

Signature Page and Attestation

We hereby approve and submit the Child and Family Services Plan for Erie County Department of Social Services and Youth Bureau 2022 Annual Plan Update.

We also attest to our commitment to maintain compliance with the Legal Assurances outlined below.

Legal Assurances

All signatures must be included, along with the date(s). The signatures on this page attest to the district's compliance with assurances A through H (below), which are incorporated by reference into your plan. The legal assurances are statutorily mandated; districts must indicate that they are complying with these standards or must provide a remediation plan if they are not.

A. General

1. All providers of service under this plan operate in full conformance with applicable federal, state, and local fire, health, safety and sanitation, and other standards prescribed in law or regulations. Where the county is required to provide licensure for provision of services, agencies providing such services shall be licensed.
2. All recipients of funds are required to operate each program or activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by persons who are handicapped to the extent required by law.
3. Benefits and services available under the state plan are provided in a non-discriminatory manner as required by Title VI of the *Civil Rights Act of 1964* (as amended).
4. The activities covered by this plan serve only those individuals and groups eligible under the provisions of the applicable state and federal statutes.
5. No requirements as to duration of residence or citizenship will be imposed as a condition of the participation in the State's program for the provision of services.
6. There is in operation a system of fair hearings and grievances under which applicants for or recipients of services and care may appeal denial, exclusion, reduction, termination, or choice of services/care; mandatory nature of service/care; or failure to take timely action upon an application for services/care.
7. Adequate and timely notice is provided to applicants for and recipients of services and care as required by NY 18 NYCRR 407.5(h) (2) (I).
8. Title XX-funded services are available to eligible individuals in every geographic area within the district. Where different services are made available to a specific category of individuals in different geographic areas, services are available to all eligible individuals in that category who reside in that area.
9. Title XX reporting and fiscal systems includes level of care, maintenance, and services provided to children and families and costs of services provided.

B. Child Protective Services

1. The district maintains an organizational structure and staffing, policies, and practices that maintains compliance with 18 NYCRR 432.
2. The district has specifically reviewed 18 NYCRR 432.2 (f)(3) and is in compliance with all assurances outlined in those regulations.

C. Preventive Services for Children

1. Children and families in need of the core preventive services have these services provided to them in a timely manner. Core services include day care, homemaker, transportation, 24-hour access to emergency services, parent aide or parent training, clinical services, crisis respite care,

services for families with AIDS/HIV+, and housing services.

2. The district maintains efforts to coordinate services with service agencies and other public and private agencies within the district that provide services to children including the use of referral procedures with these agencies and formal and informal agreements.
3. The district has prepared plans and procedures for providing or arranging for 24-hour access to emergency services for children who are at risk of foster care as specified in 18 NYCRR 423.4. Staff is aware of such plans and procedures.

D. Youth Development

1. Where the county receives state funds pursuant to Executive Law 420, the municipality's youth development program maintains an organizational structure and staffing, policies, and practices that comply with Article 19-A of the Executive Law and 9 NYCRR Subpart 165-1.
2. Executive Law section 420(1)(c) sets forth statutory options for RHYA services in Executive Law 420(2). This information is located in the RHYA/Youth Bureau Administrative Component.

E. Adult Protective Services

1. The district has established a process that enables the commissioner to act as a guardian and representative or protective payee on behalf of a client in need of adult protective services (APS) when no one else is available or willing and capable of acting in this capacity.
2. In providing protective services for adults, the district will implement each responsibility contained in 18 NYCRR Part 457.
3. The district attests that following has been established for PSA:
 - Financial management system with written procedures;
 - The roles and responsibilities have been defined and written for the delivery of protective services for adults for the various divisions and offices of the social services district, including accounting, income maintenance, medical assistance, protective services for adults, and all relevant services; and
 - An interagency service delivery network has been developed with other appropriate agencies including, but not limited to, the Office for the Aging, the Department of Health, community mental health services, psychiatric center(s), legal services and appropriate law enforcement agencies.

F. Domestic Violence Services

1. Domestic violence victims seeking non-residential services are provided with all needed core services directly from the provider in a timely manner and as otherwise specified in 18 NYCRR Part 462.
2. Non-residential services are provided regardless of the person's financial eligibility; must provide services in a manner that addresses ethnic composition of the community; must provide services in a manner that addresses needs of victims who are disabled, hearing impaired, or non-English speaking, and must provide services in a safe and confidential location.

G. Child Care

The district assures that when providing child care services under the New York State Child Care Block Grant (NYSCCBG), the Social Services Block Grant (Title XX), and other child care services funded with state or federal funds, it is in compliance with all pertinent state and federal laws, regulations, and policies, which include but are not limited to the following:

1. Providing parents or other eligible caretakers with information about the full range of providers eligible for payment with child care subsidy funds.
2. Offering child care certificates to assist parents in accessing care.
3. Informing clients of criteria to consider when selecting a child care provider.
4. Allowing parents or other eligible caretakers to select any legal, eligible child care provider (districts may disapprove providers chosen by families with a preventive or protective case under certain circumstances).
5. Establishing at least one method of paying for child care provided by caregivers who do not have

- a contract with the county.
6. Determining that legally exempt child care providers are operating in compliance with any additional state-approved local standards.
 7. Giving priority for child care subsidies to children of families with very low income, to families that have children with special needs, and to families experiencing homelessness.
 8. Guaranteeing child care services to families that have applied for or are in receipt of public assistance when such services are needed for children under 13 years of age in order to enable custodial parents or caretaker relatives to participate in activities required by a social services official including orientation, assessment, or work activities as defined in 18 NYCRR Part 385.
 9. Guaranteeing child care services to families who are in receipt of public assistance when such services are needed for children under 13 years of age in order to enable the parents or caretaker relatives to engage in work as defined by the social services district.
 10. Guaranteeing child care services to applicants for or recipients of public assistance who are employed and would otherwise be financially eligible for public assistance benefits that choose to receive child care subsidies for children under 13 years of age in lieu of public assistance benefits for such period of time as the applicants/recipients continue to be financially eligible for public assistance.
 11. Guaranteeing child care services to families transitioning from public assistance whose cases have been closed or who voluntarily close their public assistance cases, and who are no longer financially eligible for public assistance due to an increase in earned income or child support. The family must include an eligible child under the age of 13 who needs child care in order for the parent to be engaged in work, and the family's gross income must be at or below 200 percent of the state income standard. For transitional child care, the eligibility period begins with the first month in which a family becomes ineligible for public assistance or "child care in lieu of public assistance" and is limited to 12 months in duration.
 12. Informing recipients of public assistance and former public assistance recipients of the child care guarantees for eligible families.
 13. Informing families in receipt of public assistance of their responsibility to locate child care.
 14. Informing families in receipt of public assistance of the criteria the district will use to determine that a family has demonstrated an inability to obtain needed child care because of the following reasons:
 - Unavailability of appropriate child care within a reasonable distance from the individual's home or work site;
 - Unavailability or unsuitability of informal child care by a relative or under other arrangements; or
 - Appropriate and affordable regulated child care arrangements.
 15. Offering two choices of legal child care, at least one of which must be a licensed or registered provider, to recipients of public assistance who have requested assistance in locating child care for a required work activity and who have demonstrated an inability to obtain care.
 16. Informing recipients of public assistance that their public assistance benefits cannot be reduced or terminated when they demonstrate that they are unable to work due to the lack of available child care for a child under the age of 13.
 17. Advising recipients of public assistance that the time during which they are exempted from their required activity due to the lack of available child care will still count toward the families' time limit on public assistance.
 18. Providing payment for the actual cost of care (rate charged by the provider to non-subsidized families unless a lower payment rate has been established in a negotiated contract) up to the applicable market rate.
 19. Allocating NYSCCBG subsidy funds in a manner that provides eligible families equitable access to child care assistance funds.
 20. Providing child care to families who are eligible, as long as funds are available, and to other families that are eligible if funds are available and if the social services district has listed such families as eligible in the Child and Family Services Plan (CFSP).
 21. Not requiring a contract with child care providers as a condition for payment when providing child care subsidies under the NYSCCBG. The district provides parents or other eligible caretakers the option to either enroll the child with an eligible provider who has a contract with the district or to receive a child care certificate to arrange child care services with any eligible provider.
 22. Obtaining approval from the New York State Office of Children and Family Services (OCFS) as

part of the district's CFSP before imposing any additional requirements on child care providers that serve subsidized children.

H. Staffing

Organizational Chart requirements will be met by the social services district's assurance that the organizational chart submitted to the Bureau of Financial Operations for the Random Moment Survey process is current.

The Preventive Services Planning requirements will be met by the social services district's assurance that names and addresses of agencies providing purchased preventive services entered into the CONNECTIONS system or the Benefits Issuance and Control System (BICS) is current.

I attest to our commitment to maintain compliance with these legal assurances.

Commissioner County Department of Social Services

Name / Signature:

Date:

As the PINS Diversion Service lead, I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Erie County 2022 Annual Plan Update.

PINS Diversion Service Lead

(Director/Commissioner County Probation Department or Commissioner County Department of Social Services)

Name / Signature:

Date:

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Erie County Youth Bureau 2022 Annual Plan Update.

Executive Director County Youth Bureau

Name / Signature:

Date:

Enclosed is the Child and Family Services Plan for Erie 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)

Name / Signature:

Date:

Public Hearing Requirements

No updates required in Annual Plan Update years

The law requires that at least one public hearing must be held during the development of and prior to the submission of the plan. Such public hearing(s) shall be held only after at least a 15-day notice is provided in a newspaper of general circulation in the district. Such notice must specifically identify the times during the public hearing when child protective services, adult services, and family and children's services components of the plan are to be considered.

One goal of the public hearing is to inform the community of the services available in the district and how they can be accessed. The public hearing also allows the public to raise issues and offer ways to improve delivery and provision of services in the district. Comments and issues raised at the hearing must be incorporated into the planning process if they are deemed to be valid. Implementing strategies that provide for meaningful public input can help to enhance the local planning process. The plan should not be completed prior to the public hearing and should be considered a draft until after the public hearing.

The plan is not to be submitted until 15 days after the public hearing.

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

Date Public Hearing held:

March 27, 2018

(at least 15 days prior to submittal of Plan)

Date Public Notice published:

March 7, 2018

(at least 15 days in advance of Public Hearing)

Name of Newspaper:

The Challenger and the Amherst Bee

Number of Attendees:

0

Topics and Comments Addressed at Hearing:

N/A

Areas represented at the Public Hearing:

- Health
- Legal
- Child Care
- Adolescents
- Mental Health
- Law Enforcement
- Aging
- General Public

Other
Please specify:

Other
Please specify:

Other
Please specify:

Issues identified at the Public Hearing:

MOU Between DA's Office and CPS

No updates required in Annual Plan Update years

Please upload a copy of your signed MOU to this system or include a narrative summary of the cooperative procedures to be followed by both parties in the investigation of incidents of child abuse and maltreatment, consistent with their respective obligations for the investigation or prosecution of such incidents, or as otherwise required by law.

- A copy of our MOU has been uploaded to the system
- A narrative summary of our MOU is below and a copy of the signed MOU is on file with OCFS

If providing a narrative summary, please enter it here:

Attached is an interagency agreement that outlines the DA's Office and ECDSS roles, duties and collaborations.

County Overview

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

The Vision of the Department of Social Services is a community where children, adults and families are healthy and safe and enjoy a quality of life. As a responsive and efficient organization, we seek to continually engage the community in defining the role of Social Services. We strive to always meet our Core Values of Integrity, Respect, Quality Customer Service, Collaboration and Diversity.

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

Erie County is the largest county outside of the New York City area, with a population of approximately 954,236 and a 13.7% county poverty rate. 20% of children under the age of 18 and 9% of senior citizens ages 65 and older are living in poverty. The racial makeup of Erie County is 72.6% White alone, 14.1% Black alone; with the remaining 13.3 covered by two or more races or other populations.

2a. OCFS is committed to addressing disparity among all populations. There is evidence that disparities in race / ethnicity and gender identity, sexual orientation, and expression (SOGIE) exist throughout the social services system.

i. Racial disparities can include: a disproportionate number of youth who are people of color coming in contact with the child welfare / Juvenile Justice systems, disproportionately removing children away from families of color, foster youth of color aging out of foster care without a permanent adult resource, and other negative outcomes for youth who identify as a person of color and their families. People / persons of color include those who identify as Black, Indigenous or Native American, Latinx or Hispanic, Asian American, Native Hawaiian or Pacific Islander, Middle Eastern or of Northern African descent (MENA), or of more than once race.

What efforts is the district taking to address racial disparities in the child welfare / Juvenile Justice system?

The department has established a DMR Organizational Anti-Racist Action Team to address policy development, DMR disparities, agency culture and other identified goals.

The Department is responsible for utilizing the Family Wellness Intervention (aka Blind Removal) process to reduce bias in decision-making during the child protective services (CPS) removal process, decrease the overall number of children being removed from their homes, and build a more equitable system of care.

The department will work with our juvenile justice partners to include them in our trainings, supports and discussions around reducing bias in decision making.

ii. Sexual orientation, gender identity, and expression (SOGIE) disparities can include: SOGIE as a factor related to why youth entered the child welfare / Juvenile Justice system, youth who identify as LGBTQ+ are often undercounted because youth choose to hide their identities out of fear, LGBTQ+ youth have an increased likelihood of being placed in congregate care settings and are disproportionately represented in youth homeless shelters and in street homelessness, etc.

What efforts is the district taking to address sexual orientation, gender identity, and expression disparities in the child welfare / Juvenile Justice system?

The department actively participates in a LGBTQ/SOGIE collaboration with family court and other community partners. Cross systems and various partners completed a cap stone and

were certified in supporting LGBTQ youth through Georgetown University.

The department would request comprehensive training and coaching around the demographics in connections on how to arrive at the correct designation and how to address fluidity and confidentiality when a youth had disclosed SOGIE to only some people.

2b. Would you like TA from OCFS in any or all of the following areas?

- Race and Ethnicity Equity
- LGBTQ Cultural Awareness and Affirmation

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

Erie County Department of Social Services (ECDSS) collaborated since 2015 with University at Buffalo Masters of Social Work to offer internships for graduate students. The students were trained on ECDSS programs and services and assist community members throughout Erie County with questions about ECDSS benefits and services, with special attention to those who experienced transportation and technology obstacles. In addition to assisting individuals in community settings, many of the interns are paired with workers from the Child Protective Service division to shadow and observe. Erie County Department of Social Services administered the Summer Youth Employment Program (SYEP) in collaboration with community partners, Buffalo Urban League and Catholic Charities who acted as the program operators connecting the youth with a worksite to provide them with a meaningful work experience over the summer. Approximately 700 youth age 14-20 participated in the 8 week program at over 100 worksites throughout Erie County annually. All youth who participated in the program received financial literacy learning on personal finance and to augment the work component, educational activities were offered to better prepare youth as they continue their education and transition to work. The SYEP concentrated its efforts to help high need youth such as youth in foster care, homeless/runaway youth and youth with disabilities. The Erie County Department of Social Services received an Expansion of Child Care Assistance Program grant of \$2,000,000 for October 2019 through September 30, 2021. Through this grant Erie County is expanded child care services to LEP clients attending ESL instructional program, clients attending training and degree programs, and clients regardless of age attending high school or NYS HSE programs. Erie County is collaborating with Peaceprints of WNY and the Erie County Sheriffs Office through Project Blue, providing comprehensive reentry services to individuals coming out of the Erie County Correctional Facility and Erie County Holding Center. The Department helps participants become stabilized by meeting basic living needs and providing essential services that foster independence, encourage positive personal growth and a change to non-criminal behavior. In 2019 Erie County implemented a Health and Human Services Plan, Live Well Erie. Live Well Erie is a collaborative effort that seeks to achieve three primary goals: Give Every Child a Chance to Succeed; Empower Working Families; and Support Our Seniors. The strategies and initiatives are a result of a collaborative effort between Erie County Government Departments including but not limited to Departments of Social Services, Senior Services, Health, Mental Health, Public Advocacy, Parks, Environment and Planning. Community partners are also involved and include the United Way of Buffalo and Erie County, the Child Care Resource Network, Say Yes Buffalo, the University at Buffalo and many more. The Live Well Erie Vision is organized around the idea that in Erie County no one will be left behind and all residents will have a chance to realize their full potential. Live Well Erie strategies will be a continually evolving effort to improve the lives of the residents of Erie County

4. 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.

The County initially pays for most expenses related to Social Services programming including child welfare services, public assistance and administration. The big exception is the payment of Medicaid, as

the State pays medical providers directly for most medical services. The local share for those medical expenses is paid by counties through a weekly wire transfer of 100 percent county funds to the State's Medicaid bank account. Each month, the County submits complete expenditure summary information on a set of forms housed in the Automated Claims System. These claim forms are submitted by the County to the State to obtain Federal and State reimbursement. The rules and procedures for claim filing are prescribed by the State. The State in turn submits quarterly reports to the Federal government to obtain Federal funding. The County does not participate in the claim filing with the Federal government. Counties receive both Federal and State funds from the State as advances for certain programs that are subsequently reconciled through monthly settlement of Federal and State share claims. This settlement process is generally subject to a three-month delay. This delay makes the State Fiscal Year (April 1 - March 30) correspond with the County Fiscal Year (January 1 - December 31). Some programs receive partial Federal reimbursement dependent upon the eligibility of individual clients for Federal funding. That eligibility is, in some cases, dependent upon family income as a percent (such as 200%) of the Federal Poverty Level. In other cases, that eligibility is without regard to family income, but instead is dependent upon family circumstances or individual behavior (like domestic violence or substance abuse). Some programs are fully reimbursed by the Federal government through Temporary Assistance to Needy Families Block Grant (TANF), the Social Services Block Grant (Title XX) or the Child Care Development Block Grant, subject to the limits of allocation ceilings. Other allocations include the Foster Care Block Grant, the Independent Living Allocation, a Training Cap, Food Stamps Education and Training and a Domestic Violence allocation. State Legislation defines the rules and framework of reimbursement within broader federal requirements for each of these special allocations. The claiming and settlement process has changed from years ago when there was a more simplified reimbursement process based on fixed percentages of expenditure. The use of more complicated funding mechanisms has increased in recent years as the State has used the flexibility of TANF funding to finance a broad array of services to clients and families. Relative shares, reimbursable from State, Federal and Local funds has changed substantially over time. A Maintenance of Effort (MOE) requirement is set forth in the TANF Block grant. The MOE requires that the State maintain current Federal Fiscal Year (FFY) spending at 75% of historic non-Federal (i.e. State and Local combined) shares levels. If MOE is not achieved on a statewide basis, the State is subject to a number of block grant reduction actions and penalties as prescribed in Federal law. The State has devised innovation claim strategies that increase local and State spending for certain services which qualify for MOE (like public assistance), while using Federal funding for those services which do meet TANF goals but do not qualify for MOE expenses, such as diversion and supportive services to juvenile delinquents and persons in need of supervision (JD and PINS). The funding process is dynamic and ever changing. It is a challenge to work within this process to meet the needs of Erie County's most vulnerable children, adults, and families.

5. 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).

RFPs are developed for program areas and released to the public by means of the County's website, local newspapers and e-mail distribution. Erie County conducts targeted outreach to address special needs, such as specific service contracts to address the disproportionate removal of children in certain communities. Upon release of the RFP an informational briefing may be held to allow interested agencies the opportunity to ask questions and become better acquainted with the requirements. Proposals are reviewed and scored by a review committee. Prospective agencies may then be asked to partake in a brief interview with the review committee. The proposer has the opportunity to further discuss their program and the review committee is given the opportunity to clarify any questions that may have come about during the proposal's review. The review committee takes into account the written proposal, past performance and interview when scoring the proposals. The review committee submits its recommendations to the Commissioner. Funds are distributed based on performance criteria and targets reached in the specific area. Once approved by DSS and the County Executive, the recommendations are presented to the Erie County Legislature for final approval.

6. 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.

At the onset of a contracts, establishment agencies are required to provide the district with the following: 1) Documentation of Insurance, not for profit status, a list of current Board members and an organizational flow chart; 2) Job descriptions, qualifications and resumes for all positions funded through the contract; 3) A copy of the agency's last independent fiscal audit; 4) Delineation of all Direct Program Expenditures, Administrative Expenditures and Overhead costs; 5) A listing of the amounts of all other county and other government and private funding streams; 6) A detailed program narrative that describes measurable outcomes; and 7) Reporting matrixes required for quarterly reporting. Contract providers are required to submit quarterly reports which document the number of families served, service units of service delivered and the amount of time spent in various methods of services provision. Quarterly reports are analyzed within the division by category (such as Preventive Services, Foster Care, Domestic Violence, Visitation) for utilization trends. A Contract Monitor, Contract liaisons and a Contract Compliance Team monitor services, reporting requirements and providers' fiscal records to ensure accurate record keeping and service delivery.

On-site audits are conducted by ECDSS staff. Program audits include a review of selected case records, agency policies and procedures, and interviews with selected casework and administrative staff. Financial records are reviewed as well. Random audits of other programs are scheduled for quality assurance purposes. Finally, untoward events, such as a fatality, or a formal complaint filed by agency staff or clients, or fiscal concerns may trigger an agency audit. Corrective Action or Recovery of funds ensues depending upon the nature of any material findings. All programs funded by the ECYB are monitored annually to ensure youth are receiving the highest level of quality programming available. These unannounced onsite monitoring visits are completed by the Program Planning Coordinator, the Director of the ECYB, and members of the Youth Board. Basic field monitoring is a periodic, brief and structured field visit (announced or unannounced) whose purpose is to review ongoing operations and the status of activities at intervals over the course of the contract period. This type of monitoring allows the monitor to become familiar with the operations, make casual observations and generally verify that everything is in order. During the onsite visit, the Program Planning Coordinator observes the program by observing the activities being performed by the program participants, reviewing the schedule submitted with the contract, speaking with youth participants, reviewing documents related to monitoring, and gaining other information pertinent to the compliance of the contract. The visit may be an opportunity for the monitor to offer encouragement, identify or resolve minor problems, provide technical assistance, meet with staff, clients, or community members. The Erie County Youth Board is updated on all agencies monitoring at their monthly meetings. Each program funded by the Erie County Youth Bureau is monitored at least once during the contract period. Agencies that are found to not be meeting all of their program description components are given a corrective action plan and are monitored more than once, until compliance is achieved. In addition to the onsite monitoring, a Performance Accountability process for each Erie County funded agency is closely monitored. Agencies are trained in "Performance Accountability" to measure the work they do quantitatively to provide programmatic outcomes/data. The Erie County Youth Bureau is concerned about the well-being of the youth population in Erie County, and how funded programs and agencies are serving them. Performance Accountability looks at how well a program or agency is working on three levels: 1) How much did we do? 2) How well did we do it? 3) Is anyone better off? = Program/Agency Outcomes These performance measures are based on the NYS OCFS Youth Development Touchstones and are each tied to individual and specific service types which fall within the Touchstones frame work. The Youth Bureau is regularly assessing its ability to collect relevant information and data around program outcomes and quality. New performance measures and reporting requirements are introduced as necessary and appropriate. ECDSS has a "Contract Compliance" unit under the Division of Legal Affairs. This division works with the Program Areas to coordinate contracts for purchased services. Some program areas (such as Child Welfare) have a Contract Monitor who collects data from Purchase of Service agencies, generating reports to Administration. The Program Support Unit is responsible for drafting RFPs and establishing outcome measures for purchased services, with assistance from Program staff. The Program Support Unit also collects quarterly reports and data from the Non-Residential Domestic Violence service providers and generates reports to Senior Staff to assist with planning initiatives.

