

## 2017 Plan

### Appendix A

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#### Plan Signature Page

We hereby approve and submit the Child and Family Services Plan for Onondaga County Department of Social Services and Youth Bureau for the period of January 1, 2017 through December 31, 2017.

**We also attest to our commitment to maintain compliance with the Legal Assurances as outlined in Child and Family Services Plan Guidance Document.**

Type in all required fields and save changes, then PRINT this page. You may scan the page and send it via e-mail along with your plan or by fax to 518-474-9452, attention: Barbara Irish upon approval of your plan.

Retain in your records as signed original copies may be requested from OCFS at any time.

#### Commissioner County Department of Social Services

Type Name: *Sarah Merrick* Date:

Signature: \_\_\_\_\_

#### Executive Director County Youth Bureau

Type Name: *Amy McCluskey* Date:

Signature: \_\_\_\_\_

#### Chair County Youth Board

Type Name: *Andrea Hahn* Date:

Signature: \_\_\_\_\_

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I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Onondaga County Probation Department for the period of show January 1, 2017 through December 31, 2017.

#### Director/Commissioner County Probation Department

Type Name: *Andrew Sicherman* Date:

Signature: \_\_\_\_\_

#### Chair County Youth Board

Type Name: *Andrea Hahn* Date:

Signature: \_\_\_\_\_

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Enclosed is the Child and Family Services Plan for Onondaga County. My signature below constitutes approval of this report.

#### Chief Elected Officer (or Chairperson of the legislative body if the county does not have a Chief Elected Officer)

Type Name: *Joanne M. Mahoney* Date:

Signature: \_\_\_\_\_

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**WAIVER:** Complete and sign the following section if a waiver is being sought concerning the submission of Appendix I - Estimate of Clients to be served.

Onondaga county requests a waiver to 18 NYCRR 407.5(a)(3), which requests a numerical estimate of families, children, and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix I is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the Onondaga County Child and Family Services Planning Process.

### Commissioner County Department of Social Services

Type Name: *Sarah Merrick* Date:

Signature: \_\_\_\_\_

APPENDIX B-1		
Agency Type	Agency Name	Dates or Frequency of Meetings*
Aging	Vera House	Monthly meetings of the Elder Abuse Committee (sub-committee of the Syracuse Area Domestic and Sexual Trauma Violence Coalition)
Aging	Onondaga County Dept. of Adult and Long Term Care Services	Monthly referral review
Health	New York Connects/Long Term Care Resource Center	Routine referral exchange contact monthly through the Elder Abuse Committee
Mental Health	Single Point of Access (SPOA)	Weekly meetings
Mental Health	Assisted Outpatient Treatment (AOT)	Monthly meetings
Legal	Onondaga County DSS Legal Division	Weekly meetings with Assistant Chief Welfare Attorney
Law Enforcement	Syracuse Police Department/Onondaga County Sheriff's Department	Frequent consultation throughout the month
Other	Homeless and Housing Coalition of Syracuse and Onondaga County	Monthly meetings
Other	Homeless Services Providers	Quarterly meetings

APPENDIX B-4		
Agency Type	Agency Name	Dates or Frequency of Meetings*
Child Care Resource and Referral Agencies	OCFS	as needed
Concerned Individuals/Groups	VOICES and Provider meetings	quarterly or as needed
Child Care Resource and Referral Agencies	Child care Solutions	Quarterly or as needed

APPENDIX B-5		
Agency Type	Agency Name	Dates or Frequency of Meetings*
Department of Social Services	Onondaga County Department of Social Services - Economic Security	Ongoing - minimum of monthly
RHYA Providers	The Salvation Army	Ongoing - minimum of monthly
Other Public, Private and/or Voluntary Agencies	Rescue Mission Alliance of Syracuse	Monthly - every 3rd Wednesday - and quarterly for task force meetings
Other Public, Private and/or Voluntary Agencies	Onondaga County Juvenile Justice Unit	Ongoing - minimum of bi-monthly
Other Public, Private and/or Voluntary Agencies	Chadwick Residence	Bi-monthly on 2nd Friday of the month
Other Public, Private and/or Voluntary Agencies	ACR Health - Q Center	Ongoing - minimum of monthly
Other Public, Private and/or Voluntary Agencies	Cicero CanTeen Youth Center	Bi-Monthly on 2nd Friday of the month
Other Public, Private and/or Voluntary Agencies	OCM BOCES	Bi-monthly on 2nd Friday of the month and quarterly for MV meetings
Other Public, Private and/or Voluntary Agencies	Syracuse City School District	Ongoing
Other Public, Private and/or Voluntary Agencies	North Syracuse Central School District	Ongoing - minimum of bi-monthly on 2nd Friday of the month
Other Public, Private and/or Voluntary Agencies	Housing and Homeless Coalition of Syracuse/Onondaga and Oswego County	Ongoing - minimum of monthly

### APPENDIX C

### List of Data Sources Used In Needs Assessment

*The list below contains common data sources often used in county planning. Please check all sources your county has used in the needs assessment performed for this plan. The list is not all-inclusive - if you have other sources of data, please indicate those as well.*

1.  NYS Touchstones Kids County Data Book
2.  Kid's Well-being Indicators Clearinghouse
3.  Monitoring and Analysis Profiles
4.  Child Care Review Service
5.  U.S. Census Data
6.  OCFS Data Warehouse Reports
7.  OCFS CFSP Data Packets
8.  Adult Services Automation Project (ASAP)
9.  Quality Youth Development System (QYDS)
10.  Child Trends Data Bank
11.  Prevention Risk Indicator/Services Monitoring System-PRISMS (OASAS)
12.  NYS Department of Health
13. Surveys
  - a.  Communities That Care
  - b.  Search Institute Survey
  - c.  TAP Survey
  - d.  United Way (Compass Survey or other)
14.  YASI Data
15. Other Data Sources (specify)
16. Other Data Sources (specify)
17. Other Data Sources (specify)
18. Other Data Sources (specify)

## Child and Family Services Plan Program Narrative Appendix

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Check if No Change in Section I

### Outcome Framework/Mission/Vision

1. If the district has one, please enter the district's outcome framework, mission, and/or vision.

*If your district does not have this, leave this area blank.*

*Effective January 1, 2014, Onondaga County reorganized its human services sector to bring greater focus on serving targeted populations, such as vulnerable adults, and children and families. The focus will strengthen the county's mission to provide outstanding services delivered in a coordinated manner that will lead to better long-term outcomes for its most vulnerable citizens. Each of the targeted populations will be served by a new department. The Department of Children and Family Services includes all services provided by child welfare, as well as juvenile probation, detention services, children's mental health (including day treatment and clinics), school-based initiatives and the youth bureau. By bringing together the variety of employee skills and talents of these once disparate departments, our ability to provide services that will increase wellbeing and functioning of children, youth and families, while continuing to ensure safety of children and the community, is greatly enhanced. The Department of Adult and Long Term Care Services is comprised of Office for Aging, Adult Protective, adult Mental Health, Long Term Care, and Veterans. The Department of Social Services has been renamed "Department of Social Services – Economic Security" and no longer oversees children's or adult services, except public benefit programs such as child care regulations and subsidies. The local administrative and oversight responsibilities for each of the regulatory areas to be addressed in this plan are assigned to the following departments: Regulatory area: Child Protective Services, Child Preventive Services, Foster Care, Adoption, Detention & PINS, Youth Bureau (including Youth Development and Runway & Homeless Youth) Responsible Onondaga County Department: Department of Children and Family Services Regulatory area: Adult Protective Services Responsible Onondaga County Department: Department of Adult and Long Term Care Services Regulatory area: Child Care Responsible Onondaga County Department: Department of Social Services -- Economic Security*

2. Describe your district's demographic, economic, and social characteristics.

*Located in the center of New York State, Onondaga County is home to the city of Syracuse. We are within 350 miles of all major cities in the Northeast,*

conveniently situated at the intersection of Interstate Highways 81 and 90 (NYS Thruway). Local Amtrak and Greyhound terminals are located in our new Regional Transportation Center. Arriving by air brings you in to the newly remodeled Hancock International Airport, while the New York State Barge Canal System provides local connection by boat to the Great Lakes and the St. Lawrence River. The County of Onondaga is located in the central New York region, has a land area of 793.5 square miles and is approximately 35 miles in length and 30 miles in width. The County is governed under a home rule charter, which provides for the separation of the executive and legislative functions. This charter was approved by voter referendum in 1961. The 2010 U.S. Census showed a population of 467,026 for Onondaga County, which included a population of 145,170 for the City of Syracuse. The City of Syracuse is situated in the approximate center of the County and serves as the focus for commercial and business activities. Pursuant to New York State Law, the County is responsible for the local funding of mandated social service programs. The County also administers health care services. The County, in conjunction with its underlying units, is responsible for providing police, fire, sanitation and water services, as well as the maintenance of streets, parks and recreational facilities.

## Planning Process

1. Describe the district's planning process and how that consultation informed your district's needs assessment, priorities, and outcomes.

Child Welfare works with multiple public and private agencies in differing areas. We consult with all of them on how best to serve our families. We contract with many private agencies and with each one we have a set of expected outcomes. We meet quarterly with them to go over the outcomes and discuss any barriers to meeting them and any successes they may have had. We work closely with law enforcement - the city police and the sheriff's Abused Person's Units through our investigation of cases together and our joint involvement on CART (Child Abuse and Response Team). CART also includes members from the DA's office, the CAC, the CARE clinic and others. We develop plans on working together and plan joint trainings as well. We are developing logic models to help develop plans and aid in decision making. We will be using data driven information to determine if programs are effective, making an impact, etc. The Youth Bureau planning process is informed by data and information from varied sources: committees and taskforces, review of annual and special reports, demographic data and survey information, and feedback from consumers. There is not just one planning committee, but a number of discrete committees that address different issues affecting children and youth. Staff members work on committees and taskforces that address a broad spectrum of youth issues. The Youth Bureau facilitates the work of the Runaway and Homeless Youth Advisory and CNY Out of School Time Network. Youth Bureau staff members participate on other groups such as the JDAI Steering Committee, On Care (System of Care) Stakeholders, Safe Schools Coalition, Youth Council of the Workforce Investment Board, and Housing and Homeless Coalition of Syracuse & Onondaga County. Through involvement with these groups, staff has access to information about needs and service gaps in many systems that impact children and youth. Youth Bureau training participants are asked to complete evaluations after each Free and Practical, Youth Worker Methods, and Advancing Youth Development workshops, which provides us with additional information about training challenges and needs of the broader youth service system. Our planning process is rounded out by input from youth and adults on the Youth Board, and review of data, such as from Kids Wellbeing Indicators Clearinghouse (KWIC), and review of annual and special reports from other agencies.

## I. Child Protective Services

### Child Protective Services Self-Assessment

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

### Success and Challenges

**Since the last update, the Onondaga County Department of Children and Family Services Child Welfare division has gone through several changes that have assisted in the Department's successes and challenges this year. Most notably was the change in leadership of the Department with the retirement of the existing Commissioner and the appointment of a new Deputy Commissioner of Child Welfare. In addition, the County also had some changes in staffing as the result of several retirements which resulted in a substantial influx of newly hired casework staff.**

**These changes presented some of the challenges for the Department. Most notably, the agency has needed to assess its FAR practice and is currently reinvesting in the FAR practice with the support of training with OCFS. Currently FAR has been reduced to two (2) teams which are going through training and focusing on quality casework. Administration for the agency is also going through an assessment to review the resources to rebuild the FAR teams. With the influx of the new caseworkers, the County has also signed up to participate in the KEYS training for staff in an effort to create better consistency in case management, supervision of staff and to support staff. The County is also increasing its efforts to support caseworkers with enhancing resiliency supports for staff including a contract for caseworkers to get counseling and a support group that meets monthly to help process the work they are going through.**

**Challenges also included the County's work with sex abuse investigations and working with members of the Child Advocacy Center. The agency has struggled with staffing and training however has now fully staffed the team and will also be looking to increase trained staff this**

*upcoming year to support stability in the unit and to enhance cooperation with partners.*

*Other successes include the expansion of the agency's technology initiative, providing more mobile technology to staff to support keeping up on case notes and utilizing down time while in the field or in court to cut down on the need for staff to travel back to the office. The Agency is also participating in the Better for Families initiative with the Court Improvement Project and the introduction to the UnCope screening for drug and alcohol risk at the investigative stages to support increased referral to treatment agencies for assessment and support.*

#### **Conditions or Factors**

*The agency has seen a stabilization of CPS reports over the past several years, the increase in opiate and heroine cases, along with a higher number of cases re-entering have been influenced mainly by the decrease in the use of FAR and the drastic increase in new caseworkers in investigations. A recent OMA review by the Office of Children and Family Services pointed to a need for improvement of referrals to services or more planning for identification of risk factors. Enhanced training is currently underway to increase FAR in the agency in addition to supporting staff with better case practice through KEYS training.*

#### **Child Protective Services Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

#### **Outcomes**

*Continue to lower the recurrence rate. We have lowered the number of workers to supervisors ratio from 6:1 to 5:1 in most units. Lower number of reports received by each investigator. Increase number of reports eligible for FAR and increase the number of workers to take those reports.*

*Outcomes to be measured*

*<!--[if !supportLists]--> <!--[endif]-->Recidivism/reentry into CW and Juvenile Justice systems of youth served through those systems.*

