critical thinking process during group supervision to case conference any investigation with a risk assessment profile rating of moderate or higher to strategize ways to engage the family to accept formal preventive services and/or whether the aide of the court is warranted to compel preventive services. Cases that are substantiated for abuse and maltreatment and include mental health, domestic violence, and alcohol misuse as identified risk factors will be prioritized for formal preventive service provision.
2. ECDSS will review the referral process and implement new procedures for cases that are appropriate for Preventive Services.
3. ECDSS CPS will utilize Parent Aide services during CPS investigation when appropriate.
4. ECDSS will ensure all direct care staff access both formal and informal trainings around the topics of mental health, domestic violence and alcohol/drug addictions.
5. ECDSS will work with the legal team to utilize the 1029 Court Ordered of Protections when/if necessary for assessment and intervention purposes.

What evidence will you use to know the strategy was effective?

More families will accept and receive formal preventive services. Preventive services caseworker will experience an increase in open preventive services cases either on a voluntary basis or court ordered, but this will reduce the likelihood that children experience recurrence of abuse and maltreatment.

Case activities will reflect an increase in referrals to both internal and community support services.

Strategies and Measures: Impact

The strategies listed will result in a decrease of ⁹ children who will experience recurrence.

Planning Team and Technical Assistance

Describe the district's planning team and how they assisted in the identification of underlying factors and the development of strategies.

Information was attained by gathering data from OFCS, and reviewing the allegations of CPS investigations from 2017.

Describe technical assistance or training, if any, requested by the district to implement this plan. Please be as specific as possible.

Training and technical assistance has been provided by our Regional office.

Required Interagency Consultations

407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal

and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Health

Representatives from the county public health department including public health nurses and the environmental staff, Title XIX-funded home care providers and other medical and health service providers.

Agency Name:

Essex County Department of Health

Dates or Frequency of Meetings:¹

2/26/18

Mental Health

Representatives from the county mental health department, psychiatric and developmental centers, community support systems core agencies, and other organizations and agencies involved in the provision of mental health services to mentally ill and developmentally disabled adults.

Agency Name:

Essex County Mental Health Clinic

Dates or Frequency of Meetings:¹

monthly MDT mtg, weekly SPOA mtg

Youth Bureau

Agency Name:

Dates or Frequency of Meetings:¹

Department of Probation

Agency Name:

Essex County Probation Dept

Dates or Frequency of Meetings:¹

Weekly 1.5 mtgs and Quarterly reviews

Societies for the Prevention of Cruelty to Children
(Required for this section)

Agency Name:

Families First

Dates or Frequency of Meetings: ¹

weekly

Law Enforcement
(Required for this section)*Representatives from the state police; city, town, or village police; the sheriff's department; and the district attorney's office.*

Agency Name:

NYS State Police and BCI

Dates or Frequency of Meetings: ¹

Monthly

Aging*Representatives from the area agencies on aging, senior citizen centers and voluntary organizations that provide services to the elderly population.*

Agency Name:

Dates or Frequency of Meetings: ¹**Legal**
(Required for this section)*Representatives from legal aid organizations, children's attorneys, the courts, the legal advocacy attorney from the area agency on aging, and the county attorney's office.*

Agency Name:

Essex County District Attorneys Office, ECDSS Attorneys office

Dates or Frequency of Meetings: ¹

Monthly with DA, Weekly with ECDSS Attorney's office

Family Court (judge or designee)
(Required for this section)

Agency Name:

Judge Richard Meyer

Dates or Frequency of Meetings:¹

2/20/18

Local Advisory Council
(Required for this section)

Agency Name:

N/A

Dates or Frequency of Meetings:¹**Other Relevant Government Agencies**

Agency Name:

Essex County Preventive Services

Dates or Frequency of Meetings:¹

monthly

Child Care Resource and Referral Agencies

Agency Name:

Essex County DSS and Adirondack Community Action Program

Dates or Frequency of Meetings:¹

Weekly for ECDSS and met on 2/26/18 with ACAP

RHYA Providers

Agency Name:

N/A

Dates or Frequency of Meetings:¹

Other Public / Private / Voluntary Agencies
(Required for this section)

Agency Name:

Youth Advocate Program

Dates or Frequency of Meetings:¹

Monthly

Other (#1)

Agency Name:

Dates or Frequency of Meetings:¹

Other (#2)

Agency Name:

Dates or Frequency of Meetings:¹

1. Can be weekly, monthly, yearly, ongoing or a specific date. Detailed meeting information does not need to be included in the Child and Family Services Plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

Data Sources

The list below contains common data sources often used in county planning. Please check all sources your county used in developing this plan. The list is not all-inclusive; if you have other sources of data, please indicate those as well.

☐ KWIC (Kid's Well-being Indicators Clearinghouse)

- ☐ U.S. Census Data
- ☐ Child Trends Data Bank
- ☐ PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))
- ☐ NYS Department of Health
- ☐ Domestic Violence Information System

NYS OCFS Data

- ☐ MAPS (Monitoring and Analysis Profiles)
- ☐ QYDS (Quality Youth Development System)
- ☒ OCFS Data Warehouse Reports
- ☒ Child and Family Services Plan Child Level Data
- ☐ OCFS Juvenile Detention Automated System (JDAS)
- ☐ OCFS Detention Risk Assessment Instrument System (DRAIS)
- ☐ OCFS Agency Online Profile (OAOP)
- ☒ YASI data (Youth Assessment & Screening Instrument)
- ☐ Safe Harbour: NY program data
- ☒ Adult Services Automation Project (ASAP.Net)
- ☐ Adult Protective Services (APS.Net)—NYC only

Local Surveys

- ☐ County Search Institute Survey
- ☐ Communities That Care
- ☐ TAP Survey
- ☒ United Way (Compass Survey or other)

Other

- ☐ Other Data Sources

Specify Any Other Data Sources:

Submission & Approval

Submitted by County

Approved by State

- | | |
|------------------------------------------------------------------------------|---------------------------|
| · Sonoma Pelton <i>granted this section State approval.</i> | April 4, 2018 11:21 AM |
| ⦿ Angie Allen <i>submitted this section on behalf of the County.</i> | March 16, 2018 3:38 PM |
| ⦿ Angie Allen <i>reset approvals and recommendations by updating a form.</i> | March 16, 2018 3:37 PM |
| ⦿ Angie Allen <i>submitted this section on behalf of the County.</i> | March 16, 2018 3:18 PM |
| ⦿ Angie Allen <i>began work on this section.</i> | February 28, 2018 3:22 PM |

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Permanency / Prevention

Outcome

When it is necessary to place children in out-of-home care, it is a safe, short and stable experience concluding with permanent attachments to caring adults.

(Child Welfare Practice Model Permanency Outcome)

Indicator

Select a CFSR Round 3 Permanency Indicator:

- ☒ Permanency Indicator 1
- ☐ Permanency Indicator 2
- ☐ Permanency Indicator 3
- ☐ Permanency Indicator 4

Indicator Rate for Essex County:

%

Averages During the Wave 3 Timeframe

Indicator	National Average
1	40.5%
2	43.6%
3	30.3%
4	8.3%

Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

Essex County has had challenges with recruiting foster homes in the community. In 2016 Essex County contracted out all Home finding and Foster care case planning activities to a voluntary agency. Although this strategy was not in place during the time frame for the P1 cohort, it is anticipated that this will impact our permanency outcomes in the future.

Four of the 15 children placed during the P1 cohort that were not discharged in 12 months were placed on a Voluntary Placement Agreement and all four ended up in RTC levels of care. Essex County mapped out the process for accepting Voluntary Placement Agreements and found opportunities to gather more information prior to making a decision to accept a VPA, as well as opportunities to plan with a greater sense of urgency once children are placed under a Voluntary Placement Agreement. Essex County is not a service rich county and obtaining adequate mental health services, especially for children, is often a challenge. Children placed via VPA are in care due to reasons other than abuse or maltreatment by a caretaker, thus seem to lack the same sense of urgency for permanency.

Factors (bright spots) that positively impact the outcome:

Essex County DSS is an active participant on the children's SPOA committee and on the Tier 2 committee.

Strategies and Measures: Permanency Strategies

Please enter a separate form for each strategy.

Based on these identified factors we plan to:

Permanency Strategy:

1. Because accepting a child in to foster care via a VPA is a decision at the discretion of Essex County DSS, Essex County (ECDSS) will review and revise the criteria for accepting a Voluntary Placement Agreement (VPA) prior to approving the instrument.
 - A. ECDSS will closely monitor and assess that we are accepting the VPA for the "right reasons" to ensure that the children could not be better served by a different entity (ex. OPWDD).

Activities:

1. Prior to accepting a VPA, ECDSS will hold an internal meeting which will include staff from all levels and ECDSS attorney consultation utilizing the critical thinking process to consider what information may be needed to determine the best service provision for the family. ECDSS will refer families to the appropriate service provider.
2. Prior to accepting a VPA, ECDSS staff will meet with the family and all pertinent service providers.
3. Prior to accepting VPA, ECDSS will present case to the local SPOA committee (Tier 1.5).
4. Prior to accepting VPA, if it is deemed another entity could better serve the child, case will be discussed at Tier 2.

What evidence will you use to know the strategy was effective?

ECDSS will see an increase to the services identified above, and all case activities will be recorded in Connections.

Strategies and Measures: Protective and Preventive Strategies

At least one Preventive Service Strategy must be included in either the Safety or Permanency sections.

Please enter a separate form for each strategy.

Based on these identified factors we plan to:

Permanency Strategy:

1. ECDSS and any Voluntary Agency ECDSS contracts with will plan with a greater sense of urgency toward reunification and/or permanency by instituting more frequent service plan reviews, frequent family visiting time, monitor and ensure biological parents are a part of the planning for their child working towards reunification and/or permanency.

Activities:

1. ECDSS and any voluntary agency ECDSS contracts with will develop an appropriate family visiting time plan that best supports the child's connection to the family and community within 24 hours of placement. Since the child is not in care due to abuse or maltreatment concerns, home based, unsupervised visitation will be the starting foundation for developing the family visiting time plan. Essex County and any Voluntary Agency ECDSS contracts with will also use the Coached Family Visitation Model when facilitating visitation.
2. ECDSS and any voluntary agency ECDSS contracts with will conduct a Service Plan Review with family and child participation, within the first 30-45 days of placement and every three months thereafter to focus on discharge and permanency planning.
3. ECDSS and any voluntary agency ECDSS contracts with will utilize the Parents in Partnership Model in developing working and trusting relationships between biological parents and foster parents.
4. ECDSS and any voluntary agency ECDSS contracts with will attend both formal and informal trainings to enhance knowledge and skill around the topic of partnering with biological parents.

What evidence will you use to know the strategy was effective?

ECDSS will see an increase to the services identified above, and all case activities will be recorded in Connections.

Strategies and Measures: Impact

The strategies listed will result in ⁴ more children discharging to permanency (if using Indicators 1, 2, or 3) or fewer children re-entering foster care (if using Indicator 4).

Planning Team and Technical Assistance

Describe the district's planning team and how they assisted in the identification of underlying factors and the development of strategies.

Information was gathered from OCFS data, and from Berkshire Farm Center & Services for Youth (our Voluntary FC provider.)

Describe technical assistance or training, if any, requested by the district to implement this plan. Please be as specific as possible.