7. Describe any existing situations where child protective services information is shared with service

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

Erie County Department of Social Services does not disclose child protective information with service providers or coordinators of services except as described in SSL 422(4). Agencies that contract with Erie County to provide preventive, foster care or adoptive services are provided the information that is necessary to develop a service plan, provide care and supervision of a child named in a State Central Registry report as outlined in SSL, NYCRR, and the Child Protective Manual.

Relationship Between County Outcomes and Title IV-B Federal Goals

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

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

Safety

Safety Plan Update

The 2022 Annual Plan Update is the final year of the district's 2018-2023 five-year Child and Family Services Plan. Since 2018, OCFS has asked that your district implement, and monitor strategies designed to improve the CFSR Safety Outcome as measured by the Federal Safety metric.

Using your Recurrence Indicator as a performance monitor, please evaluate the effectiveness of your implemented strategy(s) (described in your most recent APU) in improving child safety.

Safety Outcome—Children are safely maintained in their own home, families and communities with connections, culture and relationships preserved. (*Child Welfare Practice Model*)

Federal Recurrence Indicator—Children with at least one indicated report in a FFY with another indicated report within 12 months of the initial report.

1. Document your district's Performance on the Recurrence Indicator in Waves 6–8.

Using [the attached table](#), please enter your districts' rates for the Recurrence Indicator. Note: OCFS has identified the national average as the NYS target.

	Indicator	Wave 6	Wave 7	Wave 8
District	Recurrence (S2)	17.6	17.9	15.8
National Average	Recurrence (S2)	10.0%	9.9%	9.7%

2. What was the trend of your recurrence rate over Waves 6, 7, and 8?

After dropping 2% between waves 5 & 6, Erie increased by .3% in wave 7 but has dropped for Wave 8 to 15.8%

3. Of the strategies you have implemented throughout the life of the 2018–2023 Plan, which strategy do you believe has had the biggest impact (positive or negative) on your recurrence rate?

a. What was the strategy you implemented?

A more centralized intake procedure was developed and implemented with community stakeholder input along with our system of care partners and rolled out in early 2020. In addition, the processes internally were investigated to ensure decisions are being made critically and consistently for families.

b. What key underlying factor(s) was the strategy intended to address? Did the strategy impact the underlying factor(s) in the way it was intended?

Community partners had indicated that they did not have enough information to provide targeted services for families therefore the centralized and revamping of the intake process and procedures for preventive service cases was necessary to ensure partners had adequate information about safety and risk factors effecting families.

c. Did the strategy ultimately impact the recurrence rate in the way you expected?

Yes

d. Why / Why not? Were there additional emerging factors that supported or inhibited the effectiveness of the strategy?

Although we would like to see recurrence rates drop more significantly there were many factors impacting the ongoing growth of the department and our community in their area. COVID significantly impacted our ability to see a larger drop in the rates. We can hypothesize that the lack of face to face contact during the pandemic impacted the strength of services being provided to families. It also inhibited the county and its partners ability to train and coach the workforce more effectively. The pandemic has made more apparent the impact of family dynamics on child/youth well-being without the structure of school, daycare, community based programming etc.

4. How will you adjust or continue the strategy to continuously support improvement on the Child Safety Outcome?

Decision trees and guidance to caseworkers and supervisors will be developed to enhance knowledge of the menu of services, capacity of programs, and the right fit for families. The ongoing process of reflecting on our services and how they meet the needs of the community has continued to make an impact to the work we do around recurrence. We RFP'ed to increase capacity in many of our preventive services and have increased the foot print of evidence based intervention within the community in this past year. Although all are not supported by the NYS OCFS preventive services plan this will continue to make an impact on recurrence and family success. Our community partnerships have developed over the last several years which has also continued to make an impact. We have ongoing communication with schools, community providers, and various other stakeholders to ensure that we are all meeting the needs of our community. We review various reports that provide information relating to recurrence. Including but not limited to, preventive service dashboards and quarterly reports and data reports developed through our idea department.

Looking Ahead to the 2023-2028 Child and Family Services Plan - Systemic Factor Self-Assessment

What Are Systemic Factors?

Systemic Factors—The Child and Family Services Review (CFSR) is a national review of each state's child welfare system. This federal-state collaborative effort is designed to help promote quality child welfare services and improve outcomes.

One component of the CFSR is a determination of whether NYS is in substantial conformity with systemic factors. Systemic factors represent key operating systems within a state that have the capacity to support positive child safety, permanency, and well-being outcomes.

The Safety section of the 2023–2028 County Plan will focus on the following six systemic factors:

- Statewide Information Systems: Agency Access to Data
- Documentation
- Case Review System

- Quality Assurance / Continuous Quality Improvement
- Staff and Provider Training
- Supervision

Why Are We Focusing on Systemic Factors?

Understanding the functioning of these systemic factors at the local level will serve two purposes:

1. **Support local strategic planning efforts:** Local districts engage in focused, data driven strategic planning through the development of the Annual Child and Family Services Plan (County Plan). This 2022 County Plan Update will lay the foundation for the 2023-2028 County Plan by using evidence, both qualitative and quantitative, to assess current performance on the identified systemic factors. Throughout the next five-year County Plan cycle (2023–2028), in accordance with the continuous quality improvement model, districts will explore underlying factors impacting performance, identify and implement strategies to improve practice, and monitor the effectiveness of those strategies.
2. **Assist OCFS in understanding areas that are functioning well on a routine basis and those areas needing improvement:** Through a Statewide analysis of County Plan submissions, OCFS will be better positioned to understand and impact systemic factor functioning from the State level. Data collected from the local self-assessments will be incorporated into the federally required CFSR Statewide Assessment.

How Will We Understand Functioning of Systemic Factors?

In preparation for the 2023–2028 County Plan, this section of the 2022 Annual Plan Update will be a **self-assessment of the systemic factors, as they function in your jurisdiction**. OCFS considers a systemic factor to be “functioning” if it is occurring or is being met consistently and on an ongoing basis across the district for all relevant populations. Each systemic factor contains a statement of performance that constitutes a well-functioning systemic factor. To assess the functioning of the area in your district, you are asked to answer the following questions:

1. Assess your current performance in the area

To assess the functioning of the area in your district, you are asked to complete either:

- a. *Worksheet Questions:* OCFS has prepared a file with case specific information for you to use to assess some of the questions below. To request the case specific file, please click the link in the yellow box on this form. Each of the tabs in the Excel file contains up to 10 records that require specific a review in Connections. As you review each of the records, please document your findings in the Excel file. A score will calculate on the bottom right side of the Excel sheet. This is the data you will report on this form.

OR

- b. *Scaling Questions:* Some of the questions ask you to rate your performance on a scale of 1–10, one being the lowest and 10 being the highest. This rating should be based on your assessment of the overall functioning of the area in the district. This is based on your district's determination, and a justification for the rating will be required.

2. Self-determine if this is an area of Strength or an Area for Development

Based on the score received either from the Excel worksheet or the answer provided from the scaling question, decide if that represents and strength or area needing improvement for your district. OCFS has not identified a minimum score or rating for the items. Your determination should be based on the strengths and needs of your district.

3. Provide a rationale for your rating

Please explain why you chose to rate the area as a strength or area needing development. What is working well in your district to support this area and what still needs improvement.

4. Identify potential underlying factors contributing to your performance

If this is an area of strength, please describe the practice or processes that support the functioning of this area. If this is an area needing development, please describe the barriers that you believe are impacting performance. As planning for the 2023-2028 County Plan begins, spending time understanding the barriers impacting performance will be essential in identifying areas to target for improvement.

Statewide Information System

Agency Access to Data

- The agency is readily able to pull CONNECTIONS data from Data Warehouse or another CONNECTIONS-based repository

1. Assess Performance: Is there a person(s) within your agency that has the capacity / knowledge to pull CONNECTIONS information from Data Warehouse or another CONNECTIONS-based data repository?

- Yes
 No

2. How do you rate Agency Access to Data?

- Strength
 Area for Development

3. Rationale for Self-Determined Rating of Agency Access to Data:

Our agency has a department that can pull various data reports from Datawarehouse to make more user friendly data reports and we use these to drive decision making. We can formulate hypotheses around what we are seeing or feeling but we use data to confirm or deny that before moving forward.

4. Identify potential underlying factors contributing to your performance:

Our community is very large and complex, it can take us more time to understand and respond to underlying factors. Additionally, change can be more difficult in a community and agency as large as ours because of various departments and bureaucracies that exist.

Documentation

Progress Notes

Progress notes are entered in a timely manner and are concise, professional, and include information about the:

- Purpose of the casework contact and who / where / when information
- Presence or absence of risk and / or safety concerns and any needed action related to

concerns

- Family's level of progress toward their goals
- Case planning next steps, where appropriate

1. Assess Performance

Please use the Excel file, requested above in the yellow box, for the following questions.

The "CPS Progress Notes" tab in the "CFSP Safety Systemic Factor Worksheet" Excel file includes a list of up to 10 Investigation Report IDs. In CONNECTIONS, please review at least one recent Progress Note of a caseworker visit with a family member for each of the investigations listed in the Excel file to determine if the required components above are included in each of the entries.

In the Excel spreadsheet, please rate the quality of each component for each case. Record your review of the progress notes by using the dropdown options in each cell. Copy the percentages from the "Quality Score Progress Notes" column located in cells J20–J25 to the corresponding items below.

Documented Component of a Quality Progress Note	Quality Score for All Investigations
Progress note included a clear purpose for the visit, who was present, and the location	85%
Progress note clearly documented the presence or absence of risk and / or safety concerns and any needed action related to concerns	80%
Progress note included the level of family's progress, documentation of what was discussed, and an observation of the home and the parent's and children's interactions	80%
Progress note clearly documents next steps, if needed	55%
Progress note is concise and professional	95%
Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)	80%

2. How do you rate Progress Note Documentation?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Progress Note Documentation:

Most areas of progress notes were found to be a strength however there is always an opportunity for growth. Specifically in the area of documented next steps when needed. It is important that all staff are able to develop next steps with families and on case progress in order to move families in a positive direction.

4. Identify potential underlying factors contributing to your performance:

Underlying factors for the strength areas could be but are not limited to:

- booster trainings
- mentoring from seasoned workers
- coaching from team leaders
- encouraging ongoing learning
- feedback and quality assurance

Underlying factors for areas of growth could be but are not limited to:

- the amount of tasks caseworkers have outside of working directly with the family
- family engagement and confidence in engaging families in developing next steps
- family resistance to CPS and other government intervention
- historical experiences with CPS or other government entities
- skill in writing behaviorally and observationally specific notes
- caseload size
- family's response and engagement in the process

Case Review System

Written Safety Plans

Safety Plans, when needed, are adequate to protect children and includes key components.

- The safety plan is consistent with case circumstances
- The safety plan is adequate to fully protect the children
- The safety plan lists specific actions taken or to be taken and persons responsible
- The safety plan includes appropriate controlling interventions, initiated by the caseworker, to address safety
- The safety plan includes details about duration of the plan and how the plan will be monitored
- The safety plan has supervisory input

(New York State Child Protective Services Manual, Chapter 6, Section D-2)

1. Assess Performance

The "CPS Safety Plans" tab in the "CFSP Safety Systemic Factor Worksheet" Excel file includes a list of up to 10 Investigation Report IDs. In CONNECTIONS, please review the safety plan associated with the 7-day safety assessment in each of the investigations listed in the Excel file to determine if the required components above are included in each of the safety plans.

Please complete the Excel spreadsheet by using the dropdown options in each cell. Copy the percentages from the "Quality Score for Written Case Plan" column located in cells J21–J26 to the corresponding items below.

Documented Component of a Quality Safety Plan	Quality Score for Safety Plans
Safety plan is consistent with case circumstances	75%
Safety plan is adequate to fully protect the children	75%
Safety plan lists specific actions taken or to be taken and persons responsible	60%
Safety plan includes appropriate controlling interventions, initiated by the caseworker, to address safety	80%

Safety plan includes details about duration of the plan and how the plan will be monitored	45%
Documentation of supervisory input is present	70%

2. How do you rate Written Safety Plans?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Written Safety Plans:

Safety plans are a critical component of ensuring a child/children's safety while the CPS team works to complete a comprehensive investigation. They need to be family driven and can often be messy due to competing priorities of family members etc. This is an area of growth we have been aware of and been in the exploration phase of developing responsive action steps to enhance safety plans and ensure that they continue to be family driven while meeting the need for safety of the child/children impacted.

4. Identify potential underlying factors contributing to your performance:

Underlying factors contributing to necessary growth:

- Currently there is not specific training available for developing good safety plans
- Family dynamics can be barriers
- Current guidance is vague on safety plans and necessary components

Quality Assurance / Continuous Quality Improvement Process

Quality Assurance System

The agency has a robust CPS quality assurance system that:

- Includes a regularly occurring process for reviewing casework practice
- Has standards to evaluate the quality of services
- Identifies strengths and needs of the service delivery system
- Provides relevant reports
- Evaluates implemented program improvement strategies

1. Assess Performance

Rating (1-10)

On a scale from 1 being "we don't have a quality assurance system in place for CPS" to 10 being "our quality assurance system is robust and meets / exceeds the standards listed above," how would you describe the strength of your CPS quality assurance system?

7

2. How do you rate Quality Assurance System?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Quality Assurance System:

We have many ways of tracking and monitoring performance data there is room for growth in coaching staff and teams towards higher performance on the measures.

4. Identify potential underlying factors contributing to your performance:

Underlying factors to QA performance:

- Development of rubrics for specific types of cases or performance measures
- Case randomization
- Guidance on cadence of QA at each level
- Making connections from data to direct casework is difficult within the state system

Staff and Provider Training

Ongoing Staff Training

The agency assesses training needs and provides for or arranges training that addresses the skills and knowledge base needed for all staff, including supervisors to carry out duties.

1. Assess Performance

On a scale from 1 being "our agency needs significant improvement in providing and / or arranging training for staff" to 10 being "our training process is robust," how would you describe the strength of your ability to:	Rating (1-10)
--	----------------------

1) Assess the ongoing training needs of all staff?	8
--	---

2) Address the ongoing training needs of all staff (internal and external training)?	8
--	---

(Note: "Ongoing staff needs" excludes initial staff training, such as Child Welfare Foundations Program and Child Protection Services Response Training)

2. How do you rate Ongoing Staff Training?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Ongoing Staff Training:

We have an internal training department that is skilled at surveying staff training needs and seeks appropriate trainings as available and necessary.

4. Identify potential underlying factors contributing to your performance:

The internal training department does an excellent job of responding to direct training needs. Training however, is only one component to developing staff skill sets. Coaching is necessary to refine skill transfer from a structured training to the unstructured community application. ECDSS has repeatedly asked for coaching and supports from OCFS in order to enhance the transfer of learning into practice.

Supervision

The agency supports an organizational culture that values and demonstrates support for the vital role supervisors play in ensuring positive outcomes for children, youth, and families.

The agency has a child welfare supervision model that:

1. Articulates in writing the organization's practice philosophy and approach
2. Identifies the functions and specific job responsibilities of child welfare supervisors
3. Recognizes the centrality of building and maintaining relationships with supervisees and others to carrying out supervisory responsibilities effectively
4. Defines expectations with regard to the frequency and format for supervision of frontline practitioners
5. Clarifies expectations for ongoing evaluation of frontline practitioners
6. Supports supervisors in their roles as unit leaders and change agents

Source: Building a Model and Framework for Child Welfare Supervision; Hess, Peg, Kanak, Susan, Atkins, Julie. National Resource Center for Organizational Development and National Resource Center for Family-Centered Practice and Permanency Planning, 2009.

1. Assess Performance

This item should be rated for the agency, not specific to Permanency or Safety. If this item has been answered in the Permanency section, please indicate that below.

Rating (1-10)

On a scale from 1 being "the agency doesn't have a framework for supervision" to 10 being "our supervision framework and practice is robust and meets / exceeds the standards listed above," how would you describe the strength of your supervision framework?

8

2. How do you rate Supervision Framework?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Supervision Framework:

We have surveyed staff about their perception of supervision and provide clear expectations to

supervisors about their role and the importance of structured supervision. Staff report feeling supported by their supervised and report feeling they receive supervision that is more than adequate. Supervisors receive options for providing structured supervision and feedback on a regular basis. The supervisory model and structure is modeled from the top down within the organization.

4. Identify potential underlying factors contributing to your performance:

ECDSS is the recipient of a National Child Welfare Workforce initiative grant and has provided a leadership academy to over half of the child welfare supervisors, managers and administrators which emphasizes coaching to critical decisions and making the time for structured supervision.

Note: The document referenced above provides useful supports to agencies interested developing a model for supervision.

Planning Team and Technical Assistance

Is your planning team still meeting? If yes, how frequently and what stakeholders attend?

Yes, at least monthly and more often if needed. Various providers attend the meetings

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

Continued offerings of Connections training, including FASP training, navigation, training around continued documentation of progress notes around safety and risk, candidacy clarification for ongoing case documentation. Family Engagement best practices and strategies need to be trained and coached throughout the workforce both internally and with contract providers. Development of critical thinking in contract providers around ongoing assessment of safety and risk. Training around the engagement of fathers and identification of other family members and support for families. Support around best practices in holding family meetings, rapid meetings trainings and coaching assistance. Training and assistance around data cleanup and consolidation. Training and technical assistance around cultural sensitivity, implicit bias, inclusion, SOGIE/LGBTQ, and best practice with refugee and other diverse populations. Training around early exploration of resources for families, family supports, engagement of fathers, communication skills with difficult populations etc. Technical assistance is needed in monitoring progress and implementing quality assurance for county plan and consolidated PIP items. In addition, technical assistance/monitoring and coaching are the most helpful ways to ensure that the knowledge from trainings is being transferred to the workforce.

Permanency

Permanency Plan Update

The 2022 Annual Plan Update is the final year of the district's 2018–2023 five-year Child and Family Services Plan. Since 2018, OCFS has asked that your district implement, and monitor strategies designed to improve the CFSR Permanency Outcome(s) as measured by the four Federal Permanency metrics.

Using the Permanency Indicators as a performance monitor, please evaluate the effectiveness of your implemented strategy(s) (described in your most recent APU) in improving permanency.

Permanency Outcome— When it is necessary to place children in out-of-home care, it is a safe, short, and stable experience concluding with permanent attachments to caring adults. (*Child Welfare Practice Model*)

Identify which CFSR Round 3 Permanency Indicator your District chose to impact:

- Permanency Indicator 1**— Percentage of children who entered foster care in a FFY and discharged within 12 months of the entry.
- Permanency Indicator 2**— Of all children in care 12–23 months on a designated date, percentage of children who discharged within 12 months of that date.
- Permanency Indicator 3**— Of all children in care 24+ months on a designated date, percentage of children who discharged within 12 months of that date.
- Permanency Indicator 4**— Of all the children in Permanency Indicator 1 who discharged, the percentage of children who reentered foster care within 12 months.

1. Document your district's performance on the chosen CFSR Permanency Indicator in your most recent APU for Waves 5.5–8.

Below is the national average for each of the permanency indicators over 4 Wave time periods. Using [the attached table](#), please enter your districts' rates for your chosen Permanency Indicator. Note: OCFS has identified the national average as the NYS targets.

	Indicator	Wave 5.5	Wave 6	Wave 7	Wave 8
District	P4	10	8.7	12.1	8.7
National Average	P1	39.1%	38.6%	38.7%	38.5%
	P2	46.5%	47.2%	47.1%	42.7%
	P3	37.8%	38.5%	39.3%	35.4%
	P4	7.3%	7.2%	7.5%	6.8%

2. What was the trend of your permanency rate over Waves 5.5, 6, 7, 8?

Fluctuating, re-entry appears to fluctuate within Erie Co.. We will need to seek ways to understand the various peaks and valleys we are seeing in this data.

3. Of the strategies you have implemented throughout the life of the 2018–2023 Plan, which strategy do you believe has had the biggest impact (positive or negative) on your permanency rate?

a. What was the strategy you implemented?

Development and Implementation of our Family Unification and Support Team, FUST.

b. What key underlying factor(s) was the strategy intended to address? Did the strategy impact the underlying factor(s) in the way it was intended?

Provide support for CW to identify kinship resources, meet with and provide more intensive supports to kinship resources in first 30-45 days of placement, which are most critical.

c. Did the strategy ultimately impact the permanency rate in the way you expected?

Yes, it increased the amount of Kin becoming foster parents and lowered the disruptions in Kinship placements even when they remain 1017 rather than becoming foster parents.

d. Why/Why not? Were there additional emerging factors that supported or inhibited the effectiveness of the strategy?

The pandemic was a barrier to providing some supports in the home or community to ensure success but all in all it has been a successful program that supports our kinship cases and families.

4. How will you adjust or continue the strategy to continuously support improvement on Permanency Outcomes?

FUST will be utilizing an MSW intern over the next 6 months to identify additional opportunities to support the families and expedite family reunification when possible. Enhanced data collection is also on the horizon to ensure that we have data to support successes but also to critically look at gaps in our outcomes.

Looking Ahead to the 2023-2028 Child and Family Services Plan - Systemic Factor Self-Assessment

What Are Systemic Factors?

Systemic Factors—The Child and Family Services Review (CFSR) is a national review of each state's child welfare system. This federal-state collaborative effort is designed to help promote quality child welfare services and improve outcomes.

One component of the CFSR is a determination of whether NYS is in substantial conformity with systemic factors. Systemic factors represent key operating systems within a state that have the capacity to support positive child safety, permanency, and well-being outcomes.

The Permanency section of the 2023–2028 County Plan will focus on the following six systemic factors:

- Statewide Information Systems: Data Quality and Agency Access to Data
- Documentation

- Case Review System
- Quality Assurance / Continuous Quality Improvement
- Staff and Provider Training
- Supervision

Why Are We Focusing on Systemic Factors?

Understanding the functioning of these systemic factors at the local level will serve two purposes:

1. **Support local strategic planning efforts:** Local districts engage in focused, data-driven strategic planning through the development of the Annual Child and Family Services Plan (County Plan). This 2022 County Plan Update will lay the foundation for the 2023–2028 County Plan by using evidence, both qualitative and quantitative, to assess current performance on the identified systemic factors. Throughout the next five-year County Plan cycle (2023–2028), in accordance with the continuous quality improvement model, districts will explore underlying factors impacting performance, identify and implement strategies to improve practice, and monitor the effectiveness of those strategies.
2. **Assist OCFS in understanding areas that are functioning well on a routine basis and those areas needing improvement:** Through a Statewide analysis of County Plan submissions, OCFS will be better-positioned to understand and impact systemic factor functioning from the State level. Data collected from the local self-assessments will be incorporated into the federally required CFSR Statewide Assessment.

How Will We Understand Functioning of Systemic Factors?

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1. Assess your current performance in each systemic factor

To assess the functioning of the area in your district, you are asked to complete either:

- a. *Worksheet Questions:* OCFS has prepared a file with case specific information for you to use to assess some of the questions below. To request the case specific file, please click the link in the yellow box below. Each of the tabs in the Excel file contains up to 10 records that require specific a review in Connections. As you review each of the records, please document your findings in the Excel file. A score will calculate on the bottom right side of the Excel sheet. This is the data you will report on this form.

OR

- b. *Scaling Questions:* Some of the questions ask you to rate your performance on a scale of 1 to 10, one being the lowest and 10 being the highest. This rating should be based on your assessment of the overall functioning of the area in the district. This is based on your district's determination, and a justification for the rating will be required.