*<!--[if !supportLists]--> <!--[endif]-->Permanency measures*

*<!--[if !supportLists]--> <!--[endif]-->Kindergarten readiness*

*<!--[if !supportLists]--> <!--[endif]-->Educational performance of youth served, including attendance, behavioral measures, and academic performance.*

#### **Indicators**

*Decrease the # of staff with fewer than 15 active cases, Increase the percentage of investigations completed within 60 days as well as increase the number of safety assessments completed and approved by day 7. Track through use of data warehouse.*

#### **Child Protective Services Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

#### **Strategies**

*Our action plan for continuing to reduce the recurrence of maltreatment rate is to continue to train staff in the area of safety and risk and family engagement. We will continue to have the training unit train all new workers in the basics of investigations, engagement and services to create consistency in our approach to safety and permanency. We have implemented Family Assessment Response (FAR) and will continue to use this model. About 30% of our reports are worked with the FAR model. We hope to train all staff who have not already received it in FAR practice by the end of this plan - it will increase their engagement and assessment skills. Continue to work with OCFS regional office on critical thinking/group case conferences and global assessments. Develop supervisors' skills in leading group case conferences.*

*To address both the issues associated with the elevated risk profiles of cases handled by CPS, and the more general issues related to child well-being, the Department has taken a number of steps, including;*

*Issuance of mobile technology to help caseworkers, intended to help caseworkers complete paperwork requirements more efficiently. (in pilot phase)*

*Securing the financial resources to expand the county's outpatient mental health clinic, a component of which will be dedicated to work exclusively with the CPS system. (funding secure; expansion proposed for summer, 2016).*

*Creation of a specialized unit of CPS workers to work exclusively with reports/referrals generated by the Syracuse City School District, the purpose of which is to integrate family interventions within the context of academic performance. (completed; monitoring performance).*

*Coordination with the local Family Court system to pursue actions leading to more timely permanency dispositions (ongoing)*

*Integration of preventive and other supportive services within the SCSD.*

*Expansion of efforts to integrate a youth development/kindergarten readiness within the child welfare system (piloting prototype intervention).*

## **II. Child Preventive Services**

### **Child Preventive Services Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

### **Success and Challenges**

*Onondaga County provides Preventive Services directly to Onondaga County families, and through Purchase of Services agreements with local and regional agencies. Onondaga County purchases the following services to minimize risk of foster care placement; to expedite a safe, permanent return from foster care; or to prevent the replacement of children in foster care: • Preventive Services Case Planning • Parent Aides • Intensive Family Preservation Services • Mental Health Counseling • Counseling related to issues around Sexual Abuse. Families receiving Direct Preventive Services (provided by Children and Family Services) meet with their assigned caseworker at least twice a month to review and discuss their individualized service plan, progress on established goals and other service needs. Direct Preventive workers have been trained in the Family Meeting process which is enhancing their engagement with families as well as assisting families to identify natural supports and learn to solve issues/problems on their own. Our purchased preventive workers have been trained in the use of family meetings and are beginning to implement this process.*

### **Conditions or Factors**

*In order for families to be successful in providing safe environments for their children they need to have strong support systems outside of Children and Family Services. Preventive Services work with families to develop networks of support. Family Team meetings are becoming an integral part of forming these **networks and we continue to use them to help families build long-term support networks.***

### **Child Preventive Services Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

### **Outcomes**

*In-house staff to continue to refer all cases for family meetings we will continue to use these services to prevent placement. Track trends through local spreadsheets - number of children placed on preventive cases and the number of children referred to placement.*

### **Indicators**

*Continue to use these services to prevent placement. Track through local spreadsheets - number of children placed on preventive cases.*

### **Priority Program Areas**

*Priority Program Areas: From the Self-Assessment in the sections above, please identify the program areas that the district has determined to be priorities.*

- 1) *Addressing risk/safety*
- 2) *Promoting kindergarten readiness*
- 3) *Promoting academic achievement*

#### **Child Preventive Services Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

*Raise % of cases being closed with goal achieved from current of 54% to 60% by the end of 2014. Have contract Preventive use family meetings in 1/2 of their cases by the end of 2014. All in-house preventive staff is trained in family meetings. All foster care, in-house preventive and relative placement cases are referred to our family meeting worker for assessment.*

### **III. Foster Care**

#### **Foster Care Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

#### **Success and Challenges**

*Onondaga County provides foster care placement services to children and youth who are in need of protection due to abuse and neglect, or due to child behavior that leads to PINS and/or JD petitions to be filed to Family Court. There are also a small group of children who have been placed in foster care due to a caretaker's inability to meet their needs, usually due to extreme behavior problems resulting from mental illness or another disability. Permanent, safe discharge from foster care is the primary goal, once a child is placed in foster care. Onondaga County is dedicated to a child centered/family focused approach to finding permanency for children in foster care. The practice of concurrent planning has become a part of our ongoing planning to expand positive outcomes for children in care. It is an ethical, truthful and respectful process that includes and empowers families. Concurrent planning broadens permanency options for children and families at the onset of placement and optimally before. Caseworkers and Supervisors have been trained in Concurrent Planning Practice as well as like-minded models including Transition to Independence (TIP) and Family Meetings. Concurrent planning is taught at our foster parent training; caseworkers are revisiting concurrent planning with foster parents and families as they visit the foster homes. Supervisors are expected to support their workers in their use of concurrent placement on their cases involving children in placement and at risk of placement. Supervisors are addressing concurrent planning with their case workers at case conferences and report that concurrent planning is being utilized in 100% of foster care cases. Concurrent planning is reviewed at the Permanency Planning Review Panel(PPRP). Foster Parent training now includes a birth parent speaking about her journey in the foster care system. All Onondaga County caseworkers and supervisors in the Foster Care and Relative Placement units have been trained in Family Meetings. A Family Meeting (FM) is a gathering of family members, friends, community resource representatives, and other interested people who join together to strengthen a family, brainstorm ideas to assist the family in reaching goals, and develop a safety and permanency plan for the child(ren). Family Meetings evolve from the way that families form a natural helping system to meet needs and solve problems. The Family Meeting is a forum in which the family and their network of supports come together to develop, implement, or change the family and child service plan that addresses child safety, permanency and well-being. While these initiatives and practices are occurring, the number of children in foster care continues to decline. In August 2010 a total of 369 children were residing in foster care. As of August, 2011 the total number of children in foster care was 325. Onondaga County continues to utilize The Family Support Center. The Family Support Center is a residential program provided by Elmcrest Children's Center for children and their siblings who are placed in foster care. The program is designed to provide a therapeutic intervention for children and families to facilitate a safe, fast, and permanent discharge for children who are placed for protective reasons. When discharge to a parent is not an immediate option, the center applies intensive resources to find the best placement option for the child, and facilitates a smooth transition for that child to their planned destination. The Family Support Center statistics show that while the majority of children were discharged from the center to foster care, kinship care and returns home happen frequently and expeditiously from the Center. Statistics show that since May of 2005 those children whose initial placement was at the Family Support Center spent less time in foster care than those who began their foster care placement in a foster home or higher level of care. Onondaga County is committed to providing*

frequent visits to parents whose children are in out of home placement. Onondaga County utilizes the Family Place Visitation program and encourages parents to attend Family Place monthly planning meetings. Onondaga County is part of an initiative to bring Visit Hosts to Onondaga County. The Permanency Planning Review Panel is a committee of Dept. of Children and Family Services (CFS) and OCFS staff who review every foster care case to ensure that permanent plans are established for foster care youth. This committee assists the Department with developing case-specific and programmatic interventions to address systemic and other barriers to permanency for our children. *Relative Placement:* As an alternative to Foster Care, Onondaga County provides placement services to children and youth in need of protection due to abuse and neglect with identified family relatives or suitable others. Caseworker's assigned to this unit are in the process of being trained in the Family Meeting process described above

#### **Conditions or Factors**

*While the number of children in foster care is steadily declining, we were taking advantage of the smaller caseloads to provide more child centered/family focused services to our families. We have instituted family meetings as well as a residential placement team to bring kids back home or to this community sooner than in the past. We continue to concentrate on concurrent planning to shorten the length of stay of all children in foster care and to provide them with permanence much sooner. All foster care cases as well as relative placement and direct preventive cases are referred to our Family Meeting worker to be assessed for family meetings. At least one Family Meeting is held on the majority of these cases.*

#### **Foster Care Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

#### **Outcomes**

*Continue to work on reducing the number of children in residential care and/or their length of time in residential care.*

#### **Indicators**

*Ensure that all foster care cases are referred for Family Meetings. Track through stats kept on our incare population spreadsheet. Reduce length of stay in residential care in 2014 with a goal for these stays to be reduced to between 4 and 6 months long by the end of this plan. Track through data warehouse*

#### **Foster Care Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

*Reduce length of stay in residential care, with a goal for these stays to be reduced to between 4 and 6 months long by the end of this plan. Continue to utilize family finding to seek out resources for children in care. We have implemented and will continue a visit host program where families can have more supervised visits by using natural supports or community volunteers as supervisors. This is in collaboration with Hiscock legal services.*

### **IV. Adoption**

#### **Adoption Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable)

#### **Success and Challenges**

*The adoptions unit places children in homes committed to lifelong permanency for children, and is integral to ensuring the solidification of permanent plans for youth who have been freed for adoption. The unit seeks and acquires permanent homes for children, facilitates the adoption agreement process, and helps the family until finalization. In 2013, the Adoptions unit finalized 27 adoptions. They have made gains in finding permanent resources for the discharge of children other than adoption. Onondaga County has a large ceremony to celebrate National Adoption Day which is a joint production of DCFS, Family Court and OCA.*

#### **Conditions or Factors**



*Adoption workers are becoming more experienced and are developing the skills to find permanent options for children for whom adoption is not an option. This includes searching for relatives, suitable others and even return to biological parents in some cases. We have a contract with Hillside Children's Center to provide Family Finding for some of our children and this has helped adoption workers locate natural supports for several of our children.*

#### **Adoption Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

#### **Outcomes**

*Continue to find resources for freed children so they can be discharged to permanent homes.*

#### **Indicators**

*Increase the % of children discharged to permanent homes by 10% a year. track through data warehouse reports*

#### **Adoption Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

*Reduce length of stay in residential care, with a goal for these stays to be reduced to between 6-9 months long by the end of this plan. Continue to utilize Family Finding to seek out resources for children in care. weWe have implemented and will continue a visit host program where families can have more supervised visits by using natural supports or community volunteers as supervisors. This is in collaboration with Hiscock Legal Services.*

## **V. Detention**

#### **Detention Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

#### **Success and Challenges**

*Onondaga County runs a 32-bed secure detention center (Hillbrook) in addition to managing a non-secure contract with the Elmcrest Children's Center for **forty-five care days per month**. In 2012, Onondaga County became a Juvenile Detention Alternative Initiative (JDAI) site, which focuses on key strategies to decrease the use of detention while also ensuring that for those youth who are detained, that conditions meets standards to ensure youth are safe and provided the resources they need for a timely and successful return to the community. The County has convened a JDAI Committee and governance structure that focuses on successful collection of data to review juvenile justice policies and procedures that inform the detention decisions and how to more efficiently manage cases in detention to prevent length stays by youth in detention. The County has also adopted the state required Detention Risk Assessment Instrument (DRAI) which is a validated tool meant to better inform the detention decision at arrest and in court so that youth detained meet the criteria for detention: risk of re-offense and failure to appear to subsequent court hearings.*

#### **Conditions or Factors**

*In 2016, the facility underwent a Conditions of Confinement review with support from the Annie E Casey Foundation and OCFS. A committee comprised of community experts in several fields (medical, education, community programming, legal, etc.) reviewed the facility against a best practice guide for detention centers. The process resulted in the submission of a report that included areas of non-conformity which were identified by the committee as well as responses from the Director of Operations on how to reach compliance with the best practices standards. The committee has evolved into a workgroup that has been tasked to see that the items that were identified in the report are addressed.*

#### **Detention Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must

be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

#### **Outcomes**

*Implement the State Detention Risk Assessment Instrument (DRAI) to ensure that only those youth who meet the statutory requirements for detention are detained and have proper alternative to detention programs to adequately support public safety for those youth who are a danger to themselves or others.*

*In addition, the detention center has set for these performance measures for the coming year:*

*100% of youth will receive a comprehensive mental health screening within 2 days of admissions*

*100% of youth will receive a CSEC Sex Trafficking screening upon admission to detention and 100% of those who score will be referred to the CSEC contact for follow up.*

*All staff will receive a minimum of 40 hours of youth centered and safety training per year*

#### **Indicators**

*Ensure all youth are screened using the detention risk assessment instrument when detention is being considered and track the average length of stay for youth in detention who are PINS and review to see if any court processing changes can expedite these cases.*

#### **Detention Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

#### **Strategies**

*The Juvenile Detention Alternative Initiative (JDAI) process requires collection and tracking of data to review the use of detention in our community.*

*The JDAI governance structure includes a Steering Committee, an Executive Committee and Work Groups to track data regarding the use of detention including: Disproportionality and Disparity, Length of Stay, Objective Admission Criteria, **Length of Room Confinement**, and Conditions of Confinement.*

## **VI. Youth Development**

### **Youth Development Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

#### **Success and Challenges**

*Since the last plan update, the Youth Bureau continues its focus on quality improvement of youth programs, which the youth bureau does in several ways. First, all programs funded by the Youth Board were monitored again in 2016 utilizing the NYS OCFS Program Quality Assessment (PQA) instrument, which looks at quality of programs at the point of service contact. Another area that impacts program quality is the training for youth workers that is provided by the Youth Bureau. Advancing Youth Development, Youth Work Methods (designed to address PQA area staff development issues), and Free & Practical workshops continue to be well received in the community. In 2016, we trained 169 individual youth workers for a total of 248 in attendance at training sessions. For the past few years the Youth Bureau has either offered Free and Practical trainings or collaborated with other youth systems to provide evidence based approaches to help youth workers and community based agencies to manage these behaviors.*

#### **Conditions or Factors**

*We can assess the state of children and youth through the supports they have at home and in the community and by the behaviors they demonstrate. Indicators for Onondaga County present a mixed picture. In terms of adolescent behaviors, several indicators show improvement over the past several years. The rate for adolescent births (15-19) has fallen from 2005-07 (50.1 per 1,000 population) to 2013 (41.3 per 1,000 population). Other measures of change in adolescent behaviors are the reduction in juvenile (under age 16) arrests for both property and violent crimes between 2005 and 2013. Young adult (16-21) arrests for violent crimes are significantly reduced from 81.9 per 10,000 population in 2005 to 46.4 per 10,000 in 2013, which is*

drastically below that of New York State at 68.2 per 10,000 population. Economic security for children and youth has become more tentative. The rate for children and youth under the age of 17 living below the poverty line has increased from 18% in 2005 to 20.8% in 2015, **the most recent year available in the KWIC**. In addition, the unemployment rate for all residents aged 16 and over increased from 4.5% in 2005 to 6.9% in 2013 (a reduction from the prior year at 8.1%).