Training and technical assistance was provided by NYS OCFS Regional Office

Required Interagency Consultations

407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Health

Representatives from the county public health department including public health nurses and the environmental staff, Title XIX-funded home care providers and other medical and health service providers.

Agency Name:

Essex County Department of Health

Dates or Frequency of Meetings: ¹

2/26/18

Mental Health

Representatives from the county mental health department, psychiatric and developmental centers, community support systems core agencies, and other organizations and agencies involved in the provision of mental health services to mentally ill and developmentally disabled adults.

Agency Name:

Essex County Mental Health, and MH providers through Berkshire Farms

Dates or Frequency of Meetings:¹

Weekly case reviews

Youth Bureau

Agency Name:

Dates or Frequency of Meetings:¹**Department of Probation**

Agency Name:

Essex County Dept. of Probation

Dates or Frequency of Meetings:¹

weekly

Societies for the Prevention of Cruelty to Children

Agency Name:

Bridges to Health

Dates or Frequency of Meetings:¹

as needed

Law Enforcement

(Required for this section)

Representatives from the state police; city, town, or village police; the sheriff's department; and the district attorney's office.

Agency Name:

NYSP BCI

Dates or Frequency of Meetings:¹

monthly

Aging

Representatives from the area agencies on aging, senior citizen centers and voluntary organizations that provide services to the elderly population.

Agency Name:

Dates or Frequency of Meetings: ¹

Legal

Representatives from legal aid organizations, children's attorneys, the courts, the legal advocacy attorney from the area agency on aging, and the county attorney's office.

Agency Name:

Essex County Attorneys Office, EC DA's office

Dates or Frequency of Meetings: ¹

weekly for county attorneys, monthly for DA's office

Family Court (judge or designee)

Agency Name:

Family Court Judge Richard B. Meyer

Dates or Frequency of Meetings: ¹

2/20/18

**Local Advisory Council
(Required for this section)**

Agency Name:

Dates or Frequency of Meetings: ¹

Other Relevant Government Agencies

Agency Name:

Dates or Frequency of Meetings: ¹

Child Care Resource and Referral Agencies

Agency Name:

Adirondack Community Action Program, ECDSS

Dates or Frequency of Meetings: ¹

2/26/18 for ACAP, and weekly for ECDSS

RHYA Providers

Agency Name:

Dates or Frequency of Meetings: ¹

Other Public / Private / Voluntary Agencies

Agency Name:

Berkshire Farm Center & Services for Youth

Dates or Frequency of Meetings: ¹

Weekly

Other (#1)

Agency Name:

Bridges to Health

Dates or Frequency of Meetings: ¹

as needed

Other (#2)

Agency Name:

Dates or Frequency of Meetings:¹

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- ☐ Domestic Violence Information System

NYS OCFS Data

- ☐ MAPS (Monitoring and Analysis Profiles)
- ☐ QYDS (Quality Youth Development System)
- ☒ OCFS Data Warehouse Reports
- ☒ Child and Family Services Plan Child Level Data
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- ☐ OCFS Detention Risk Assessment Instrument System (DRAIS)
- ☐ OCFS Agency Online Profile (OAOP)
- ☒ YASI data (Youth Assessment & Screening Instrument)

- ☐ Safe Harbour: NY program data
- ☐ Adult Services Automation Project (ASAP.Net)
- ☐ Adult Protective Services (APS.Net)—NYC only

Local Surveys

- ☐ County Search Institute Survey
- ☐ Communities That Care
- ☐ TAP Survey
- ☒ United Way (Compass Survey or other)

Other

- ☐ Other Data Sources

Specify Any Other Data Sources:

Submission & Approval

Submitted by County

Approved by State

Sonoma Pelton *granted this section State approval.*

April 4, 2018 11:24 AM

Angie Allen *submitted this section on behalf of the County.*

March 16, 2018 3:36 PM

Angie Allen *began work on this section.*

February 28, 2018 3:29 PM

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April 1, 2018 – March 31, 2023 Essex County Plan

Youth and Young Adult

Outcome

As youth transition to adulthood, they benefit from services that promote healthy development, academic success and/or self-sustainability and safe living conditions.

(Adapted from Child Welfare Practice Model Outcomes)

Indicator

Select an Indicator, and provide additional detail as needed:

- ☐ Healthy Development: Teen Pregnancy Rate
- ☐ Healthy Development: Dependence or Abuse of Illicit Drugs or Alcohol (Ages 12+)
- ☐ Healthy Development: Needing But Not Receiving Treatment for Alcohol Use (Ages 12+)
- ☐ Healthy Development: Serious Mental Illness (Ages 18+)
- ☐ Healthy Development: Serious Thoughts of Suicide (Ages 18+)
- ☐ Healthy Development: Major Depressive Episodes (Ages 18+)
- ☐ Healthy Development: Other
- ☐ Academic Success: Graduation Rate
- ☐ Academic Success: Other
- ☐ Self-Sustainability: Youth Aged 18–24 Who Have Public Health Insurance
- ☒ Self-Sustainability: Households Headed By a Person <25 Years Old Which Are In Poverty

Rate of households headed by a person <25 years old in Essex County which are in poverty:

51%

- ☐ Self-Sustainability: Other
- ☐ Safe Living Conditions: *(Counties who choose this indicator must inform with locally collected data as needed)*
- ☐ Other: *(Counties who choose this indicator must inform with locally collected data as needed)*

Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

Our biggest underlying factor contributing to our performance is poverty. Currently, 51% of our households are below the poverty line. Indicators such as poverty have been shown to prevent upward mobility and has also proven to increase risk factors among all populations.

Factors (bright spots) that positively impact the outcome:

Currently, we have positioned ourselves to work proactively with schools, non-profits, and government agencies to address the underlying factors. We feel that no one organization or agency can act alone to meet the needs of our youth and families in Essex County.

Strategies and Measures

Please enter a separate form for each strategy.

Based on these identified factors we plan to:

Youth and Young Adult Services Strategy:

Strategy #1:

Develop Youth & Young Adult Opportunities for employment within our County.

Strategy #2:

Decrease poverty levels by increasing educational attainment.

Activities:**Strategy #1 Activities:**

- Continue Youth Conservation Corps in areas where poverty is prevalent
- Work with Community Action Program and TANF on summer employment program.
- Partner with LDSS employment program on determining barriers and opportunities for young people to become employed

Strategy #2 Activities:

- Form a workgroup with LDSS, school districts, and non-profits.
- Identify and define barriers to academic success and the contributions that create the culture of poverty.
- Incorporate demographic data to identify where our pockets of poverty are high and work in those areas to identify outcomes.

What evidence will you use to know the strategy was effective?

Strategy #1:

YCC – We will continue to monitor employment levels in these programs and dedicate necessary resources to ensure youth have the opportunity to be employed in these areas.

ACAP – We are currently developing contracts with ACAP to provide summer employment opportunities for youth and young adults. Qualifying factors would target those youth and young adults that are TANF eligible.

Preliminary discussions have begun and will continue throughout the plan cycle. The focus pertains to barriers of employment. Currently, we have discovered that the primary barrier revolves around alcohol and substance abuse.

Strategy #2:

Utilize school attendance records to recognize shorter disruptions in identified group.

Barriers will be identified by the work group. Those will include items such as, school attendance and participation in extracurricular activities. Focus will be placed on TANF eligible families.

In partnership with LDSS we will look at TANF data to determine our local area of need.

Implementing these strategies will impact the underlying factors noted above.

Planning Team and Technical Assistance

Describe the district's planning team and how they assisted in the identification of underlying factors and the development of strategies.

We are fortunate in Essex County to have STOP DWI and the Youth Bureau under the same umbrella. Most recently, we have consolidated with Essex County Department of Social Services. This partnership has allowed us the resources we need to focus on the entire child. It allows us to work closely with them in developing prevention measures for our youth population. We also work closely with School Districts, the Essex County District Attorney's Office, Essex County Probation, Public Health, Substance Abuse Prevention TEAM, Cornell Cooperative Extension.

Describe technical assistance or training, if any, requested by the district to implement this plan. Please be as specific as possible.

Essex County is fortunate to have stability regarding our Youth Bureau and Child Service System. Collectively, between 3 employees, we have nearly 60 years of combined experience in providing services. This stability has allowed us to partner with many agencies and government entities to recognize our desired outcomes. We do not feel like we need technical assistance or training to accomplish our goals.

Required Interagency Consultations

407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Health

Representatives from the county public health department including public health nurses and the environmental staff, Title XIX-funded home care providers and other medical and health service providers.

Agency Name:

Public Health

Dates or Frequency of Meetings: ¹

Monthly

Mental Health

Representatives from the county mental health department, psychiatric and developmental centers, community support systems core agencies, and other organizations and agencies involved in the provision of mental health services to mentally ill and developmentally disabled adults.

Agency Name:

Essex County Mental Health

Dates or Frequency of Meetings: ¹

Monthly

Youth Bureau

(Required for this section)

Agency Name:

Essex County Youth Bureau

Dates or Frequency of Meetings: ¹

Monthly

Department of Probation

(Required for this section)

Agency Name:

Essex County Probation

Dates or Frequency of Meetings: ¹

Monthly

Societies for the Prevention of Cruelty to Children

Agency Name:

N/A for Essex County

Dates or Frequency of Meetings: ¹

Law Enforcement

Representatives from the state police; city, town, or village police; the sheriff's department; and the district attorney's office.

Agency Name:

Essex County Sheriff's Department / District Attorney's Office

Dates or Frequency of Meetings: ¹

Monthly

Aging

Representatives from the area agencies on aging, senior citizen centers and voluntary organizations that provide services to the elderly population.

Agency Name:

Dates or Frequency of Meetings: ¹

Legal

Representatives from legal aid organizations, children's attorneys, the courts, the legal advocacy attorney from the area agency on aging, and the county attorney's office.

Agency Name:

Dates or Frequency of Meetings: ¹

Family Court (judge or designee)

Agency Name:

Dates or Frequency of Meetings: ¹

Local Advisory Council
(Required for this section)

Agency Name:

Essex County Attorney's Office

Dates or Frequency of Meetings: ¹

Monthly

Other Relevant Government Agencies

Agency Name:

Dates or Frequency of Meetings: ¹**Child Care Resource and Referral Agencies**

Agency Name:

Dates or Frequency of Meetings: ¹**RHYA Providers**
(Required for this section)

Agency Name:

none in Essex County

Dates or Frequency of Meetings: ¹**Other Public / Private / Voluntary Agencies**

Agency Name:

Dates or Frequency of Meetings: ¹

Other (#1)

Agency Name:

ACAP - Adirondack Community Action Program

Dates or Frequency of Meetings: ¹

Quarterly

Other (#2)

Agency Name:

Cornell Cooperative Extension

Dates or Frequency of Meetings: ¹

Quarterly

1. Can be weekly, monthly, yearly, ongoing or a specific date. Detailed meeting information does not need to be included in the Child and Family Services Plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

Data Sources

The list below contains common data sources often used in county planning. Please check all sources your county used in developing this plan. The list is not all-inclusive; if you have other sources of data, please indicate those as well.