2. Self-determine if this is an area of Strength or an Area for Development

Based on the score received either from the Excel worksheet or the answer provided from the scaling question, decide if that represents a strength or an area needing improvement for your district. OCFS has not identified a minimum score or rating for the items. Your determination should be based on the strengths and needs of your district.

3. Provide a rationale for your rating

Please explain why you chose to rate the area as a strength or area needing development. What is working well in your district to support this area and what still needs improvement.

4. Identify potential underlying factors contributing to your performance

If this is an area of strength, please describe the practice or processes that support the functioning of this area. If this is an area needing development, please describe the barriers that you believe are impacting performance. As planning for the 2023–2028 County Plan begins, spending time understanding the barriers impacting performance will be essential in identifying areas to target for improvement.

Statewide Information System

Data Quality and Agency Access to Data

- The agency accurately documents the demographic characteristics, placement status / location, and goals for every child who is (or within the immediately preceding 12 months, has been) in foster care
- The LDSS is readily able to pull CONNECTIONS data from Data Warehouse or another CONNECTIONS-based repository

1. Assess Performance

Please use the Excel file, requested above in the yellow box, for the following questions.

The "Data Quality" tab in the "CFSP Permanency Systemic Factor Worksheet" Excel file includes child-level information that is documented in CONNECTIONS.

Please check the accuracy of this data that OCFS pulled from CONNECTIONS and identify which items are correct using the dropdown options in each cell. Please base your assessment of accuracy of the data on your staff's direct knowledge of the children / youth or written documentation outside of CONNECTIONS.

The cell containing "Score for Data Quality" is a calculation of the percentage of information that you identify as accurate (total accurate / total items assessed). Please enter that score below.

	Score for Data Quality
% of Matching Items	98%

2. How do you rate Data Quality?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating of Data Quality:

Most data matched the information provided and was supported in the case records.

4. Identify potential underlying factors contributing to your performance:

Support staff assist with ensuring data is accurately reflected.

5. Assess Performance: Is there a person(s) within your agency that has the capacity / knowledge to pull CONNECTIONS information from Data Warehouse or another CONNECTIONS-based data repository?

- Yes
 No

6. How do you rate Agency Access to Data?

- Strength
 Area for Development

7. Rationale for Self-Determined Rating of Agency Access to Data:

We have a variety of reports that we pull using data warehouse and other sources to assist in monitoring performance.

8. Identify potential underlying factors contributing to your performance:

A department dedicated to assistance and support for data access. Can grow in use of the data and tying it directly to practice.

Documentation

Progress Notes

Progress notes are entered in a timely manner, are concise and professional, and include information about the:

- Purpose of the casework contact and who / where / when information
- Presence or absence of risk and / or safety concerns and any needed action related to concerns
- Family's level of progress toward their goals
- Case planning next steps, where appropriate

1. Assess Performance

Please use the Excel file, requested above in the yellow box, for the following questions.

The "Progress Notes" tab in the "CFSP Permanency Systemic Factor Worksheet" Excel file includes a list of up to 10 CIN numbers. In CONNECTIONS, please review at least one recent Progress Note of a caseworker visit with a family member for each of the children (CIN numbers) listed in the Excel file to determine if the required components above are included in each of the entries.

In the Excel spreadsheet, please rate the quality of each component for each case. Record your review of the progress notes by using the dropdown options in each cell. Copy the percentages from the "Quality Score Progress Notes" column located in cells L18–L23 to the corresponding items below.

Documented Component of a Progress Note Documentation

**Quality Score
Progress Notes**

Progress note included a clear purpose for the visit, who was present, and the location	70%
Progress note clearly documented the presence or absence of risk and / or safety concerns and any needed action related to concerns	70%
Progress note included the level of family's progress, documentation of what was discussed, and an observation of the home and the parent's and children's interactions	55%
Progress note includes documentation of next steps, if any were needed	40%
Progress note is concise and professional	45%
Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)	100%

2. How do you rate Progress Note Documentation?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Progress Note Documentation:

This is an area of growth for ECDSS and the various contract agencies. The vast majority of our cases are contracted out once it moves to services whether preventive, foster/kinship care etc. This is an area that we need to develop the case managers in to monitor the cases for these performance measures more regularly and ask more questions of the contract agencies to ensure it is captured appropriately.

4. Identify potential underlying factors contributing to your performance:

Underlying factors:

- severe staffing shortages in contract agencies
- lack of experience in CM within ECDSS
- crucial conversations training
- training and coaching for contract agencies on what is expected

Case Review System

Written Case Plans

Each child has a written case plan that:

- Is completed timely
- Is developed jointly with parents
- Includes the required provisions

1. Assess Performance

Please use the Excel file, requested above in the yellow box, for the following questions.

The "FASP—Written Case Plan" tab in the "CFSP Permanency Systemic Factor Worksheet" Excel file includes a list of up to 10 CIN numbers. In CONNECTIONS, please review *the most recent approved FASP* for each of the children (CIN numbers) listed in the Excel file to determine if the required components above are included in each of the cases.

Please complete the Excel spreadsheet by using the dropdown options in each cell. Copy the percentages from the "Quality Score for Written Case Plan" column located in cells K18–K20 to the corresponding items below.

	Quality Score for Written Case Plans
Written Case Plans (FASP) are completed within regulatory timeframes	60%
Written Case Plans (FASP) developed jointly with parents	60%
Written Case Plans (FASP) have congruency between the family's strengths, needs, and services	75%

2. How do you rate Written Case Plans?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Written Case Plans:

This is an area that the county is developing a plan for improvement.

4. Identify potential underlying factors contributing to your performance:

Underlying factors:

- Pandemic related barriers
 - staffing shortages
 - difficulty in scheduling
 - pivots between face to face, virtual, hybrid
- Training and support for contract agencies
- Training, support and coaching for case managers, case planners, and others as needed around family engagement in plan development

Periodic Reviews, Notice of Hearings, and Reviews to Caregivers

A court or administrative review (Permanency Hearing) occurs at least once every six months.

Parents, foster parents, foster adoptive parents, and relative caregivers:

- Are notified of any review or hearing being held with respect to the child

- Have a right to be heard in any review or hearing being held with respect to the child

1. Assess Performance

Please use the Excel file, requested above in the yellow box, for the following questions.

The "Periodic Review" tab in the "CFSP Permanency Systemic Factor Worksheet" Excel file includes a list of up to 10 CIN numbers. In CONNECTIONS, please review *the most recent Permanency Hearing Information* for each of the children (CIN numbers) listed in the Excel file to determine if the required components above are included in each of the cases.

Please complete the Excel spreadsheet by using the dropdown options in each cell. Copy the percentages from the "Quality Score for Periodic Reviews" column located in cells H24–H25 to the corresponding items below.

	Quality Score for Periodic Reviews
Permanency Hearings are completed within 182 days (6 months)	30%
Evidence of Notice of the hearing is in the record	85%

2. How do you rate Periodic Review and Notice to Caregivers?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Periodic Review and Notice to Caregivers:

While most cases have evidence of parents being notified of hearings, the hearings are often delayed due to attorney schedules, the court scheduling etc.

4. Identify potential underlying factors contributing to your performance:

Underlying factors:

- Pandemic back log
- Return to in person and continued pivoting to hybrid, lack of consistency and difficult for parents to be present
- Severe attorney shortage for respondent attorneys
- scheduling conflicts with court and various attorneys necessary

Termination of Parental Rights

- Termination of parental rights (TPR) petitions are filed when the child has been in foster care 15 of the most recent 22 months
- When the TPR petition has not been filed in the ASFA timelines, there are documented compelling reasons

1. Assess Performance

Please use the Excel file, requested above in the yellow box, for the following questions.

The "TPR" tab in the "CFSP Permanency Systemic Factor Worksheet" Excel file includes a list of up to 10 CIN numbers. In CONNECTIONS, please review *the most recent FASP and / or Permanency Hearing Report* for each of the children (CIN numbers) listed in the Excel file to determine if the required components above are included in each of the cases.

Please complete the Excel spreadsheet by using the dropdown options in each cell. Copy the percentages from the "Quality Score for TPR" column located in cell F24 to the corresponding item below.

	Quality Score for TPR
TPRs were filed timely or there was an exception	60%

2. How do you rate TPR?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for TPR:

This has been an ongoing improvement opportunity that ECDSS continues to monitor.

4. Identify potential underlying factors contributing to your performance:

Underlying Factors:

- Pandemic related court slow downs and extensions
- RPR's continue to look at reasons and identify barriers to this
- Contract agency turnover has led to a training issue for developing timelines for TPR's
 - Have been working on training plan with agencies to resolve
- Lack of consensus about next steps

Quality Assurance / Continuous Quality Improvement Process

Quality Assurance System

The agency has a robust quality assurance system that:

- Includes a regularly occurring process for reviewing casework practice
- Has standards to evaluate the quality of services
- Identifies strengths and needs of the service delivery system
- Provides relevant reports
- Evaluates implemented program improvement strategies

1. Assess Performance

Erie County: Permanency

Rating (1–10)

On a scale from 1 being “we don't have a quality assurance system in place for foster care” to 10 being “our quality assurance system is robust and meets / exceeds the standards listed above,” how would you describe the strength of your foster care quality assurance system?

7

2. How do you rate Quality Assurance System?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Quality Assurance System:

ECDSS has the ability to develop appropriate reports and measures however, how that transfers to practice needs to be improved.

4. Identify potential underlying factors contributing to your performance:

Underlying factors:

- Development of rubrics and quality performance measures
- Tying data to practice
- Development of case managers to coach and provide ongoing feedback to contract agencies.

Staff and Provider Training

Ongoing Staff Training

The agency assesses training needs and provides for or arranges training that addresses the skills and knowledge base needed for all staff, including supervisors to carry out duties.

1. Assess Performance

On a scale from 1 being “our agency needs significant improvement in assessing training needs and / or providing / arranging training for all staff” to 10 being “our training process is robust,” how would you describe the strength of your ability to:

Rating (1–10)

1) Assess the ongoing training needs of all staff?	8
2) Address the ongoing training needs of all staff (internal and external training)?	8

2. How do you rate Ongoing Staff Training?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Ongoing Staff Training:

Internal training department regularly surveys staff and provides appropriate training and development opportunities.

4. Identify potential underlying factors contributing to your performance:

Underlying factors:

- Internal department
- booster trainings
- developing a learning culture

Foster and Adoptive Parent Training

The district's foster parent training system addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Note: If the district does not recruit and certify its own foster homes, this section is not applicable.

1. Assess Performance

When assessing performance, consider evolving needs of children in light of FFPSA, as more are expected to be placed in home-based settings.

**Rating (1–10)
or N/A**

On a scale from 1 being "we need to significantly improve our foster parent training" to 10 being "our foster parent training(s) is robust and meets the standard," how would you describe the strength of your ability to meet the initial and ongoing training needs of your prospective foster and adoptive parents?

8

2. How do you rate Foster and Adoptive Parent Training?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Foster and Adoptive Parent Training:

Foster parents surveyed feel they receive adequate training to meet the needs of children placed in their home. We have a variety of ongoing trainings to choose from.

4. Identify potential underlying factors contributing to your performance:

Underlying Factors:

- Flexibility in training times and provision to meet families needs

Supervision

The agency supports an organizational culture that values and demonstrates support for the vital role supervisors play in ensuring positive outcomes for children, youth, and families.

The agency has a child welfare supervision model that:

1. Articulates in writing the organization's practice philosophy and approach
2. Identifies the functions and specific job responsibilities of child welfare supervisors
3. Recognizes the centrality of building and maintaining relationships with supervisees and others to carrying out supervisory responsibilities effectively
4. Defines expectations with regard to the frequency and format for supervision of frontline practitioners
5. Clarifies expectations for ongoing evaluation of frontline practitioners
6. Supports supervisors in their roles as unit leaders and change agents

Source: Building a Model and Framework for Child Welfare Supervision; Hess, Peg, Kanak, Susan, Atkins, Julie. National Resource Center for Organizational Development and National Resource Center for Family-Centered Practice and Permanency Planning, 2009.

1. Assess Performance

This item should be rated for the agency, not specific to Permanency or Safety. If this item has been answered in the Safety section, please indicate that below.

Rating (1–10)

On a scale from 1 being "the agency doesn't have a framework for supervision" to 10 being "our supervision framework and practice is robust and meets / exceeds the standards listed above," how would you describe the strength of your supervision framework?

8

2. How do you rate Supervision Framework?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Supervision Framework:

We have surveyed staff about their perception of supervision and provide clear expectations to supervisors about their role and the importance of structured supervision. Staff report feeling supported by their supervised and report feeling they receive supervision that is more than adequate. Supervisors receive options for providing structured supervision and feedback on a

regular basis. The supervisory model and structure is modeled from the top down within the organization.

4. Identify potential underlying factors contributing to your performance:

ECDSS is the recipient of a National Child Welfare Workforce initiative grant and has provided a leadership academy to over half of the child welfare supervisors, managers and administrators which emphasizes coaching to critical decisions and making the time for structured supervision.

Note: The document referenced above provides useful supports to agencies interested developing a model for supervision.

Planning Team and Technical Assistance

Is your planning team still meeting? If yes, how frequently and what stakeholders attend?

Yes, at least monthly with a variety of stakeholders involved.

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

ECDSS needs ongoing technical assistance around efficient utilization of the data and communication with casework staff of how to implement strategies to improve outcomes. Trainings that ECDSS and contract providers would like offered on an ongoing basis include but are not limited to, father engagement, KinGap, cultural competency, implicit bias, SOGIE/LGBTQ, inclusive practice, mobility mapping, concurrent planning, family and community engagement, permanency options for older youth, caseworker roles in RPR, when to call for a PRT, Family Group Conferencing (include Rapid Meetings protocols), transition planning (additional info on beginning this earlier than regulatory Erie County: Permanency / Prevention Page 3 requirements), working with Kin, comprehensive case management, trainings that enhance case management skills, safety/risk/ongoing assessments, developmental milestones, trauma impact on families, domestic violence indicators and impact, poverty impacts, navigating school systems, critical decision making, crucial conversations, building supervisory capacity, developing service plans with reasonable goals, legal aspects and procedures, ADM/INF/LCM practice impact trainings etc. In addition to trainings, ECDSS staff and contract agencies would benefit from follow up coaching. Ways to check in on how the skills trained are being implemented or barriers to using the skills etc.

Prevention

Looking Ahead to the 2023–2028 Child and Family Services Plan Systemic Factor Self-Assessment

Systemic Factors—The Child and Family Services Review (CFSR) is a federal-state collaborative effort designed to help promote that quality services are provided to children and families through the NYS's child welfare system. One component of the CFSR is a determination of whether NYS is in substantial conformity with the seven systemic factors. The systemic factors refer to key operating systems within a state that have the capacity to support positive child safety, permanency, and well-being outcomes.

The Prevention section of the 2023–2028 County Plan will focus on the following systemic factor:

- Service Array and Resource Development

Understanding the functioning of this systemic factor at the local level will serve two purposes:

1. Support local strategic planning efforts
2. Assist OCFS in understanding areas that are functioning well on a routine basis and those areas needing improvement

In preparation for the 2023–2028 County Plan, this section of the 2022 Annual Plan Update will be a ***self-assessment of the systemic factor, as it functions in your jurisdiction***. In this section you will:

- Assess your current performance in the area
 - Self-determine if this is an area of Strength or an Area for Development
 - Provide a rationale for your rating
 - Identify potential underlying factors contributing to your performance
-

Service Array and Resource Development

Array of Services: Primary and Secondary Prevention Programs

Primary and secondary prevention programs are provided voluntarily. Primary prevention programs have universal eligibility (healthy families, parenting programs); secondary prevention programs are provided to high-risk families (LDSS provided or contracted services).

1. Assess Performance

This organization collaborates with providers of family-strengthening services that address primary and secondary prevention. This might include making referrals, needs assessment, design and implementation of services, evaluation of effectiveness, joint trainings, standing meetings and other activities.

Rating (1–10)

Think about the primary and secondary services within your jurisdiction.

On a scale from 1 being “we do not have a working relationship with primary / secondary service providers” to 10 being “we are aware of and collaborate with primary/secondary service providers on a regular basis for client specific resources and to meet community needs,” how would you describe the array of services in your district?

10

2. How do you rate Array of Services: Primary and Secondary Prevention Programs?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Array of Services: Primary and Secondary Prevention Programs:

Erie County has a wide array of services to families of both primary and secondary preventive programs. Our issue is not having enough services within the community, it is families, partner agencies, and stakeholders understanding how to navigate the complex systems that make the services available.

4. Identify potential underlying factors contributing to your performance:

- COVID
- bureaucracy of multiple systems
- racial & socio-economic bias
- communication barriers
- transportation
- gaps in rural service areas
- access to quality internet in urban areas
- silos of various systems and large agencies

Array of Services: Mandated / Non-Mandated Preventive and Protective Services

The service array and resource development systems function to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP:

- Services that assess the strengths and needs of children and families and determine other service needs
- Services that address the needs of families in addition to individual children in order to create a safe home environment
- Services that enable children to remain safely with their parents when reasonable
- Services that help children in foster and adoptive placements achieve permanency

1. Assess Performance

Rating (1–10)

Think about service providers that meet the needs of the children, youth, and families served by your agency.

10

On a scale from 1 being “we do not have a sufficient array of services to meet our needs” to 10 being “our service array is robust,” how would you describe the array of services in your district?

2. How do you rate Array of Services: Mandated / Non-Mandated Preventive and Protective Services?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Array of Services: Mandated / Non-Mandated Preventive and Protective Services:

As indicated earlier, EC has a vast array of services. We have done previous gap analysis to drive decisions for RFPing for appropriate services and have filled those service gaps where appropriate.

We have several EvBi services for candidacy families and have required that all services have minimally a promising practice intervention for families that would not qualify for candidacy. Our continuum of services allows for a best fit for families and choice for caseworkers and families in determining how to best meet their needs.

4. Identify potential underlying factors contributing to your performance:

- Need to develop decision making tree to guide service selection and educate the workforce both internally and externally to select programs that will meet the needs of the community
- Streamlining processes
- Communication with levels of services etc.
- Bias around service provision in certain pockets etc.

Individualizing Services

Services are individualized to meet the unique cultural / developmental needs of children, youth and families served by the agency.

Note: During the most recent CFSR, stakeholder interviews conducted by the federal Children's Bureau noted a need for more creativity in developing plans, particularly when certain services are not readily available. Stakeholders raised concerns about the quality of some services providers and the impact this had on the effectiveness of services. Stakeholders were also concerned that youth aging out of care were not receiving tailored services to address their needs and to adequately prepare them for independence. (excerpt from CFSR round 3 final report)

1. Assess Performance

Rating (1–10)

Think about service providers that meet the needs of the children, youth, and families served by your agency.

On a scale from 1 being "our service providers are not able to meet the individualized unique cultural / developmental needs of children, youth and families" to 10 being "our service providers are able to meet all individualized unique cultural / developmental needs of children, youth and families," how would you describe the array of services in your district?

7

2. How do you rate Individualizing Services?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for Individualizing Services:

Some service providers in EC are very creative and open to individualizing services for specific youth or families while others are resistant. Some agencies create more barriers through their internal systems and lack of communication. All agencies need to recognize each other's relativity to the work and stop competing for the same families. Everyone should be concerned with best fit and choice of the family in order to have buy in to the process and services.

4. Identify potential underlying factors contributing to your performance:

- Bias
- Medicaid service rates are higher than preventive
- employment crisis
- Agency, community barriers
- Overwhelmed with expectations for providers and system
- Fragmented systems

Youth and Young Adult

Youth and Young Adult Plan Update

OCFS encourages county teams to review last year's Youth and Young Adult section through a positive youth development lens. Please use the [Touchstone Goals](#) below when reviewing or creating new strategies for the coming year. OCFS seeks to promote positive youth development through quality, multifaceted programming that helps youths learn, thrive, and develop to their fullest potential.

Youth and Young Adult Indicators chosen in the 2018–2023 Plan:

- Healthy Development:** Teen Pregnancy Rate
 - Healthy Development:** Dependence or Abuse of Illicit Drugs or Alcohol (Ages 12+)
 - Healthy Development:** Needing But Not Receiving Treatment for Alcohol Use (Ages 12+)
 - Healthy Development:** Serious Mental Illness (Ages 18+)
 - Healthy Development:** Serious Thoughts of Suicide (Ages 18+)
 - Healthy Development:** Major Depressive Episodes (Ages 18+)
 - Healthy Development:** Other
 - Academic Success:** Graduation Rate
 - Academic Success:** Other
 - Self-Sustainability:** Youth Aged 18–24 Who Have Public Health Insurance
 - Self-Sustainability:** Households Headed By a Person <25 Years Old Which Are In Poverty
 - Self-Sustainability:** Other
 - Safe Living Conditions** *(Counties who choose this indicator must inform with locally collected data as needed)*
 - Other** *(Counties who choose this indicator must inform with locally collected data as needed)*
-

Touchstones

The Commissioners and Directors of New York State's health, education, and human services agencies recognized that a new model characterized by prevention, early intervention and family/youth involvement was necessary to improve outcomes in the areas for which they had responsibility.

The agencies embarked on an effort to develop a common set of measurable goals and objectives that lead to improved outcomes for children and families. From these actions, the Council on Children and Families and its 12 member agencies developed the New York State Touchstones. These touchstones are a common set of goals and objectives that cut across all service systems. They allow individuals and organizations with diverse missions to work together to improve conditions for children and families.

The Touchstones framework is organized by six major life areas:

- Economic Security
- Physical and Emotional Health

- Education
- Citizenship
- Family
- Community

Each life area has a set of goals and objectives representing expectations about the future and a set of indicators reflecting the status of children and families. These goals and objectives are integrally related to each other and call for comprehensive strategies to address any aspect of children and family well-being. [Read more information on Touchstones](#)

Positive Youth Development

Positive youth development is an intentional, pro-social approach that constructively engages youth within their communities, schools, organizations, peer groups, and families; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Quality youth development programs should include the following features:

- Physical and psychological safety
- Appropriate structure that provides clear limit-setting, rules and expectations
- Supportive relationships
- Opportunities to belong: meaningful inclusion regardless of gender, ethnicity, sexual orientation, or disability
- Positive social norms
- Support for efficacy (ability to produce effects) and mattering (be of importance) by engaging, empowering, and challenging youth to make a difference
- Opportunities for skill-building
- Integration of family, school, and community efforts

Your county's strategies should cut across all disciplines that help children grow from early childhood, through adolescence, and into adulthood to become competent and healthy adults who have developed to their fullest potential.

1. What strategy or strategies did your county plan to implement in your 2021 Annual Update—Youth and Young Adults County Plan section?

The strategies can be copied directly from the previous year's plan.

Ensure prevention and diversion services have adequate capacity and are designed to meet the specific individual needs of existing and emerging populations of PINS and JD youth, as well as increasing numbers of JD youth.

2. Did your county fully implement the strategies as planned?

Were you able to implement your strategy as designed, or did you change the way you implemented it? If you changed it, or tried something completely different, please explain.

Prevention services (youth bureau programs) continue to be under-funded with demand for funding increasing yearly. Diversion services are fully staffed and well-funded, and coordination is extensive between systems and departments. Now that prevention, diversion and detention are under one umbrella, continuous efforts are made to plan programs and supports which are scaffolded and layered to prevent youth from further penetration into intensive services and juvenile justice. Prevention/community based youth development programs are supported to

provide positive alternatives to anti-social activities for youth and teens. Changes to the department RFP process are resulting in a greater focus on equity and community need. Diversion services are coordinated with the Dept. of Probation and the Dept. of Mental Health to ensure goodness of fit and appropriateness for each case. Adjustments are often successful at the AT level. Positive youth development and mental health supports are in place at the detention stage, and discharge planning is active.