Agencies are continually concerned about the troubling behaviors being exhibited by the children they serve. These concerns are once again shown by the evaluations we administer at each Free and Practical Workshop training we offer. When asked about future topics for training that youth workers request, any topic that deals with challenging behaviors or difficult youth. Since 2013 we have offered free and practical workshops or have collaborated with other systems to provide best practices for skills improvement to help youth workers manage these behaviors. We will continue to utilize feedback from training participants to offer training on topics of value to youth workers and youth programs.

Some of our funded programs do not send employees to our training as frequently as they or we would like. We hear from agencies that funding for programs is so tight that they cannot afford full-time staff in many positions; those part-time staff work just when program is in session. Unfortunately, it appears that these employees are receiving little on-going training in youth development or competencies of youth workers at their places of employment as well; again, carving out time for training is challenging. NYS OCFS Program Quality Assessments, which assess quality of programs at point of service contact, were completed for the majority of funded programs in fall 2016. We will begin charting improvement of programs over several years by comparing past scores with current scores.

### **Youth Development Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

#### **Outcomes**

1. Children and youth will have quality youth development experiences.
2. Children and youth will have sufficient quality youth development experiences.
3. Children and youth will have access to youth development services in all systems serving children and youth.

#### **Indicators**

1. Children and youth will have quality youth development experiences. Indicator: a. Number of youth development programs that receive training and/or technical assistance from the Youth Bureau 2. Children and youth will have sufficient quality youth development experiences. Indicators: a. Number of assistance contacts between Youth Bureau and youth programs and requests for technical assistance relative to service improvement. 3. Children and youth will have access to youth development services in all systems serving children and youth. Indicators: a. Number of collaborative meetings or agreements between Youth Bureau and other systems. b. Number of services/programs in other systems instituting youth development practices.

#### **Youth Development Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

#### **Strategies**

1. Children and youth will have quality youth development experiences. Strategies, timelines and responsibility: b. provide training and technical assistance on best practices to youth-serving programs. (on-going; by Youth Bureau) c. Monitor funded programs to observe and ensure quality programming. (once/year; Youth Bureau) d. Conduct program audits of funded programs to ensure data collection and reporting systems are adequate to report on quality programming. (once/year; Youth Bureau) 2. Children and youth will have sufficient quality youth development experiences. Strategies, timelines and responsibility: a. Provide technical assistance and support to agencies/programs that are seeking to reorganize or restructure to meet changing demands of youth service and financial uncertainty. (on-going and as-needed: Youth Bureau) 3. Children and youth will have access to youth development services in all systems serving children and youth. Strategies, timelines and responsibility: a. Collaborate across systems to infuse youth development approaches in programs provided by other systems that serve children and youth. (on-going: Mental Health/On Care, Social Services, Probation, Hillbrook Detention Center, Health, Parks & Recreation, Syracuse City School District/Say Yes to Education, Youth Bureau)

## VII - Domestic Violence

### Domestic Violence Self-Assessment

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

### Success and Challenges

***Onondaga County has a dedicated Domestic Violence Unit that continues to be able to provide enhanced services to cases involving domestic violence. The County continues to contract with Vera House to provide advocacy and support counseling and services. Challenges include an steady increase in cases with domestic violence and cross training other case workers on the processes and practices when caseloads increase.***

### Conditions or Factors

### Domestic Violence Outcomes

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

### Outcomes

### Indicators

### Domestic Violence Strategies to Achieve Outcomes

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

### Strategies

***Increasing the training of current staff and new staff on protocols and policies to maintain case integrity when caseloads increase.***

## VIII. Child Care

### Child Care Self-Assessment

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable)

### Success and Challenges

***The agency has contained program costs and has been able to avoid reducing financial eligibilty to below 200% of the Federal Poverty Level. We were also able to avoid a waiting list. A waiting list would have left financially eligible families without day care to continue working. Their only other alternative would have been to leave their children without safe and adequate child care.***

***DayCare subsidy application information is available on the Ongov.net website. Several forms are also available for applicant and recipients to assist them in maintaining their case record. Applicants/recipients are also able to fax information to the local office to maintain their eligibility.***

***We continue to offer a drop box outside the State Street entrance, giving 24 hour access for the admission of required paperwork.***

***Agency also continues to use the Child Care Time and Attendance system to assist in the processing of day care cases.***

***Onondaga County is always willing to partner with agencies for the good of its citizens.***

***Last year the Early Head Start program at the Salvation Army in Syracuse was granted federal Child Care subsidy money to work with***

***Onondaga County DSS-ES to strengthen the quality and comprehensive services of 96 children in the program. The partnership program fosters a collaborative effort between both agencies to keep the children in consistent day care.***

***Onondaga County has also been working with WDI Workforce Development Institute who obtained state funds to work as a facilitated enrollment program to help clients with subsidies from 200% to 275% of the poverty level.***

#### **Conditions or Factors**

#### **Child Care Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

#### **Outcomes**

#### **Indicators**

#### **Child Care Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

#### **Strategies**

### **IX. Runaway and Homeless Youth**

#### **Runaway and Homeless Youth Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

#### **Success and Challenges**

***In 2016, the Youth Bureau continued to offer Youth Work Methods workshops on a regular basis. Staff of RHY programs attended Youth Bureau offered training throughout the year. The Youth Bureau has a new RHY Coordinator. This employee was a Program Monitor for the Youth Bureau for several years and was promoted to RHY Coordinator in the fall of 2016.***

***The LGBTQ RHY needs assessment conducted by Syracuse University professors, led to the creation of a task force to review the current housing services offered for this population. Headed by the Rescue Mission, representatives from the clergy, Syracuse University, Upstate Medical University, ACR Health/Q Center, Onondaga County and the community, met on a quarterly basis to identify what might be done to address the gaps in services. To this end, the Rescue Mission is interested in expanding its services to include housing youth under age 18 years, with a specific focus on those that identify as LGBTQ.***

***The new RHY Coordinator attended McKinney-Vento liaison meetings and trainings in 2016 and is integrated into the community's implementation of McKinney-Vento services.***

***In 2016, the Salvation Army's Barnabas House lost all of its HUD funding and the Salvation Army was forced to close Barnabas House group home and move the beds over to the Barnabas TILP and emergency shelter. The RHY Coordinator and the Salvation Army worked with OCFS to certify the additional beds in the TILP and emergency shelter. The Salvation Army did receive additional Rapid Rehousing funding from HUD and is using this funding to fill the gap in services that resulted from closing Barnabas House.***

***The RHY Coordinator and the Rescue Mission are exploring the option to open a LGBTQ shelter in the City of Syracuse and hope to have the shelter certified in the near futures. Onondaga County is exploring housing solutions for vulnerable youth populations including youth who struggle with issues relating to human trafficking, LGBTQ, and juvenile justice involved youth.***

***While HMIS is used in Onondaga County to assess shelter and TILP utilization, there is a general lack of data available about the non-residential services that young people need. Support from OCFS to enhance the HMIS system or provide training and technical assistance in this area would be***

helpful.

### Conditions or Factors

There was no "gaps and needs" assessment completed by the Housing and Homeless Coalition of Syracuse and Onondaga County in 2014, and OCFS has not made the 2013 Survey of Services available as of the writing of this update. However, the annual local survey of services was conducted with the following results: 231\* youth under the age of 21 were served in adult shelters, along with an additional 355 youth aged 21 – 24; approximately 115 youth under the age of 21 staying in adult shelters had a diagnosed mental illness. (\*These youth were unduplicated by the reporting agency, but we don't know if the youth accessed more than one agency. Therefore, this could be a duplicated count.) Onondaga County's local RHY provider served 218 unduplicated youth in its emergency shelter, 96 in its transitional living program and 129 in its non-residential case management program. An additional 336 youth were identified as runaway or homeless but not served.

In response to the initial findings of the LGBTQ RHY needs assessment, an advisory committee has been formed by the Rescue Mission to determine how to best serve that population. While the Rescue Mission is not currently an RHYA funded organization, they are the primary source of emergency shelter for men over the age of 18. The Onondaga County RHY Services Coordinator has been asked to sit on the committee in order to provide guidance on the under-21 and under-24 populations that will potentially be served by the Rescue Mission. The Coordinator has also been consulted by the Rescue Mission on the issue of providing service to the general (not identifying as LGBTQ) youth population as it prepares to open a new shelter facility in 2015.

Onondaga County is planning a comprehensive needs assessment of runaway and homeless youth in Spring/Summer 2015.

**Onondaga County's local RHY provider served 173 unduplicated youth in its emergency shelter and 27 in its transitional living program.**

### Runaway and Homeless Youth Outcomes

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress.

### Outcomes

1. Young people accessing the RHY system will be served by staff with knowledge of mental health, including trauma, and youth development principles.
2. McKinney-Vento Liaisons, other school district personnel, and community members will be more aware of services available for runaway and homeless youth.
3. Older runaway and homeless youth will have greater access to age appropriate services within the community homeless system
4. Runaway and homeless youth that identify as LGBTQ will have access to culturally competent non-residential and residential services offered by an organization focused on serving this population.

### Indicators

1. Young people accessing the RHY system will be served by staff with knowledge of mental health and youth development principles.
  - a. Number of RHY service providers attending youth development training.
  - b. Number of RHY service providers attending mental health information sessions, Mental Health First Aid and/or training on specific mental health topics, including trauma.
2. McKinney-Vento Liaisons, other school district personnel, and community members will be more aware of services available for runaway and homeless youth.
  - a. Number of McKinney-Vento liaisons and/or other school district personnel meeting with OC RHY Services Coordinator either in person or via phone call

b. Number of information sessions offered by Youth Bureau or other community organizations on topics related to services available for RH youth

3. Older runaway and homeless youth will have greater access to age appropriate services within the community homeless system.

a. Number of beds available for older RH youth

### **Runaway and Homeless Youth Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). If the county receives RHYA funding, outcomes and strategies must be included and should address the coordination of available resources for runaway and homeless youth.

#### **Strategies**

1. Young people accessing the RHY system will be served by staff with knowledge of mental health and youth development principles. Strategies, timelines and responsibility: a. Continue to work with RHY service providers to ensure personnel is attending youth development workshops and training b. Offer Youth Mental Health First Aid to staff of RHY serving organizations. c. Continue to inform RHY program directors of available youth development and mental health training offered by other agencies. 2. McKinney-Vento Liaisons, other school district personnel, and community members will be more aware of services available for runaway and homeless youth. Strategies, timelines and responsibility: a. Increase number of contacts with McKinney-Vento liaisons through email, telephone and written correspondence. b. Offer sessions regarding RHY services and make information about other sessions offered by community organizations on topics related to services available for RH youth. c. Increase awareness among McKinney-Vento liaisons regarding conference call ability to increase participation in OC RHY Advisory Committee meetings. 3. Older runaway and homeless youth will have greater access to age appropriate services within the community homeless system. Strategies, timelines and responsibility: a. Continue to work with organizations serving RH youth to increase number of beds designated for older youth. b. Provide youth development training and information to personnel of homeless assistance organizations that serve families and youth. c. Continue to identify and reach out to organizations that serve older RH youth to participate in OC RHY Advisory Committee meetings.

## **X. Adult Protective Services**

### **Adult Protective Services Self-Assessment**

Describe the success and challenges the district has experienced since the last plan update in the program area. Noting the data and trends as identified in Appendix C, and the cumulative district consultations (Appendix B-1 through B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable).