- ☐ KWIC (Kid's Well-being Indicators Clearinghouse)
- ☒ U.S. Census Data
- ☐ Child Trends Data Bank
- ☐ PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))
- ☒ NYS Department of Health
- ☐ Domestic Violence Information System

NYS OCFS Data

- ☐ MAPS (Monitoring and Analysis Profiles)
- ☒ QYDS (Quality Youth Development System)
- ☐ OCFS Data Warehouse Reports
- ☒ Child and Family Services Plan Child Level Data
- ☐ OCFS Juvenile Detention Automated System (JDAS)
- ☐ OCFS Detention Risk Assessment Instrument System (DRAIS)
- ☐ OCFS Agency Online Profile (OAOP)
- ☐ YASI data (Youth Assessment & Screening Instrument)
- ☐ Safe Harbour: NY program data
- ☐ Adult Services Automation Project (ASAP.Net)
- ☐ Adult Protective Services (APS.Net)—NYC only

Local Surveys

- ☐ County Search Institute Survey
- ☐ Communities That Care
- ☐ TAP Survey
- ☐ United Way (Compass Survey or other)

Other

- ☒ Other Data Sources

Specify Any Other Data Sources:










Prevention Needs Assessment Survey

Submission & Approval

Submitted by County

Approved by State

Section Review Activity Log

 Frank Tamburro <i>granted this section State approval.</i>	April 25, 2018 8:10 AM	^
 Angie Allen <i>submitted this section on behalf of the County.</i>	April 23, 2018 11:08 AM	
 Angie Allen <i>un-submitted this section on behalf of the County.</i>	April 23, 2018 11:08 AM	
 Angie Allen <i>submitted this section on behalf of the County.</i>	April 23, 2018 10:59 AM	
 Daniel Sadowski <i>recommended this section for approval.</i>	April 23, 2018 9:52 AM	
 Daniel Sadowski Completed revisions, ready to submit	April 23, 2018 9:52 AM	
 Daniel Sadowski <i>reset approvals and recommendations by updating a form.</i>	April 23, 2018 9:50 AM	
 Angie Allen <i>submitted this section on behalf of the County.</i>	April 23, 2018 8:59 AM	
 Daniel Sadowski <i>began work on this section.</i>	April 20, 2018 9:05 AM	v

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April 1, 2018 – March 31, 2023 Essex County Plan

PINS Diversion Services

The PINS Reform Law (Chapter 57 of the Laws of 2005) requires an LDSS's Consolidated Services Plan or its Child and Family Services Plan (Integrated County Plan) to include a Persons In Need of Supervision (PINS) diversion services section. This requirement applies to all counties and supports increased services to PINS youth and families, reduced use of detention, and collaboration to develop productive responses to status offenders and their families.

Please note that the information in this form is specific to the PINS Diversion Services population and process in your county, **not** to the post-petition PINS population or the juvenile delinquent (JD) population.

Designation of Lead Agency

Counties should configure their PINS diversion services according to their individual efficiencies and strengths. The designation may be changed in the future through an update to the plan or at the time of the next plan submission. While the LDSS is required to identify one lead agency, cooperative procedures may require other agencies to perform certain functions or services.

Select the Lead Agency for PINS Diversion Services:

☒ Probation

☐ LDSS

Inventory of PINS Diversion Service Options

Describe PINS diversion services that are available in your county and indicate whether a service gap exists. For each service, include the geographic area (countywide or specific cities or towns). Please note that the first three service categories are required. Counties may coordinate efforts with providers to establish regional services.

Service Categories

Residential Respite (required)

Providers:

Berkshire Farms

Geographic Area:

County wide

Number of Youth Able to Serve:

No set number

☐ There is a service gap in residential respite services

Crisis Intervention 24 Hours / Day (required)

Providers:

Essex County DSS & Essex County Youth Advocate Program

Geographic Area:

County wide

Number of Youth Able to Serve:

No set number

☐ There is a service gap in crisis intervention services

Diversion Services / Other Alternatives to Detention (required)

Providers:

Essex County Probation Department

Geographic Area:

County wide

Number of Youth Able to Serve:

No fixed number - All

☐ There is a service gap in diversion services / other alternatives to detention

Alternative Dispute Resolution Services (optional)

Providers:

Geographic Area:

Number of Youth Able to Serve:

☐ There is a service gap in alternative dispute resolution services

Other Services

Identify and Describe Service Category:

☐ There is a service gap in this service

Other Services

Identify and Describe Service Category:

☐ There is a service gap in this service

PINS Diversion Services Procedures

Please provide a description of the following procedures, including any collaborative team processes.

Record the agency that is responsible for each procedure and a brief description of how each procedure will be provided.

PINS Diversion Services Protocol

a. Determines the need for residential respite services and need for alternatives to detention

Describe how provided:

Essex County DSS and Essex County Probation determine together a need for residential respite services as well as alternative to detention. If a respite bed is needed, DSS has a contract with Berkshire Farms who coordinates and provides the respite bed.

Responsible Agency(ies):

☒ Probation

☒ LDSS

☒ Other

Please specify:

Berkshire Farms

b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)

Describe how provided:

The Essex County Youth Advocate Program (YAP) provides 24 hour response to those youth in their program. Essex County CPS provides 24 hour response if there is an open CPS or Preventive case. Probation provides immediate response during normal work hours. A referral is made for Preventive Services by Probation on all PINS.

Responsible Agency(ies):

☒ Probation

☒ LDSS

☐ Other

Please specify:

c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PIN eligibility determinations

Describe how provided:

Probation serves as the Intake agency and accepts PINS referrals. Probation conducts the initial conference, makes eligibility determinations and makes a Preventive Services referral on all PINS opened for Diversion.

Responsible Agency(ies):

☒ Probation

☐ LDSS

☐ Other

Please specify:

d. Conducts assessment of needs, strengths, and risk for continuing with PINS behavior

Name of assessment instrument used:

☒ YASI☐ YLSI☐ Other*Please specify:*

Describe how provided:

Probation conducts YASI pre-screens on all PINS cases and completes a full screen on all medium and high risk youth.

Responsible Agency(ies):

☒ Probation☐ LDSS☐ Other*Please specify:***e. Works with youth and family to develop case plan**

Describe how provided:

Probation and Preventive Services work with the family to develop a Case plan.

Responsible Agency(ies):

☒ Probation☒ LDSS☐ Other*Please specify:***f. Determines service providers and makes referrals**

Describe how provided:

Both Probation and DSS determine need for services. Probation makes referrals to all agencies other than YAP. DSS makes the referrals for YAP.

Responsible Agency(ies):☒ Probation☒ LDSS☐ Other*Please specify:***g. Makes case closing determination**

Describe how provided:

Probation makes closing determination. If efforts to resolve the PINS are deemed a success, the case is closed as adjusted and sealed. If after all reasonable efforts are made to resolve the PINS behaviors and it is determined that further efforts will be unsuccessful, the case is closed as not adjusted and the petitioner is provided access to file a petition in Family Court.

Responsible Agency(ies):☒ Probation☐ LDSS☐ Other*Please specify:*

PINS Diversion Services Plan

A. Planning Activities

Briefly describe all PINS Diversion Services Planning activities the county has engaged in related to this current plan. Include every organization in the county that are involved to date in the PINS Diversion Services planning process. Schools, law enforcement officials, and the local family court are critical partners. Respite service providers, youth bureaus, detention facilities, and others also are important to the planning process.

Describe the development of the PINS Diversion Services Plan and MOU:

We continue to utilize our tiered Child Serving system which we have continued to improve upon over the years. School Links has been refined in that there is now one person from Essex County Mental Health that takes calls from schools when they do not know what service they are looking for regarding a youth. The Child and Family Team is critical as each youth has their own team consisting of family, school representatives, Probation Officer, and any service providers involved with that youth. The team supports the youth while attempting to provide services to resolve the particular PINS behaviors. Tier 1.5 consists of senior/supervisory staff and meets weekly to discuss high risk youth and is available to provide input to the Child and Family Team; it also includes Child SPOA. Tier 2 consists of Director/Commissioners and tends to deal with situations that cannot be resolved at the lower Tiers. Tier 2 is currently working towards acquiring better buy-in from schools as equal partners in working with children as schools continue to see themselves as a separate entity.

List stakeholder and service agency involvement in planning:

Essex County DSS, Essex County Youth Bureau, Essex County Probation, Essex County Mental Health, Essex County Child SPOA, Families First (works with Health Homes/Waiver eligible youth with emotional disabilities), Essex County Youth Advocate Program, St. Joseph's Rehabilitation Center, Inc.(substance abuse treatment), Adirondack Community Action Program, Clinton-Essex Office for People with Disabilities, and Mountain Lake Services (developmental disabilities) are part of the Tiered process mentioned above.

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for 2017. Specifically, please provide the following as whole numbers (not %):

Number of Youth carried over from previous year:

New field

5

Number of PINS Diversion Services referrals filed by parents:

2

Number of PINS Diversion Services referrals by schools:

14

Number of PINS Diversion Services referrals by police:

New field

0

Number of PINS Diversion Services referrals by victim:

New field

0

Number of PINS Diversion Services referrals other sources:

0

Please identify other sources:

Number of PINS Diversion Services cases closed as
Successfully Diverted:

8

Number of PINS Diversion Services cases closed as
Unsuccessful and Referred to Petition:

9

Number of PINS Diversion Services cases that remain open:

New field

4

C. Data Collection

How was data collected?

Data was collected both manually and from computer records

D. Pre-PINS Diversion Efforts

Is your county performing any pre-PINS diversion techniques?

☒ Yes

☐ No

If "Yes" please list and describe:

Probation will meet with a youth at the request of a parent or school who is not ready to file a PINS but the child is beginning to exhibit PINS behaviors. Probation explains to the child what those behaviors are that could result in a complaint and makes recommendations to the family for services that may be helpful in resolving those behaviors.

E. Needs Analysis

Include a summary of the data and the analysis used to determine the needs of the PINS Diversion Services population.

List data sources (e.g., *Communities That Care*, youth assessment and screening instrument aggregate reports, PINS/complaint [source or type] information, status at closing, cases referred for petition, etc.). Specify whether the findings relate to county, city, town, neighborhood, school or other specific groups within the PINS Diversion Services population. Describe any conclusions drawn or changes made to strategies to address the needs of this population. Data collected through the needs assessment process can be useful in selecting outcomes in the next section.

We look at who files the complaint, the behaviors alleged, status at closing, and reasons for referring cases for petition. Essex County is rural, there are no cities. The only conclusion we draw is that we tend to get a larger number of PINS complaints from the larger towns/schools only because the population is greater. So there is no strategy needed.

F. Desired Changes

List desired changes in community, family, or individual behaviors or conditions in terms that are specific, measurable, achievable, realistic, and timely. Identify the intended outcomes to be achieved for the PINS Diversion Services population. Outcomes should be derived from the aggregate needs, and could include specific populations (e.g., truants, ungovernable youth, females, males, special education youth); specific PINS Diversion Services processes (e.g., pre-PINS collaborative work, improved service timelines, improved services, focus on evidence based interventions); or aggregate data based outcomes (e.g., reduced number of PINS referred to petition, reduced parental PINS, reduced school PINS, or reduction in specific YASI risk assessment scores). It is important to note that the outcomes in this section are **only** for the PINS Diversion Services population and/or process.

For each outcome:

1. Identify the specific raw number or percentage change indicator sought for that outcome.
2. Identify quantifiable and verifiable outcomes of the desired change in conditions or behaviors for the PINS Diversion Services population.
3. Describe the strategies to be implemented to achieve the identified indicator and outcome. Each strategy should include the timeframe for completion, and a designation of who is responsible for implementation.