3. Are there any new or emerging issues that impacted your plan? If yes, please describe the issues and the changes.

A sharp rise in gun violence and gun-related crime has resulted in an increase in youth with these charges in our juvenile justice system. These activities have also resulted in an increased need for positive youth development programming for youth and teens in high gun-violence areas. Local efforts will include use of data and equity-centered resource allocation. Increasing numbers of older "RTA" youth in the juvenile justice system means a need to meet more complex needs of an older population of youth and emerging adults, including more intractable behaviors, independent living needs, more complex family dynamics, needs of parenting teens, among other issues. New high intensity case management services have been implemented via the Youth Services/Probation/Mental Health collaboration to attempt to meet these needs more appropriately.

4. What did your county anticipate would happen as a direct result of implementing your strategy as it was designed?

Increased collaboration, seamless service provision, and improved case planning and related outcomes can be anticipated from a more comprehensive approach to planning. Changes to the RFP process are resulting in increased funding for agencies in high-needs areas. More high intensity services to address more complex and serious needs of RTA youth in detention and in the community. Better planning is taking place as a result of close collaboration.

5. Did the strategy have the anticipated impact? If so, what was the impact?

Use data you have available as evidence that your strategy did or did not have the desired impact on the intermediate outcome.

Thus far, AT adjustments have been largely successful. RTA services implemented for RTA youth in the community have been successful thus far, although demand is not as high as we initially anticipated. Attempts to bolster funding and supports for positive youth development (prevention) and capacity for PYD agencies are under way. A Needs Assessment for Youth Services will be conducted in late 2022-early 2023 to inform the next phase of planning and funding decisions starting in 2023.

6. What strategy or strategies does your county plan to implement in the coming year to impact outcomes?

When reviewing your strategies from year one, please consider the following questions to work towards growth: What worked well? How could you modify your strategies to ensure improvements? Please describe any changes and why the changes have occurred. Include any new activities and the evidence you plan to provide to demonstrate the strategy's effectiveness.

Funding for preventive PYD efforts in the community has remained level for many years, making impacts at that end of the JJ spectrum difficult. Local changes to the RFP and allocation process have addressed some of this via a more uniform and consistent needs-based approach to allocation. Planning and implementation of JJ diversion is strong and active, and the collaboration

between Youth Services and Probation is dynamic and healthy. Communication is strong and consistent and services are being applied to cases based on clinical need. The JD population in detention has dramatically declined and the number of RTA youth has increased. RTA youth in detention present with greater mental health and behavioral health needs. Out of home placements for JDs continues, but has declined, as the menu of adjustment services implemented to JJ youth remaining at home have increased. More high-intensity services are needed, as youth just entering the JJ system are starting to present with more serious charges at the AT stage than in previous years. The needs of RTA youth are complex, and growing, and the number of RTA JDs is increasing, representing a greater need for positive youth development programming and positive alternatives for teens.

Planning Team and Technical Assistance

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

The district planning team includes all relevant members of the juvenile justice system in Erie County including the individuals and representatives of the Erie County Juvenile Justice Collaborative as well as numerous stakeholders and relevant organizations. Planning around these issues is ongoing and happens within the formal structure of this collaborative including work groups and committees. Communication and collaboration between and among partner agencies such as Youth Services, Probation and Mental Health to identify trends and address needs is constant.

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

OCFS and DCJS office and regional staff are always very responsive and helpful. We will not hesitate with requests for technical assistance as necessary.

Runaway and Homeless Youth Services

Person Submitting Report

This is the person OCFS will reach out to with questions or feedback.

Name:

Katherine Hilliman

Title:

Sr. Director - Youth Bureau

Agency:

Dept. of Social Services - Division of Youth Services

Email Address:

katherine.hilliman@erie.gov

Phone:

716-923-4051

Services & Needs

1. Using available data, describe the local RHY population in your county. This includes **all** runaway and unaccompanied homeless youth, not only those accessing services at a RHY program.

Include information for youth until they turn 21; counties that will allow RHY services to be provided to homeless young adults should include information for young people until they turn 25. Data sources to consider are listed in the [guidance document](#).

Include, at minimum, the following characteristics:

i. Age

In 2021, 64% of youth in shelter were ages 15-17 and 36% of youth in shelter were ages 10-14. This is demonstrated by demographic data captured in the most recently available program annual reports of certified programs in the county. According to point-in-time data, 224 (6.1%) were ages 5-12, 218 (5.9%) were ages 13-17, and 373 (10.1%) were ages 18-24. Of all RHY, those in the age range of 18-24 represented the largest percentage of homeless individuals.

ii. Gender identity / expression

National data demonstrates that LGBTQ youth are disproportionately represented in the homeless and runaway youth system. Research also shows that many youth do not report SOGIE information while accessing services. Gender identity/expression data are difficult to obtain; current data forms do not allow space for responses outside of Male/Female. In 2021, 41% youth in shelter reported as "male" and 59% were "female".

iii. Sexual orientation

National data demonstrates that LGBTQ youth are disproportionately represented in the homeless and runaway youth system. Research also shows that many youth do not report SOGIE information while accessing services. Gender identity/expression data are difficult to obtain; current data forms do not allow space for responses outside of Male/Female.

iv. Race / ethnicity

In 2021, 13% of youth in shelter were Caucasian, 53% were African American, 18% were Hispanic, 2% were American Indian or Alaskan Native, and 3% were Asian. 11% reported being of 2+ races. Youth of color are disproportionately represented among this data.

v. Child welfare involvement or history

Many of the youth who present at a shelter have involvement with the child welfare system, or become involved due to their status as an RHY youth.

vi. Place of origin (where is "home" as defined by the youth?)

Youth accessing services report a variety of settings as home. The majority of youth who access services return to the home of origin most often with a parent or legal guardian. Many youth report housing instability and/or "couch surfing" and do not identify as homeless or runaway despite not having safe, stable housing.

vii. Estimated number of runaway youth vs homeless youth in the county

This is difficult to quantify at this time. Generally, youth who access RHY services do so as a result of significant family conflict which may result in the youth either being asked to leave the home or running away. There seem to be few unaccompanied "homeless youth" under the age of 18. The majority of homeless or runaway youth are either accessing services or are "couch-surfing" which makes that vulnerable and at-risk of harm or exploitation. Based on McKinney-Vento data from local school districts, qualitative data from probation departments and law enforcement as well as service providers it is estimated there are approximately 1500-2000 youth who would be classified as runaway or who have been asked to leave their home of origin. There are unaccompanied homeless youth 18-24 who access adult services and number approximately 30-40 to our best knowledge any given night. Homeless individuals ages 18-24 represent the highest percentage of RHY, based on the most recent point-in-time data, but have the fewest services, as they often require more support (independent living skills, etc.) than adults.

2. List the *three most significant needs* of the local RHY population as defined in question #1. Describe how those needs were identified by the county as the most significant.

A list of examples is included in the [guidance document](#)

The local runaway and homeless youth population has a variety of needs. Young people experiencing homelessness and housing insecurity in Erie County often are experiencing disharmony and conflict in their home of origin. Homeless and runaway youth as well as, in some cases, their parents, experience mental health and substance abuse issues which can exacerbate family conflict. Assisting youth and their families in accessing family therapeutic interventions and mediation would help to address this need. Older youth require job skills, workforce training and independent living skills to successfully transition to adulthood. Erie County is currently in serious need of transitional housing for older youth; there are few resources for youth 18+ to access residential supports. Support and safe spaces for LGBTQ youth is also a critical need for RHY population in Erie County.

3. Describe the *resources* (services and funds) *designed specifically for the RHY population*.

Do not copy and paste a resource list here.

i. Describe the **non-residential** resources *designed for RHY*.

Compass House Resource Center operates a drop-in center for youth who can access resources and supports during the day. Compass House operates a partnership with BestSelf Behavioral Health for the Safe Space Program, a non-residential space where youth may go if they find themselves without shelter for the night. Youth are then transported to the Compass House Resource Center during the day for services and linkage, or intake at the emergency shelter, if appropriate. Plymouth Crossroads has also been operating a drop-in resource center providing service linkage, food pantry, and clothing.

ii. Describe the crisis or transitional **residential** resources *designed specifically for RHY*. Include the total number of crisis and transitional beds available to RHY.

Compass House Emergency Shelter is currently the only residential RHY provider in Erie County. They operate a shelter with 13 beds.

iii. Describe any resources **operated by county agencies** *designed specifically for RHY* (health, mental health, substance abuse, courts, etc.).

There are no resources provided by other county agencies that are specifically designed for RHY at this time.

4. Describe *how* the resources listed in question #3 are coordinated. Include the following in your description:

i. Your plan to address service gaps in 2022.

The primary way in which our department is addressing service gaps is by allocating financial resources based on agency need and capacity.

ii. Any new services or expansion of services planned in 2022.

Plymouth Crossroads, which currently operates a drop-in only service for RHY, has leased a space which they plan on opening to house 18+ RHY. Compass House has entered into a partnership with Best Self Behavioral Health to provide case management and service linkage for youth who drop in to an overnight space called Safe Space.

iii. Where is current information about RHY services made accessible to youth on a 24/7 basis? Include phone numbers, URLs, and other contact information as applicable.

Each of the three certified programs does significant outreach. Compass House Emergency Shelter has advertisements at the local bus station and has materials in a variety of youth serving agencies and social service organizations. Compass House has a 24 crisis hotline (716)886-0935 which serves as single point of access for coordinated entry for all RHY services. Compass House website is <https://www.compasshouse.org> or Youth Bureau. This question is not required of counties with a RHY Service Coordinator.

iv. Please list the steps taken when a youth presents as runaway or homeless. The steps can be detailed below, or a step-by-step protocol can be uploaded in the [Plan Documents area](#).

Runaway and homeless youth agencies utilize this basic protocol when a youth presents as runaway or homeless at their agency. This protocol has also been uploaded in the Plan Documents

area.

1. Youth is asked if they are runaway or homeless.
2. If the individual states "yes", an intake is initiated.
3. Intake documentation is completed with the youth and a staff member.
4. Any belongings the youth has brought with them is inventoried.
5. Youth are given a tour of the facility and given basic personal hygiene items (towels, shampoo, soap, etc.).
6. Parent/legal guardian is notified.
7. Client is assigned a case manager. Case manager schedules a meeting with client to begin case management and addressing youth needs.

Municipal RHY Service Planning Process

1. List the partners consulted by the municipal youth bureau and DSS in composing this plan.

Suggested partners include but are not limited to: the municipal RHY services coordinator, program managers at OCFS-certified RHY programs, Continuum of Care (CoC) board members, youth advisory board, McKinney-Vento liaisons, etc.

Erie County takes a collaborative approach to planning for all initiatives including RHYA services. The Erie County Youth Bureau Director who is also the RHYA Coordinator and works closely with DSS child welfare, Dept. of Probation, assistance programs, departments of mental health and probation, and local service providers. All parties meet regularly to strengthen the system overall and to find opportunities to close service gaps and provide a high level of care to runaway and homeless youth in Erie County.

2. Describe the process used to collect and compile the information provided in this plan.

Resources to consider are listed in the [guidance document](#).

- i. List the *tools and data sources* used by the municipal youth bureau and DSS to develop this plan. Please be as specific as possible.

The Primary data source utilized was the annual reports, as well as other information collected independently, provided by each of the three certified programs serving runaway and homeless youth in Erie County. Other data included HMIS data collected by local CoC, some data from child welfare and probation and data from Buffalo Public Schools.

- ii. Is your municipality involved in "point in time" counts to collect data on the *RHY* population?

- Yes
 No

If yes, please consider sharing any outcome documents with OCFS at RHY@ocfs.ny.gov or by uploading them to this plan.

Municipal Information

Note: Detailed descriptions of these questions and their implications on funding are included in the [guidance document](#).

1. Select the maximum length of stay certified residential crisis services programs eligible for municipal RHY funds will be allowed to offer *runaway youth in crisis shelters* without filing a petition pursuant to article 10 of the Family Court Act:

For more information please refer to 19-OCFS-ADM-06.

- 30 days** for any youth, or up to **60 days** with consent in writing from youth and parent, guardian, or custodian
- 60 days** for any youth 14 years or older, or up to **120 days** with consent in writing from youth and parent, guardian, or custodian
- Not applicable

2. Select the maximum length of stay certified residential Transitional Independent Living Support Programs (TILPs) eligible for municipal RHY funds will be allowed to offer *homeless youth*:

For more information please refer to 19-OCFS-ADM-05.

- 18 months
- 24 months
- Not applicable

3. Indicate whether the county will allow TILPs eligible for municipal RHY funds to provide residential services to *homeless youth under 16 years old* on a case-by-case basis.

Note: In each instance the RHY Service Coordinator is required to notify OCFS per 19-OCFS-ADM-05.

- Yes
- No
- Not applicable

4. Indicate whether the county will allow any RHY program included in this plan to make services available to *homeless young adults* (up to age 25).

Note: Residential RHY programs must be certified by OCFS to serve homeless young adults.

- Yes
- No

i) If the county will **not** allow RHY programs receiving municipal RHY funds to provide services to homeless young adults, briefly explain why that decision was made:

5. List the following information for the RHY service coordinator and any additional designees who are permitted to provide any required notice to OCFS per policies 19-OCFS-ADM-05 and 19-OCFS-ADM-06:

Name	Agency or Organization	Title	Email	Phone
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RHY Service Coordinator

1) Designation and duties of the municipal RHY services coordinator

Coordinator's Name:	Kate Hilliman
Agency or Organization:	Erie County DSS
Unit, division, bureau, or office in which the position is located:	Erie County Youth Services - Youth Bureau
Percentage of time spent on RHY service coordinator duties (% FTE):	5
<input checked="" type="checkbox"/> The municipal RHY service coordinator is also the municipal youth bureau director.	
<input checked="" type="checkbox"/> A copy of job description / responsibilities as maintained by the employer has been uploaded to this plan.	

2) Describe **how** the county monitors certified residential RHY programs to confirm youth's educational needs, including transportation to and from educational programs, are being met in accordance with the McKinney-Vento Homeless Assistance Act.

For more information please visit [NYS-TEACHS](#).

The 1 certified RHY service provider in Erie County is very experienced in McKinney-Vento procedures and always request transportation from school districts or request transfers to new districts in a timely manner. All programs require school attendance and work diligently to insure all youth receiving services have their educational needs met. The County conducts several site visits per year.

Crisis Services Programs (RHY Crisis Shelters and Interim Family Programs)

Compass House

Address		Program Director		Operating Certificate Number	
1451 Main St. Buffalo, NY 14209		Lisa Freeman (716)844-3066 lfreeman@compasshouse.org		2040	
<input checked="" type="checkbox"/> The county contracts with this program for RHY services. The value of the contract is \$280955 per year, regardless of program utilization.					
<input type="checkbox"/> The county contracts with this program for PINS respite services.					
<input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Under 18	
Maximum length of stay offered to runaway youth by the program:				60-120	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population	All persons		Target population	All persons	
13	13		13	13	

Transitional Independent Living Programs (Supported and Group Residences)

No programs were entered.

Non-Residential Programs

Please provide the following information about each of the OCFS-funded non-residential RHY programs and services that operate within your municipality. A [data dictionary](#) is available for your reference.

Program Name: Compass House Resource Center

Program Address: 1451 Main Street Buffalo NY 14211

Program Contact Name: Lisa Freeman

Program Contact Phone Number: (716)884-3066

Program Contact Email: lfreeman@compasshouse.org

Hours of accessibility to RHY population:

9-5 limited extended hours throughout the week

Target Population (age and other relevant demographics):

At risk youth up to the age of 24.

Non-residential RHY Services Provided:

At risk youth provided with services including case management, housing, employment, clothing, food, legal assistance, educational assistance, health information, referrals etc.

Please provide the following information about each of the OCFS-funded non-residential RHY programs and services that operate within your municipality. A [data dictionary](#) is available for your reference.

Program Name:

Plymouth Crossroads

Program Address:

630 Main Street, West Seneca, NY 14224

Program Contact Name:

Jennifer McAndrew

Program Contact Phone Number:

716-393-3906

Program Contact Email:

kmcandrew@plymouthcrossroads.org

Hours of accessibility to RHY population:

9am - 5pm

Target Population (age and other relevant demographics):

Plymouth Crossroads is a Non-Profit Organization located in West Seneca, NY, serving the greater Buffalo area and beyond. The mission is to provide non-residential supports for runaway and homeless youth up to age 21, in an atmosphere supporting the dignity, respect, and self-sufficiency of each youth. The top 5 zip codes served are: 14215, 14209, 14220, 14213 and 14210. As a voluntary program, services are aimed at preventing youth from returning to homelessness and at-risk youth from becoming homeless, while preparing them for independence. The goal is to empower every youth to transform themselves into contributing, productive members of society. Plymouth Crossroads has acquired a property as of June 2022 which is intended to house RHY youth 18+.

Non-residential RHY Services Provided:

As a voluntary program, Plymouth Crossroad's services are aimed at preventing youth from returning to homelessness and at-risk youth from becoming homeless, while preparing them for independence. We provide the following

opportunities for our youth:

- Referrals to safe housing or shelters
- Basic life skill building, including; housekeeping, food preparation, financial education and budgeting.
- Educational opportunities to allow them to finish High School, GED preparation, vocational education and post-secondary education.
- Individual and group counseling.
- Interpersonal skill building to enhance their ability to create positive relationships with peers and adults, better decision making as well as coping and stress management skills.
- Volunteer or community service opportunities.
- Assistance in job preparation and attainment, including; career counseling; workforce development skills; computer skills; life skills and health skills.

Please provide the following information about each of the OCFS-funded non-residential RHY programs and services that operate within your municipality. A [data dictionary](#) is available for your reference.

Program Name:	Safe Space
Program Address:	430 Niagara Street, Buffalo NY 14201
Program Contact Name:	Marsha West
Program Contact Phone Number:	716-566-1870
Program Contact Email:	MWest@bestselfwny.org
Hours of accessibility to RHY population:	M-F 11pm - 7am (Sat until 7AM)
Target Population (age and other relevant demographics):	
Ages 16-24	
Non-residential RHY Services Provided:	
Provides support services for transition age youth (ages 16-24) who are experiencing homelessness. Offers clinical services, food, clothing, personal care items, and shower and laundry facilities overnight. Youth can be transported to Compass House the following morning for intake into the crisis shelter, or to the Compass House drop-in resource center, for access to more intensive support, if necessary.	

OCFS Support

How can OCFS better support your county's response to RHY and young adults?

Consider support surrounding training, technical assistance, program development, standardizing tools, best practice, positive youth development, cross-system collaborations, etc.

Sexually Exploited and Trafficked Youth

1. Please describe how the LDSS meets the child welfare services needs of youth who have been identified as trafficked, sexually exploited, and at high risk?

In your response please address the types of child welfare services required and the number of youth the county anticipates needing each such service on an annual basis.

Please refer to 15-OCFS-ADM-16 (Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims) and OCFS-3920 (Child Sex Trafficking Indicators Tool) for more details.

Erie County Department of Social Services and International Institute of Buffalo continue to collaborate regarding Safe Harbour program implementation in Erie County. This collaborative partnership includes all aspects of trafficking of youth, as well as the implementation of the OCFS Administrative Directive that operationalizes the Preventing Sex Trafficking and Strengthening Families Act. Erie County's Safe Harbour program provides intensive trafficking[1]specific case management services with youth, as well as training and technical assistance to the local community, active participation with the Western District of New York's Human Trafficking Task Force (WDNY HTTF), and other Safe Harbour programs across New York State.

Erie County's Safe Harbour Coordinator conducts trainings for ECDSS staff, as well as the staff of contract/voluntary agencies and other community partners on a regular and ongoing basis. These trainings include basic information regarding the definition and dynamics of human trafficking, identification of youth who meet the trafficking definition, or who are identified as being at risk of trafficking, as well as how to meet the mandates of the OCFS Administrative Directive. DSS Clinical Specialists have also received in depth training and support regarding all aspects of identification and services for minor victims of human trafficking, and continue to work in consultation with the Safe Harbour Program in order to best meet the needs of trafficked and at risk youth.

The Safe Harbour Coordinator provides technical assistance to ECDSS staff, providers from voluntary and/or contract agencies, and other professionals in person, via telephone, email and or video conference several times a week. This technical assistance covers a range of situations, including identifying next steps for workers based on either the Rapid Indicator Tool or the Comprehensive Assessment, brainstorming possible services collaboratively with all interested parties, including the Family Court system and Juvenile Justice systems, as well as strategies to speak with youth who are vulnerable or have been trafficked. The Safe Harbour

Coordinator is onsite at DSS/CPS weekly to review cases and provide technical assistance to case workers and their supervisors.

In order to further strengthen Erie County's response to 15-OCFS-ADM-16, an additional step has been added to the process of making law enforcement referrals to NYSIC. All local referrals to NYSIC are simultaneously submitted to the WDNY HTTF, which guarantees a rapid response by local parties, including trained law enforcement, service provider, and key partners of the WDNY HTTF, in order to assist with rapid assessment of risk for victims and defining service needs more quickly. Erie County's Safe Harbour program is an active member of the Taskforce, collaborating on cases of trafficked youth on both local and federal investigations.

Since the inception of the Safe Harbour program and the passage of the respective Safe Harbour ACT, cases have increased well over 2000%. (6 youth identified/served in 2012 & 2013, 133 youth identified/served in 2021.) More than 80% were active with and referred by ECDSS in 2021.

2. What capacity does the county require for crisis intervention services and community-based programming to meet the needs of youth who have been identified as trafficked, sexually exploited, and at high-risk, regardless of child welfare involvement?

In your response please address the types of services required and the number of youth the county anticipates needing each such service on an annual basis.

Per NYS SOS Article 6, § Title 8-A 477-B (Services for exploited children) this response must be provided by the LDSS in consultation with local law enforcement, runaway and homeless youth providers, the municipal RHY Service Coordinator, county probation, local law guardians, presentment agencies, public defenders, district attorney's offices, and child advocates and services providers who work directly with sexually exploited youth.

Please refer to 15-OCFS-ADM-16 (Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims) and OCFS-3920 (Child Sex Trafficking Indicators Tool) for more details.

ECDSS and Safe Harbor are involved with multiple teams that are critical to the identification, support, and service delivery to youth who have been trafficked and those who are at risk. The Western District of NY Human Trafficking Task Force (WDNY HTTF), for which the Safe Harbor Program is the primary provider of Intensive Case Management Services for youth, continues to comprehensively provide for the needs of victims within a framework that includes law enforcement and legal teams. Not all Safe Harbor cases involve investigations or prosecutions, but the relationships that have been forged through this working task force allow for a response that includes all relevant branches of the task force that are needed or desired by the clients.

Erie County's Child Advocacy Center's Multidisciplinary Team is another critical team engaged in supporting minor victims of child abuse, sexual assault, and trafficked youth. The Safe Harbor Coordinator participates in weekly case review sessions and monthly Steering Committee meetings, and is available for additional technical assistance and support as needed.