#### **Success and Challenges**

*Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan The Elder Abuse/Justice sub-committee of the Syracuse Area Domestic Violence Coalition. We meet once each month. On the committee, all disciplines are represented i.e. aging, health, mental health, law enforcement, financial services, legal and others. The PSA attorney is currently a co-chair of the committee. The committee sponsored an annual conference in December 2013 regarding elder abuse. The department is a partner in a three year grant received from the Office of Violence Against Women concerning abuse in later life. The department is providing training to law enforcement and service providers regarding elder abuse. Adult Services Protective Services for Adults continues to use the mandatory reporting system called ASAP. This program has been very effective in allowing our caseworkers to document their progress on their cases and allowing supervisors, administration, legal counsel and the state to review clients' information. Some Caseworkers have laptop computers that allow them to access the computer networks in the field to assist in becoming more efficient. The agency also continues to learn effective strategies for how to service clients who do not want services and also coordinate with other agencies that only provide voluntary services Adult Services.*

*The following services in the area of Adult Services have been identified as needs and trends: - In-home psychiatric evaluations - **Short and Long term housing options. Especially for the mentally ill, chemically dependent, and developmentally disabled.** Home visits by geriatricians/geriatric psychiatric crisis intervention, **In-home support services**, Inpatient emergency dementia unit or social admissions by hospitals. The community does now have a Geriatric Emergency Room -- More free clothing and furniture - Lack of medical transport (Non-Medicaid) with escort including someone to go with the person into the appointment. Our workers often perform this task while assessing for PSA and for active cases because there is no one else and it is necessary. Due to the number of medical appointments some people have, this support can become quite time consuming.*

*Protective Services for Adults – Referral Trends (Years 2009 – 2016)*

*Data from Intake and Assigned Caseloads for PSA Units*

Total Average	'09	'10	'11	'12	'13	'14	'15	'16
Total Ref.	688	579	681	788	1036	1295	1287	<b>1284</b>
Ref. Accepted	492	392	328	323	466	469	584	<b>664</b>
*PSA Ave. New Referral to Caseworker	33	28	24	23	33	39	42	<b>47</b>
**PSA Payees	67	70	67	75	103	87	95	<b>84</b>

\* With the implementation of ASAP statistics that are tracked and measurable have changed. As ASAP advancements are implemented it is anticipated that additional tracking features will be available.

\*\* Social Services also utilizes CNY Services for representative payee services for voluntary clients. As of January 1, 2014, CNY Services was Representative Payee for 838 clients.

- Cases continue to be more complicated and difficult
- Community agencies that Adult Protective uses to turn to assist with these cases have suffered financial cuts and have cut their services.
- Referrals concerning adults with mental illness as a factor continue to be the most frequent complaint.

**Conditions or Factors**

Continue to contract with a nurse practitioner to provide Mental Health Evaluation services relating to Adult Protective Services issues. More specifically, the services to be rendered will focus on adults with potential mental health issues who are receiving services or being evaluated for eligibility of services from Adult Protective Services. Services may include but are not limited to the provisions of mental health evaluation and assessment, case consultation and testimony at related Court proceedings.

**Adult Protective Services Outcomes**

Outcomes are based on the district's performance as identified through the data and trends in the Self-Assessment. Outcomes should be expressed as desired changes within a program area to address the underlying conditions or factors as noted in the district's Self-Assessment. The outcomes must be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. Districts may incorporate outcomes from their Child and Family Services Program Improvement Plan (PIP). List the district's outcomes for this program area and identify quantifiable indicators (measures) of the desired changes that you will use to track progress. Districts are required to address at least two of the following State-determined adult services goals:

1. Impaired adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
2. To 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.
3. To utilize multi-disciplinary community resources to improve assessments as well as develop service plans which reduce risk and protect adults.
4. To provide protective services in the least restrictive manner, respecting the adult's rights to self-determination and decision-making

**Outcomes**

Adults who are abused, neglected or exploited by others, will be identified, have their situation thoroughly investigated, and be protected to the best of the agency's ability. To pursue appropriate legal interventions to address situations where adults are at risk of harm, are unable to make informed decisions and/or are refusing necessary services. We track the number of requests for Guardians, STIPSO, (short term involuntary protective orders) and Access Orders. We have regular scheduled meetings with our DSS attorney. We are part of the Syracuse Area Domestic and Sexual Violence Coalition, and specifically the Elder Abuse Sub-committee, which work with the DA and Law Enforcement. Our strategy is to assess each case for removal of risk. In cases where the Caseworker, Supervisor, and/or Administrator determine that the individual is unable to remove him or herself from the risk, due to the individual's inability to clearly understand the risk, there will be a meeting with the Welfare Attorney. At this and subsequent meetings the APS staff will secure documentation of the individual's ability to make clear decisions as well as an assessment of their ability to understand their decision. If a decision is made to pursue legal intervention, then the DSS Attorney will begin the legal process. It is our intent to pursue the least restrictive action possible. Monthly reports are filed with NY State OCFS on the Intake and Assessment activity, Legal Interventions, Financial Management, Law Enforcement Activity and payments made through Title XX Services. To utilize multi-disciplinary community resources to improve assessments and to develop service plans that reduces risk and protects adults. Utilize multi-disciplinary community resources specifically those that



deal with Mental Health issues. Our plan is to meet regularly with all of the providers who deal with this population to better coordinate services. As the APS unit is now part of the Department of Adult and Long Term Care Services which includes Mental Health for Adults there are already stronger relationships formed to assist our clients with mental health issues. It is anticipated that these internal relationships will continue to strengthen and that the connections with outside mental health providers will be developed and/or improved. To provide protective services in the least restrictive manner, respecting the adult's rights to self-determination and decision-making. All referrals are accepted with the intent to allow the individuals ultimate freedom in their choice of life style. Caseworkers evaluate for risk of harm, and the individuals understanding of the consequences of their decisions. If the caseworker, with input from their Supervisor, can attest that the individual understands their decision, then no legal actions will be taken. If appropriate, the caseworker will attempt to help the individual remain in their own home by accessing home health care services, the assistance of responsible family members, friends or neighbors, or voluntary financial management. APS has contracted directly with a Nurse Practitioner to provide psychological assessments of clients Supervisors, Legal and Administrative staff will continue to work with referral sources to educate the community on the right of adult self-determinations.

**Indicators**

New York State Department of Social Services  
PSA Activity Report

Reporting Period: 2016 PSA

*Intake and Assessment Activity 2016*

- 1) Number of PSA Referrals received during 2016. **1284**
- 2) Number of PSA Referrals Assigned for Assessments. **664**
- 3) Number of Referrals closed at intake. **620**

*Legal Interventions*

- 1) Number of Access Orders obtained during the reporting period. **0**
- 2) Number of Short Term Involuntary Protective Services Orders (STIPSO's) obtained during the reporting period. **0**
- 3) Number of Guardianship Orders obtained during the reporting period (including Temporary Guardianship Orders and other Provisional Remedies). **3**
- 4) Total number of PSA clients for whom DSS or contract agency was acting as a Guardian on the last day of the reporting period (in your caseload). **35**

*Financial Management*

- 1) Total number of PSA clients for whom the district or a contract agency was acting as Representative Payee on the last day of the reporting period (in your caseload). **84**
- 2) Number of new Financial Management cases opened during this year. **21**
- 3) Total number of Financial Management cases served by PSA during 2016. **84**

*Reports to Police or Other law Enforcement Agencies*

- 1) PSA is mandated to make reports to police departments, sheriff departments and district attorneys' offices regarding suspected crimes against PSA clients.

*Protective Services for Adults – Referral Trends (Years 2009 – 2016)*

Data from Intake and Assigned Caseloads for PSA Units

Total Average	'09	'10	'11	'12	'13	'14	'15	'16
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*PSA Ave. New Referral to Caseworker		33	28	24	23	33	39	42
**PSA Payees		67	70	67	75	103	87	95
								<b>84</b>

**Adult Protective Services Strategies to Achieve Outcomes**

Describe the strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and designation of what agency(ies) or department(s) is/are

responsible for implementation. Explain how OCFS-administered funding supports achievement of outcomes.

### Strategies

*A - Our strategy is to assess each case for removal of risk. In cases where the Caseworker, Supervisor and Administrator determine that the individual is unable to remove him or herself from the risk, due to the individual's inability to clearly understand the risk, there will be a meeting with the Welfare Attorney. At this and subsequent meetings the DSS staff will secure documentation of the individual's ability to make clear decisions as well as an assessment of their ability to understand their decision. If a decision is made to pursue legal intervention, then the Welfare Attorney will begin the legal process. It is our intent to pursue the least restrictive action possible.*

*B - Supervisors and Administrative staff will continue to work with referral sources to educate the community on the right of adult self-determinations*

### Plan Monitoring

Describe the methods and the processes that will be used by the district to verify and monitor the implementation of the Child and Family Services Plan and the achievement of outcomes.

*We are receiving technical assistance from PDP to develop plans and outcome measures using logic models we are using data driven information to determine if programs are effective, making an impact, etc. These activities will help us improve accountability and decision making. We will continue to meet quarterly with the voluntary agencies to look at outcomes and processes. Internally we will use the new methods as well as continuing to keep statistics on our outcomes. Through the ASAP computer program reports are filed continuously with NY State OCFS on Intake and Assessment activity, Legal Interventions, Social Service representative Payees, Law Enforcement activity and payments made through Title XX services. Child Care DSS is responsible for prompt payment to childcare providers who care for children who receive subsidies. On site licensing and monitoring for school-aged and family childcare centers has been contracted out to the Child Care Council of Onondaga, Inc. New York is responsible for monitoring and registration. Youth Development and Runaway/Homeless Youth. The Youth Bureau will utilize a monitoring form, which lists all the outcomes, strategies, and timelines. Youth Bureau staff members will establish baseline measures. They will report regularly on strategies and activities that are being undertaken that impact achievement of outcomes. Each will make an assessment of the degree to which the outcomes have been achieved, and the plan has been implemented. The monitoring form will be reviewed on a quarterly basis, at a minimum, at Youth Bureau staff meetings. The results of monitoring will be shared with the Youth Board on an annual basis, at a minimum.*

### Priority Program Areas

From the Self Assessment in the sections above, please identify the program areas that the district has determined to be priorities.

*Child Welfare: 1. FAR - increase the number of staff and expand the criteria in order to raise the % of reports they accept to 40% instead of our current 30%. 2. investigations - improve worker/supervisor ratio and lower # of new reports per worker 3. Adoptions and foster care - work with OCFS to supply family finding coaching and support for staff 4. foster care and relative placements - continue to utilize family meetings 5. Preventive - our contract preventive agencies have been trained in family meetings. Youth Development: 1. Children and youth will have quality youth development experiences -- Work with youth serving agencies to provide training and technical assistance on best practices. 2. Children and youth will have sufficient quality experiences -- Assist youth serving agencies and programs to continue to provide high quality services while funding is being reduced. 3. Children and youth will have access to youth development services in all systems serving children and youth -- Work cross systems to infuse youth development approaches in programs provided by other systems that serve children and youth. Adult Service's Division priority: In light of increasing demands of very complex cases and sharply rising referrals, the Agency is reviewing all levels of its processes to increase efficiency and alleviate stress upon caseworkers. The information and referral phone system program were outsourced coverage to allow the intake unit to concentrate solely on the intake process. The unit continues to use a triage system on intake cases to assure that only valid referrals are assigned for assessment. In addition, as stated hereinbefore we are moving toward the use of laptop computers for caseworkers to assist in the efficient use of time and resources.*

### Financing Process

Check if No Change in this Section

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.

*Services provided at the local district level are supported by federal, state and local funds. Funding for services, specifically child welfare services is quite complex and continues to change. The federal share of services is comprised of Title IV-E, Title XX and TANF funds the local district allocates*