Change #1

Describe the desired change:

Improved need for communication and working relationships with schools.

Specific numerical or percentage change sought:

5%

Outcomes of the change for the PINS Diversion Services population:

Decrease the number of formal PINS referrals from schools.

Strategies to be implemented to achieve this change and outcome:

Increase the numbers of Pre-PINS interventions with schools and parents. Continue strategy to engage schools as true partners. Ensure schools have exhausted their resources before making a PINS referral.

Change #2

Describe the desired change:

Specific numerical or percentage change sought:

Outcomes of the change for the PINS Diversion Services population:

Strategies to be implemented to achieve this change and outcome:

Change #3

Describe the desired change:

Specific numerical or percentage change sought:

Outcomes of the change for the PINS Diversion Services population:


Strategies to be implemented to achieve this change and outcome:

Submission & Approval

Submitted by County


Approved by State

Section Review Activity Log


 Frank Tamburro *granted this section State approval.*

May 10, 2018 10:19 AM



 Angie Allen *submitted this section on behalf of the County.*

May 2, 2018 12:54 PM

 Juliann Beatty *began work on this section.*

March 21, 2018 3:50 PM



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April 1, 2018 – March 31, 2023 Essex County Plan

Youth and Young Adult

Outcome

As youth transition to adulthood, they benefit from services that promote healthy development, academic success and/or self-sustainability and safe living conditions.

(Adapted from Child Welfare Practice Model Outcomes)

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- ☐ Healthy Development: Other
- ☐ Academic Success: Graduation Rate
- ☐ Academic Success: Other
- ☐ Self-Sustainability: Youth Aged 18–24 Who Have Public Health Insurance
- ☒ Self-Sustainability: Households Headed By a Person <25 Years Old Which Are In Poverty

Rate of households headed by a person <25 years old in Essex County which are in poverty:

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- ☐ Self-Sustainability: Other
- ☐ Safe Living Conditions: *(Counties who choose this indicator must inform with locally collected data as needed)*
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Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

Our biggest underlying factor contributing to our performance is poverty. Currently, 51% of our households are below the poverty line. Indicators such as poverty have been shown to prevent upward mobility and has also proven to increase risk factors among all populations.

Factors (bright spots) that positively impact the outcome:

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Based on these identified factors we plan to:

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Strategy #2:

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Activities:**Strategy #1 Activities:**

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- Partner with LDSS employment program on determining barriers and opportunities for young people to become employed

Strategy #2 Activities:

- Form a workgroup with LDSS, school districts, and non-profits.
- Identify and define barriers to academic success and the contributions that create the culture of poverty.
- Incorporate demographic data to identify where our pockets of poverty are high and work in those areas to identify outcomes.

What evidence will you use to know the strategy was effective?**Strategy #1:**

YCC – We will continue to monitor employment levels in these programs and dedicate necessary resources to ensure youth have the opportunity to be employed in these areas.

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Preliminary discussions have begun and will continue throughout the plan cycle. The focus pertains to barriers of employment. Currently, we have discovered that the primary barrier revolves around alcohol and substance abuse.

Strategy #2:

Utilize school attendance records to recognize shorter disruptions in identified group.

Barriers will be identified by the work group. Those will include items such as, school attendance and participation in extracurricular activities. Focus will be placed on TANF eligible families.

In partnership with LDSS we will look at TANF data to determine our local area of need.

Implementing these strategies will impact the underlying factors noted above.

Planning Team and Technical Assistance

Describe the district's planning team and how they assisted in the identification of underlying factors and the development of strategies.

We are fortunate in Essex County to have STOP DWI and the Youth Bureau under the same umbrella. Most recently, we have consolidated with Essex County Department of Social Services. This partnership has allowed us the resources we need to focus on the entire child. It allows us to work closely with them in developing prevention measures for our youth population. We also work closely with School Districts, the Essex County District Attorney's Office, Essex County Probation, Public Health, Substance Abuse Prevention TEAM, Cornell Cooperative Extension.

Describe technical assistance or training, if any, requested by the district to implement this plan. Please be as specific as possible.

Essex County is fortunate to have stability regarding our Youth Bureau and Child Service System. Collectively, between 3 employees, we have nearly 60 years of combined experience in providing services. This stability has allowed us to partner with many agencies and government entities to recognize our desired outcomes. We do not feel like we need technical assistance or training to accomplish our goals.

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407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Health

Representatives from the county public health department including public health nurses and the environmental staff, Title XIX-funded home care providers and other medical and health service providers.

Agency Name:

Public Health

Dates or Frequency of Meetings: ¹

Monthly

Mental Health

Representatives from the county mental health department, psychiatric and developmental centers, community support systems core agencies, and other organizations and agencies involved in the provision of mental health services to mentally ill and developmentally disabled adults.

Agency Name:

Essex County Mental Health

Dates or Frequency of Meetings: ¹

Monthly

Youth Bureau

(Required for this section)

Agency Name:

Essex County Youth Bureau

Dates or Frequency of Meetings: ¹

Monthly

Department of Probation

(Required for this section)

Agency Name:

Essex County Probation

Dates or Frequency of Meetings: ¹

Monthly

Societies for the Prevention of Cruelty to Children

Agency Name:

N/A for Essex County

Dates or Frequency of Meetings: ¹

Law Enforcement

Representatives from the state police; city, town, or village police; the sheriff's department; and the district attorney's office.

Agency Name:

Essex County Sheriff's Department / District Attorney's Office

Dates or Frequency of Meetings: ¹

Monthly

Aging

Representatives from the area agencies on aging, senior citizen centers and voluntary organizations that provide services to the elderly population.

Agency Name:

Dates or Frequency of Meetings: ¹

Legal

Representatives from legal aid organizations, children's attorneys, the courts, the legal advocacy attorney from the area agency on aging, and the county attorney's office.

Agency Name:

Dates or Frequency of Meetings: ¹

Family Court (judge or designee)

Agency Name:

Dates or Frequency of Meetings: ¹

Local Advisory Council
(Required for this section)

Agency Name:

Essex County Attorney's Office

Dates or Frequency of Meetings: ¹

Monthly

Other Relevant Government Agencies

Agency Name:

Dates or Frequency of Meetings: ¹**Child Care Resource and Referral Agencies**

Agency Name:

Dates or Frequency of Meetings: ¹**RHYA Providers**
(Required for this section)

Agency Name:

none in Essex County

Dates or Frequency of Meetings: ¹**Other Public / Private / Voluntary Agencies**

Agency Name:

Dates or Frequency of Meetings: ¹

Other (#1)

Agency Name:

ACAP - Adirondack Community Action Program

Dates or Frequency of Meetings: ¹

Quarterly

Other (#2)

Agency Name:

Cornell Cooperative Extension

Dates or Frequency of Meetings: ¹

Quarterly

1. Can be weekly, monthly, yearly, ongoing or a specific date. Detailed meeting information does not need to be included in the Child and Family Services Plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

Data Sources

The list below contains common data sources often used in county planning. Please check all sources your county used in developing this plan. The list is not all-inclusive; if you have other sources of data, please indicate those as well.

- ☐ KWIC (Kid's Well-being Indicators Clearinghouse)
- ☒ U.S. Census Data
- ☐ Child Trends Data Bank
- ☐ PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))
- ☒ NYS Department of Health
- ☐ Domestic Violence Information System

NYS OCFS Data

- ☐ MAPS (Monitoring and Analysis Profiles)
- ☒ QYDS (Quality Youth Development System)
- ☐ OCFS Data Warehouse Reports
- ☒ Child and Family Services Plan Child Level Data
- ☐ OCFS Juvenile Detention Automated System (JDAS)
- ☐ OCFS Detention Risk Assessment Instrument System (DRAIS)
- ☐ OCFS Agency Online Profile (OAOP)
- ☐ YASI data (Youth Assessment & Screening Instrument)
- ☐ Safe Harbour: NY program data
- ☐ Adult Services Automation Project (ASAP.Net)
- ☐ Adult Protective Services (APS.Net)—NYC only

Local Surveys

- ☐ County Search Institute Survey
- ☐ Communities That Care
- ☐ TAP Survey
- ☐ United Way (Compass Survey or other)

Other

- ☒ Other Data Sources

Specify Any Other Data Sources:

Prevention Needs Assessment Survey

Submission & Approval

Submitted by County

Approved by State

Section Review Activity Log

● Frank Tamburro <i>granted this section State approval.</i>	April 25, 2018 8:10 AM	^
· Angie Allen <i>submitted this section on behalf of the County.</i>	April 23, 2018 11:08 AM	
· Angie Allen <i>un-submitted this section on behalf of the County.</i>	April 23, 2018 11:08 AM	
· Angie Allen <i>submitted this section on behalf of the County.</i>	April 23, 2018 10:59 AM	
● Daniel Sadowski <i>recommended this section for approval.</i>	April 23, 2018 9:52 AM	
● Daniel Sadowski Completed revisions, ready to submit	April 23, 2018 9:52 AM	
● Daniel Sadowski <i>reset approvals and recommendations by updating a form.</i>	April 23, 2018 9:50 AM	
· Angie Allen <i>submitted this section on behalf of the County.</i>	April 23, 2018 8:59 AM	
● Daniel Sadowski <i>began work on this section.</i>	April 20, 2018 9:05 AM	v

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April 1, 2018 – March 31, 2023 Essex County Plan

Adult Services

Outcome Statements

Vulnerable/dependent adults are protected from abuse, neglect, and financial exploitation while respecting their rights to self-determination and, through the least restrictive means possible, are able to remain safely in the community, to the extent possible.

Vulnerable/dependent adults who require residential placement will receive quality care which respects their wishes in compliance with the law.

(Adapted from the NYS Adult Services Practice Model Outcomes)

Adult Services Goals

*Please choose at least two goals from the provided list and record them here. You **must** complete a separate form for each goal chosen.*

Select a Goal:

- ☐ Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- ☐ APS will pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.
- ☒ APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.
- ☐ APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- ☐ Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Needs and Resource Assessment

Describe below the underlying conditions related to your goal in your county. Use the prompt questions in the accompanying resource materials to help guide your thinking.

1. Current community resources that exist in Essex County include the Human Services Meeting which meets the second Thursday of every other month, SPOA - the first Thursday of every month, Office for the Aging, Mental Health and the Mental Health Association as necessary outside committee. For MLS cases, APS functions as Representative Payee when necessary.

Referrals to and out of APS are often through these relationships. In addition referrals also come from members of the community, family, Town Officials, including Code Enforcement, and from within the department through the Eligibility Unit.

2. There are community resources which rely on APS to investigate concerns about vulnerable adults. These community resources include banks, Law Enforcement, Office for the Aging, Essex County Mental Health, the Eligibility unit of the Department of Social Services, Attorneys and landlords.

3. Presentations have been provided to Willsboro Senior Community and offered elsewhere. Adult Protective Services has attended Health Fairs and community picnics for the elderly, where information has been provided,

4. Human Services Meeting the second Thursday of every other month maintains an agenda item. This meeting acts as an advisory board to APS. The Office of the Aging and Public Health are housed in the same building with Adult Protective Services which allows for considerable collaboration. Currently, there are discussions around the development of a Multi-Disciplinary Team that would eventually include a Forensic Accountant.