Both WDNY HTTF and CAC teams support the Safe Harbor Coordinator and County in identifying and supporting the needs of trafficked and at risk youth in Erie County. HTTF partners are available for rapid, expert, trauma-informed law enforcement interviews and

6 meetings with youth and their safe guardians, as well as urgent case conferences with ECDSS staff. CAC staff and partners facilitate safe comfortable meeting spaces for forensic interviews including recording equipment for prosecution, with onsite access to specialized medical services. Several youth working with Safe Harbor have engaged in forensic interviews at the CAC this

year, as conducted by an expert trafficking-trained interviewer from a federal agency as requested by WDNY HTTF partners. These collaborations have reduced barriers for trafficked youth seeking criminal justice system accountability for their perpetrators.

Western District of New York Human Trafficking Task Force (WDNYHTTF) providers include:

- Amherst Police Department
- Center for Youth
- Chautauqua County District Attorney's Office
- Chautauqua County Sheriff's Office
- Department of State
- Department of Corrections and Community Supervision
- Erie County District Attorney's Office
- Erie County Sheriff's Office
- Federal Bureau of Investigation
- Genesee County Sheriff's Office
- Homeland Security Investigations
- International Institute of Buffalo
- Lancaster Police Department
- Monroe County District Attorney's Office
- Niagara County District Attorney's Office
- Niagara County Sheriff's Office
- New York State Department of Labor
- New York State Troopers
- Town of Tonawanda Police Department
- United States Attorney's Office
- Volunteer Lawyer's Project
- Willow Domestic Violence Center
- Worker Justice Center

Erie County Child Advocacy Center partners include:

- Amherst Police Department

- BestSelf Behavioral Health
- Buffalo Police Department
- Cheektowaga Police Department
- City of Tonawanda Police Department
- Crisis Services
- Depew Police Department
- Eden Police Department
- Erie County Attorney's Office
- Erie County District Attorney's Office
- Erie County Probation
- Erie County Sheriff's Office
- ECDSS Child Protective Services
- ECDSS Office of Counsel
- Federal Bureau of Investigation
- Hamburg Police Department
- International Institute of Buffalo
- Lackawanna Police Department
- Lancaster Police Department
- New York State Police
- Oishei Children's Hospital
- Orchard Park Police Department
- Seneca nation of Indians / Cattaraugus Indian Reservation
- Town of Aurora / East Aurora Police Department
- Town of Evans Police Department
- Town of Tonawanda Police Department
- Village of Kenmore Police Department
- West Seneca Police Department

Safe Harbour Working Group includes:

- Erie County Department of Social Services
- Youth Bureau
- PINS/ Juvenile Justice
- Runaway Homeless Youth
- Preventive Services
- Child Advocacy Center

- Crisis Services

Since the inception of the Safe Harbour program and the passage of the respective Safe Harbour ACT, cases have increased well over 2000%. (6 youth identified/served in 2012 & 2013, 133 youth identified/served in 2021. More than 80% were active with and referred by ECDSS in 2021.

3. If a youth who has been trafficked, sexually exploited, or is at-risk requires safe house services, with which provider(s) does the county partner or contract with for such services?

Safe house services can be provided by licensed/certified runaway and homeless youth programs, approved respite or crisis programs, or certified EMPOWER foster care placement settings.

Not every youth who has been trafficked, exploited, or at-risk requires safe house services.

Erie County contracts with International Institute of Buffalo for Safe Harbour programming. Erie does not specifically contract with a safe house other than the local Domestic Violence shelter (Haven House). In many instances, youth may be involved with foster care and Runaway Homeless providers in which case the typical voluntary agencies are used. (Compass House for Runaway youth). There have some cases in which youth are placed in Safe Houses in other counties; however, those placements have been met with little success.

PINS Diversion Services

The PINS Reform Law (Chapter 57 of the Laws of 2005) requires that a Local Department of Social Services (LDSS) Consolidated Services Plan or Child and Family Services Plan (Integrated County Plan) include a Persons In Need of Supervision (PINS) diversion services section. PINS reform legislation (ELFA Part K of 2019) includes the elimination of the use of detention for PINS youth as of January 1, 2020.

These requirements apply to all localities and support increased community-based services to PINS youth and families, and collaboration at the local and regional level to develop effective responses to status offenders and their families.

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

Please note that many sections of the PINS Diversion Services Plan have been pulled forward from the 2021 submitted and approved PINS Diversion Services Plan for your convenience. This does require you to amend information that is no longer applicable and/or updated for 2022.

Designation of Lead Agency

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

Select the Lead Agency for PINS Diversion Services:

Probation

LDSS

This is a change in Lead Agency for 2022.

Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
Residential Respite (required)	
<p>Providers: Compass House, Gateway/Longview Enhanced Respite Program</p> <p>Geographic Area: All of Erie County</p>	<p><input type="checkbox"/> There is a service gap in this service</p>

Limitations:	
Crisis Intervention—24 hours per day	
Providers: Spectrum CARES Mobile Crisis responds 24 hours to calls for FST Geographic Area: All of Erie County Limitations:	<input type="checkbox"/> There is a service gap in this service
Diversion Services / Other Alternatives to pre-dispositional placement (required)	
Providers: Contracted providers Geographic Area: All of Erie County Limitations:	<input type="checkbox"/> There is a service gap in this service
Conducts sexual exploitation screening and assessment (required)	
Providers: ECDSS Geographic Area: All of Erie County Limitations:	<input type="checkbox"/> There is a service gap in this service
Alternative Dispute Resolution Services (optional)	
Providers: Center for Resolution and Justice Geographic Area: Erie County Limitations:	<input type="checkbox"/> There is a service gap in this service
Other Services—including those to prevent and intervene with youth exhibiting runaway behaviors	
Identify and Describe Service Category: Erie County has a runaway PINS Diversion Probation Officer in place to safely locate and retrieve runaway youth and implement necessary services to address safety concerns, risks and needs. Service Providers in conjunction with the Runaway Probation Officer work with the youth and family to prevent further runaway episodes. In addition, Southwest Keys provides Runaway Outreach services in addition to providing support to the runaway officer and other probation officers. Providers: Family Services Team, Southwest Keys	<input type="checkbox"/> There is a service gap in this service

Geographic Area: Erie County	
Other Services—including those to prevent and intervene with youth who are truant	
Identify and Describe Service Category: The Family Services Team works in conjunction with local school districts to provide information and a referral process for youth who are identified as severely or chronically truant from school. Low risk youth are assigned to our Southwest Keys Family Keys Early Intervention program. Moderate or High risk youth are assigned to a Formal Diversion Officer. Services are then put into place to address the truancy, any barriers to youth attending school and other needs identified during assessment. Youth can be linked with intensive in-home services or to a wide array of community based programs. Examples include, but are not limited to, Project Jump Start (works on attendance and tutoring), linkage to existing tutoring programs in school or community, and educational advocacy. Providers: Family Services Team, Southwest Keys, Project Jump Start Geographic Area: Erie County	<input type="checkbox"/> There is a service gap in this service

PINS Diversion Services Procedures

Please provide a description of the following procedures, including any collaborative team processes. This entire section is **required to be completed**.

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

PINS Diversion Services Protocol	Responsible Agency(ies)
a. Determines the need for residential respite services and need for alternatives to pre-dispositional placement	
Describe how provided: The Family Services Team (Collaboration between MH, DSS, and Probation) and the Early Intervention Program makes recommendation/offers services to families as needed. The Family Services Team targets the issues that place youth at emerging or imminent risk of out of home care. ECDSS contracted with Gateway/Longview to provide Enhanced Respite Services to youth ages 12 - 17 in 2021. Families are allowed up to seven weeks of respite to utilize throughout the year. Youth can stay in the program for a maximum of 21 consecutive days. Priority is granted to PINS involved youth. In addition, Compass House (the local runaway shelter) can be considered, but it is not an option in all cases (due to the youth's behavior or past history with this agency). Natural supports are also utilized via a Stress Pass which is a mutually agreed upon family member or friend of the identified youth.	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health
b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)	

<p>Describe how provided:</p> <p>Mobile Crisis Response Team continues to respond to 24 hr. crisis calls. This service is contracted through the Department of Mental Health.</p>	<input type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health
<p>c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations</p>	
<p>Describe how provided:</p> <p>The Family Services Team continues to accept referrals for PINS Diversion. The team conducts initial conferencing with parents, youth and other interested parties to determine PINS eligibility and referrals for appropriate community based interventions.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health
<p>d. Conducts assessment of needs, strengths, and risk for continuing with PINS behavior</p>	
<p>Name of assessment instrument used:</p> <p><input checked="" type="checkbox"/> YASI <input type="checkbox"/> YLSI <input checked="" type="checkbox"/> Other North Carolina Family Assessment Scale</p> <p>Describe how provided:</p> <p>Service providers that complete the North Carolina Family Assessment Scale include agencies providing High Fidelity Wrap around. Erie County continues to utilize the tool as a support service for treatment planning. Other service providers utilize a risk assessment conducted by the intake workers in the Family Services Team upon initial presentation by a parent/guardian. The assessment was developed by the Family Services Team and includes the Columbia Impairment Scale.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health
<p>e. Conducts sexual exploitation screening and assessment</p>	
<p>Name of screening instrument used:</p> <p><input checked="" type="checkbox"/> Rapid Indicator Tool <input checked="" type="checkbox"/> Child Sex Trafficking Indicators Tool <input type="checkbox"/> Other</p> <p>Describe how the screening instrument is administered and what training has been provided:</p> <p>The Rapid Indicator Tool is administered to every youth at the first entry point in the Juvenile Justice or Child Welfare System. The Child Sex Trafficking Indicator Tool is administered to those youth who are flagged by the Rapid Indicator Tool. The International Institute in Erie County provides services and education to address human trafficking of youth throughout Erie County through the Safe Harbor Act. Staff from the International Institute provides ongoing training to ECDSS, Mental Health and Probation staff.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health

f. Works with youth and family to develop case plan	
<p>Describe how developed:</p> <p>The Family Services Team intake and Probation Officers sit with families to develop targeted trajectory case plans, including crisis planning, assessing risk and needs, as well as family/youth strengths. The youth and family describe how they wish things to be in the future, individually and as a family. Targeted Case plans are shared with community service providers to support services to mitigate emerging or imminent risk of out of home care. Case plans are updated and amended as necessary to ensure the successful servicing of families.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health
g. Determines service providers and makes referrals	
<p>Describe how provided:</p> <p>Erie County contracts with various community service providers that will allow the youth and families to be referred to the most appropriate provider based on the assessment completed via the Family Services Team. The assessment identifies the risks, needs and strengths of the family so linkage can be made with the most appropriate community based agency.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health
h. Makes case closing determination	
<p>Describe how provided:</p> <p>Through continual case monitoring, the Family Services Team works in conjunction with our community service providers to determine if the family's risk factors have decreased and stability in the family has improved. When this is accomplished, final approval for closure of cases is processed in the High Fidelity Electronic Health Record (FEHR) system. Clinical sign off is required prior to a service provider submitting a case for closure. The family's input is considered to be a valuable part of the closing determination.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other Mental Health

PINS Diversion Services Plan

A. Planning Activities

Briefly describe all PINS Diversion Services—Strategic Planning activities the locality has engaged in related to this current plan. Include every organization in the county that is involved to date in the PINS Diversion Services planning process and how this plan aligns with the county Youth and Young Adult Services plan and the Runaway and Homeless Youth plan. Schools, law enforcement officials, probation, the local family court, respite service providers, youth bureaus, community-based organizations, runaway and homeless youth providers, anti-trafficking providers, dispute resolution center partners, and others are critical partners to the planning process. Please also include how youth and family voice are incorporated into the PINS Diversion Services planning process.

Describe the collaborative process for the development of the PINS Diversion Services Plan and MOU:

PINS Diversion Services planning and operational activities include collaborations among Department of Social Services (Child Welfare, Family Services Team, Preventive Services), Department of Mental Health, Department of Probation, Youth Services and Detention, Erie County Family Court, various law enforcement agencies and legal entities, and the network of service providers in Erie County who work with at-risk youth and families. Incorporating the family and the youth in describing how they wish things to be in the future, individually and as a family is critical in this process. The PINS workgroup

which was developed in 2020 continues to address the changes in the PINS law that went into effect in January 2020, runaway and homeless youth, and trafficked youth in Erie County. Representatives from ECDSS, Probation, Mental Health, International Institute, County Attorney office, Attorney for the Child office, Homeless Alliance of WNY (HAWNY), and Youth Services are members of this collaboration. There is an evidence-based Catholic Charities Multisystemic Therapy (MST) team in Erie County which has been proven effective with youth and parents in addressing high risk behaviors in addition to youth presenting with substance abuse issues. Southwest Keys Runaway Outreach Support Services continues to be an alternative to pre-dispositional placement. The Probation Department continues to utilize a Runaway Probation Officer through DSS funding. The Runaway Outreach Support Services and Runaway Probation Officer provide immediate support and assistance to families while their youth is missing from home. The primary goal of the service is location and safe retrieval of missing youth, reunification of families and diversion of these youth from further penetration into the juvenile justice system. The service continues to be a success in the community with a retrieval rate of approximately 83% of youth reported missing or youth refusing to return to their primary residence. The Center for Resolution and Justice continues to provide mediation and conflict coaching to address ongoing family conflict for PINS diversion cases. Collaboration efforts continue with the community and local school districts to address truancy. Goals include identifying youth and families in need of services and ensuring guidelines are met to address the needs of the youth. The addition of respite services in our county through ECDSS and our local service provider Gateway/Longview has been instrumental in meeting the need for families in conflict. In addition, we continue to encourage families to use natural community supports including the use of a stress pass. The stress pass identifies a mutually agreed upon location where a youth can reside during a crisis in the home. The focus is to keep youth in their homes and community and to provide the appropriate and necessary interventions to ensure youth are successful as well as to prevent out of home placement. While engaged with the PINS Diversion Program, families and youth have a voice in determining their service plans and outcomes throughout the duration of their case. At the time of case closure that information is used to enhance better service outcomes.

List stakeholder and service agency involvement in strategic needs assessment and planning:

ECDSS/Youth Services, Mental Health Department, Probation, Family Court, Youth Services and Detention, Buffalo Public Schools, Erie County Youth Bureau, International Institute of Buffalo, Center for Resolution and Justice, various law enforcement agencies and an array of community based service providers.

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for calendar year 2021. If the answer is zero please indicate such and do not leave any blank areas. Specifically, please provide the following as whole numbers (not %):

Number of PINS Diversion Services cases carried over from previous year:	51
Number of Total PINS Diversion Services referrals:	302
Number of PINS Diversion Services referrals filed by parents:	294
Number of PINS Diversion Services referrals by schools:	8
Number of PINS Diversion Services referrals by police:	0
Number of PINS Diversion Services referrals by victim:	0
Number of PINS Diversion Services referrals other sources:	0

Please identify other sources:

0

Number of Total PINS Diversion Services cases closed:	295
Number of PINS Diversion Services cases closed as Successfully Diverted:	231
Number of PINS Diversion Services cases closed as Unsuccessful and Referred to Petition:	18
Number of PINS Diversion cases closed for other reasons (include Withdrawn and Terminated with Bar to Petition):	46
Number of PINS Diversion Services cases that remained open at end of calendar year:	58

C. Data Collection

How was data collected?

Data is collected in Caseload Explorer, a NYS Probation data base, High Fidelity Electronic Health Record System (Fidelity EHR) and through manual record keeping techniques.

D. Pre-PINS Diversion Efforts

Youth with PINS behavior and their families are engaged in services and supports in an attempt to address the presenting issues, as an alternative to proceeding with a PINS complaint.

Is your county providing any pre-PINS diversion services or supports?

- No
 Yes

If "Yes" please list and describe the service and the location:

Erie County utilizes Southwest Keys - Family Keys Pre-Pins Diversion Program. This is a family centered, strength- based service that provides linkages to youth and their families with the goal of preventing youth from further penetrating the Juvenile Justice System.

Number of youth who received Pre-PINS services in calendar year 2021:

28

E. Needs Analysis

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

*List data sources (e.g., Communities That Care, youth assessment and screening instrument aggregate reports, PINS/complaint [source or type] information, status at closing, cases referred for petition, etc.). Specify whether the findings relate to county, city, town, neighborhood, school or other specific groups within the PINS Diversion Services population. Describe any conclusions drawn or changes made to strategies to address the needs of this population. Data collected through the needs assessment process can be useful in selecting outcomes in the next section. **Include how the local assessment may have shifted related to the PINS reform legislation of 2019.***

Since the inception of the Runaway Probation Officer and Runaway Support Services, Erie County has identified several youth who are human trafficking victims or at risk of becoming victims. More individualized services are needed to address the unique needs of this population. Erie County has a workgroup that meets to continue to identify resources to meet the needs of these identified youth. School truancy continues to be an issue for the PINS youth. As with most communities, Erie County has had an increase of youth with mental health issues that have been exacerbated due to the pandemic. We have seen youth facing struggles with the return of in-person learning. Our largest school district, the Buffalo Public Schools has mental health clinics in every school building in an effort to increase access for students. Clinics are operated by local service providers. We continue to work with the school district to address these challenges. Intensive case management services, through STSJP funding, were expanded to service PINS youth, both in the diversion stage and after the filing of a PINS petition in court. Efforts will continue to improve and strengthen the collaboration between staff in the juvenile justice system and in the child welfare system to reduce the number of youth who cross over from one system to another, thereby reducing further system penetration and providing individualized service plans to youth and families.

F. Desired Changes

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

For each outcome:

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

Desired Change	Numerical or Percentage Change Sought	Identify Outcome (for PINS Diversion Services population)	Strategy / Plan to achieve (who, what, and when)
Change #1			
Further system penetration of high-risk youth will be diverted due to youth/families being referred to the Family Services Team.	1	In 2021, 302 families presented to the Family Services Intake requesting general early intervention/diversion. Of these 302 families who presented, 18 were referred to Court for filing of petitions and 94% did not move further into the Juvenile Justice System.	Our STSJP (Supervision and Treatment Services for Juveniles Programs) programs have continued to be a valuable resource to service the PINS population. The continued use of evidence-based and individualized services which target risk and needs of youth and their families and build upon strengths of families to increase the likelihood of youth remaining in their homes. The goal in 2022 is to maintain and

		we will continue to strive to meet or exceed these percentages.	increase the number of youth who remain in their homes and community utilizing the necessary resources for families to be successful. This plan has included the addition of respite beds that have provided additional community support.
Change #2			
Increase resources for PINS Diversion youth to provide appropriate and evidence based services to runaway youth who are at increased risk of being trafficked and all other youth at risk of being victims of human trafficking.	5	To decrease the number of youth who runaway and who are at a greater risk to be involved in trafficking by providing intensive and targeted services to address the unique needs of this population.	Services which target the specific risks and needs of this population have been identified and/or developed in the community to stabilize youth thereby leading to less PINS petitions being filed. Community respite beds have become available in our county; this has been found to be a valuable tool that is effectively utilized with this population.
Change #3			
Collaborative plans will be developed between families, probation officers and service providers to deal with youth behavioral crises so the youth may be successfully managed within their homes, thereby leading to a decrease in the number of PINS petitions filed in court.	20	Collaboration among families and providers will continue to ensure a common goal of youth remaining within their homes. Families and providers will focus on a vision that describes how they wish things to be in the future, individually and as a family. This effort is expected to lead to a decrease in the number of PINS petitions filed.	In 2022, we will increase our utilization of the Restorative Justice Program to resolve family conflicts. In addition, we will increase the usage of intensive community based services, including STSJP (Supervision and Treatment Services for Juveniles Programs), the International Institute of Buffalo, trauma-informed training and preventive services. Services will be individualized and target the risks and needs of youth and families while building upon the strengths of families to maintain youth in their homes and communities. Continuing education for community service providers and the community in general as it relates to changes to the PINS law will be provided to bring awareness to all stakeholders.

G. Technical Assistance / Other PINS Related Information for OCFS and DCJS

Does your county have any technical assistance needs related to PINS Diversion Services?

- No
- Yes

Does your county have any training needs related to PINS Diversion Services?

- No
- Yes

Does your county have any technical assistance needs related to improving equity / addressing disparities in PINS Diversion Services?

- No
- Yes

H. PINS Diversion Services Lead Agency County Contact

Please provide the name, title and email address of the lead agency county contact for the PINS Diversion Services plan.

Name:

Michelle Olszowy

Title:

Commissioner

Email Address:

michelle.olszowy@erie.gov

Adult Services

Please select one of the APS goals you chose to address in your 2021 Child and Family Services Plan Annual Plan Update and address the following questions for it:

Select one of the goals from your 2021 Annual Plan Update:

- Goal 1:** Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- Goal 2:** APS will pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.
- Goal 3:** APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments, and service delivery to reduce risk and protect vulnerable adults.
- Goal 4:** APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- Goal 5:** Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed, and be protected.

Identify the strategy(s) you proposed for year one (can be copied from your CFSP submission):

ECDSS APS will complete a Community Needs Assessment to identify gaps and barriers in service delivery and collaboration, prepare and implement strategies to improve practice and consequently reduce risk and protect vulnerable adults.

Erie County APS will formalize agreements with hospitals regarding referrals and from respective organizations, develop a training regimen for hospital and APS staff regarding the other disciplines' provisions of service, and adopt a procedure for conferencing successes and challenges as well as systemic improvements.

Erie County APS will increase participation and contribution to the Financial Crimes and Identity Theft Task Force. Focus in doing so will be on the working relationship between APS and financial institutions.

Erie County APS will engage the refugee community by coordinating efforts with the Child Welfare System. Erie County APS will develop and implement a sustainable practice of interviewing employees separating from employment. Data from the evaluation will be used to develop strategies for reducing staff turnover. APS will employ supervisory practices consistent with Solution Focused Trauma Informed System of Care (SFTIC). All supervisors and direct-line staff will be trained in SFTIC, and a system of follow-up and monitoring will be implemented. APS will evaluate the efficacy of the intake unit. Focus groups will be conducted to assist with re-structuring the staffing pattern and practices of thoroughly triaging referrals. Staff satisfaction surveys will be completed year one and again in year four. Data from the first will generate the implementations of strategies for improving satisfaction and compared to year four data.

Have you implemented the strategy(s) you proposed for year one? If not, why not?

ECDSS APS continues to have a close working relationship with two of the three local hospitals. The plan to re-engage with the third was not achieved due to the continued COVID demands on local health care as well as a labor strike at the hospital in question. ECDSS APS will reach out to the third hospital in 2022 to initiate discussions.

APS has not coordinated with Child Welfare to engage with the refugee community in Erie County. In May 2022, a community presentation explaining programmatic roles and responsibilities was given by ECDSS APS at a local refugee center; attendees included refugees, service providers and interpreter staff. ECDSS APS will reach out to other refugee centers in 2022 to gauge the interest in APS presentations.

ECDSS APS will conduct a staff satisfaction survey in 2023

Were the activities associated with your strategy(s) successful (so far)?

Due to continued COVID restrictions in 2021, ECDSS APS conducted 5 presentations virtually. As COVID restrictions are relaxed, in person presentations will be scheduled. ECDSS has partnered with Senior Services and the Center for Elder Law and Justice to schedule virtual presentations in 2022.

The staff satisfaction Survey identified improved communication as a staff priority. ECDSS APS holds quarterly staff conferences which are driven by staff. The conferences are scheduled via WebEx to address any barriers to staff participation. Exit interviews continue to be given to staff who leave the department.

The strategy to reduce the number of intakes progressing to assessment continues however the percentage of referrals progressing to assessments increased from 55.4% in 2020 to 64% in 2021. The pandemic's effect on the level of community oversight undoubtedly affected ECDSS APS' ability to triage referrals resulting in an increase of assessments in 2021.