form their Flexible Fund for Family Services (FFFS) allocation. The state funds child welfare services with open ended 62% funding net of federal funds, a block grant for Foster Care, and 49% open ended funding for Adult Protective and Domestic Violence services after federal dollars. Federal Funds: Title XX is allocated to the various local districts while Title IV-E is an uncapped funding stream. Each district specifically identifies how much of their FFFS allocation they want allocated to mandated preventive services via EAF and TANF 200% as well as other child welfare and other services. For many years, LSSDs have requested more flexibility and local discretion in the expenditure of TANF funds. Recognizing that needs vary in New York State – a rural, small county might have very different needs from those in New York City – the State enacted the new FFFS in the 2005-2006 Budget. In the 2017 - 2018 budget, the State continued this fund excluding TANF funds for Child Care. This fund incorporates certain TANF funding into a \$964 million flexible allocation for the LSSDs. The programs that may be funded in the FFFS are as follows: allowable non-assistance TANF Employment programs (such as employment preparation, placement and retention services), TANF Services (including services to support receipt of transitional benefits and other work supports), Child Welfare Services, Emergency Assistance to Families (EAF) Foster Care Maintenance, Administration and Tuition Costs, PINS/Preventive Detention Diversion Services, Pregnancy Prevention, Drug/Alcohol (D/A) Assessment and Monitoring, Domestic Violence (DV) Screening and Assessment, EAF JD/PINS Foster Care and related costs, districts' administrative costs for all TANF related activities, or for any other allowable TANF purpose. Districts may also transfer funds from FFFS to Child Care, and/or Title XX Services (TANF-funded portion). TANF FFFS Eligible Programs and Services All programs funded directly through the FFFS must serve at least one of the following four TANF purposes: b. 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; c. 2. End the dependence of needy parents on government benefits by promoting job preparation, work and marriage; d. 3. Prevent and reduce the incidence of out-of-wedlock pregnancies; or 4. Encourage the formation and maintenance of two-parent families. The FFFS is designed to provide the LSSDs with maximum flexibility in determining how best to respond to identify local needs for services. Each LSSD may use its allocation for any of the following components: e. • TANF Services and Employment Services f. o TANF Services (including the Transitional Opportunities Program) g. o TANF Employment Services (including Employment-Related Transportation) h. o Drug and Alcohol (Statutory D/A Assessment/Monitoring) o Domestic Violence (Statutory DVL Function) i. • Title XX Transfer j. o Child Welfare Services k. o Other Title XX Services l. • Child Welfare Other Than Title XX Transfer m. o Child Welfare (EAF and 200 percent) n. o EAF JD/PINS (foster care/tuition) o. o NYC Foster Care Tuition p. o PINS/Prevention/Detention Diversion Services q. • Other Costs r. o Child Care Transfer o State Administered Contracts s. • Administration t. o TANF Administration o EAF Child Welfare Administration • Any other non-assistance activities that fit within the federal TANF rules and stay within the statewide limits for administration or block grant transfers. Please find in the attachment section Onondaga County's Combined FFFS Approved Plan for SFY 2016-2017. The eligibility of the client receiving the services dictates what federal funding stream can be used. Title XX can be used without regard to recipient income while EAF, TANF 200% and Title IV-E have an eligibility criterion that has to be met in order to use those funds. Title XX services are funded at 100% up to the local district's allocation. EAF funds child preventive and protective services at 100% up to the amount the district has allocated. TANF 200% funds Title XX services up to the district's allocation. Title IV-E funds foster care services and adoption, preventive, and protective administrative services at 50%. The state funds consist of a capped block grant for foster care services and an uncapped 62% net of federal funds for preventive, protective, aftercare, adoption and independent living services. Therefore, in the case of foster care services, whatever expenditures are not covered by federal funds would be funded under the state block grant up to the local district's allocation. After the state block grant allocation is exceeded, the local district is responsible to fund these expenditures. In the case of the other services described above, the state will fund these expenditures at 62% net of federal dollars with the local districts funding 38%. Once the federal funds are exhausted, the state funds the whole expenditure at 62% while the local district picks up 38%. Onondaga County is one of the few districts that are allowed to utilize in-kind or indirect services to help fund child preventive, protective, and independent living services. A majority of our child preventive services contracts require at least a 15% in-kind or indirect match. These are costs incurred by an agency for providing preventive services in excess of amounts funded by our contracts. Most of the contracted agencies utilize United Way funding to meet this match. The local district purchases services from various agencies to provide foster care and adult and children preventive, protective, information and referral and domestic violence services. The local district purchases these services via contracts with the agencies that provide such services, and uses the RFP process for selecting these providers. See Attachment Section: **2016-17 FFFS Plan for Onondaga County**

#### FLEXIBLE FUND for FAMILY SERVICES PLAN DETAIL

District

Onondaga

Submission Date

08/05/16

Total Allocation

21,850,519

FFFS Allocation

21,640,331

*Submission Type*

*Funding and Project Detai*

*Balance to Allocate*

146,214

*15-16 Rollover*

146,214

*Plan Approval Date*

09/22/16

*SY Transfer In*

63,974

<!--[if !supportTextWrap]-->

<!--[endif]-->

*Programs*

*Gross*

*Amounts*

*TANF*

*Allocation*

*% of Total Allocation*

*Program*

*Costs*

*Admin*

*Costs*

1.

*TANF Services, Drug/Alcohol, & DVL*

553,000

553,000

3%

553,000

0

1a

*Financial Education & Asset Development*

0

0

0

0

1b

*Supportive Services*

55,000

55,000

55,000

0

1c

*Svcs for Children & Youth*

0

0

0

0

1d

*Prevent Out-of-Wedlock Pregnancies*

0

0

0

0

1e

*Fatherhood & 2 Parent Family Formation*

0

0

0

0

1f

*Family Support/Preservation/Reunification Svcs*

0

0

0

0

1g

*Add'l Child Welfare Services*

0

0

0

0

1h

*Home Visiting Program*

0

0

0

0

1i

*Administrative Costs*

0

0

0

0

1j

*Assessment/Service Provision*

210,150

210,150

210,150

0

1k

*Statutory Drug/Alcohol*

147,850

147,850

147,850

0

1l

*Statutory Domestic Violence Liaison*

140,000

140,000

140,000

0

1m

*Case Management- Shifted from D1*

0

0

0

0

2.

*TANF Services Non-Recurrent Costs*

0

0

0%

0

0

3.

*TANF Employment Services*

6,502,000

6,502,000

30%

6,502,000

0

4.

*Additional Non-Residential Domestic Violence*

0

0

0%

0

0

5.

*Child Welfare Other Than Title XX Transfer*

9,886,968

45%

9,886,968

0

5a.

*Child Welfare (EAF or 200%) Program*

6,286,968

6,286,968

0



5b.

*EAF JD/PINS and Tuition*

1,600,000

1,600,000

5c.

*PINS/Prevention/Detention Diversion Services Program*

0

0

0

5d.

*EAF Foster Care Administration and Tuition*

2,000,000

2,000,000

0

6.

*TANF Assistance and Eligibility Administration*

1,719,928

1,719,928

8%

1,719,928

<!--[if !supportTextWrap]-->

<!--[endif]-->

7.

*Title XX Transfer Below 200%*

1,942,409

9%

1,942,409

7a.

*Child Welfare*

1,942,409

1,942,409

7b.

*AP/DV*

0

0

7c.

*Non-AP/DV*

0

0

7d.

*Community Optional Preventive Services (COPS)*

0

0

8.

*Additional Child Care Transfer*

1,100,000

5%

1,100,000

8a.

*Additional Child Care Transfer FFY15*

0

0

8b.

*Additional Child Care Transfer FFY16*

1,100,000

1,100,000

9.

*State Administered Contracts*

0

0%

0

*Totals*

8,774,928

21,704,305

99%

19,984,377

1,719,928

<!--[if !supportTextWrap]-->

<!--[endif]-->

*Subtotal Program Allocation*

19,984,377

91%

*Subtotal Administration Allocation*

1,719,928

8%

*Grand Total*

21,704,305

99%

<!--[if !supportTextWrap]-->

<!--[endif]-->

*Calculation of Administration Percentages*

*TANF Administration*

1,719,928

8%

*Child Welfare Administration*

0

0%

*EAF Foster Care Administration*

0

0%

*Administration Totals (25% of cap)*

1,719,928

8%

<!--[if !supportTextWrap]-->

<!--[endif]-->

*Calculation of Amounts Toward Child Welfare Threshold*

*Child Welfare (EAF or 200%) Program*

6,286,968

29%

*Child Welfare (EAF or 200%) Administration*

0

0%

*Title XX Below 200% Child Welfare*

1,942,409

9%

*Allowable Community Optional Preventive Services (COPS*

0

0%

*Child Welfare Threshold Total*

8,229,377

38%

*Child Welfare Threshold From ADM*

8,229,377

<!--[if !supportTextWrap]-->

<!--[endif]-->

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).

*Combination of RFP and sole source.*

Describe how purchase service contracts will be monitored.

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.

*County staff meet with appropriate contract staff to review program implementation and outcomes. Contracts report quarterly or monthly outcomes via a locally designed and maintained web-based Contract Management System.*

## APPENDIX E

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### Public Hearing Requirements

*Complete the form below to provide information on the required elements of the public hearing.*

1. Date Public Hearing held:

*03/01/2017*

(at least 15 days prior to submittal of Plan)

2. Date Public Notice published:

*02/16/2017*

(at least 15 days in advance of Public Hearing)

3. Name of Newspaper:

*Post Standard*

4. Number of Attendees:

*2*

5. Topics and Comments Addressed at Hearing:

*AGENDA 1. Introduction - Purpose of the Public Hearing and Plan 2. Child Care - Plan to address changes to Child Care Services 3. Summary and Closing Comments 4. Questions and Answers*

6. Areas represented at the Public Hearing:

- a.  Health
- b.  Legal
- c.  Child Care

- d.  Adolescents
- e.  Mental Health
- f.  Law Enforcement
- g.  Aging
- h.  General Public
- i.  Other:
- j.  Other:
- k.  Other:

7. Issues identified at the Public Hearing:

*None identified*

## APPENDIX F

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### Program Matrix

*Each district will enter their Program Information into the Welfare Management System (WMS). Instructions for completing this process are located in the Plan Guidance Document. Answer the questions below related to the information you entered into the WMS system.*

1. Are there changes to the services your county intends to provide during the County Planning Update cycle?

- Yes
- No

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

## APPENDIX G

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### Technical Assistance Needs

*In the space below, describe technical assistance or training, if any, requested by the district to implement this plan. Please be as specific as possible.*

1. Technical Assistance Needs

*Better access to management information from the Connections system.*

## APPENDIX I

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### Estimates of Persons to Be Served

Required only if the district does not seek a waiver, as noted on Appendix A.

Type of Care/Service	Children	Adults	Total
Adoption			
Child Care			
Domestic Violence	0	0	0
Family Planning	0	0	0
Preventive Child Mandated	0	0	0
Preventive Child Non-Mandated	0	0	0
Child Protective Services	0	0	0
Child Protective Services Investigation	0	0	0
Unmarried Parents	0	0	0
Preventive – Adults	XXXXX	0	0
Protective Services Adults – Services	XXXXX	0	0
Protective Services Adults – Investigation	XXXXX	0	0
Social Group Services Senior Citizens	0	0	0
Education	0	0	0
Employment	0	0	0



Health Related	0	0	0
Home Management	0	0	0
Homemaker	0	0	0
Housekeeper/Chore	0	0	0
Housing Improvement	0	0	0
Information and Referral	0	0	0
Transportation	0	0	0
*Total equals children plus adults			

Type of Care/Service — Foster Care	Non JD/PINS Child	OCFS JD/PINS Child	DSS JD/PINS Child	Total
Institutions	0	0	0	0
Group Homes/Residences	0	0	0	0
Agency Operated Boarding Homes	0	0	0	0
Family Foster Care	0	0	0	0
Unduplicated Count of All Children in Care	0	0	0	0

Type of Care/Service – Adult	Adults	Total
Residential Placement Services	0	0

Is your district amending its Child and Family Services Plan (CFSP) or Annual Plan Update (APU)?

Yes

(Check "Yes" or "No" for each Appendix listed below to indicate whether or not there was an amendment to that Appendix. If the Appendix was amended, check "Yes" or "No" to indicate the section that was amended.)

No

(If this box is checked, no further action is needed on this Appendix)

## Appendix K #2 – Child Care Administration

Are there changes to this appendix?

Yes  No

## Appendix L – Other Eligible Families if Funds are Available

Are there changes to this appendix?

Yes  No

## Appendix M #1 – Reasonable Distance, Recertification Period, Family Share, Very Low Income, Federal and Local Priorities (Required)

Are there changes to this appendix?

Yes  No

*If you've checked "Yes," check all of the sections that changed or did not change below.*

### I. Reasonable Distance

Yes  No

### II. Recertification Period

Yes  No

### III. Family Share

Yes  No

### IV. Very Low Income

Yes  No

### V. Federal and Local Priorities

Yes  No

## Appendix M #2 – Case Openings, Case Closings, and Waiting List (Required)

Are there changes to this appendix?

Yes  No

*If you have checked "Yes," check all of the sections that changed or did not change below.*

**I. Case Openings** Yes  No**II. Case Closings** Yes  No**III. Waiting List** Yes  No**Appendix M #3 – Fraud and Abuse Control Activities and Inspections (Required)**

---

**Are there changes to this appendix?** Yes  No*If you have checked "Yes," check all of the sections that changed or did not change below.***I. Fraud and Abuse Control Activities** Yes  No**II. Inspections** Yes  No**Appendix N – District Options (Required)**

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**Are there changes to this appendix?** Yes  No**Appendix O – Funding Set-Asides (Optional)**

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**Are there changes to this appendix?** Yes  No**Appendix P – Title XX Child Care (Optional)**

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**Are there changes to this appendix?** Yes  No**Appendix Q – Additional Local Standards for Child Care Providers (Optional)**

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**Are there changes to this appendix?** Yes  No**Appendix R – Payment to Child Care Providers for Absences (Optional)**

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**Are there changes to this appendix?** Yes  No**Appendix S – Payment to Child Care Providers for Program Closures (Optional)**

---

**Are there changes to this appendix?** Yes  No**Appendix T – Transportation, Differential Payment Rates, Enhanced Market Rate for Legally-Exempt Family and In-Home Providers, and Sleep (Optional)**

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**Are there changes to this appendix?** Yes  No*If you have checked "Yes," check all of the sections that changed or did not change below.***I. Transportation** Yes  No**II. Differential Payment Rates** Yes  No**III. Enhanced Market Rate for Legally-Exempt Family and In-Home Providers** Yes  No

**IV. Sleep**  
 Yes  No

**Appendix U – Child Care Exceeding 24 Hours, Child Care Services Unit, Waivers, and Breaks in Activities (Optional)**

**Are there changes to this appendix?**  
 Yes  No

*If you have checked "Yes," check all of the sections that changed or did not change below.*

**I. Child Care Exceeding 24 Hours**  
 Yes  No

**II. Child Care Services Unit**  
 Yes  No

**III. Waivers**  
 Yes  No

**IV. Breaks in Activities**  
 Yes  No

**APPENDIX K #2**

**Child Care Administration**

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:**

<b>Public Assistance Families:</b>	<i>Jobsplus!</i>
<b>Transitioning Families:</b>	<i>Jobsplus! and Day Care Unit</i>
<b>Income Eligible Families:</b>	<i>Day Care Unit</i>
<b>Title XX:</b>	<i>Day Care Unit and Children's Division</i>

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

<b>FFY 2015-2016 Rollover funds (available from the NYSCCBG ceiling report in the claiming system)</b>	\$ 0
<b>Estimate FFY 2016-2017 Rollover Funds</b>	\$ 0
<b>Estimate of Flexible Funds for Families Services transferred to the NYSCCBG</b>	\$ 1100000
<b>NYSCCBG Allocation 2017</b>	\$ 17822423
<b>Estimate of Local Share</b>	\$ 2500000
<b>Total Estimated NYSCCBG Amount</b>	\$ 22922423
<b>Subsidy</b>	\$ 22922423
<b>Other program costs excluding subsidy</b>	\$
<b>Administrative costs</b>	\$ 1000000

**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"/> Subsidy eligibility screening		\$ 0
<input checked="" type="checkbox"/> Determining if legally-exempt providers meet OCFS-approved additional local standards	<i>Child Care Solutions</i>	\$ 82173
<input checked="" type="checkbox"/> Assistance in locating care	<i>Child Care Solutions</i>	\$ 0
<input type="checkbox"/> Child care information systems		\$ 0
<input type="checkbox"/> Payment processing		\$
<input type="checkbox"/> Other, specify:		\$ 0

**APPENDIX L**

**Other Eligible Families if Funds are Available**

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.