5. Financial Exploitation cases are often difficult to prove and are rarely prosecuted. Referrals from APS often hit a dead end in the law enforcement arena. Essex County is a very rural and geographically large county with limited resources available. When Mental Health services become necessary, there are not resources in the community to assist and it becomes necessary to transport an unwilling or unable client a significant distance. If they refuse, Mental Health services are not provided.

Strategies and Activities

Describe below the strategies related to your chosen goal and the activities you will attempt to further them. Use the prompt questions in the accompanying resource materials to help guide your thinking.

1. In the next five years, we plan to actively participate in the development of the Multi-Disciplinary Team and we will continue to attend the meetings that are aforementioned.

2. To support Essex County Mental Health's efforts to employ a Mobile Mental Health Therapist that would travel throughout Essex County to provide vulnerable adults the necessary services to be able to meet their needs.

3. When a vulnerable adult comes to the attention of the Department of Social Services, a collaboration meeting will be called if necessary to discuss all possible options for assistance.
4. They will continue to attend Community Events and Health Fairs as they occur. Each month, the Commissioner of Social Services provides the Board of Supervisors with information regarding each of the programs. This includes a monthly snippet from Adult Protective Services that highlights eligibility or services provided. These reports are distributed to the Town Supervisors as well as the local newspaper. Adult Protective Services will continue to provide on-going education through continued committees and task forces that they sit on.
5. As part of the development of the MDT, APS will work with Office for the Aging to ask other agencies about their willingness to participate and to encourage that participation. They will work together to develop criteria, protocols and process.
6. On-going communication will include current meetings as listed previously. Adult Protective Services will also work collaboratively with other units in the department as well as community partners to ensure that best casework practice is followed and that vulnerable adults in our community receive access to services.

Measuring and Monitoring

Describe below how you will measure and monitor your strategies and activities to ensure effectiveness. Use the prompt questions in the accompanying resource materials to help guide your thinking.

1. Adult Protective Services regularly collaborates with Office for Aging, Law Enforcement, and the Mental Health Association to complete assessments and to create service plans.
2. The majority of cases currently being served by Adult Protective Services has at least one additional agency involved.
3. The MDT is currently in the infancy stage of development, but is considered a priority. APS will be an active participant in the development of this MDT.
4. Dedication to the overall APS outcomes will be evident when the MDT has developed protocols and processes, meets regularly and is reviewing cases on a consistent basis.
5. Deputy Commissioner and Director of Services will be updated by APS on a regular basis. Deputy Commissioner will participate in the development of the MDT. Through the attendance of the Deputy Commissioner or Director of Services in MDT meetings, supervision will be accomplished. Supervisory review, including timely submission/approval /signoff of ASAP.Net reports will be done by the APS Supervisor. An Administrative Review will be done in year three by the Director of Social Services.

Select a Goal:

- ☐ Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- ☐ APS will pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.
- ☐ APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.
- ☐ APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- ☒ Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Needs and Resource Assessment

Describe below the underlying conditions related to your goal in your county. Use the prompt questions in the accompanying resource materials to help guide your thinking.

1. Currently collaboration meetings between Children's Services and Adult Protective Services around these transitions do not occur.
2. We are going to begin having joint planning meetings if there is a foster child who will be aging out of care.

Strategies and Activities

Describe below the strategies related to your chosen goal and the activities you will attempt to further them. Use the prompt questions in the accompanying resource materials to help guide your thinking.

1. For any child who may be transitioning to APS, the APS Senior or worker will be invited to participate in the last Child and Family Team Meeting prior to discharge.
2. Within 30 days of discharge, the Foster Care worker will arrange a transition meeting with APS.
3. Within 30 days of discharge, the Foster Care worker will make a joint visit with the APS worker to meet the child and review any plans.

4. The Director of Social Services and the Deputy Commissioner oversee both Child and Family Services and Adult Protective Services and participate in meetings with both. They will be made aware of any of these transitions and will participate in the transition meeting prior to discharge.

Measuring and Monitoring

Describe below how you will measure and monitor your strategies and activities to ensure effectiveness. Use the prompt questions in the accompanying resource materials to help guide your thinking.

1. This Plan will be reviewed at the time of the Annual Plan Update by the Director of Social Services.
2. Foster Care worker AND APS will set up a tracking system to include the case information, meeting dates, transition plan.
3. Following the transition to APS, the APS Supervisor, the Foster Care Supervisor, the Director of Services and the workers involved will meet one final time to review the process and to make necessary improvements.
4. The Director and Supervisors will monitor, submit, signoff and approve and complete an Administrative Review in year three.

Required Interagency Consultations

407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Health

(Required for this section)

Representatives from the county public health department including public health nurses and the environmental staff, Title XIX-funded home care providers and other medical and health service providers.

Agency Name:

Human Services Committee

Dates or Frequency of Meetings: ¹

Every other month

Mental Health

(Required for this section)

Representatives from the county mental health department, psychiatric and developmental centers, community support systems core agencies, and other organizations and agencies involved in the provision of mental health services to mentally ill and developmentally disabled adults.

Agency Name:

Essex County Mental Health - SPOA

Dates or Frequency of Meetings: ¹

Every month

Youth Bureau

Agency Name:

Dates or Frequency of Meetings: ¹

Department of Probation

Agency Name:

Dates or Frequency of Meetings: ¹

Societies for the Prevention of Cruelty to Children

Agency Name:

Dates or Frequency of Meetings: ¹

Law Enforcement
(Required for this section)

Representatives from the state police; city, town, or village police; the sheriff's department; and the district attorney's office.

Agency Name:

NYS Police, Sheriff's Dept. DA - HS Comm.

Dates or Frequency of Meetings: ¹

Every other month

Aging
(Required for this section)

Representatives from the area agencies on aging, senior citizen centers and voluntary organizations that provide services to the elderly population.

Agency Name:

Office for the Aging

Dates or Frequency of Meetings: ¹

Weekly

Legal
(Required for this section)

Representatives from legal aid organizations, children's attorneys, the courts, the legal advocacy attorney from the area agency on aging, and the county attorney's office.

Agency Name:

Assistant County Attorney

Dates or Frequency of Meetings: ¹

As necessary

Family Court (judge or designee)

Agency Name:

Dates or Frequency of Meetings: ¹

Local Advisory Council

Agency Name:

Dates or Frequency of Meetings: ¹**Other Relevant Government Agencies**

Agency Name:

Dates or Frequency of Meetings: ¹**Child Care Resource and Referral Agencies**

Agency Name:

Dates or Frequency of Meetings: ¹**RHYA Providers**

Agency Name:

Dates or Frequency of Meetings: ¹**Other Public / Private / Voluntary Agencies
(Required for this section)**

Agency Name:

Mental Health Association - HS Comm.

Dates or Frequency of Meetings: ¹

Every other month and as necessary

Other (#1)

Agency Name:

Dates or Frequency of Meetings:¹

Other (#2)

Agency Name:

Dates or Frequency of Meetings:¹

1. Can be weekly, monthly, yearly, ongoing or a specific date. Detailed meeting information does not need to be included in the Child and Family Services Plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

Data Sources

The list below contains common data sources often used in county planning. Please check all sources your county used in developing this plan. The list is not all-inclusive; if you have other sources of data, please indicate those as well.

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- ☐ U.S. Census Data
- ☐ Child Trends Data Bank
- ☐ PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))
- ☐ NYS Department of Health
- ☐ Domestic Violence Information System

NYS OCFS Data

- ☐ MAPS (Monitoring and Analysis Profiles)

- ☐ QYDS (Quality Youth Development System)
- ☐ OCFS Data Warehouse Reports
- ☐ Child and Family Services Plan Child Level Data
- ☐ OCFS Juvenile Detention Automated System (JDAS)
- ☐ OCFS Detention Risk Assessment Instrument System (DRAIS)
- ☐ OCFS Agency Online Profile (OAOP)
- ☐ YASI data (Youth Assessment & Screening Instrument)
- ☐ Safe Harbour: NY program data
- ☒ Adult Services Automation Project (ASAP.Net)
- ☐ Adult Protective Services (APS.Net)—NYC only

Local Surveys

- ☐ County Search Institute Survey
- ☐ Communities That Care
- ☐ TAP Survey
- ☐ United Way (Compass Survey or other)

Other

- ☐ Other Data Sources


Specify Any Other Data Sources:

Submission & Approval

Submitted by County

Approved by State

Section Review Activity Log

-  Michael Cahill *granted this section State approval.*

March 23, 2018 11:52 AM



<input type="radio"/> Sue Ann Caron <i>submitted this section on behalf of the County.</i>	March 22, 2018 11:29 AM	^
<input type="radio"/> Sue Ann Caron Please review.	March 22, 2018 11:29 AM	
<input type="radio"/> Sue Ann Caron <i>began work on this section.</i>	March 22, 2018 10:40 AM	v

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April 1, 2018 – March 31, 2023 Essex County Plan

Child Care

Appendix K: Child Care Administration

*This Appendix is **required**.*

Instructions

Describe how your district is organized to administer the child care program, including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of child care for:

a. Public Assistance Families:

Daycare Unit

b. Transitioning Families:

Daycare Unit

c. Income Eligible Families:

Daycare Unit

d. Title XX:

Children ad Family Services

2. Provide the following information on the use of New York State Child Care Block Grant (NYSCCBG) Funds.

Item	Amount
a. FFY 2016-2017 Rollover funds: (available from the NYSCCBG ceiling report in the claiming system)	\$37219.00
b. Estimate FFY 2017-2018 Rollover Funds:	\$27083.00
c. Estimate of Flexible Funds for Family Services transferred to the NYSCCBG:	\$0

Item	Amount
d. NYSCCBG Allocation 2018:	\$381422.00
e. Estimate of Local Share:	\$16498.00
Total Estimated NYSCCBG Amount:	\$424905.00
f. Subsidy:	\$384744.00
g. Other program costs excluding subsidy:	\$0
h. Administrative costs:	\$40158.00

3. Does your district have a contract or formal agreement with another organization to perform any of the following functions using the NYSCCBG?

Function	Organization	Amount of Contract
<input type="checkbox"/> a. Subsidy eligibility screening		\$
<input type="checkbox"/> b. Determining if legally-exempt providers meet OCFS-approved additional local standards <i>(must be noted in Appendix Q with the corresponding additional standard)</i>		\$
<input type="checkbox"/> c. Assistance in locating care		\$
<input type="checkbox"/> d. Child care information systems		\$
<input type="checkbox"/> e. Payment processing		\$
<input type="checkbox"/> f. Other <i>Please specify function:</i>		\$

Appendix L: Other Eligible Families if Funds are Available

*This Appendix is **required**.*

Instructions

Listed below are the optional categories of eligible families that your district can include as part of its County Plan. Select any categories your district wants to serve using the NYSCCBG funds and describe any limitations associated with the category.

- ☒ **1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.**

Limitations:

As long as funds are available.

- 2. PA families or families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the caretaker is:**

- ☒ **a) participating in an approved substance abuse treatment program**

Limitations:

Local social services worker must assess specific need and authorize child care to meet that need based on recommendations of service provider and assessment of other available resources. * other adults in the home

*family/friends who might provide care *amount and length of child care needed * transportation considerations.