How do you know? How did you measure your success and was there an Administrative review by the Director of Services, Deputy Commissioner or the Commissioner?

The Assistant Commissioner and Director have reviewed the changes and are monitoring data collection.

At this point, do you believe that a strategy needs to change? Is there an obstacle which is interfering with your activities / strategy(s)?

No changes are indicated at this time.

What will you do instead?

A new Goal will need to be selected

ACL Funding

As a follow up to the ACL funding discussions, OCFS would like to track where the ACL strategies may align with currently selected APS County plan goals.

If ACL funds are used to support this goal, please mark the corresponding box and select the associated ACL strategies that support that goal.

Are ACL funds used to support this goal?

Yes No

Please select one of the APS goals you chose to address in your 2021 Child and Family Services Plan Annual Plan Update and address the following questions for it:

Select one of the goals from your 2021 Annual Plan Update:

- Goal 1:** Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- Goal 2:** APS will pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.
- Goal 3:** APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.
- Goal 4:** APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- Goal 5:** Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Identify the strategy(s) you proposed for year one (can be copied from your CFSP submission):

Erie County APS will conduct county wide research on young adults to determine the needs of vulnerable youth in the community and aging out of Child Welfare System. This will be completed by securing unidentifiable client data on APS clients who have a history of Child Welfare involvement. Erie is only interested in aggregate information as opposed to client specific information. APS cases will also be reviewed to determine common and uncommon needs of youth aged 18-24, and cross referencing those needs with available services to determine gaps. Strategies will then be developed and implemented to bridge the gaps between needs and services. Erie APS will develop a formal information and referral process for agencies or individuals seeking services. This will be accomplished by developing formal protocols with the Child Welfare System, the local Independent Living Center, and NY Connects (operated by the Department of Senior Services). Erie County APS will increase its resource network by expanding into the base of community service collaboratives that currently exist. Erie County APS will increase its education and outreach efforts. 20 presentations will be conducted annually.

Have you implemented the strategy(s) you proposed for year one? If not, why not?

Due to the pandemic, ECDSS APS completed only 5 presentations in 2021.

Were the activities associated with your strategy(s) successful (so far)?

ECDSS APS has not partnered with ECDSS Child Welfare due to pandemic constraints as well as systemic barriers.

How do you know? How did you measure your success and was there an Administrative review by the Director of Services, Deputy Commissioner or the Commissioner?

Assistant Commissioner and Director reviewed the goal and determined that a goal change is appropriate,

At this point, do you believe that a strategy needs to change? Is there an obstacle which is interfering with your activities / strategy(s)?

Systemic barriers exist regarding cooperation between APS and Child Welfare.

What will you do instead?

Goal change

A new Goal will need to be selected

Select a New Goal:

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

Needs and Resource Assessment

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

The underlying conditions that affect Erie County APS and its ability to serve vulnerable adults are high caseloads, limited resources, and staff turnover. Per the US Census, Erie County's population in 2020 was 954, 236. Erie County has a poverty rate of 13.2% which is above the national average of 11.4%. 18.4% of the population is 65 years old or older and 9.5% of those under the age of 65 have a disability. The social isolation of vulnerable adults due to the pandemic is also a contributing factor.

Erie County's resource network consists of a variety of community providers from many disciplines, including, but not limited to: law-enforcement, physical and behavioral health, aging, developmental disabilities, domestic violence, government, fiduciary, and other community service providers. Notable challenges over the past several years include the mutually beneficial working relationships between APS and both fiduciary institutes and hospitals.

Strategies and Activities

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

- Address the increasing need to perform APS investigations and casework remotely

to improve and enhance identification of vulnerable adults who self-neglect or are abused, neglected or exploited by others. ECDSS APS will create and enhance existing operational supports to enable staff to work remotely through the purchase of devices and software development.

- Establish new or improve existing processes for responding to alleged scams and frauds, especially related to COVID-19 vaccines or cure scams to promote the safety and dignity of vulnerable adults by improving awareness of exploitation, abuse, violence, injury and isolation during the pandemic. ECDSS APS will partner with a community partner to increase public awareness and community outreach
- Increase staffing resources to address overdue assessments, the anticipated increase in assessments, and complete face-to-face contacts with clients who were inaccessible during the pandemic through additional overtime offerings to staff and temporary staff.
- Address the lack of resources that increase client risk by providing cleaning services to adults whose housing and/or services are at risk due to environmental hazards.

Measuring and Monitoring

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

ECDSS APS will monitor the productivity of workers by utilizing data provided by ASAP.net and by ECDSS' internal database (timely assessments, home visits, etc)

ECDSS will require monthly stats from our partner agency regarding the number of outreach sessions held and the number of participants. ECDSS will compare the financial exploitation statistics pre and post contract.

ECDSS will track the cases for which cleaning services were provided and whether the vulnerable adult remained in the community for 12 months after the service was provided.

ECDSS will hold quarterly meetings to obtain feedback from staff regarding barriers to effective remote work and suggestions for improvement.

ECDSS will monitor the correlation between overtime and productivity and make adjustments as needed.

ACL Funding

As a follow up to the ACL funding discussions, OCFS would like to track where the ACL strategies may align with currently selected APS County plan goals.

If ACL funds are used to support this goal, please mark the corresponding box and select the associated ACL strategies that support that goal.

Are ACL funds used to support this goal?

- Yes No

Select the ACL strategies utilized to support this goal (more than one may be chosen):

- Establishing or expanding/enhancing the state-wide and local-level elder justice networks
- Working with tribal adult protective services efforts

- Improving or enhancing existing APS processes
- Improving and supporting remote work, such as purchasing communications and technology hardware, software or infrastructure (equipment \$5,000 or more needs OCFS and ACL approval)
- Improving data collection and reporting at the case worker, local and state levels in a manner consistent with the National Adult Maltreatment Reporting System (NAMRS)
- Establishing new or improving existing processes for responding to alleged scams and frauds
- Conducting community outreach
- Providing goods and services to APS clients
- Acquiring personal protection equipment and supplies
- Paying for extended hours/overtime for staff, hiring temporary staff and associated personnel costs
- Training costs
- Assisting APS clients with securing the least restrictive option for emergency or alternative housing and with obtaining, providing or coordinating with care transitions as appropriate

Were the activities associated with the strategies successful?

- Yes No

How do you know?

Monitoring the number and cases of blitz cleaning.

Reporting by the Center of Elder Law and Justice regarding number of financial exploitation/scam presentations and the number of participants.

Monitoring the number of overdue assessments

Improvement of remote capabilities by staff

How did you measure your success?

Please provide a description of the impact the strategies had on the goal and how that was measured.

Seven vulnerable adults were able to remain in the community through the provision of cleaning services through ECDSS.

The Center of Elder Law and Justice has provided scam prevention presentations to 576 people in Erie County .

\$70k contract has been executed to enhance the tablet system used by APS staff to support remote work.

Overtime resulted in a decrease of overdue assessments from 8% (10/21/22) to 4.2% (3/31/22)

Child Care

The Child Care section of the plan is effective on the date that it is approved by OCFS. The approval date for the Child Care section of the plan can be found on [the OCFS website](#).

Appendix K: Child Care Administration

- 1. Total Estimated Funds Available: \$35455467
- 2. Projected spending for FFY 2022–2023: \$28982000
- 3. Does your district have a contract or formal agreement with another organization to perform any of the following functions using the NYSCCBG?

Function	Organization	Amount of Contract
<input type="checkbox"/> a. Subsidy eligibility screening		
<input type="checkbox"/> b. Determining if legally-exempt providers meet OCFS-approved additional local standards		
<input type="checkbox"/> c. Assistance in locating care		
<input type="checkbox"/> d. Child care information systems		
<input type="checkbox"/> e. Payment processing		
<input type="checkbox"/> f. Other <i>Please specify function:</i>		

Appendix L: Other Eligible Families if Funds are Available

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.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Both activities must be approved by Employment Division
2. PA families or families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the caretaker is:		

a) participating in an approved substance abuse treatment program	<input checked="" type="radio"/> Yes <input type="radio"/> No	PA families with an approval from MAAT Unit
b) homeless	<input checked="" type="radio"/> Yes <input type="radio"/> No	Families seeking housing and seeking employment or engaged in work or, participating in an approved educational activity approved by the Employment Division and it is determined by verified documentation that the caretaker needs childcare services to perform the activities.
c) a victim of domestic violence and participating in an approved activity	<input checked="" type="radio"/> Yes <input type="radio"/> No	PA families with an approval from Employment Division
d) in an emergency situation of short duration	<input checked="" type="radio"/> Yes <input type="radio"/> No	Applicant families under the following situations: hospitalization, medical/substance abuse treatment, laid off, or jail.
3. Families with an open child protective services case when child care is needed to protect the child.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Approval by the child protective service worker required
4. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the child's caretaker:		
a) is physically or mentally incapacitated	<input checked="" type="radio"/> Yes <input type="radio"/> No	A child's parent/caretaker must be disabled and receiving Social Security Disability Benefits (SSDI/SSI)
b) has family duties away from home	<input checked="" type="radio"/> Yes <input type="radio"/> No	Active military, in which military orders require parent/caretaker to be away from home
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.	<input checked="" type="radio"/> Yes <input type="radio"/> No	An applying family reporting a loss of employment within 10 days would be eligible for a period not to exceed 3 months to actively job search
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.	<input checked="" type="radio"/> Yes <input type="radio"/> No	none
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:		
a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	<input checked="" type="radio"/> Yes <input type="radio"/> No	Limited to Parent/Caretaker under the age of 21.
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	<input checked="" type="radio"/> Yes <input type="radio"/> No	Limited to Parent/Caretaker under the age of 21

c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth-grade level	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to one eligibility period
d) a program providing literacy training designed to help individuals improve their ability to read and write	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to one eligibility period
e) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to one eligibility period
f) a two-year full-time degree granting program at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate's degree or certificate of completion	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to approved district programs that provide participant with a marketable job skill in local demand occupational sectors and limited to two eligibility periods
g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to approved district programs that provide participant with a marketable job skill in local demand occupational sectors and limited to 2 eligibility periods
h) a prevocational skill training program such as a basic education and literacy training program	<input checked="" type="radio"/> Yes <input type="radio"/> No	Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to one eligibility period
i) a demonstration project designed for vocational training or other project approved by the Department of Labor	<input checked="" type="radio"/> Yes <input type="radio"/> No	None
<p>Note: The caretaker must complete the selected programs listed within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.</p>		
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). The caretaker must demonstrate his or her	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>PA families with an approval from Employment Division, limited to approved district programs that provide participant with a marketable job skill in local demand occupational sectors.</p> <p>Low-income families in which the Parent/Caretaker is employed at least 10 hours per week and earning at least minimum wage, limited to approved district programs that provide participant with a marketable job skill in local demand occupational sectors</p>

<p>ability to successfully complete the course of study.</p>		
<p>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. The caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>PA families with an approval from Employment Division, limited to approved district programs that provide participant with a marketable job skill in local demand occupational sectors.</p> <p>Low-income families in which the Parent/Caretaker is employed at least 10 hours per week and earning at least minimum wage, limited to approved district programs that provide participant with a marketable job skill in local demand occupational sectors</p>
<p>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. The caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>For PA recipient only with approval from the employment division a four year college program would be the highest level of post secondary level education that would be approved. The approval would be determined based on the individual's assessment plan toward self-sufficiency and the district's need to meet Federal and state work participation requirements. Approval for enrollment considers factors such as: the individual's ability to successfully complete the program:whether it is necessary for the achievement of the individual's employment goals outlined in their employment plan; and whether such goals relate directly to obtaining employment in an occupation with favorable job prospects. Continued approval of enrollment is based on the participant maintaining satisfactory progress to complete the course of study. Verification of school attendance is the responsibility of the participant.</p>
<p>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.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Parent/Caretaker must be employed at least 10 hours per week and earn at least minimum wage, limited to one eligibility period</p>

Appendix M #1: Reasonable Distance, Family Share, Federal and Local Priorities

I. Reasonable Distance for Public Assistance Recipients to Travel to Child Care and Work

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

1. The following defines "reasonable distance":

Child care is within a reasonable distance when the provider's location is within 60 minutes travel time by public or private transportation from the participant's home or activity site.

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

Consultation with child care providers and social services staff from the Day Care Unit, Employment Divisions and Temporary Assistance program areas.

II. 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 1% to 10% 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.

Note: The family share percentage selected here must match the percentage entered in the Program Matrix in the Welfare Management System (WMS) and the Child Care Time and Attendance (CCTA) system.

Family Share Percentage selected by the district:

1%

Additional Description of this Family Share Percentage:

Effective date of 1% Family Share 5/1/2022

III. Federal and Local Priorities

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

a. Very low income (200% State Income Standard):

Rank 1

Rank 2

Rank 3

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

Rank 1

Rank 2

Rank 3

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

Rank 1

Rank 2

Rank 3

2. Does the district have local priorities?

Yes

No

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

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

I. Case Openings When Funds Are Limited

If a social services district does not have sufficient funds to provide child care services to all families who are applying, the district may decide to open certain categories of families as funds become available. The district must open federal priorities first. If the district identified local priorities, they must be opened next.

After the federal and local priorities, identify the basis upon which the district will open cases if funds become available. Select one of the options listed below and describe the process for opening.

1. Open cases based on **FIRST COME, FIRST SERVED**.

2. Open cases based on **INCOME**.

If opening based on income...

The district will open cases starting from the lowest income to the highest income.

The district will open cases based on income bands, starting from the lowest income band to the highest income band.

If using income bands, list the bands, starting from the one that will be opened first:

0-99%

100-125%

126-149%

150-174%

175-200%

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

II. Title XX Case Closings When Sufficient Funds Are Not Available

- The district **does not use** Title XX funds for child care assistance.
- The district **uses** Title XX funds for child care assistance (this option must be checked in Appendix N and Appendix P must be completed).

If the district elects to use Title XX funds to provide child care assistance and the district does not have sufficient funds to continue to provide such assistance to all families in its current caseload, the district may decide to discontinue assistance. The district may establish priorities upon which the district will close cases if sufficient funds are not available. If no priorities are established and all funds are committed, case closings for families must be based on the length of time they have received services (must choose #1 below).

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

- 1. Close cases based on **AMOUNT OF TIME** receiving child care services.
If closing based on amount of time...
 - The district will close cases starting from the shortest time receiving child care services to the longest time.
 - The district will close cases starting from the longest time receiving child care services to the shortest time.
- 2. Close cases based on **INCOME**.
- 3. Close cases based on **CATEGORY OF FAMILY**.
- 4. Close cases based on **INCOME AND CATEGORY OF FAMILY**.
- 5. Close cases based on **OTHER CRITERIA**.

III. Waiting List

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

- Yes
- No

The district will establish a waiting list when there are not sufficient Title XX funds available to open new cases or keep all current cases open.

- Yes
- No

Appendix M #3: 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 District conducts FEDS investigations on child care subsidy applications if an application contains 1 or more indicator(s) as listed below and the eligibility worker is not confident that the indicator in question has been explained or supported adequately. Once identified, the application is referred to the Special Investigations Division (SID) via the completion of form B-5390 with documentation of the identified indicator for a FEDS investigation. Upon receipt of a child care FEDS referral, an SID Special Investigator is assigned to the case. The Special Investigator schedules an office or home visit with the applicant. The Special Investigator will conduct an investigation and respond to the Day Care Unit within 21 days of the receipt referral as to the findings of the investigation. The eligibility worker will respond to SID within 45 days of the receipt of the findings, by completing the B-5389 SID FEDS/Child CARE Unit Survey Response form and indicating the action taken on the case.

- Information on Child Care Assistance Application is inconsistent with case information
- Applicant indicates he/she is working off the books
- Applicant is self-employed, but cannot provide adequate business records
- Applicant has a prior history of case denial, case closing or overpayment
- Child Care provider lives in the same residence as the child being provided care
- Applicant is employed by the Child Care Facility/provider that the child attends

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

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

All applicants upon approval are subject to an initial 90 day review of income verification to determine continued need for child care assistance.

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.

A random sample of 25 child care providers will be selected on a quarterly basis 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. Any provider selected in the calendar year will not be included in subsequent samples unless a discrepancy is found.

II. Inspections of Child Care Provider Records and Premises

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

The district has the right to make inspections *prior to subsidized children receiving care* of any child care

provider, including care in a home, to determine whether the child care provider is in compliance with applicable laws and regulations and any additional requirements imposed on such a provider by the district.

The district must report violations of regulations as follows:

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

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

- No.
- Yes. Provide the details of your inspections plan below.

Check the organization that will be responsible for conducting inspections:

- Local social services staff
Provide the name of the unit and contact person:
Office of Financial Records Services, Charles Gardinier
- Contracted Agency *(must correspond to Appendix K, Question 3f)*
Provide the name of the agency and contact person:

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

- Legally-Exempt Child Care**
 - In-Home
 - Family Child Care
 - Group programs not operating under the auspices of another government agency
 - Group programs operating under the auspices of another government agency
- Licensed or Registered Child Care**
 - Family Day Care
 - Registered School-Age Child Care
 - Group Family Day Care
 - Day Care Centers
 - Small Day Care Centers

Appendix N: District Options

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

I. The district selects:

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

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

- 1. The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
- 2. The district has chosen to use Title XX funds for the provision of child care services (complete Appendix P).
- 3. The district has chosen to establish additional local standards for child care providers (complete Appendix Q).
- 4. The district has chosen to make payments to child care providers for more than 24 absences (complete Appendix R).
- 5. The district has chosen to make payments to child care providers for program closures (complete Appendix S).
- 6. The district has chosen to pay for transportation to and from a child care provider (complete Appendix T).
- 7. The district has chosen to pay a differential rate for licensed or registered child care providers that have been accredited by a nationally recognized child care organization (complete Appendix T).
- 8. The district has chosen to pay a differential rate above the required 5% minimum differential rate for child care services during non-traditional hours (complete Appendix T).
- 9. The district has chosen to pay a differential rate for **licensed / registered** child care providers caring for children experiencing homelessness above the 5% required minimum differential rate (complete Appendix T).
- 10. The district has chosen to pay a differential rate for **legally-exempt** child care providers caring for children experiencing homelessness (complete Appendix T).
- 11. The district has chosen to pay a differential rate in excess of the 25% maximum differential rate for child care providers that qualify for multiple differential rates to allow sufficient access to child care providers or services within the district (complete Appendix T).
- 12. 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).
- 13. The district has chosen to pay an enhanced market rate for eligible legally-exempt group child care programs that meet required health and/or training requirements (complete Appendix T).
- 14. The district has chosen to expand eligibility for child care assistance beyond the requirements of SSL 410-w(9), in order to allow a parent or caretaker who works non-traditional hours to sleep (complete Appendix T).

- 15. The district has chosen to make payments to child care providers who provide child care services exceeding 24 consecutive hours (complete Appendix U).
- 16. The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U).
- 17. 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).
- 18. 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.**

List below the names and upload copies of the local equivalent form(s) that the district would like to use.

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

Appendix O: Funding Set-Asides

I. Total NYSCCBG Block Grant Amount, Including Local Funds

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

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

Category:

Description:

Category:

Description:

Category:

Description:

Category:

Description:

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

Category	Amount
	\$
	\$
	\$
Total Set-Asides (Title XX):	\$

Describe the rationale behind specific amounts set aside from the Title XX block grant (e.g., estimated number of children) for each category.

Category:

Description:

Category:

Description:

Category:

Description:

Appendix P: 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	Eligibility Limit
Two People	%
Three People	%
Four People	%

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

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

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

- Yes
- No

If yes, describe eligibility criteria:

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

- Yes

No

If yes, describe which families will receive priority:

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

Yes

No

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

Yes

No

Appendix Q: Additional Local Standards for Child Care Providers

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

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

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

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

Verification, using the district's local records, that the provider has given the caretaker complete and accurate information regarding any report of child abuse or maltreatment in which he or she is named as an indicated subject (*only applies to legally exempt relative-only family child care and relative only in-home child care*)

Local criminal background check (*only applies to legally exempt relative-only family child care and relative only in-home child care*)

Require providers caring for subsidized children for 30 or more hours a week participate in the Child and Adult Care Food Program (CACFP) (*only applies to family child care programs*)

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

Site visits by the district

Other
Please describe:

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

Legally-exempt relative-only family child care program

Provider

Provider's employee

Provider's volunteer

Provider's household member age 18 or older

Legally-exempt relative-only in-home child care program

Provider

Provider's employee

Provider's volunteer

Legally-exempt family child care program

Provider

Provider's employee

Provider's volunteer

Provider's household member age 18 or older

Legally-exempt in-home child care program

Provider

Provider's employee

Provider's volunteer

Legally-exempt group program

Director

Employee

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.

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

- Local social services staff
Provide the name of the unit and contact person:
- Contracted agency
Provide the name of the agency and contact person:

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

- Yes
- No

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

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

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

The Standard will be applied (check all that apply):

- At initial enrollment and re-opening
- At each re-enrollment
- During the enrollment **review** period

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

Appendix R: Payment to Child Care Providers for

Absences

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

- Yes
- No

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

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

3. Number of additional absences above the required 24 allowed per child per provider per year:

36

4. List any limitations on reasons for additional absences for which the district will allow payment:

Effective 4/1/22

5. List any other limitations on the above providers' eligibility for payment for additional absences:

Appendix S: Payment to Child Care Providers for Program Closures

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

- Day care center
- Group family day care
- Family day care
- Legally-exempt group

School-age child care

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

Yes

No

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

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

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

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

I. Transportation

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

No

Yes

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

II. Differential Payment Rates

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

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

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

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

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

1. The enhanced market rate for legally-exempt family and legally-exempt in-home child care providers who have completed 10 or more hours of training annually is a 70% differential applied to the market rates established for registered family day care. Indicate if the district is electing to establish a payment rate that is in excess of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 or more hours of training annually and the training has been verified by the legally-exempt caregiver enrollment agency.

- No
 Yes

2. If yes, indicate the percent (71%–75%), not to exceed 75% of the child care market rate established for registered family day care.

%

IV. Enhanced Market Rates for Legally-Exempt Group Child Care Programs

Answer both questions:

1. Indicate if the district is electing to establish an enhanced market rate for child care services provided by legally-exempt group child care programs that have prepared an approved health care plan and have at least one caregiver in each classroom with age appropriate cardiopulmonary resuscitation (CPR) certification and the enhanced requirements have been verified by the enrollment agency.

- No
 Yes

If yes, indicate the percent (76%–81%), not to exceed 81% of the applicable market rate for day care

centers.

%

2. Indicate if the district is electing to establish an enhanced market rate for child care services provided by legally-exempt group child care programs when, in addition to the training required in 18 NYCRR §415.13, the director has completed an approved course and a minimum of 15 hours of approved training annually and each employee with a caregiving role completes a minimum of 5 hours of approved training annually and the enhanced requirements have been verified by the enrollment agency.

No

Yes

If yes, indicate the percent (76%–81%), not to exceed 81% of the applicable market rate for day care centers.

%

If a district chooses to establish both legally-exempt group child care enhanced rates and a program is eligible for both enhanced rates, then the enhanced market rate must be based on the percentages selected for each individual market rate, up to a maximum of 87%.

V. Sleep

In accordance with SSL 410-w(9), up to eight hours of additional child care assistance must be authorized for all eligible children in a family, as needed, in order to allow a parent or caretaker to sleep, if the parent or caretaker works non-traditional hours, is eligible for and provided with child care assistance, and has a child under the age of six and not in school for a full day.