Optional Categories	Option	Limitations

1) Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	Yes	
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:		
2a) participating in an approved substance abuse treatment program	Yes	<i>TA families-none NTA families-not eligible</i>
2b) homeless	Yes	
2c) a victim of domestic violence and participating in an approved activity	Yes	
2d) in an emergency situation of short duration	Yes	<i>Families with income up to 200%-thirty days can be extended after review (if medical verification documents return to work in 15 days, i.e.maximum 45 days)Only for active child care cases not applicants.</i>
3) Families with an open child protective services case when child care is needed to protect the child.	Yes	
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:		
4a) is physically or mentally incapacitated	Yes	<i>Musy have been employed and is expected to return to work:short term duration only,usually 30 days or less, can be extended after review if medical verification document return to work in 15 days max of 45 days or as part of a Children's Services case where a need for child care is determined by the Children's Service Administration. Only fo active cases not at application.</i>
4b) has family duties away from home	No	
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.	No	
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.	Yes	<i>Verified employment and transportation hours only</i>
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:		
7a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	Yes	<i>One time per school year, must maintain 80% attendance must maintain passing grades in all subjects. Continuation of funding will be made contingent on the student's successful completion of the semester or class, with attendance and grades submitted to the child care worker for review.</i>
7b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	Yes	<i>One time per school year, must maintain 80% attendance must maintain passing grades in all subjects. Continuation of funding will be made contingent on the student's successful completion of the semester or class, with attendance and grades submitted to the child care worker for review.</i>
7c) 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	No	
7d) a program providing literacy training designed to help individuals improve their ability to read and write	No	
7e) 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	No	
7f) 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	Yes	<i>The working parent or caretaker must meet all of the following criteria at the time an application is made: 1.Must be a single parent or caretaker with a child in the household who is under the age of 13:If two parent household,applicant must provide information as to why the second parent cannot care for the child during the training hours. and 2.Must be working a minimum of 20 hours per week in unsubsidized employment in 9 of the last 12 months or has graduated from high school or received a GED within the last 6 month prior to application. and 3.Must be a resident of Onondaga County but can work outside of the county. and 4. Must be planning on enrolling in,or already enrolled in and educationor training program which is vocational in nature or which leads to a vocational goal with the hard skills necessary for employment. High School Equivalency programs do qualify. A list of approved programs will be available in the Day Care Service Unit.and 5. The applicant must certify that he/she will NOT decrease his/her hours below a minimum of 20 hours to participate in the training and will not increase hi/her financial need to qualify for Public Assistance.</i>

7g) 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	Yes	<i>The working parent or caretaker must meet all of the following criteria at the time an application is made: 1. Must be a single parent or caretaker with a child in the household who is under the age of 13. If two parent household, applicant must provide information as to why the second parent cannot care for the child during the training hours. and 2. Must be working a minimum of 20 hours per week in unsubsidized employment in 9 of the last 12 months or has graduated from high school or received a GED within the last 6 month prior to application. and 3. Must be a resident of Onondaga County but can work outside of the county. and 4. Must be planning on enrolling in, or already enrolled in and education or training program which is vocational in nature or which leads to a vocational goal with the hard skills necessary for employment. High School Equivalency programs do qualify. A list of approved programs will be available in the Day Care Service Unit. and 5. The applicant must certify that he/she will NOT decrease his/her hours below a minimum of 20 hours to participate in the training and will not increase his/her financial need to qualify for Public Assistance.</i>
7h) a prevocational skill training program such as a basic education and literacy training program	No	
7i) a demonstration project designed for vocational training or other project approved by the Department of Labor <b>Note: The caretaker must complete the selected programs listed under Section 7 within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.</b>	No	
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 17 1/2 hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.	No	
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 17 1/2 hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.	No	
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 17 1/2 hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.	No	
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.	No	

**APPENDIX M #1**

## Reasonable Distance, Recertification Period, Family Share, Very Low Income, Federal and Local Priorities

### I. Reasonable Distance

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

The following defines "reasonable distance":

*Define "reasonable distance" based on community standards for determining accessible child care. The following defines "reasonable distance": Describes the maximum reasonable distance defined in time or mileage or both that a Temporary Assistance recipient would be expected to travel from home to work activity with a stop at a child care provider along the way. This information is expressed as a one way, not a round, trip. Public Transportation: In the case of any parent/caretaker/child who uses Onondaga County's Centro bus system for transportation, distance should not exceed 22 miles. This distance represents the average of farthest distances from downtown Syracuse East, West, North and South, which Centro serves in areas where we currently have sites available. Personal Vehicle: In the case of a parent who uses private transportation, distance should not exceed 30 miles. This distance represents an average of the distance across the north-south and east-west points of the county where again, activity sites are located. Walking: In the case of any child six years or younger, walking either from home to the provider's location, or from the provider to school or to the school bus, should not exceed more than 1/2 mile. This will hold true for older children with medically documented special needs with the case manager arranging the necessary child care. Note: The district makes every attempt to arrange child care and activity as close to home as possible, however, it is still maintained that the client has the final say as to where child care is located as long as the child care arrangements are deemed to be legal. For the most part, the district automatically allows one-half hour on either end of the day for transportation and dropping off or picking up children, However, all cases are handled in an individual manner and adjustments are made for more or less transportation time as needed.*

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

*Describe any steps/consultations made to arrive at your definition: 1. The current listing of work activity sites utilized by Onondaga County's employment and training program, Jobsplus!. 2. Examination of the current public transportation system (Centro's) bus line. 3. Discussion of current guidelines used by the Child Care Council of Onondaga County 4. Examination of current travel patterns required for participation in Jobsplus*

### II. Recertification Period

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

*six 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 35 %.

**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

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

"Very Low Income" is defined as 125 % 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.

Very low income as defined in Section IV:

*Rank 1*

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 2*

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

Rank 3

2. Does the district have local priorities?

No

If yes, list below and rank beginning with Rank 4.

## APPENDIX M #3

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### Fraud and Abuse Control Activities and Inspections

#### 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.

*The following situations will be referred to FEDS: False address given for provider and/or client, New employer/new earnings not reported to the agency, prior history of denial or case closing(or overpayments) resulting from an investigation, provider violations (e.g.improper billing) expenses exceed income without reasonable explanation, client failed to report unearned income, client has previously failed to accurately report income, household composition or other required eligibility information.*

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 Day Care Supervisor randomly reviews two newly opened child care cases per month per Intake worker selected randomly. The Day Care Supervisor reviews two recertifications per month randomly selected thru a Cognos report. The day care supervisor review is a thorough review of the continued need for child care, verification of participation in employment, education or other required activities. In addition, the day care workers review the indicators for referrals to the agency legal division at every 6 month and year recert. Some of the indicators for investigation are low income vs high expense, and conflicting information. On a regular basis, the JOBSplus! Support Services Team leader is able to review the work completed by child care technical assistants, in which the technical assistant is assigned cases specific to letter of the alphabet of the applicant/recipient's last name. This practice keeps consistent monitoring of the child care needs for the applicant/recipient regardless of employment codes and case status. The Team Leader provides supervisory review of child care cases that close due to employment and any case in which a recipient changes from one provider to another. On a monthly basis, this Team Leader and/or Administrator randomly reviews six to ten cases per month.*

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.

*Administered and Monitored by Child Care Solutions. We expect to have a universe of 100 childcare providers that are also in the Child and Adult Care Food Program(CACFP) annually. The administrator of CACFP will send us a monthly report of providers that have had inspections.From this list, we will select 10% of the providers at random to review. We will request the inspections reports and compare them to the billing sheets submitted by the providers. Any provide previously selected will not be included in a subsequent sample for the year.*

#### 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 for the purpose of determining whether 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 §515.4(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:

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

1. Does the district choose to make inspections of such child care providers/programs?

-

If Yes: Provide the details of your inspections plan below.

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

<input type="checkbox"/> Legally-Exempt Child Care <ul style="list-style-type: none"> <li><input type="checkbox"/> In-Home</li> <li><input type="checkbox"/> Family Child Care</li> <li><input type="checkbox"/> Group programs not operating under the auspices of another government agency</li> <li><input type="checkbox"/> Group programs operating under the auspices of another government agency</li> </ul>
<input type="checkbox"/> Licensed or Registered Child Care <ul style="list-style-type: none"> <li><input type="checkbox"/> Family Day Care</li> <li><input type="checkbox"/> Registered School-Age Child Care</li> <li><input type="checkbox"/> Group Family Day Care</li> <li><input type="checkbox"/> Day Care Centers</li> <li><input type="checkbox"/> Small Day Care Centers</li> </ul>

## APPENDIX N

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### District Options

**I. Districts have some flexibility to administer their child care subsidy programs to meet local needs. Districts must complete Question 1 below. Note that all districts must complete the differential payment rate table in Appendix T.**

The district selects (check one):

- 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 up to 15% higher than the applicable market rates 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%, up to 15% higher than the applicable market rates 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 differential amount (complete Appendix T).
10.  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).
11.  The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).
12.  The district has chosen to make payments to child care providers who provide child care services exceeding 24 consecutive hours (complete Appendix U).
13.  The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U)
14.  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).
15.  The district has chosen to pay for breaks in activity for low income families (non-public assistance families) (complete Appendix U).



16.  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 the district elects to use the OCFS-6025, Application for Child Care Assistance, and makes no changes other than adding the district name and contact information, the district only needs to inform OCFS DCCS that it will be using the OCFS-6025.

List below the names and attach copies of the local equivalent form(s) that the district would like to use.  
*provider forms you are currently reviewing*

## APPENDIX P

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### Title XX Child Care

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

\$

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:

(2) %

(3) %

(4) %

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

Title XX:

- employment
- seeking employment
- homelessness
- emergency situation of short duration
- education/training
- illness/incapacity
- domestic violence
- participating in an approved substance abuse treatment program

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

- Yes
- No

(See Technical Assistance #1 for information on limiting eligibility.)

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

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### 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.

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. Check or describe in the space provided below the additional local standards that will be required of child care providers/programs.**

**Local Standard:** *Local criminal background check*

If **Other local standard**, please describe

**2. Check below the type of child care program to which the additional local standard will apply and indicate the roles of the persons to whom it will apply in cases where the standard is person-specific.**

Legally-exempt family child care program. Check all that apply.

- Provider
- Provider's Employee
- Provider's Volunteer
- Provider's household member age 18 or older

Legally-exempt in-home child care program. Check all that apply.

- Provider
- Provider's Employee
- Provider's Volunteer

Legally-exempt group provider/program not operating under the auspices of another government agency. Check all that apply.

- Provider
- Provider's Employee
- Provider's Volunteer

Legally-exempt group provider/program operating under the auspices of another government or tribal agency. Check all that apply.