- ☒ **b) homeless**

Limitations:

Local social services worker must assess specific need and authorize child care to meet that need based on recommendations of service provider and assessment of other available resources. * other adults in the home

*family/friends who might provide care *amount and length of child care needed *
transportation considerations

☒ **c) a victim of domestic violence and participating in an approved activity**

Limitations:

Local social services worker must assess specific need and authorize child care to meet that need based on recommendations of service provider and assessment of other available resources. * other adults in the home

*family/friends who might provide care *amount and length of child care needed *
transportation considerations

☒ **d) in an emergency situation of short duration**

Limitations:

Local social services worker must assess specific need and authorize child care to meet that need based on recommendations of service provider and assessment of other available resources. * other adults in the home

*family/friends who might provide care *amount and length of child care needed *
transportation considerations

☒ **3. Families with an open child protective services case when child care is needed to protect the child.**

Limitations:

As long as funds are available.

4. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the child's caretaker:

☒ **a) is physically or mentally incapacitated**

Limitations:

As long as funds are available.

☒ **b) has family duties away from home**

Limitations:

As long as funds are available.

☒ **5. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to actively seek employment for a period up to six months. Child care services will be available only for the portion of the day the family is able to document is directly related to the caretaker engaging in such activities.**

Limitations:

As long as funds are available.

☒ **6. PA families where a sanctioned parent or caretaker relative is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.**

Limitations:

As long as funds are available.

7. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in:

Note: The caretaker must complete the selected programs listed within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.

☒ **a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district**

Limitations:

As long as funds are available.

☒ **b) an education program that prepares an individual to obtain a NYS High School equivalency diploma**

Limitations:

As long as funds are available.

- ☐ c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth-grade level
 - ☐ d) a program providing literacy training designed to help individuals improve their ability to read and write
 - ☐ e) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English
 - ☐ f) a two-year full-time degree granting program at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate's degree or certificate of completion
 - ☐ g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department
 - ☐ h) a prevocational skill training program such as a basic education and literacy training program
 - ☐ i) a demonstration project designed for vocational training or other project approved by the Department of Labor
- ☐ 8. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associate's degree or certificate of completion and that is reasonably expected to lead to an improvement in the caretaker's earning capacity) as long as the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.
- ☒ 9. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associate's degree or a certificate of completion that is reasonably expected to lead to an improvement in the caretaker's earning capacity as long as the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.

Limitations:

As long as funds are available.

- ☐ 10. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program leading to a bachelor's degree and that is reasonably expected to lead to an improvement in the caretaker's earning capacity as long as the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.
- ☐ 11. Families with incomes up to the 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in a program to train workers in an employment field that currently is or is likely to be in demand in the future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program, provided that child care services are only used for the portion of the day the caretaker is able to document is directly related to the caretaker engaging in such a program.

Appendix M #1: Reasonable Distance, Recertification Period, Family Share, Very Low Income, Federal and Local Priorities

*This Appendix is **required**.*

I. Reasonable Distance

Instructions

Define "reasonable distance" based on community standards for determining accessible child care.

1. The following defines "reasonable distance":

A total of one hour from daycare to employment and one hour back.

2. Describe any steps/consultations made to arrive at your definition:

Essex county is very rural and large geographically. These were major contributing factors in defining reasonable distance.

II. Recertification Period

Instructions

The district's recertification period for low income child care cases is every:

- ☒ Six months
- ☐ Twelve months

III. Family Share

"Family Share" is the weekly amount paid towards the costs of the child care services by the child's parent or caretaker. Your district must select a family share percentage from 10% to 35% to use in calculating the amount of family share. The weekly family share of child care costs is calculated by applying the family share percentage against the amount of the family's annual gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by the district:

20%

Note: The family share percentage selected here must match the percentage entered in the Program Matrix in the Welfare Management System (WMS).

IV. Very Low Income

Instructions

Define "very low income" as it is used in determining priorities for child care benefits.

"Very Low Income" is defined as of the State Income Standard.

V. Federal and Local Priorities

1. The district must rank the federally mandated priorities. Cases that are ranked 1 have the highest priority for receiving child care assistance. These rankings apply to case closings and case openings.

a. Very low income as defined in Section IV:

- ☒ Rank 1
- ☐ Rank 2
- ☐ Rank 3

b. Families with incomes up to 200% of the State Income Standard that have a child with special needs and a need for child care:

- ☐ Rank 1
- ☐ Rank 2
- ☒ Rank 3

c. Families with incomes up to 200% of the State Income Standard that are experiencing homelessness:

- ☐ Rank 1
- ☒ Rank 2
- ☐ Rank 3

☐ 2. The district has local priorities

The district may establish local priorities in its plan. These local priorities may refine but cannot replace the mandated priorities and cannot have the effect of limiting parental choice of eligible child care providers.

If the district has local priorities, list them below and rank beginning with Rank 4.

Appendix M #2: Case Openings, Case Closings, and Waiting List

*This Appendix is **required**.*

I. Case Openings When Funds Are Limited

If a social services district does not have sufficient funds to provide child care services to all families who are applying, the district may decide to open certain categories of families as funds become available. The district must open federal priorities first. If the district identified local priorities, they must be opened next. **After the federal and local priorities**, identify the basis upon which the district will open cases if funds become available. Select one of the options listed below and describe the process for opening.

- ☐ 1. Open cases based on **FIRST COME, FIRST SERVED**.
- ☐ 2. Open cases based on **INCOME**.
- ☐ 3. Open cases based on **CATEGORY OF FAMILY**.

- ☐ 4. Open cases based on **INCOME AND CATEGORY OF FAMILY.**
- ☒ 5. Open cases based on **OTHER CRITERIA.**

Describe the criteria the district will use to select cases to be opened:

Cases will be opened based first on how long they have been on the waiting list. With those waiting the longest to be the first to be reviewed for opening. After considering waiting times, openings will be prioritized by category, in the following order:

Category 1: a-Very low income (up to 125% of state income standards) b-Families of children with special needs c- Teen parents

Category 2: 125%-149% of the state income standard.

Category 3: 150% - 200% of the state income standard.

II. Case Closings When Sufficient Funds Are Not Available

If a social services district does not have sufficient funds to continue to provide child care assistance to all families in its current caseload, the district may decide to discontinue child care assistance to certain categories of families. The district must close federal priorities last. If the district identified local priorities, they must be closed next to last. **After the federal and local priorities**, describe the basis upon which the district will close cases if sufficient funds are not available.

If no priorities are established beyond the federally mandated priorities and all funds are committed, case closings for families that are not eligible under a child care guarantee and are not under a federally mandated priority must be based on the length of time they have received services (must choose #1 below).

Select one of the options listed below and describe the process for closing.

- ☐ 1. Close cases based on **AMOUNT OF TIME** receiving child care services.
- ☐ 2. Close cases based on **INCOME.**
- ☐ 3. Close cases based on **CATEGORY OF FAMILY.**
- ☐ 4. Close cases based on **INCOME AND CATEGORY OF FAMILY.**
- ☒ 5. Close cases based on **OTHER CRITERIA.**

Describe the criteria the district will use to select cases to be closed:

Note: Category 1 cases will remain open until programmatically ineligible'

If funds are not available our district will 1st discontinue funding to category 3 (150%-200%) based on longest duration to shortest. 2nd will be category 2 (125%-149% from longest duration to shortest.

Priority groups will close within groups, from longest to shortest duration (Group 1 very low income, Group 2 Teen parents. Group 3 families who have children with special needs.

III. Waiting List

- ☒ The district will establish a waiting list when there are not sufficient funds to open all eligible cases.

The district must indicate if it will establish a waiting list when there are not sufficient funds available to open new cases or keep all current cases open.

Appendix M #3: Fraud and Abuse Control Activities and Inspections

*This Appendix is **required**.*

I. Fraud and Abuse Control Activities

1. Describe below the criteria the district will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy payments in addition to procedures for referring such applications to the district's front-end detection system.

Essex county requires verification of hours worked on a monthly basis. A case will be referred to the fraud department for investigation if they have questionable or erroneous information for example/working off the books, self employed without adequate business record,. not sure of address, documentation is inconsistent, no birth certificates.

2. Describe the sampling methodology used to determine which cases will require verification of an applicant's or recipient's continued need for child care, including, as applicable, verification of participation in employment, education, or other required activities.

The district cannot use criteria such as the age of provider, the gender of provider, a post office box address, or evidence that the child lives in the same residence as the provider as indicators in drawing the sample.

Work hours / school attendance and required activities are verified monthly and all cases have to recertify every 6 months.

3. Describe the sampling methodology used to determine which providers of subsidized child care services will be reviewed for the purpose of comparing the child care provider's attendance forms for children receiving subsidized child care services with any Child and Adult Care Food Program

inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

Essex county social services workers collaborate with Adirondack Community Action Programs Inc. to compare our vouchers with the CACFP (Nutrition program) schedule/calendars (attendance records). All non day care centers are reviewed annually.

II. Inspections of Child Care Provider Records and Premises

The district may choose to make announced or unannounced inspections of the records and premises of any provider/program that provides child care for subsidized children to determine if the child care provider is in compliance with applicable laws and regulations and any additional requirements imposed on such a provider by the social services district per 18 NYCRR §415.4(h)(3).

The district has the right to make inspections *prior to subsidized children receiving care* of any child care provider, including care in a home, to determine whether the child care provider is in compliance with applicable laws and regulations and any additional requirements imposed on such a provider by the district.

The district must report violations of regulations as follows:

1. Violations by a licensed or registered child care provider must be reported to the applicable Office of Children and Families (OCFS) Regional Office.
2. Violations by an enrolled or enrolling legally-exempt child care provider must be reported to the applicable Enrollment Agency.

☒ The district chooses to make inspections of such child care providers/programs

The following **types** of subsidized child care providers/programs are subject to this requirement:

Legally-Exempt Child Care

- ☒ In-Home
- ☒ Family Child Care
- ☒ Group programs not operating under the auspices of another government agency
- ☐ Group programs operating under the auspices of another government agency

Licensed or Registered Child Care

- ☒ Family Day Care
- ☐ Registered School-Age Child Care
- ☒ Group Family Day Care
- ☐ Day Care Centers
- ☐ Small Day Care Centers

Appendix N: District Options

*This Appendix is **required**.*

Districts have some flexibility to administer their child care subsidy programs to meet local needs. Districts must complete Question I below. Note that all districts must complete the differential payment rate table in Appendix T.

I. The district selects:

- ☐ None of the options below
- ☒ One or more of the options below

II. Districts must check the options that will be included in the district's county plan and complete the appropriate appendix for any option checked below.

- ☐ 1. The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
- ☒ 2. The district has chosen to use Title XX funds for the provision of child care services (complete Appendix P).
- ☐ 3. The district has chosen to establish additional local standards for child care providers (complete Appendix Q).
- ☒ 4. The district has chosen to make payments to child care providers for absences (complete Appendix R).
- ☐ 5. The district has chosen to make payments to child care providers for program closures (complete Appendix S).
- ☐ 6. The district has chosen to pay for transportation to and from a child care provider (complete Appendix T).
- ☐ 7. The district has chosen to pay a differential rate for licensed or registered child care providers that have been accredited by a nationally recognized child care organization (complete Appendix T).
- ☐ 8. The district has chosen to pay a differential rate above the required 5% minimum differential rate for child care services during non-traditional hours (complete Appendix T).
- ☐ 9. The district has chosen to pay a differential rate for child care providers caring for children experiencing homelessness above the required minimum differential rate (complete Appendix T).