If the district chooses to expand eligibility for child care assistance beyond the requirements of SSL 410-w(9), in order to allow a parent or caretaker who works non-traditional hours to sleep, please describe below:

Additionally, Erie County will authorize up to 8 hours of child care assistance, as needed, to allow a parent or caretaker to sleep, if the parent or caretaker works non-traditional hours, is eligible for and provided with child care assistance, and needs child care assistance for children over six years of age and who are not enrolled in school for a full day.

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

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 emergency basis

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

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

payment for child care assistance is based on the actual cost of care up to the applicable market rate or pursuant to the rate set forth in the child care providers contract with Erie County Department of Social Services

II. Child Care Services Unit (CCSU)

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

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

18-year-olds

19-year-olds

20-year-olds

OR

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

18-year-olds

19-year-olds

20-year-olds

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

III. Waivers

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

Early Head Start Child Care Partnership:

Family co-pay-waive 18 NYCEE 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 participating in an Early Head Start Child Care Partnership program.

Flexibility in eligibility periods-waive 18 NYCEE 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. The waiver only applies to the child(ren) participating in an Early Head Start Child Care Partnership program.

Flexibility in reporting changes in family circumstances-waive 18 NYCRR 415.4(b)(2), which requires applicants and recipients to report changes that affect the family's need or eligibility for child care services. ECDSS will continue to require the reporting of income verification requirements and will determine on a case by case if this waiver would pertain only if a child(ren) is participating in an Early Head Start child Care Partnership program.

Non-Residential Domestic Violence Services

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

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

Please provide the information required below.

Indicate if Plan has Changed

Please review your Plan from last year, and then indicate if you will be making any changes to your Plan.

I have read and acknowledge that there are no changes to the previously approved domestic violence non-residential plan.

STOP HERE. Do not update any information in this section.

Changes have been made to this plan.

Please update as needed.

County Contact Person

County Contact Person:

Gavin Kasper

Phone Number:

716-858-6347

E-Mail address:

Gavin.Kasper@erie.gov

Program Closure

Program Name:

Date Closed:

Reason for Closing:

Program Information

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

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

Agency Name:

Erie County District Attorney's Office

Program Name (if different):

BE SAFE Program

Business Address:

25 Delaware Avenue, Buffalo, NY 14202

Contact Person:

Heather Summers

Telephone number:

716-858-4634

E-mail Address:

Heather.Summers@erie.gov

Program Requirements

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

All questions must be answered

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

The Erie County District Attorney's Office is comprised of 208 employees, 107 of whom are attorneys. The Office is divided into eleven (11) separate prosecution bureaus, one of which is the Special Victims / Domestic Violence (SV/DV) Bureau. Additionally, the office has 2 victim advocacy programs employing 14 victim advocates. One of these programs is the BE SAFE (Buffalo and Erie County - Stopping Abuse in the Family Environment) Domestic Violence Advocacy Program. The BE SAFE Advocate Program is comprised of victim advocates and social workers who assist survivors of domestic violence with needed services, including, but not limited to, court advocacy and accompaniment, supportive counseling, safety planning, information and referral, discussing options for filing charges, shelter, and housing. Prosecutors, investigators and support staff are also assigned to work with the BE SAFE Program. One-hundred percent (100%) of the clientele of the BE SAFE program are survivors of DV. (It is important to note that all clients receive complete access to services and counseling, regardless of their linkage to the court system. Any DV survivor can obtain services by phone or walking into the office, with or without an appointment.)

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

BE SAFE serves any person who identifies as an adult survivor of domestic/intimate partner violence. Services are generally available during normal business hours, from Monday through Friday, 8:30 a.m. to 5:00 p.m. at the BE SAFE Program. Services are by phone, appointment, walk-in, or through Buffalo City Court and Erie County Court. Each survivor who frequents the BE SAFE Program receives services from a social worker or victim advocate, regardless of whether they have a criminal case or are interested in pressing charges.

One-hundred percent of BE SAFE's clientele are victims of domestic or intimate partner violence. Services are provided FREE of charge and individuals will not be denied services based on race (actual or perceived), creed,

color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, or disability. The minimum eligibility criteria needed by the BE SAFE program for services to begin is a simple verbal statement from an individual stating that s/he is a survivor of domestic/intimate partner violence (DV). BE SAFE does not discriminate by providing sex-segregated or sex-specific services.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

BE-SAFE is dedicated to providing culturally appropriate services and has an on-site bi-lingual Spanish-speaking advocate. When needed, BE SAFE will arrange for professionals from other local agencies, such as Community Services for Every1, to assist longer-term needs of clients who have intellectual or developmental disabilities. The office is handicapped accessible and sign language interpreters are available on an on-call basis through other local agencies, such as Deaf Access Services. BE SAFE Advocates also utilize 7-1-1 NY Relay Service to place outreach calls to survivors who are Deaf and Hearing impaired, and the BE SAFE office is equipped with a Captioned Telephone for use by those with hearing impairments. Likewise, BE SAFE coordinates with advocates and interpreters from the International Institute of Buffalo to serve other non-English speaking clients. Language Line is utilized frequently for phone outreach. The BE SAFE office is equipped with laminated language cards from Language Line so that clients who walk in seeking services can easily communicate what language services they will need. Additionally, the BE SAFE Program devised brochures describing their services which have been translated into: Spanish, Burmese, Karen, Kirundi, Arabic, Nepali, Somali, and Vietnamese. BE SAFE is also looking to expand accessibility by providing Video Remote Interpreting Service.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

BE SAFE Advocates work with all clients and walk-ins, not just those individuals with criminal cases. The BE SAFE Office has a separate entrance and waiting area apart from the ECDA's Office, as well as a separate office/hotline number.

Due to the courts being a main entry point for clients entering the DV system, BE SAFE makes every attempt to ensure a comprehensive approach and coverage. When BE SAFE Advocates are working with clients going through the courts, every effort is made to discuss a client's situation privately in the BE SAFE Office. While outside of the courtroom or office, advocates make every attempt to steer discussions to a more private area. Advocates are aware of their surroundings and will always ask clients if there are concerns regarding location, certain situations or individuals. While in court, Court Officers are available to secure the abuser in the courtroom while allowing the victim to leave separately with a "head start". Court Officers can also escort victims out to the parking ramp. In addition, an escort service (to and from the building) is available from the Criminal Investigators of the District Attorney's Office.

BE SAFE Advocates are specifically trained to work with clients on the issue of safety planning within the courts and emotional trauma safety planning for the court experience. Advocates will liaison with Assistant District Attorneys to attempt to limit the survivor's exposure to the perpetrator and the court process.

BE SAFE Advocates maintain electronic case files for each client and every service is documented. The BE SAFE Program utilizes a one-of-a-kind case management system software that is tailored to the needs and services of domestic violence survivors, and ensures more accurate record-keeping. The database also has a built-in Danger Assessment and specialized prompts for advocates to better track risk and safety concerns.

If a client has an active criminal case and will be working with other service providers in any capacity, Advocates will explain that they cannot disclose information to any party without a release of information signed by the client. It is the policy of the BE SAFE Program to maintain confidentiality (to the extent possible under state and federal laws and statutes). All clients are informed that the information they divulge will be accessible to other BE SAFE Advocates in the case of an absent staff member and in order to provide a continuum of care. BE SAFE Advocates are mandated reporters for Child Protective Services, Adult Protective Services, or Crisis Services/police if the client has expressed suicidal/homicidal thoughts. BE SAFE Advocates explain to clients how any information shared could also be shared again by third parties and the ramifications of this consent.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	5	8:30-5:00 After 5:00pm a client is given 2 options: to leave a direct message for BE SAFE staff if they are not in crisis; or to press the second option and be directly linked with the Haven House 24hr hotline.	phone	25 Delaware, BCC	2 social worker, 4 victim advocates
Information and Referral	5	8:30-5:00	phone and in person	25 Delaware, BCC	2 social worker, 4 victim advocates
Advocacy	5	8:30-5:00	phone and in person	25 Delaware, BCC	2 social worker, 4 victim advocates
Counseling	5	8:30-5:00	phone and in person	25 Delaware, BCC	2 social worker, 4 victim advocates
Community Education and Outreach	varied; as requested	varied			social worker, victim advocates
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	Interpreting and Transportation are varied; as needed	varied	phone/in-person for interpreting and tra		

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

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Social Worker	Advocate staff supervision, provides all core services to direct caseload of DV clients, community outreach and education	Bachelor's level counseling/social work professional with 5 years of direct DV experience one of which must be in a supervisory capacity.
Victim Advocate (5)	Provides all direct core services to DV clients	Bachelor's or Associates degree in Human Services or related field and 500 hours of direct domestic violence experience.

Agency Name:

Child & Family Services, Haven House

Program Name (if different):

Business Address:

P.O. Box 451, Ellicott Station, Buffalo, NY 14205

Contact Person:

Sara Gartland, Director of Domestic Violence Intervention and Intervention Services

Telephone number:

716-335-7411

E-mail Address:

sgartland@cfsbny.org

Program Requirements

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

All questions must be answered

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

The non-residential domestic violence (DV) services program provided by Haven House is called the Counseling and Advocacy Program (CAP). It is located on the same campus as the shelter and transitional housing, but in a separate and private area of the building. Only domestic violence services are provided at this confidential location. CAP receives referrals from the Haven House 24 hour hot-line, as well as from additional community referral sources. 100% of CAP clients are victims/survivors of domestic violence.

Haven House CAP is one program in a continuum of services provided by Child & Family Services. The services provided by CAP are consistent with the mission and vision of Child & Family Services, to "strengthen families and promote the wellbeing of children through prevention, intervention, education and advocacy." Residential and nonresidential services to victims of DV are organized under "one roof" within three distinct cost centers. Haven House has a rich history in the community and serves a very specialized population, but it also works very collaboratively with the other programs offered at Child & Family Services. For instance, clients may utilize the Family Mental Health Center to address additional mental health needs, and children of clients may benefit from in-home preventive services.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

Haven House provides services to victims of domestic violence and their children up to age 18. The minimum

requirement for services is a statement documenting that she or he is a victim of domestic violence. The majority of CAP clients are either complainants in a criminal domestic violence incident or petitioners in a Family Offense matter in Family Court. In addition, all clients complete a Danger Assessment with their counselor or advocate, which defines the level of risk each client may be facing. The core services are provided throughout Erie County in several confidential locations. Demographically, CAP clients represent the full range of the ethnic/racial/income/age composition of Erie County's population, and attempts are made to ensure that CAP staff reflect the ethnic composition of the community served. Haven House is collaborating with the LGBT DV Committee and the Pride Center of WNY to serve lesbian, gay, bisexual, and transgender victims of DV.

Fee Policies and Procedures:

All Haven House services in the Counseling and Advocacy Program are provided free of charge.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Clients with Special Needs/non-English speaking clients Non-English Speaking:

- Some Haven House staff are bi-lingual, offering fluency in Dutch languages.
- Haven House has a long-standing partnership with the International Institute of Buffalo, utilizing their interpretation services for non-English speaking clients.
- Haven House can utilize the Language Line either remotely or at the main site on a 24/7 basis.
- In Family Court, an interpreter may be available through the court - if an interpreter is not available, Haven House is able to access the Language Line at Erie County Family Court.
- Haven House's Safety Plan has been translated into Spanish.

Physically Handicapped/Visually Impaired:

- All offices used by CAP are completely handicapped-accessible and accessible for those with visual impairments.
- Hearing/Speech Impaired:
- For hearing impaired callers, HH is able to use the TYY/TDY services.
- Child and Family Services has a contract with Deaf Adult Services for an interpreter to be available as-needed.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

The main Haven House location is confidential (street address is not published), secure and locked, permitting entry only to those who have scheduled appointments. Unless there are unusual circumstances, clients are advised to come to their appointments alone and to keep the meeting place confidential. The primary location of CAP has an extensive security system in place. Haven House CAP reception area is HIPAA compliant, and confidential information is kept in locked file cabinets in locked offices. All staff are trained in responding to emergencies, such as abusers on premises. In addition, the Haven House phone number is a private blocked number that is not displayed on Caller IDs or cell phones.

CAP staff located in public agencies such as the courts or police stations have a private locked office. They also work closely with police agencies to assist with any safety issues for clients, including escorting if necessary. All individuals entering most court buildings are required to pass through metal detectors and are screened by Court Officers. Police and Court Officers are present to provide security assistance if needed for the clients and advocates working in police departments and court buildings. For the off-site services, client records are kept in locked filing cabinets in locked offices, accessible only by authorized Haven House personnel.

No information about a client is ever released without the client's consent, unless there are concerns about child safety or lethality towards self/others. Clients are given written HIPAA Privacy Notices at their initial meeting with an advocate or counselor and the CAP Confidentiality Policy is reviewed orally.

HH CAP complies with the extensive Confidentiality Policies and Procedures of Child & Family Services. Confidentiality is an essential aspect of staff training, and confidentiality issues are discussed at almost every CAP Team Meeting. If clients wish, they may receive services anonymously.

Although community members are able to contact Haven House through email via the Child & Family Services website, staff only provide very basic information in this manner generally, individuals will be directed to contact the Haven House Hotline for personal safety planning and they will be advised about the risks involved with safety planning via email and social media. Haven House does not maintain a presence on social media other than the Child and Family Services website and Facebook.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	7 days a week	24	telephone & online chat	Haven House	Counselors
Information and Referral	7 days a week	24	telephone & online chat	Haven House	Counselors
Advocacy	5 days M-F	up to 12 hrs per day to accommodate night court	telephone, via web cam, and in person	multiple locations throughout Erie County	Advocates
Counseling	5 days M-F	up to 12 hrs/day	telephone, via web cam, and in person	HH and 4 locations in Erie County	Counselors
Community Education and Outreach	5 days M-F/weekends as needed	as needed	in person and via web cam/virtual meeting	various	Community Relations Coordinator
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	6-7 days/week	as needed	in person and via web cam	various	Counselors

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

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Director of Domestic Violence Prevention and Intervention Services	Responsible for the overall management of Haven House, ensuring regulatory compliance with local, state, and federal guidelines. Manages program finances and reporting requirements, and seeks additional funding as needed. Represent Haven House in the community, as well as on a state and national level. Responsible for the day-to-day	Masters Degree in Social Work, Human Services, or Counseling. Five years supervisory experience. Experience with domestic violence.

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management of Haven House, program development and coordination, assists with compliance of direct services and monitoring with local, state, and federal funding sources. Provides on-call coverage as needed. Offers outreach and community education. Provides direct supervision to the Supervising Counselors.

CAP Supervising Counselor	Provide Domestic Violence Education Groups to assigned clients	Position 3: Qualifications Bachelor of Social Work (Master's preferred), a related degree may be accepted in some instances; prior supervisory experience is preferred
Social Worker	Individual and group counseling with victims of domestic violence, safety planning, self-sufficiency planning, crisis intervention, information and referrals, advocacy, facilitate support groups.	Bachelor of Social Work degree (BSW), a related degree with experience may be accepted
Advocate	Provide advocacy, court accompaniment, and safety planning for victims of domestic violence.	Bachelor of Social Work degree (BSW), a related degree with experience may be accepted
Economic Empowerment Specialist	Provides financial education groups to victims of domestic violence and one-on-one financial coaching to Haven House clients.	Bachelor's degree in social work, human services, or a closely related field. Experience in human services and/or finance is preferred.
High Risk Team Coordinator	Works in coordination with the HRT Planning Team to facilitate and expand the innovative work of the multidisciplinary team. The Coordinator is responsible for leadership, management and facilitation of the HRT. Responsible for systemic reform, community collaborations, and social change activism to end domestic violence.	Master of Social Work Degree (MSW) or closely related graduate degree. At least three years of paid field experience.

Agency Name:

Erie County Sheriff's Office

Program Name (if different):

Domestic Violence Unit

Business Address:

134 W. Eagle Street, 4th Floor, Buffalo, NY 14202

Contact Person:

Brian Mohr, Domestic Violence Coordinator

Telephone number:

716-858-7063 or 716-341-5757

Erie County: Non-Residential Domestic Violence Services

E-mail Address:

Brian.Mohr@erie.gov

Program Requirements

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

All questions must be answered

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

Part of a county-wide police agency - Unit Coordinator is a police officer; Advocates are available in police substations and courts throughout Erie County; Seneca-speaking advocate on staff; Liaison and advocate to Tribal Courts; Crisis Services representative/advocate on site; Team Leader for Veteran's Court; Collaborates with the District Attorney's Office; Provides transportation to court if necessary; Provides educational presentations and training to law enforcement agencies; Strategic partner in the development of the Tribute Garden (Isleview Park in Tonawanda, NY) for victims of domestic violence; A women's coffee hour discussing a myriad of issues, especially domestic violence, in Grand Island, NY; Presentations in local schools regarding bullying, cyber-bullying, and teen dating violence; Presentations on Safety Awareness for the elderly throughout Erie County; Receives training from NYS OPDV in Albany, NY.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

The unit staff responds to all domestic violence reports handled by police officers in areas policed by officers of the Erie County Sheriff's Office. All victims reported are eligible for services provided by the Erie County Sheriff's Office Domestic Violence Unit. Other individuals are referred through outside agencies such as schools and outreach programs that cannot provide domestic violence advocacy services. The Domestic Violence Advocates provide support, assistance, and necessary referrals to victims with special needs by ensuring their immediate safety and provide assistance in accessing required and needed services.

Individuals with special needs are serviced by our D.V. Unit by using existing resources available to the Sheriff's Office in the community. Our offices are handicap accessible as are all court buildings. We accommodate these individuals as we would those who do not present any physical disabilities, ensuring that they obtain the services needed for their safety and the safety of their children. If transportation is an issue, we would contact or provide the individual with the local transportation information in their area to address their transportation needs.

We have a Seneca Speaking D.V. Advocate and a Spanish Speaking D.V. Advocate on staff. If an individual requires an interpreter for any another language or if the individual is hearing impaired, we then engage the services of the International Institute located at 864 Delaware Avenue in Buffalo, NY. They provide translation/interpretation and sign language services for the Sheriff's Office free of charge.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

The Domestic Violence Unit Advocates provide services to all populations of society. Our offices are located in buildings that have handicapped access. We have a Spanish-speaking and a Seneca-speaking advocate on our staff. Should we need a language interpreter, the Sheriff's Office has an agreement with the International Institute of Buffalo located at 864 Delaware Avenue, Buffalo, NY 14209. Clients who have learning disabilities are guided through the process of safety planning, etc. with the advocate reviewing all documentation and instructions with them. The advocate ensures their full understanding of any materials and/or instructions they receive. We respect all cultural differences.

The Erie County Sheriff's Office also utilizes the services of Deaf Access Services (DAS) to provide sign language and interpretation services for the deaf / hearing impaired. They are a non-for-profit organization and an affiliate of People, Inc. located at 2495 Main Street, Suite 446, Buffalo, NY 14214.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Advocates offer to meet clients in a public setting of their choice so as not to be conspicuous. Advocates wear

plain clothes or office attire. Specific locations are available should a client prefer to meet in an office setting. Offices are located in the substations, court buildings, and our main office at 134 W. Eagle Street. The advocates do everything in their power to ensure the safety of their client.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	Monday through Sunday	24 hours a day	Telephone, in person	Substations, public places such as coffee shops, main offices	Domestic Violence Coordinator, Domestic Violence Advocates
Information and Referral	Monday through Friday	7:45 am - 4:00 pm	In person, via telephone	Sheriff Office locations throughout the County, Courts, DSS, DA's Office, Haven House, Cornerstone Manor, CPS, Adult Protection Services	Domestic Violence Coordinator, Domestic Violence Advocates
Advocacy	Monday through Friday	7:45 am - 4:00 pm	In person, via telephone	Grand Island, Clarence, Akron, Newstead, Elma, Alden, Marilla, Boston, Colden, Holland, Brant, North Collins, Collins, Gowanda, Concord, Springville, Sardinia, Seneca Nation of Indians, Public such as coffee shops, offices at 134 W. Eagle Street in Buffalo	Domestic Violence Coordinator, Domestic Violence Advocates
Counseling	Monday through Friday	7:45 am - 4:00 pm	In person, via telephone	Substation Offices, Court Offices and all areas listed under Advocacy Locations	Domestic Violence Coordinator, Domestic Violence Advocates
Community Education and Outreach	Monday through Friday	7:45 am - 4:00 pm	Presentations, meetings, email	Schools, Employers, Community-based Agencies, Police Agencies	Domestic Violence Coordinator, Domestic Violence Advocates
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	Monday through Friday	7:45 am - 4:00 pm	Women's Coffee Hour, Meetings, Translation for Spanish-speaking and Seneca-speaking individuals	Grand Island, Courts, and other meeting places as previously listed, ZOOM Group Meetings	Domestic Violence Coordinator, Domestic Violence Advocates

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

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Domestic Violence Coordinator/Specialist	Coordinates and administers the program. He ensures that all eligible persons receive the core and optional services appropriate to their needs. He interacts with victims in person and via telephone and provides information regarding safety planning. He provides information and referral services, advocacy, transportation if necessary, telephone hotline assistance, accompanies victims to court proceedings. He also does community outreach and education, and acts as a liaison to all agencies, courts, law enforcement, and municipal organizations necessary to the services needed or provided.	Specialist/Supervisor specifies that the incumbent must be a police officer with at least nine years of sworn police experience, 4 years of relevant experience, one of which must be supervisory.
Domestic Violence Advocate	Responsible for supporting victims of domestic violence by providing information to ensure their immediate safety; referrals to appropriate agencies for needs such as housing, public assistance, court proceedings, application for orders of protection, etc. Advocates also conduct information and educational presentations to groups within the community.	Graduation from a regionally accredited or NY registered four-year college or university with a Bachelor's Degree and two years experience which includes family and domestic violence assessment; or high school graduate or high school equivalency and six years of experience which includes family and domestic violence assessment in a public or private agency; or an equivalent combination of training and experience as defined. NOTE: All advocates employed by the Erie County Sheriff's Office must pass a civil service examination for this position within the County of Erie, NY.
Team Resource Worker	Responsible for maintaining records, statistical database, and reports to the State; produces educational and informational materials, brochures, etc. for mailings and presentations; access to various databases to provide support to advocates regarding active cases; ensures all police reports concerning domestic violence calls are documented and distributed to advocates in their	Graduation from high school or possession of a high school equivalency diploma and three years of office experience, at least one year of which includes computer graphics or related experience. Individual must pass a Civil Service examination for this position within the County of Erie.

assigned areas.

Agency Name:

Suicide Prevention and Crisis Services (Crisis Services)

Program Name (if different):

Advocate Program

Business Address:

100 River Rock Drive Suite 300, Buffalo, NY 14207

Contact Person:

Ashley Amidon

Telephone number:

716-834-2310

E-mail Address:

AAmidon@crisisservices.org

Program Requirements

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

All questions must be answered

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

Crisis Services (CS) established in 1968, is a private, not for profit mental health, human service and crime victim service agency with a mission dedicated to promoting the health, safety and well-being of the community through prevention, education, immediate intervention and access to community wide resources 24 hours a day. CS employs 68 Full Time and 17 Part Time staff and maintains a core of 55 trained volunteers. Crisis Services is comprised of 3 main departments: the Crisis Counseling Program; Emergency Mental Health Response Services and; the Advocate Program.

Crisis Services is the most comprehensive crisis center in Western New York area and offers the only 24 Hour Hotline of its kind in Erie County. The Crisis Services Advocate Program is a New York State Approved Non Residential Domestic Violence Service Provider as well as certified as the New York State Department of Health Designated Rape Crisis Center for Buffalo and Erie County.