- Provider
- 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:

*Day care Unit-Kathleen Early*

Contracted agency

Provide the name of the agency and contact person:

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

*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.**

*a. The district will arrange for a database check for criminal convictions to be conducted through the online criminal background tool, CLEAR to verify the truthfulness of the attestations pertaining to the criminal history of providers of legally exempt in-home or family child care and for family child care programs, all household members 18 years of age and older residing at the residence where child care is provided. b. In the enrollment package, the district will provide release forms, which will authorize local criminal history database checks. Providers of legally exempt in-home or family child care and for family child care programs, household members 18 years of age and older residing at the residence where child care is provided will be required to sign a release which will allow our Department to conduct a local criminal history check. The provider will be instructed to return the enrollment package including the signed release form. If the providers of legally exempt in-home or family child care and for family child care programs, any household member 18 years of age or older residing at the residence where child care is provided refuses to sign an authorization for a local criminal background check, the enrollment package will be considered incomplete, the enrollment process cannot move forward and the enrollment package will be withdrawn by the enrollment agency. c. To initiate the additional standards check, per 12-OCFS-LCM-01, the Child Care Facility System will automatically generate the E-Notice, LE-CCFS LD-003 Legally-Exempt Additional Standard Referral Notification, to inform the district that the additional standards check must be conducted. The district must run the CCFS report, LE Additional Local Standard Referral List to obtain the list of persons (as specified in question #2 above) for whom Legally Exempt Additional Standard(s) Review(s) must be conducted and other pertinent information. d. The district will arrange for a local database check for criminal convictions to be conducted through the online criminal background tool, CLEAR. If a search results in a criminal convictions history, the day care staff will provide only the convictions history information to the enrollment agency (EA), so that any discrepancies as to what was reported in the enrollment package by the potential provider and others are identified and the enrollment agency may take proper action. e. The Onondaga County Department of Social Services will make the determinations as follows: i. Met- when all the applicable criminal background checks are conducted. ii. Not Met- if the applicable criminal background checks cannot be completed due to the lack of cooperation of the provider or other person who is required to participate. f. In accordance with 12-OCFS-LCM-01, Onondaga County Department of Social Services will complete the OCFS-2114, District Notification to Legally-Exempt Caregiver Enrollment Agency, and send it to the applicable Enrollment Agency to notify the Enrollment Agency of the determination. When a convictions history is found, the OCDSS will send the Legally-Exempt Caregiver Enrollment Agency, the OCDSS will also send the list of criminal convictions and information pertaining to each conviction.*

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

a. The Standard will be applied:

- i.  At initial enrollment and re-opening
- ii.  At each re-enrollment

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

- i.  *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.
- ii.  *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.**

*To ensure, as much as possible, the health and safety of children in care.*

**APPENDIX R**

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**Payment to Child Care Providers for Absences**

**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:**

*No*

**3) Base period:**

*3 months*

**4) Number of absences allowed during base period:**

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a month			
Base period	14		14

**5) List reasons for routine absences for which the district will allow payment:**

*Onondaga County will pay for absences for the Salvation Army Head Start-Child care Partnership program who received the federal grant. This grant's focus is on serving 96 infants and toddlers in the Cab Horse and Salina infant centers, specifically on the children of clients served by Onondaga County Social Services-ES.*

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

*ONLY -for the Salvation Army Early Head Start Program*

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

**APPENDIX T**

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**Transportation, Differential Payment Rates, Enhanced Market Rate for Legally-Exempt and In-Home Providers, and Sleep**

**I. Transportation**

1. Will your district provide transportation?

Note that if the district is paying for transportation, the Program Matrix in WMS should reflect this choice.

- No
- Yes

If "Yes" above, please describe any circumstances and limitations your district will use to reimburse for transportation. Include what type of transportation will be reimbursed (public vs. private) and how much your district will pay (per mile or trip).

**II. Differential Payment Rates**

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 for Differential Payment Rate Percent (%) Column
<b>Homelessness: Licensed and Registered Providers State required minimum of 5%</b>	5 %	Enter a percentage (%): 5% to 15%. (Must enter at least 5%)
<b>Homelessness: Legally-Exempt Providers</b>	0 %	Enter 0% or a percentage (%) up to 15%.
<b>Non-traditional Hours: All Providers State required minimum of 5%</b>	5 %	Enter a percentage (%): 5% to 15%. (Must enter at least 5%)
<b>Nationally Accredited Programs: Licensed and Registered Providers</b>	0 %	Enter 0% or a percentage (%) from 5% to 15%.

2. Payments may not exceed 25% above market rate. However, if your district wishes to establish a payment rate that is more than 15% above the applicable market rate, describe below why the 25% maximum is insufficient to provide access within the district to accredited programs or care provided during non-traditional hours and/or care provided to children experiencing homelessness.

**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.

If "Yes" above, indicate percent, not to exceed 75% of the child care market rate established for registered family day care:  
%

**IV. Sleep**

1. 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:

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

**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 for payment of child care services that exceed 24 consecutive hours.

## II. Child Care Services Unit (CCSU)

1) Indicate below if your district will include 18-, 19-, or 20-year-olds in the CCSU, which is used in 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

1) Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Describe and justify why your district is requesting a waiver.

*Family co-pay Waive 18 NYCRR § 415.3(e) which requires that each family receiving child care services, with the exception of a family on temporary assistance, pay a family share based on income. This waiver pertains only to families in receipt of child care in lieu of Temporary Assistance, and only for the child(ren) participating in an Early Head Start Child Care Partnership program. Flexibility in eligibility periods Waive 18 NYCRR § 404.1(d) which requires that redetermination be made not less than every 12 months. This waiver will allow districts to match child care eligibility periods to the Early Head Start Child Care Partnership program period regardless of disruptions in the parent's eligibility. This waiver only applies to the child(ren) participating in an Early Head Start-Child Care Partnerships. Flexibility in reporting changes in family circumstances Waive 18 NYCRR § 415.3(b) which requires that applicants are responsible for providing accurate, complete and current information regarding family income and composition, child care arrangements and any other circumstances related to the family's eligibility for child care services, and for notifying the social services district immediately of any changes in such information. The waiver would relax the income documentation/verification requirements and revise the redetermination process to relax/eliminate the need for parents to report even small changes in their circumstances that lead to a loss of eligibility for child care. This waiver would pertain only if the parent only has a child participating in an Early Head Start Child Care Partnership program. Pay for enrollment Waive 18 NYCRR § 415.6(b), which districts to elect to make a payment on behalf of children who are temporarily absent. This waiver would pertain only if the parent only has a child participating in an Early Head Start Child Care Partnership program. Districts may amend their Child and Family Services Plan to include absences, increase the number of allowable absences, or exceed the number of absence currently allowed in regulation. Districts selecting this option must indicate the number of days they will allow or if they have elected not to limit the number of allowable absences. Flexibility in extending day care subsidies for parents who are 19 years old or younger Waive 18 NYCRR § 415.2(a)(2)(iii)(a). This waiver will keep the children of teen parents who are still in school, in the Early Head Start Child Care partnership program full time. Onondaga County will continue to pay day care subsidies during school holidays, breaks and summer vacations.*

## 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 any that are eligible):**

- Entering an activity
- Waiting for employment
- On a break between activities

## APPENDIX V

### Persons In Need of Supervision (PINS) Diversion Services

This appendix refers to the PINS Diversion population only. Complete sections 1 through 4 for PINS Diversion population only.

#### Section 1: Designation of Lead Agency (check one):

- Probation
- LDSS

#### Section 2: Inventory of PINS Diversion Service Options

Describe below the current inventory of available community services within each category below for the PINS Diversion population. For each service, include the geographic area (countywide or specific cities or towns). Please note that the first three service categories are required.

Service Category	Geographic Area	Service Gap
<b>a. Residential Respite – Required</b>	<i>Onondaga County currently has a contract with two residential respite agencies in the community. One is the Elmcrest Children's Center Family Support Center and the other is the Salvation Army's Booth House. In addition, Hutchings Psychiatric Center offers a 6-bed Crisis Respite program.</i>	No
<b>b. Crisis Intervention 24 hours/day – Required</b>	<i>Since the change to the Department of Children and Family Services and LDSS as the lead agency, the Onondaga County's ACCESS line has 24 hour a day support for parents to call in if there are any issues or concerns with their child. Trained staff on the line are able to provide guidance to callers for any crisis intervention if needed.</i>	No
<b>c. Diversion Services/other alternatives to detention – Required</b>	<i>Onondaga County has several alternative to detention programs for PINS youth to support the youth and potential petitioner and to prevent court involvement including the use of detention. The County has access to Special Supervision Program run by Cayuga Counseling to support curfew compliance and assist in school issues for truancy as well as Youth Tracker and Community-based Diversion through the Salvation Army. Also, since the LDSS is the lead and the ACCESS team houses the PINS Diversion Specialist, youth who are eligible may access support via a referral to programs such as FFT, MST, Waiver Services and Skill Building. Also, parents can access supports like a Parent Aide.</i>	No
<b>d. Alternative Dispute Resolution Services – Optional</b>	<i>The Peacemaking program is offered through the Center for Court Innovation to provide dispute resolution services.</i>	No
<b>e. Other:</b>		-
<b>f. Other:</b>		-

#### Section 3: PINS Diversion Procedures

Please provide a description of any changes that have been made to these procedures since the submission of your last comprehensive plan, including any collaborative team processes.

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PINS Diversion Services Protocol	Responsible Agency (ies)	Brief Description of How Provided
<p><b>a. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)</b></p>	<p><input type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><b>Children &amp; Family Services/ACCESS</b></p>	<p><i>Any family in crisis can call the County's ACCESS Team at 315-463-1100. The ACCESS Team has 24 hour coverage and can help assist a family in crisis. Services can include assignment to a worker who can complete assessments and make referrals to services like Waiver, MST, FFT, Respite (planned and emergency) and mental health supports.</i></p>
<p><b>b. Determines the need for residential respite services and need for alternatives to detention</b></p>	<p><input type="checkbox"/> Probation  <input type="checkbox"/> LDSS  <input checked="" type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><i>The Salvation Army</i></p>	<p><i>The County will continue the relationship with the Salvation Army's Booth House and Emergency Shelter which provides respite services including a 24 hour Respite Hotline which is accessible to the County's new ACCESS Team, which is the single point of access call center for County services involving youth and families</i></p>
<p><b>c. Serves as intake agency – accepts referral for PINS diversion services, conducts initial conferencing, and makes PIN eligibility determinations</b></p>	<p><input type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><i>ACCESS Team</i></p>	<p><i>Families who are in need and are seeking PINS diversion services will contact the ACCESS Team to complete an initial intake and if needed conduct a follow-up conference with the family to determine if community alternatives and services are available and if a formal PINS diversion case with the team needs to be opened.</i></p>
<p><b>d. Conducts assessment of needs, strengths, and risk for continuing with PIN behavior</b></p> <p><b>Name of assessment instrument used:</b></p> <p><i>CANS and/or YASI</i></p>	<p><input type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><i>ACCESS Team</i></p>	<p><i>All families that contact the ACCESS Team and meet the eligibility for PINS Diversion Services will complete a CANS assessment to determine needs and risks. Once completed, the ACCESS team will work with the family to identify the major needs, risks and strengths that are available to support a successful plan.</i></p>
<p><b>e. Works with youth and family to develop case plan</b></p>	<p><input checked="" type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><i>ACCESS Team</i></p>	<p><i>Once the assessment is completed and the family is engaged and wants to pursue services and supports, the ACCESS worker will assist in making the appropriate referrals to agencies. In addition, should there be any wait lists or timing issues for families, the ACCESS worker will also support the family with a plan to bridge the start of the treatment. Services can include respite, increased contact with the family, referrals to skill building or other community based supports.</i></p>
<p><b>f. Determines service providers and makes referrals</b></p>	<p><input type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><i>ACCESS Team</i></p>	<p><i>The ACCESS worker in conjunction with the family will use the information gathered in the assessment and family conference to review the current services that are available to address the issues identified and support the family in accessing the program (s)/service(s). In the case that the desired service has a wait list or is not immediately available, the ACCESS worker will work with the family in bridging a plan to support the family until services can begin.</i></p>
<p><b>g. Makes case closing determination</b></p>	<p><input type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)</p> <p><i>ACCESS Team</i></p>	<p><i>Once a case is successfully engaged in services, the case will be closed. Should behaviors get worse, then parents are encouraged to call the ACCESS team again to re-engage the service providers and family to review the current case plan to see if more or different services or supports should be added to the plan to help with the issues being presented. After exhaustive efforts have been made, the team will close the case and provide the information to the parent to gain access to the Family Court to pursue a PINS and will provide detailed documentation of the exhaustive efforts by the family per the Family Court Act.</i></p>

**Section 4: PINS Diversion Services Plan**

**Development of PINS Diversion Services Plan and MOU**

A. Planning activities – Briefly describe all PINS Diversion Services Planning activities the county has engaged in related to this current plan.

*The Onondaga County Department of Children and Family Services was formed in 2014 to provide enhanced and coordinated services to families and youth in Onondaga County. The Department includes the merger of the youth serving sections of Juvenile Justice, Social Services, Aging and Youth, Mental Health and also includes the County's System of Care program (OnCare). The leadership of this team is in charge of the planning and implementation of the Children and Family Services plan including PINS Diversion Services. Members of this team are also members of the County's*



Partnership for Youth Justice which works on all issues involving the Family Court, including PINS.

List stakeholder and service agency involvement in planning.

Onondaga County Probation Department, Onondaga County Department of Children and Family Services, Syracuse City School District, Onondaga County Family Court, OnCare (Onondaga County System of Care), Onondaga County Attorney's Office, Attorneys for the Child, Salvation Army, Hillside Children's Center, Syracuse Police Department, Onondaga County Sheriff's Office, New Justice Services, Good Life Foundation, Center for Community Alternatives, Cayuga Counseling

B. Please define the PINS Diversion population in your county for 2016. Specifically, please provide the following as whole numbers (not %):

1. Number of PINS Diversion referrals filed by parents: 63
2. Number of PINS Diversion referrals by schools: 10
3. Number of PINS Diversion referrals other sources: 5
4. Number of PINS Diversion cases closed as Successfully Diverted: 63
5. Number of PINS Diversion cases closed as Unsuccessful and Referred to Petition: 31

6. Identify any **aggregate** needs assessment conclusions and/or priorities regarding the PINS Diversion Population that have been developed as part of the planning process.