- ☐ 10. The district has chosen to pay a differential rate in excess of the 25% maximum differential rate for child care providers that qualify for multiple differential rates to allow sufficient access to child care providers or services within the district (complete Appendix T).
- ☐ 11. The district has chosen to pay up to 75% of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 hours of training, which has been verified by the Legally-Exempt Caregiver Enrollment Agency (complete Appendix T).
- ☒ 12. The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).
- ☒ 13. The district has chosen to make payments to child care providers who provide child care services exceeding 24 consecutive hours (complete Appendix U).
- ☐ 14. The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U).
- ☐ 15. The district requests a waiver from one or more regulatory provisions. Waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix U).
- ☒ 16. The district has chosen to pay for breaks in activity for low income families (non-public assistance families) (complete Appendix U).
- ☐ 17. The district has chosen to use local equivalent(s) of OCFS required form(s). Prior to using a local equivalent form the district must obtain OCFS, Division of Child Care Services (DCCS) written approval. **Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.**

If using local equivalent forms, list the names of the local equivalent form(s) that the district would like to use:

Please upload copies of the local equivalent form(s) in the Plan Documents area.

- ☒ 18. The district elects to use the OCFS-6025, Application for Child Care Assistance. The local district may add the district name and contact information to the form.

Appendix O: Funding Set-Asides

Instructions

I. Total NYSCCBG Block Grant Amount, Including Local Funds

Category	Amount
	\$
	\$
	\$
	\$
	\$
Total Set-Asides (NYSCCBG):	\$

Describe the rationale behind specific set-aside amounts from the NYSCCBG (e.g., estimated number of children) for each category.

Category	Rationale Description

II. The following amounts are set aside for specific priorities from the Title XX block grant:

Category	Amount	Rationale behind amount (e.g., estimated number of children)
	\$	
	\$	
	\$	
Total Set-Asides (Title XX):		\$

Category	Amount	Rationale behind amount (e.g., estimated number of children)
----------	--------	-----------------------------------------------------------------

Appendix P: Title XX Child Care

Instructions

1. Enter the projected total of Title XX expenditures for the plan's duration:

\$750.00

Indicate the financial eligibility limits (percentage of State Income Standard) your district will apply based on family size. Maximum reimbursable limits are 275% for a family of one or two, 255% for a family of three, and 225% for a family of four or more. Districts that are utilizing Title XX funds only for child protective and/or preventive child care services must not enter financial eligibility limits as these services are offered without regard to income.

Family Size	Eligibility Limit
Two People	<div>%</div>
Three People	<div>%</div>
Four People	<div>%</div>

2. Programmatic Eligibility for Income Eligible Families (check all that apply)

- ☐ Employment
- ☐ Seeking employment
- ☐ Homelessness
- ☐ Education / training
- ☐ Illness / incapacity
- ☐ Domestic violence
- ☐ Emergency situation of short duration
- ☐ Participating in an approved substance abuse treatment program

3. Does the district apply any limitations to the programmatic eligibility criteria?

☐ Yes

☒ No

If yes, describe eligibility criteria:

4. Does the district prioritize certain eligible families for Title XX funding?

☐ Yes

☒ No

If yes, describe which families will receive priority:

5. Does the district use Title XX funds for child care for open child protective services cases?

☒ Yes

☐ No

6. Does the district use Title XX funds for child care for open child preventive services cases?

☒ Yes

☐ No

Appendix Q: Additional Local Standards for Child Care Providers

*The district may propose local standards in addition to the State standards for legally-exempt providers who will receive child care subsidies issued by the district. This appendix must be completed for **each** additional local standard that the district wants to implement.*

Instructions

The district may propose local standards in addition to the State standards for legally-exempt providers who will receive child care subsidies issued by the district. This appendix must be completed for **each** additional local standard that the district wants to implement.

The district must coordinate with the local Enrollment Agency, including, but not limited to:

- Informing the Enrollment Agency of the intent to request an additional standard.
- Developing the stepwise process referenced in Question 5.
- Ensuring that no significant burden of work shall be incurred by the Enrollment Agency as a result of the additional local standard, unless such work is addressed in a separate contract or a formal agreement is in place, which are referenced in Question 3.
- Sharing any consent/release form that may be required.
- Keeping the Enrollment Agency informed of the approval status.

1. Select the additional local standard that will be required of child care providers/programs.

☐ Verification, using the district's local records, that the provider has given the caretaker complete and accurate information regarding any report of child abuse or maltreatment in which he or she is named as an indicated subject

☐ Local criminal background check

☐ Require providers caring for subsidized children for 30 or more hours a week participate in the Child and Adult Care Food Program (CACFP).

Note that districts are required to notify the Enrollment Agency, using the OCFS-2114, District Notification to Legally-Exempt Caregiver Enrollment Agency, of all providers on the referral list for whom the requirement is "not applicable."

☐ Site visits by the district

☐ Other

Please describe:

2. Check below the type of child care program to which the additional local standard will apply:

- ☐ Legally-exempt family child care program
- ☐ Legally-exempt in-home child care program
- ☐ Legally-exempt group provider / program not operating under the auspices of another government agency
- ☐ Legally-exempt group provider / program operating under the auspices of another government or tribal agency

In cases where the standard is person-specific, indicate the roles of the persons to whom the additional local standard will apply:

Legally-exempt family child care program

- ☐ Provider
- ☐ Provider's employee
- ☐ Provider's volunteer
- ☐ Provider's household member age 18 or older

Legally-exempt in-home child care program

- ☐ Provider
- ☐ Provider's employee
- ☐ Provider's volunteer

Legally-exempt group provider / program not operating under the auspices of another government agency

- ☐ Provider / director
- ☐ Provider's employee
- ☐ Provider's volunteer

Legally-exempt group provider / program operating under the auspices of another government or tribal agency

- ☐ Provider / director
- ☐ Provider's employee
- ☐ Provider's volunteer

2a. Exceptions: There may be instances when the district may be unable to enact the additional standard, such as, the applicable person may reside outside of the district's jurisdiction, or the site of care may not be located within the district. In such cases, the district may create an exception to the applicability stated above.

Note: The Child Care Facility System cannot track such exceptions and, therefore, the district remains responsible for notifying the applicable Enrollment Agency, using the OCFS-2114, District Notification to Legally-Exempt Caregiver Enrollment Agency, that an additional standard is "not applicable" to the specific provider/person named on the referral list.

Place a check mark below to show any exception to the applicability of this Local Additional Standard to programs or roles previously identified.

- ☐ a. The district will not apply this additional local standard when the applicable person resides outside of the subsidy-paying district.
- ☐ b. The district will not apply this additional local standard when the program's site of care is located outside of the subsidy-paying district.
- ☐ c. The district will not apply this additional local standard when the informal provider is younger than 18 years of age.

3. Districts are responsible for implementation of the additional local standard unless they have a formal agreement or contract with another organization. Check the organization that will be responsible for the implementation of the additional local standard.

☐ Local social services staff

Provide the name of the unit and contact person:

☐ Contracted agency (must correspond to Appendix K, Question 3b)

Provide the name of the agency and contact person:

Note: Costs associated with the additional local standard cannot be passed on to the provider.

4. Are there any fees or other costs associated with the additional local standard?

☐ Yes

☐ No

Note: Costs associated with the additional local standard cannot be passed on to the provider.

5. Describe, in chronological order, the steps for conducting the additional local standard. Include how the district will retrieve referrals from CCFS, communicate with providers and other applicable persons, determine compliance with the additional local standard, inform the Enrollment Agency whether the additional local standard has been "met," "not met" or is "not applicable" and monitor its timeliness. Include all agencies involved and their roles. Note that the district's procedures must be in accordance with 12-OCFS-LCM-01.

6. Indicate how frequently the additional local standard will be applied. Answer both questions.

1. The Standard will be applied:

☐ At initial enrollment and re-opening

☐ At each re-enrollment

2. The district will assess compliance with the additional local standard:

- ☐ During the enrollment **review** period, and the district will notify the Enrollment Agency of the results within 25 days from the E-Notice referral date.
- ☐ During the 12-month enrollment period, and the district will notify the Enrollment Agency of the results promptly. Note that this option is always applicable to an additional local standard requiring participation in CACFP.

7. Describe the justification for the additional local standard in the space below.

Appendix R: Payment to Child Care Providers for Absences

Instructions

1. The following providers are eligible for payment for absences (check all that are eligible):

- ☒ Day care center
- ☒ Group family day care
- ☐ Family day care
- ☐ Legally-exempt group
- ☐ School-age child care

2. Our district will only pay for absences to providers with which the district has a contract or letter of intent.

- ☒ Yes
- ☐ No

3. Base Period:

- ☐ 3 months
- ☒ 6 months

4. Number of absences allowed per child during base period:

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a Month	12		12
Base Period	12		12

5. List reasons for absences for which the district will allow payment:

Sick, bad weather, appointments. vacation.

6. List any limitations on the above providers' eligibility for payment for absences:

Provider must require a signed contract with the parent.

*Note: Legally-exempt family child care and in-home child care providers are **not** eligible to receive payment for absences.*

Appendix S: Payment to Child Care Providers for Program Closures

Instructions

1. The following providers are eligible for payment for program closures:

- ☐ Day care center
- ☐ Group family day care
- ☐ Family day care
- ☐ Legally-exempt group
- ☐ School-age child care

2. The district will only pay for program closures to providers with which the district has a contract or letter of intent.

☐ Yes

☒ No

3. Enter the number of days allowed for program closures (maximum allowable time for program closures is five days):

4. List the allowable program closures for which the district will provide payment.

Note: Legally-exempt family child care and in-home child care providers are not allowed to be reimbursed for program closures.

Appendix T: Transportation, Differential Payment Rates, Enhanced Market Rate for Legally-Exempt Family and In-Home Providers, and Sleep

*This Appendix is **required**.*

I. Transportation

Instructions

1. Are there circumstances where the district will reimburse for transportation?

☒ No

☐ Yes

2. If the district will reimburse for transportation, describe any circumstances and limitations the district will use to reimburse. Include what type of transportation will be reimbursed (public and/or private) and how much your district will pay (per mile or trip). Note that if the district is paying for transportation, the Program Matrix in the Welfare Management System (WMS) should reflect this choice.

II. Differential Payment Rates

Instructions

1. Districts must complete the Differential Payment Rate Percent (%) column in the table below for each of the four (4) differential payment rate categories. For the two (2) categories that require a state minimum five percent (5%) differential payment rate, the district must enter "5%" or, if it chooses, a higher rate up to 15%.

The other two (2) differential payment rate categories in the table below are optional. If the district chooses not to set differential payment rates, the district must enter zero. If the district chooses to set a differential payment rate, enter the appropriate percentage up to 15 percent (15%). Note that if the district selects a differential payment rate for nationally accredited programs, then that rate must be in the range of five percent (5%) to 15 percent (15%).

Differential Payment Rate Category	Differential Payment Rate Percent	Instructions
Homelessness: Licensed and Registered Providers State required minimum of 5%	5%	Enter a percentage (%): 5% to 15%. (Must enter at least 5%)
Homelessness: Legally-Exempt Providers	5%	Enter 0% or a percentage (%) up to 15%.
Non-traditional Hours: All Providers State required minimum of 5%	5%	Enter a percentage (%): 5% to 15%. (Must enter at least 5%)
Nationally Accredited Programs: Licensed and Registered Providers <i>Legally-exempt child care providers are not eligible for a differential payment rate for accreditation.</i>	5%	Enter 0% or a percentage (%) from 5% to 15%.

2. Generally, differential payment rates may not exceed 25% above the applicable market rate or actual cost of care. However, a district may request a waiver from the Office to establish a payment rate that is in excess of 25% above the applicable market rate upon showing that the 25% maximum is insufficient to provide access within the district to child care providers or services that offer care addressing more than one of the differential payment rate categories. However, if your district wants to establish a payment rate that is more than 25% above the applicable market rate, describe below why the 25% maximum is insufficient to provide access to such child care providers or services.

III. Enhanced Market Rate for Legally-Exempt Family and In-Home Child Care Providers

1. Indicate if the district is electing to establish a payment rate that is in excess of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 or more hours of training annually and the training has been verified by the legally-exempt caregiver enrollment agency.

☒ No

☐ Yes

2. If yes, indicate percent, not to exceed 75% of the child care market rate established for registered family day care.

%

IV. Sleep

Instructions

1. Does the district choose to pay for child care services while a caretaker that works a second or third shift sleeps?

☐ No

☒ Yes

2. The following describes the standards the district will use to evaluate whether to pay for child care services while a caretaker that works a second or third shift sleeps, as well as any limitations pertaining to payment:

3. Indicate the number of hours allowed by your district per day (maximum number of hours allowed is eight).

8

Appendix U: Child Care Exceeding 24 Hours, Child Care Services Unit, Waivers, and Breaks in Activities

I. Child Care Exceeding 24 Hours

1. Child care services may exceed 24 consecutive hours when such services are provided on a short-term emergency basis or in other situations where the caretaker's approved activity necessitates care for 24 hours on a limited basis. Check below under what circumstances the district will pay for child care exceeding 24 hours.

☒ On a short-term or emergency basis

☐ The caretaker's approved activity necessitates care for 24 hours on a limited basis

2. Describe any limitations on the payment of child care services that exceed 24 consecutive hours.

II. Child Care Services Unit (CCSU)

Instructions

1. Indicate below if your district will include 18-, 19-, or 20-year-olds in the CCSU for determining family size and countable family income.

a. The district will include the following in the CCSU (check all that apply)

☐ 18-year-olds

☐ 19-year-olds

☐ 20-year-olds

OR

b. The district will only include the following in the CCSU when it will benefit the family (check all that apply)

☐ 18-year-olds

☐ 19-year-olds

☐ 20-year-olds

2. Describe the criteria your district will use to determine whether or not 18-, 19-, or 20-year olds are included in the CCSU.

III. Waivers

Instructions

1. Districts have the authority to request a waiver of any regulatory provision that is non-statutory. The waiver must be approved by OCFS before it can be implemented. Describe and justify why your district is requesting a waiver.

IV. Breaks in Activities

1. Districts may pay for child care services for low-income families during breaks in activities either for a period not to exceed two weeks or for a period not to exceed four weeks when child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period. If your district will pay for breaks in activities, indicate below for how long of a break that the district will pay for (check one):

☒ Two weeks

☐ Four weeks

2. Districts may provide child care services while the caretaker is waiting to enter an approved activity or employment or on a break between approved activities. The following low-income families are eligible for child care services during a break in activities (check all that are eligible):

☐ Entering an activity

☐ Waiting for employment


☒ On a break between activities

Submission & Approval

Submitted by County


Approved by State

Section Review Activity Log


 Aruni Singh *granted this section State approval.*

March 26, 2018 10:47 AM



 Angie Allen *submitted this section on behalf of the County.*

March 26, 2018 8:12 AM

 Mary Stanley *began work on this section.*

March 6, 2018 8:53 AM



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April 1, 2018 – March 31, 2023 Essex County Plan

Non-Residential Domestic Violence Services

In accordance with the Domestic Violence Prevention Act and subsequent budget provisions, districts are required to provide non-residential services to victims of domestic violence, either directly or through a purchase of service agreement. Whether provided directly or through a purchase of service, each program must be approved through the Child and Family Services Plan process.

Non-residential domestic violence programs **must** comply with 18 NYCRR Part 462.

Please provide the information required below.

County Contact Person

County Contact Person:

Angie Allen

Phone Number:

518-873-3415

E-Mail address:

angie.allen@dfa.state.ny.us

Program Information

Complete this section for every program that provides non-residential domestic violence services in the district.

*To promote accuracy through the review and approval process, OCFS **recommends** that this section be completed by the non-residential domestic violence program.*

Agency Name:

Behavioral Health Services North

Program Name (if different):

STOP Domestic Violence

Business Address:

22 US Oval, Suite # 218

Plattsburgh, NY 12903

Contact Person:

Amber Brown-Rose

Telephone number:

518-563-6904

E-mail Address:

abrown-rose@bhsn.org

Program Requirements

This program is intended to be a separate and distinct program offering specializing in services for victims of domestic violence. 70% of the clientele served must consist of victims of domestic violence and their children.

All questions must be answered

Describe how the program is separate and distinct and how it fits into the overall agency?

STOP Domestic Violence-Behavioral Health Services North serves all victims of domestic violence, and their children, who reside in Clinton, Essex, and Franklin Counties, as well as provide information, referrals, and support to those from other areas who call the hotline seeking assistance. As with all other Behavioral Health Services North, Inc. programs, STOP Domestic Violence strives to strengthen and empower individuals and the community by providing quality services and support to those in need.

Non-residential clients are provided with various services according to their needs. All staff is capable of assisting non-residential clients with their needs regarding finding safety and support. When a client transitions into the residential aspect of our program, separate services are provided and separate residential service logs are filled out to maintain accurate documentation between non-residential services and residential services.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program and how special needs populations are accommodated?

There are no eligibility criteria that needs to be met in order to become a non-residential client. If a victim identifies as a victim of domestic violence, services will be provided. All non-residential program offices are handicap accessible, and have access to a number of local community resources to assist individuals who are vision impaired and/or hearing impaired, so that they may receive the vital services that they need. There is access to language interpretation over the phone, should English not be the victim's first language.

Explain how the location(s) where the non-residential domestic violence services are provided ensures the safety and confidentiality of the persons receiving services and their identities.

DO NOT PROVIDE LOCATION ADDRESS(ES)

None of the STOP Domestic Violence offices have signage indicating what the office is, so as to provide confidentiality for the clients. Also, for safety reasons, all offices remain locked at all times and are located near other businesses, so it would not be clear from an on-looker that a person would be seeking domestic violence services.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	365	24 hours	Phone	Anywhere	All
Information and Referral	365	24 hours	Phone/Email/In-Person	Anywhere	All
Advocacy	365	24 hours	Phone/Email/In-Person	Anywhere	All
Counseling	365	24 hours	Phone/email/In-Person	Anywhere	All
Community Education and Outreach	365	24 hours	In-Person	Anywhere	All
Optional Services (e.g., Support Groups, children's services,	365	24 hours	In-Person	Anywhere	All

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
translation services, etc.)					

All core services listed are a requirement listed in 18 NYCRR 462.4 and must be provided directly by the program in a timely manner as defined In the regulation.

Staffing Requirements

Each program must employ **both** a qualified program director **and** a sufficient number of staff who are responsible for providing core and optional services.

List each of the staff/volunteer positions responsible for providing non-residential services including their **title, responsibilities, and qualifications.**

*Do **NOT** give names or resumes of program staff*

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Program Director	Administrative duties, supervision, reporting to various funding agencies on services provided, policy and procedure development, direct client services, outreach and education, maintain program records and client files, etc.	5 Years of relevant experience with one year of supervisory-Masters Degree required
Assistant Director	Administrative duties, supervision, reporting to various funding agencies on services provided, scheduling of hotline coverage and office coverage, direct client services, outreach and education, maintain program records and client files, etc.	2 Years of relevant experience with supervisory experience, 16 hours of domestic violence training required, Bachelors Degree required
Community Advocate	Supervision of Essex county Staff, lead the Essex County Task Force Against Domestic Violence, provide education and outreach, direct client services, maintain program records and client files, etc.	16 hours of domestic violence training required, Bachelors Degree Preferred
Advocate	Provide education and outreach, direct client services, maintain program records and client files, etc.	16 hours of domestic violence training required, Bachelors Degree Preferred
Advocate		








Position Title	Responsibilities of Position	Qualifications of Position
	Provide education and outreach, direct client services, maintain program records and client files, etc.	16 hours of domestic violence training required, Bachelors Degree Preferred

Submission & Approval

Submitted by County

Approved by State

Section Review Activity Log

 Deirdre Sherman <i>granted this section State approval.</i>	May 10, 2018 4:31 PM 
 Angie Allen <i>submitted this section on behalf of the County.</i>	May 10, 2018 1:56 PM
 Amber Brown-Rose <i>reset approvals and recommendations by updating a form.</i>	May 10, 2018 11:18 AM
 Angie Allen <i>submitted this section on behalf of the County.</i>	March 26, 2018 12:24 PM
 Angie Allen <i>began work on this section.</i>	March 26, 2018 10:52 AM 

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Click "Submit for County" AND "Ask State for Review" so a reviewer is notified

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April 1, 2018 – March 31, 2023 Essex County Plan

Title XX Program Services Matrix

Districts are required to enter Program Matrix information into the Welfare Management System (WMS). Please note below if changes have been made to the matrix since your last annual plan, and what those changes are.

WMS allows local districts to update their Title XX Matrix by using the **Title XX Menu**. The matrix is the basis for the authorization/payment of Title XX services and for child care assistance funded under the New York State Child Care Block Grant for each local district. State income standards are established using the Federal Poverty Levels (FPL), which are updated periodically by the U.S. Department of Health and Human Services. When new FPLs are set, the state updates the WMS Title XX Services Matrix and the Title XX Matrix Update process is initiated.

Each district must designate a worker (or workers) who will receive the yearly notice that the Title XX Matrix is available for the district's update. The district must provide the state with the worker's name and user identification number.

Each district must update its WMS Title XX Matrix as necessary, and submit it to the state for review. Districts are not able to alter state-mandated fields. The updates are done by a district worker who has been assigned security function 180 by the district's LAN administrator (this does not have to be the same person who receives the annual update notice). The worker who makes the update will be notified after the state reviews the district's submission.

The following resources are available to assist with updating the Title XX Matrix in WMS:

- A Computer Based Training (CBT) is available with step by step instructions on how to complete the Appendix F Title XX Program Services Matrix. The link to the CBT is:
<https://www.hslcnys.org/hslc/Content/DLT01/3748/player.html>
- [Click Here for Instructions to Complete the Program Matrix](#)

Are there changes to the services your county intends to provide during the 2018 Child and Family Services Planning cycle?

☐ Yes

☒ No






If there are changes to the services, please indicate what those changes are:

Submission & Approval

Submitted by County

Approved by State

Section Review Activity Log

 Sonoma Pelton <i>granted this section State approval.</i>	April 16, 2018 2:30 PM	
 Angie Allen <i>submitted this section on behalf of the County.</i>	April 16, 2018 1:58 PM	
 Angie Allen <i>began work on this section.</i>	April 16, 2018 1:58 PM	