The Onondaga County Partnership for Youth Justice is the current collaborative that reviews all processing and priorities of the Family Court and Juvenile Justice Systems. We used information provided to us from the Department of Criminal Justice Services to review our PINS caseload. The County has seen a dramatic decrease in PINS petitions and PINS diversion cases opened at the Probation level since the inception of the ACCESS Team here in Onondaga County. The goal of having services available earlier to parents and schools has proven effective and it was decided that an effort to ensure participation by Probation on the ACCESS Team to assist in the successful diversion of cases from family court was needed and this proposed change was agreed upon.

Onondaga County recently became a Juvenile Detention Alternative Initiative (JDAI) site and has restructured its governance and oversight regarding juvenile justice matters including PINS matters. This new structure will build on much of the success in the past regarding reform and allow the County and stakeholders to dig deeper into data to see what else can be done to provide proper assessment and long term outcomes that assist youth to be successful. In 2005 the Department opened 689 PINS cases which were decreased to 298 and 2009 and down to 189 in 2011. The County also was awarded a System of Care grant in which a major priority has been to engage families more quickly with services which has allowed the County to create a single point of access hotline that allows parents to call and seek out services without needing to use PINS. This pre diversion opportunity has allowed for youth and families to access services more quickly without formal system involvement which has contributed to the decreased PINS referrals.

Please identify the intended outcomes to be achieved for the PINS Diversion population. For each outcome:

- a. In the first column, identify quantifiable and verifiable outcomes of the desired change in conditions or behaviors for the PINS Diversion population.
- b. In the second column, identify the specific raw number or percentage change indicator sought for that outcome.
- c. In the third column, **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.

Identify Outcome (For PINS Diversion Population)	Specify Indicator (Enter as a whole number to indicate a numeric or % change )	Strategy/Plan to achieve (Who, what, and when)
Item 1  % or PINS Intake cases that will be successfully adjusted	Item 1 50	Item 1  Parents and families and schools having earlier access to services and supports through contacting the ACCESS team will allow for interventions to happen earlier than the traditional Probation Process. Decreasing time between intake, increasing engagement and reducing wait times for vital programs and services will assist in increasing the adjustment rate for families seeking a traditional PINS experience.
Item 2	Item 2 100	Item 2

<b>% of PINS Intake cases that are pre-screened using the CANS or YASI assessment tool</b>		<i>ACCESS Team members are required to complete a CANS or YASI on all families seeking support through the PINS process. Once a potential petitioner contacts ACCESS, an intake is completed over the phone and a meeting is set up within seven (7) days (if there is immediate crisis the meeting happens sooner) and the assessment is completed and conversations begin about services and supports that are available to them.</i>
<b>Item 3</b> <b>% of youth/families that will be provided or referred to an in house or community based program</b>	Item 3 75	Item 3 <i>Once the assessment is completed, the ACCESS worker or PINS specialist will work on creating a service plan for the family including the potential referrals and services that are available. Staff go through all the relevant information including eligibility, costs (if any), wait lists and then, with agreement from the family, will send the appropriate referrals to the designated agencies. ACCESS staff will stay open until services take hold.</i>

## APPENDIX W

### Services to Exploited Children

Social Services Law 447-b requires each social services district to address the needs of sexually exploited children in their child welfare services plan and, to the extent that funds are available, provide short-term safe placement, crisis intervention and other appropriate services.

What is the estimated number of sexually exploited children in your district who meet the definition contained in section 447-a of the Social Services Law and are in need of services?

**List those consulted in determining the number of sexually exploited children in your district and their service needs. Check all that apply:**

- Local law enforcement
- Runaway and Homeless Youth Program Providers
- Runaway and Homeless Youth Program Coordinator
- Probation Department
- Local Attorneys for Children
- Public Defenders
- District Attorneys
- Child Advocates
- Service Providers who work directly with sexually exploited youth
- Local social services commissioner
- Local presentment agency

In determining the need for and capacity of services, districts shall recognize that sexually exploited youth have separate and distinct service needs according to gender. To the extent that funds are available, appropriate programming shall be made available. List those services that are provided to sexually exploited youth in your district.

***In 2016, Child Welfare identified 15 exploited youth, however we are aware this is very low and will be increasing training to increase referrals for service. Onondaga County contracts with McMahon/Ryan Child Advocacy Center and uses Safe Harbour funds to provide services to sexually exploited youth.***

## 2017 Child Welfare Planning Addendum

### Introduction

In 2016, the federal Administration for Children and Families (ACF) conducted a Child and Family Services Review (CFSR) in New York State. This CFSR showed several areas in need of improvement. As a result, OCFS is required to submit a Program Improvement Plan (PIP) to ACF and to

improve performance on six safety and permanency outcome indicators.

The process of improving outcomes is developmental, and begins with a clear understanding of underlying factors that impact current performance. This 2017 Child Welfare Planning Addendum component of the APU provides counties with a vehicle to document the county's performance on six CFSR safety and permanency indicators and to document the Planning Team that will convene throughout 2017 to analyze the CFSR indicators, engage in a self-assessment process, develop strategies, and monitoring. Thereby, serving to systematically develop the next five year County Child and Family Services Plan.

Use this addendum to present your county's performance on six CFSR indicators and your preliminary assumptions about factors that contribute to your performance. Additionally, provide information about the County Planning Team.

*Using the template, below, please respond to the following categories:*

**1. Current Performance**

An initial step in planning and quality improvement is to identify your performance on a set of standard indicators. Using the format below, please report your performance on the six federal CFSR safety and permanency indicators. Also document any variation you notice among age groups, race/ethnicity, and/or time frames.

**CFSR Safety and Permanency Outcome Indicators  
County Performance**

1a. What is your county's performance on the CFSR indicators? This information will assist with identifying areas most in need of improvement, and guide the focus of the 2017 diagnostic and needs assessment process. Using the <a href="#">CFSR data that is available through this link</a> , please complete the table below with your county's performance on each indicator.						1b. Does your county performance show any notable difference in age, race/ethnicity or gender for the individual CFSR Indicators within a specific wave and/or over time? If yes, note below. If there is no notable difference, please indicate no notable difference.
* Wave 3 Data is Preliminary	County Wave 1	County Wave 2	County Wave 3	NYS Wave 3	National Average	
<b>S1: Maltreatment in Foster Care</b>	5%	9.2%	10.2%	16.3%	8.5%	There is no notable difference.
<b>S2: Recurrence of Abuse/Maltreatment</b>	16.8%	17.2%	16.7%	18.0%	9.1%	There is no notable difference.
<b>P1: Permanency within One Yr. - Admissions</b>	33.3%	36.5%	38%	34.2%	40.5%	Youth age 0-5 were the most prevalent in all three waves while teenage youth were represented the least.
<b>P2: Permanency for Youth In Care 1-2 years</b>	44.8%	33%	46.1%	28.5%	43.6%	There is no notable difference.
<b>P3: Permanency for Youth In Care 2+ years</b>	29.6%	23%	34.9%	29.2%	30.3%	Teenage African American youth are the most represented youth in care 2+ years who are not achieving permanency and through each wave the number in care 2+ years has increased.
<b>P4: Re-entry</b>	11.6%	9.1%	12.9%	10.7%	8.3%	There is no notable difference.

**2. County's Assumptions about factors that contribute to current performance**

Throughout this planning process, the county will work through a diagnostic process that clarifies and improves an understanding of the underlying factors that contribute to both high and low performance. This process often begins with statements that portray the commonly held ideas about the most likely factors that impact performance. These are assumptions about the key underlying factors.

In this section, please provide information that identifies and describes your preliminary assumptions about your performance on the CFSR indicators.

**Preliminary Assumptions about Factors that Contribute to Performance**

CFSR Indicators	2. What are your assumptions about the underlying or contributing factors to your current performance?
<b>S1: Maltreatment in Foster Care</b>	Factors include: Increased number of youth in care and placement days stress ability of caseworkers and staff to have the contacts with the homes to address concerns and challenges before they reach the level of a report or issue; Increased stress on Foster Care placements and increased needs of youth coming into care make matching foster homes with youth harder and could result in placements that may not work; with increased needs for youth mental health, are there enough supports to help with medication (some of the reports and maltreatment were the result of not following through on medical needs)
<b>S2: Recurrence of Abuse/Maltreatment</b>	Factors Include: Caseload Sizes, during this time period there was a tremendous vacancy rate of investigations staff and caseload sizes caused some challenges; Service referrals, while safety is assessed and risks identified staff were unable to refer or make recommendations to clients regarding ways to address risks (drug and alcohol, domestic violence, medical/mental health) and make referrals.
<b>P1: Permanency within One Yr. - Admissions</b>	The number of youth who have been accessing congregate level care immediately has a tremendous impact on this success indicator. Through each of the waves we have seen an increased number of youth in care and the pressures on the system have required youth coming into care to go to the congregate level initially. These placements have been much more problematic in getting to permanency quickly. In addition, the County is also struggling with the volume in care and its impact on providing visitation and reaching out to family members/kin. This delay has an impact on reaching this milestone.

<b>P2: Permanency for Youth In Care 1-2 years</b>	The volume of the number of youth in care and the increased number of youth in congregate level care, service planning has become more challenging, specifically in including all the parties.
<b>P3: Permanency for Youth In Care 2+ years</b>	The volume of the number of youth in care and the increased number of youth in congregate level care, service planning has become more challenging, specifically in including all the parties.
<b>P4: Re-entry</b>	Factors Include: Post Adoption Supports, through the WAVE data, adoption disruption has increased especially among large sibling groups which needs further study. In addition an increased number of requests for Voluntary Placements from relative placements are problematic. We need to review what supports we are providing families to help navigate challenges and crisis.

### 3. 2017 County Planning Team

As a foundational step, each county must create a County Planning Team to systematically work through a process of diagnosing the county's performance and analyzing root causes, recommending solutions intended to improve outcomes, and developing methods to monitor the implementation of those strategies and its impact.

A team of 6-12 people is recommended and may include internal LDSS representatives from various program areas (i.e.: CPS, foster care, adoption, training, analytics, etc.) and levels of the organization (Director of Services, supervisors, caseworkers, support staff, etc.). Consideration should be given to including community representatives as well. To accomplish this work, you will need a team that can bring a variety of points of view to this diagnostic assessment and recommendation work. Note: an effective diagnostic process involves the review of child-specific information, therefore, when considering Planning Team membership, consider your ability to discuss confidential information. A county may consider using an existing team, such as a Local Implementation Team (LIT), to serve as the Planning Team.

Team members should be asked to make a commitment for at least one year. While some turnover may be unavoidable, consistent membership will be needed to accomplish this work effectively. During the implementation of the five-year county plan starting in 2018, the team will monitor the implementation of the strategies and their impact.

#### Considerations for Involving External Stakeholders

Note, that an effective diagnostic process involves the review of child-specific information, therefore, when considering Planning Team membership, consider your ability to discuss confidential information.

The county may organize this team to also include community partners such as court personnel, law enforcement, contract providers, university partners, and other allies. It should pay particular attention to external stakeholders from program areas included in the plan (domestic violence, youth development, PINS, runaway/homeless youth, detention, child care, etc.).

If, however, the Local Department of Social Services (LDSS) determines that its membership will be limited to internal LDSS staff, then a formal process to include external stakeholder input must be designed. Examples include: periodically inviting external stakeholders to the meetings or having team representatives formally reach out to various stakeholder groups.

#### 2017 Planning Team

	<b>3a. Describe your Planning Team, membership, meeting frequency, and plan to involve the district's leadership and external stakeholders.</b>
<b>Team Chairperson:</b> Identify the team chair or co-chairs by name, title, and organizational affiliation	Ann Rooney, Acting Commissioner, Onondaga County Department of Children & Family Services and Deputy County Executive for Human Services
<b>Membership:</b> If an individual is identified, please list name, organizational affiliation and title.  If a specific individual is not identified, please list the organizational affiliation and program area of anticipated members.	James C Czarniak, Deputy Commissioner, Child Welfare Jennifer Parmalee, Deputy Commissioner, Children's Mental Health Damian Pratt, Director of Juvenile Justice Amy McCluskey, Youth Bureau Director Sarah Easterly, Special Assistant to the Commissioner
<b>Frequency of Meetings: describe frequency and length of meetings</b> Engaging in a thorough diagnostic and planning process requires a time commitment. Although not prescriptive, OCFS recommends, at a minimum, monthly half day meetings with supplemental work conducted between meetings.	This team will meet monthly on this topic and will meet in-between meetings as needed on various topics and sections of the assessment and plan.
<b>Plan for Involving External Stakeholders:</b> If external stakeholder are not regular members of the Planning Committee, please describe how they will be involved in the diagnostic/planning process?	The Department of Children & Family Services is currently going through a Results Based Accountability process which includes stakeholder and community participation in the review of data, factor analysis and strategy development. The first meeting was held in December and community gatherings are being scheduled for later this Spring and throughout the summer.
<b>Organizational Leadership:</b> What is the process for involving or communicating with the	The LDSS Commissioner reports directly to Ann Rooney, Deputy County Executive for Human Services who is also the Acting Commissioner of the Department of

LDSS Commissioner?

Children and Family Services and the chairperson of the team.