The hub of our agency is our 24-hour Crisis Counseling Program that provides immediate response to all callers, offering assessment, supportive counseling, crisis intervention, referral and information. From the experience of our agency's programs, our hotline counselors have expertise in homelessness, domestic violence, sexual assault, elder abuse, suicide prevention, trauma response, and response to mental health crisis. In addition to our staffed hotline 24 hours a day, the Emergency Mental Health Response Services program provides services 24 hours day with a combination of office hours every day of the week and evening/overnight on-call hours.

The Advocate Program provides services to survivors of domestic violence, family violence, elder abuse and sexual assault. The program averages at least 75% of the caseload as being survivors of domestic violence. The program also provides training and coordination of most Sexual Assault Nurse Examiners in Erie County. Advocate staff have dedicated office space at the main agency address and there are also staff that are co-located at various locations including the Buffalo Police Department, the Town of Tonawanda Police Department and the Erie County Sheriff's office. Crisis Services ran the NYSDV Hotline, Chat, and Text from 2010-2021, the Erie County DV Helpline from 2012-2021, and the PREA Hotline from 2019 -2021.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

Crisis Services Advocate Program victim services are free to individuals. The minimum eligibility criteria Crisis Services requires is a verbal statement from an individual that s/he is a victim of domestic violence. Any and all victims, their family members or friends who are experiencing domestic violence are eligible for services from the Advocate Program.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Our language access plan includes use of 711/Deaf Relay for clients who are hearing impaired as well as Eriksen Translation services as language line access to be able to provide intervention for non-English speaking clients in their own language. We have service agreements with Journey's End (for face to face interpretation services) and Deaf Adult Services (for Deaf and Hard of Hearing face to face interpretation services) to utilize when needed. We also have a limited number of bilingual, Spanish and English, speaking staff. The agency's facilities are all handicapped accessible. Advocate Program staff is cross trained to assess individuals for mental health concerns and to provide appropriate linkage and/or referral. In an effort to meet the needs of our community, the agency works hard to recruit a diverse staff. Staff composition currently represents various backgrounds including male and female identified staff and staff who identify as African American, Latina and Caucasian.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Face-to-face contact with victims/survivors occurs at a variety of places throughout Erie County as long as that location is consider a safe space for the survivor and Crisis Services staff. Locations include: Crisis Services; the client's home; the home of the client's friend; a local community site; hospital emergency-rooms; various courts throughout the county; designated meeting rooms and/or staff office space at co-located agencies (e.g. Town of Tonawanda Police Department, the Erie County Sheriff's Office, Buffalo Police Department headquarters, college campuses); the Family Justice Center, and/or any other mutually safe location victims/survivors may choose.

Crisis Services confidentiality policy follows the New York State Mental Hygiene Law and Health Insurance Portability and Accountability Act (HIPPA). All staff, volunteers and board members are required to sign an agency confidentiality statement. All staff and volunteers who have direct contact with clients are required to have a background check and fingerprinting. All clients' information is maintained in designated cabinets, within a locked room, to which only authorized personnel have access. Information on clients is also maintained in a computer database that has a "lock-down" feature and only allows access by designated Advocate Program staff. When a client interacts with this program, permission about means of future contact is always requested and the program utilizes signed releases of information on a regular basis. The only time that confidentiality may be breached is when the client is at harm to self, harm to others, or it is suspected that a child is being abused or maltreated.

The Advocate Program offices are designed to maximize client convenience, safety, and confidentiality. Located on an easily accessed public bus route, there also is a separate, dedicated, lighted parking lot in front of Crisis Services. The building is locked at all times, and there is only one client entrance. All visitors must use the intercom system, and can only be accessed by a staff member unlocking the door from the inside (manually by being electronically "buzzed in".) There are closed circuit cameras outside the building that allow designated staff and managers the ability to view the parking lot, front entrance and areas around the building for enhanced safety measures of our clients, staff and volunteers. COVID-19 Safety Plan and reduced building occupancy remain.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
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Telephone Hotline Assistance	24/7	24/7	Hotline	Hotline at agency	Hotline Counselor
Information and Referral	24/7	24/7	Hotline phone. Service is also provided by co-located and in-house FV case managers. This can take place over the phone from their office or out in the community when providing accompaniments.	Hotline, Co-located police departments, In-house at agency	FV Case Managers (4), EA Case Manager
Advocacy	Weekdays (M-F), 24/7 for Hospital Accompaniment	Monday-Thursday 8a-8p, Friday 8a-5p, 24/7 for Hospital Accompaniment	Service is provided by co-located and in-house FV case managers. This can take place over the phone from their office or out in the community when providing accompaniments. face to face for hospital accompaniment	Co-located police departments, In-house at agency	FV Case Managers (4), EA Case Manager, Hospital Accompaniment: all staff
Counseling	24/7	24/7	Hotline phone. Service is also provided by co-located and in-house FV case managers. This can take place over the phone from their office or out in the community when providing accompaniments.	Hotline, Co-located police departments, In-house at agency, Face to face at client meetings and/or hospital	FV Case Managers (4), EA Case Manager, Hospital: all staff
Community Education and Outreach	Monday - Sunday	8a - 5p, evening and weekend requests considered	Service is provided via presentations, trainings, and workshops.	Community Education takes place at the location of the requestor, so often out and within the community (e.g. high schools, college	Advocate Educator/Trainer Prevention Education Specialists (1)

campuses,
other
agencies,
etc.)

<p>Optional Services (e.g., Support Groups, children's services, translation services, etc.)</p>	<p>24 hour hospital response by trained staff and/or volunteer to all 10 Erie County emergency departments whenever a victim of domestic violence, family violence, elder abuse, rape or sexual assault presents.</p>				
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All core services listed are a requirement listed in 18 NYCRR 462.4 and must be provided directly by the program in a timely manner as defined in the regulation.

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
<p>Director, Advocate Program</p>	<p>Manage all aspects of the 24-hour operation of staff and volunteers of the Advocate Program (Erie County's Rape Crisis Center & NYS approved Non-Residential Domestic Violence Service Provider), Sexual Assault Forensic Examiner Program, NYS Domestic and Sexual Violence Hotline, 24-Hour Domestic Violence Hotline Response for Erie County: DV Helpline and Sexual Violence Prevention and Education initiatives. Serve as a member of the Agency's Leadership Team helping to provide guidance and input on agency operations and administrative duties. Provide recruitment, training and on-going clinical supervision of program staff and volunteers. Assure continuity of quality services to survivors of family violence, rape, sexual assault and elder abuse by negotiating and maintaining effective interagency and community multidisciplinary communication. Assure service availability and</p>	<p>Master's Degree in social work, psychology, counseling, psychiatric/community nursing or any combination of education and experience that would provide an equivalent background. Minimum of 4 years' professional experience, including two years of relevant direct service experience preferably in social work; public health and/or sexual violence prevention work. At least two years of supervisory experience. Successful track record navigating complex budgetary processes and leading cross-functional teams to achieve agency-wide goals preferred. Must successfully complete Advocate Program training.</p>

consultation on a 24-hour basis.

<p>Advocate Program Supervisor</p>	<p>The Supervising Counselor of the Advocate Program is responsible for assisting the Director and program managers in the direction and oversight of the Advocate Program. The Supervising Counselor will assist in staff supervision, case management and Hotline operations, staff recruitment, training; assist with community training and liaison activities with other agencies. Provide 24 hour on call consultation to staff.</p>	<p>Master's degree in social work and licensure, human services, counseling, or other relevant degree. Minimum two (2) years of recent full-time professional experience providing direct client services required (may substitute field placement experience for one year of professional work experience); minimum one (1) year professional experience in staff training, development and supervision preferred. Experience with crisis situations including domestic and sexual violence as well as quickly establishing rapport with clients helpful. Demonstrated ability and experience working with diverse populations. Must successfully complete Advocate Program training.</p>
<p>Family Violence/Domestic Violence Case Manager (3)</p>	<p>Provide crisis intervention, case management, advocacy and follow-up services to victims of Domestic Violence who present in Erie County emergency departments; provide comprehensive services in partnership with police, district attorney and other community-based agencies serving victims of Domestic Violence. Provide linkage to other Crisis Services Programs.</p>	<p>Bachelor's Degree from an accredited college and/or university in human service field, sociology, psychology, social work or relevant field. Minimum of 3 years' experience, preferably providing direct services in family violence. Awareness of best practices of domestic violence prevention, risk reduction and survivor support strategies. Demonstrated ability and experience working with diverse populations. Must have valid, clean NYS driver's license, and access to an automobile. Must successfully complete Advocate Program training.</p>
<p>Elder Abuse Case Manager</p>	<p>Provide crisis intervention, on-going support and advocacy for elder domestic/family/sexual abuse victims in Erie County. Provide comprehensive services in partnership with community-based agencies serving elders as well as criminal justice and family court partners.</p>	<p>Bachelor's Degree from an accredited college and/or university in human service field, sociology, psychology, social work or relevant field. Minimum one (1) year professional experience in human-service industry; preferably providing direct services in elder abuse prevention work. Experience with crisis situations and quickly establishing rapport with clients preferred. Demonstrated ability and experience working with diverse populations. Must have valid, clean NYS driver's license, and access to an automobile. Must successfully complete Advocate Program training.</p>

<p>Prevention Education Specialist</p>	<p>The Prevention Education Specialist will support the agency's philosophies and programs at all times. The primary content areas of this position are domestic/sexual/family/elder violence. This position will provide leadership in the development and presentation of community education, prevention education and outreach and conduct prevention education activities.</p>	<p>Bachelor's Degree in human service field, public health, social work or education. Excellent presentation skills: the ability to plan, prepare, facilitate and process group presentations for classroom or large groups. Minimum of 3 years' experience, preferably providing direct services in sexual assault and family violence prevention work. Awareness of best practices of sexual violence prevention, risk reduction and survivor support strategies. Demonstrated ability and experience to relate and engage diverse populations in a variety of settings. Must have valid, clean NYS driver's license, and access to an automobile. Must successfully complete Advocate Program training</p>
<p>Advocate Educator/Trainer (Training Specialist)</p>	<p>Conduct community prevention education and trainings. Provide direct training of volunteer hospital advocates; and volunteer recruitment and retention activities.</p>	<p>Bachelor's degree in human services plus 3 years paid experience, preferably with victims of sexual and domestic violence. Must have valid, clean NYS driver's license, and access to an automobile. Must successfully complete Advocate Program training</p>
<p>Advocare Volunteer</p>	<p>Provide 24 hour response to all Erie County Hospitals when victim of rape, sexual assault, domestic violence, family violence, and elder abuse presents for treatment.</p>	<p>Must be cleared through an interview, 18+ years of age, able to commit to at least 6 months of service, and successfully complete 40 hours of volunteer training and maintain advance training and supervision to assure competency .Must have valid, clean NYS driver's license, and access to an automobile.</p>
<p>Intensive DV Case Manager</p>	<p>Provide crisis intervention, case management, advocacy and follow-up services to victims of Domestic Violence who present in Erie County emergency departments; provide comprehensive services in partnership with police, district attorney and other community-based agencies serving victims of Domestic Violence. Provide linkage to other Crisis Services Programs.</p>	<p>Master's Degree from an accredited college and/or university in human service field, sociology, psychology, social work or relevant field. Minimum of 3 years' experience, preferably providing direct services in family violence. Awareness of best practices of domestic violence prevention, risk reduction and survivor support strategies. Demonstrated ability and experience working with diverse populations. Must have valid, clean NYS driver's license, and access to an automobile. Must successfully complete Advocate Program training.</p>

Agency Name:

Hispanos Unidos de Buffalo, Inc.

Program Name (if different):

New Hope Domestic Violence Program

Business Address:

254 Virginia Street, Buffalo, NY 14201

Contact Person:

Judy Torres

Telephone number:

716-856-7110

E-mail Address:

judtorres@promesa.org

Program Requirements

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

All questions must be answered

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

Hispanos Unidos de Buffalo, Inc. (HUB) New Hope Domestic Violence Program is located in the lower West Side of Buffalo, the heart of the Hispanic community, where we are more accessible to the Hispanic community especially in crisis situations. HUB provides specialized services to Erie County's Hispanic community. We are the region's foremost community based nonprofit providing low income Hispanics, immigrants and others with culturally appropriate bilingual programs addressing serious social and economic needs. We serve a completely underserved population that is most in need of help. Demographic trends indicate that this population will continue to grow. HUB offers an array of services at our location. In addition to our DV program, we have an onsite food pantry, substance abuse clinic, senior adult day care and senior recreation, health home and HIV services, and a Rapid Re-Housing Program for victims with children residing in a shelter where they receive assistance with apartment search and placement, rental assistance, and employment services. DV program participants may be referred for these services depending on need. All program services at HUB available to the victims are offered in both English and Spanish. Our program and staff are recognized by: the Buffalo Police Department Domestic Violence and Sexual Assault Unit; Haven House Domestic Violence Shelter and other shelters; Crisis Services; New York State Hotline; City and Family Court, The Family Justice Center and the Erie County Department of Social Services (ECDSS). Collaborations with all the above makes it so much easier for HUB's clients to obtain legal advice and restraining orders.

One hundred percent (100%) of the program's clients are victims of domestic violence, ranging in the ages from 18 to 64 years, the median age being 30. Most clients are non-English speaking, live on the lower West Side of Buffalo, receive some form of public assistance or having no income at all, and have an average of between 3 and 4 school-age children. Our strength lies in our diversity as an organization, which allows us to serve clients from the City of Buffalo and Erie County in need of our services. We attend to the physical safety and emotional well-being of all victims.

HUB specifically uses the Empowerment-based approach to DV service provision which emphasizes focus on the victims' ability to control their own decision making. Once an individual's service plan is in place and their safety plan is implemented, we provide long-term counseling and assistance in achieving financial and social independence. Counseling is designed to increase coping skills and self-confidence and reduce self-blame. Most of

our DV victims become engaged in HUB's additional continuum of services from our food pantry, to healthcare, parenting and housing. HUB is recognized for providing bilingual parenting classes which ultimately help the children impacted by DV. The assembling of multiple needed services under one roof is significant because it reduces stress—and the re-traumatization of victims that Trauma Informed Care warns against.

Hispanos Unidos de Buffalo (HUB) is not an exclusive referral-only agency. HUB's New Hope Domestic Violence Program has dedicated staff and space which includes security staff at all times inside and outside of the agency for the safety and well-being of the clients we serve. HUB's domestic violence program provides soft hand care by navigating clients thru the courts and department of social services system (DSS), assisting clients in obtaining orders of protection and filing police reports, obtaining DSS Benefits, Social Security, and SSI. HUB's program also includes translation and interpretation, transportation, linkages to other resources available, support group and parenting workshops where upon workshop conclusion clients receive a Certificate of Completion. HUB has a Rapid Re-Housing Program dedicated to serving domestic violence victims with children that are residing in shelters. HUB assists DV victims with apartment search/placement, rental assistance and obtaining employment. HUB also offers other services that clients may be referred to if needed such as Health Home Care, medical appointment assistance, substance abuse treatment, specialty care services, senior services, housing application assistance and Food Pantry.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

There are no waiting lists or income qualifications to receive services. All persons are presumed eligible for services. Eligible persons are "Victims of Domestic Violence" 16 years or older and their minor children where he or she is a victim of an act that would constitute a violation of the penal law and (1) Such act(s) have resulted or could result in physical or emotional harm to the person or their child or children & (2) Such act or acts have been committed by a family member or household member." Oral declarations of such need are sufficient to establish eligibility for DV services. Also, Hispanos Unidos de Buffalo, Inc. (HUB) is a handicapped accessible facility.

1. HUB has a very long history of providing services to non-English speakers, including the immigrant community. Though its long standing relationship with organizations such as the International Institute HUB is able to service a variety of other nationalities.
2. HUB has a variety of programs and a long history of providing services to the homeless population via the Food Pantry, Rapid Re-Housing Program, and former Transitional Supportive Housing Program.
3. Via HUB's Preventive Service Program, we offer case management services to families deemed at risk and most of those referrals include issues of Domestic Violence as a reason for the referral to the program.
4. HUB has also serviced individuals with hearing impairments, mental health and Developmental Disabilities, and substance abuse issues.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Hispanos Unidos of Buffalo (HUB) is handicapped accessible. Our building is equipped with wide doors, an elevator, and ramp for clients with wheel chairs and other physical disabilities. HUB's Domestic Violence staff are bilingual and fluent in both Spanish and English. We have other bilingual staff that can serve as interpreters that are fluent in Arabic, French, Macedonian and Ukranian and also have a contract with the Language Line. For the hearing-impaired, we have an ASL-Certified generalist level staff member, as well as staff utilizing note and pad to communicate.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Every person that enters the building must be buzzed in to get inside the building and signed in at the reception area. All entrance are completely secured in which only the staff having access in navigating throughout the building. Each department is notified that someone is waiting to see them, and then the staff person must escort them to their office and back out of the building when they leave. The sign-in sheet also provides us with a timetable of when clients or visitors come into our office. For security reasons, clients that are identified that they are here to see one of the domestic violence staff, do not have to sign in and are immediately escorted into the office. No one is given information about the victim being there. Also, HUB has security personnel inside and outside the building. DV offices are located in a separate building, which has security on-site.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	Monday - Friday	8:30 am - 4:30 pm Afterhours, HUB provides an outgoing message with HUBS' 24 / 7 DV Hotline # (716-481-8867) in the event of an emergency where clients can call and speak with an advocate.	Call	HUB	DV Staff
Information and Referral	Monday-Friday	8:30 am - 4:30 pm	Walk - Ins, by phone	HUB	DV Staff
Advocacy	Monday-Friday	8:30 am - 4:30 pm	Walk - Ins, by phone	HUB, court, DSS	DV Staff
Counseling	Monday-Friday	8:30 am - 4:30 pm	Individual and in groups	HUB	DV Staff
Community Education and Outreach	Monday-Friday	8:30 am - 4:30 pm	Brochures, Media	Special events	Program Coordinator
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	Monday - Friday	8:30 am - 4:30 pm	Parenting classes; DV support group, Translation and Interpretation services	In-house at HUB and also virtually	DV Staff

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

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Program Coordinator / Community Educator	Oversight and development of the program including community outreach and educational sessions.	Master's or Bachelor's Degree with a minimum of 4 years of relevant experience, one of which must be supervisory.
Case Manager	Involved in direct victim relationships, assisting with program planning, setting goals and objectives, assisting victims with referrals, advocacy, and crisis intervention.	Bachelor's Degree or minimum of 45 credit hours.

Case Manager /
Housing Liaison

Involved in direct victim relationships, assisting with program planning, setting goals and objectives, assisting victims with referrals, advocacy, and crisis intervention, and Provides assistance searching for safe and secure housing.

Bachelor's Degree or minimum of 45 credit hours.

Operations
Manager

Oversees all HUB Programs including Domestic Violence. Responsible for quality assurance, policy development, and performance measures.

Master's or Bachelor's Degree and minimum of seven years in a leadership position of a medium-sized organization.

Agency Name:

Family Justice Center of Erie County

Program Name (if different):

Business Address:

438 Main Street Suite 201, Buffalo, NY 14202

Contact Person:

Ava Thomas

Telephone number:

716-558-7233

E-mail Address:

ava@fjcsafe.org

Program Requirements

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

All questions must be answered

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

The Family Justice Center is a unique program that provides free, one-stop wrap around services through a collaboration with several on-site and on-call partner agencies. The FJC strives to connect clients with all of the services they need to safety plan and ultimately leave abusive relationships by offering a mixture of in-person services and remote services via phone and online chat box. Regardless of the mode by which we provide services, we strive to meet clients where they are, and to enable them to receive all necessary services in one place. The FJC is the only service provider in the county that is solely focused on providing the core non-residential domestic violence services. The FJC is headquartered in downtown Buffalo where staff and services are provided in a designated, secure space. In addition, the FJC has three satellite offices located in Grand Island, Amherst and Orchard Park, New York. All three of the satellites are located in community-owned homes and are strictly used by the FJC for domestic violence services.

The FJC staffs seven domestic violence advocates that provide the core non-residential domestic violence services to clients. In addition to the core services, clients can obtain emergency orders of protection from Erie County Family Court through the agency's web-conferencing program with the court and they can have any domestic violence related injuries photographed and documented by a nurse at the on-site Forensic Medical Unit. The Center also has an officer and a report technician from the Buffalo Police Department to allow clients to file charges on-site, a patient navigator from the Center of Court Innovation who can help clients access insurance, a

primary care provider as well as health education/information, an attorney from Neighborhood Legal Services who can assist them in obtaining civil legal counsel, an advocate from Community Services for Every1 to assist disabled clients in accessing available resources, a representative from HUB to assist with housing, as well as therapy dogs to provide additional support for clients.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

All of the services provided by the Family Justice Center are free and provided to any person who has been identified as a victim of domestic violence and their children.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

All of our facilities are accessible to physically and developmentally disable clients. In the last three years, funded by an OVW grant, we have retrofitted all of our sites for wheelchair access and developed materials for clients with intellectual disabilities. Community Services for Every1 acts as an accountability partner who monitors our facilities and services for accessibility.

Additionally, we have a contract with Deaf Access Services (aka People Inc.) to provide translation for hearing impaired clients, and we use Language Line Services to provide translation for non-English speaking clients. This service provides translation in more than 170 languages and dialects, around the clock. When available, the International Institute of Buffalo (IIB) will provide direct translation in other languages. IIB also provides in-service trainings annually to FJC staff and volunteers around issues of cultural competency. The Center also has a partnership with Community Services for Every1 which provides for an on-site advocate to assist clients with disabilities.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

The Family Justice Center (FJC) has a strong Security & Confidentiality Policy. All four locations have security systems, including security cameras, that allow the FJC staff to monitor who is accessing the building. No one can gain access into the agency on their own; clients must press the door bell before entering and be "buzzed" in by FJC staff.

Once in the agency, all clients meet with a domestic violence advocate and receive all services in a private "living room." Each client has their own "living room" to protect the confidentiality of the communication within. Each room is also equipped with a white noise machine to insure that any conversation/communication can not be heard outside of the room. Similar confidentiality measures are provided for clients who access our services remotely via phone or chat box. All client calls are taken in living rooms to protect client privacy when a client gives their name, it is checked against offender records. If they are an offender, a confidentiality statement is read, emailed, or typed in the chat box to the client, and they must give oral or typed consent prior to receiving services. Callers and chatters who are on our offender list are not given advocacy services, but are directed to more general services, in order to obfuscate our knowledge of their offender status.

Information that clients share with the FJC is confidential, including personal identifying information such as name, address, and phone number, subject only to a client's specific, informed, written, consent for release or sharing of confidential information. To best protect confidentiality, the FJC staff will complete a central intake assessment. The information obtained is essential in determining the services a client is requesting and protecting the confidentiality of the client.

Any information collected by the FJC cannot be shared with any of the FJC's on-site or off-site partners without written, oral, or emailed informed consent from the client. All releases of information must be in writing, signed, dated in ink, and indicate a specified time limit for the release.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
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Telephone Hotline Assistance	Mon-Fri	8:30am-4:00pm. After hours, there is a message indicating that the FJC is closed, but that they can either call or be transferred to the normal DV Hotline.	Hotline phone system	All four FJC locations	Domestic Violence Advocate, Intake Coordinator
Information and Referral	Mon-Fri	8:30am-5:00pm	In person at the FJC offices and via the hotline or chat box	All four FJC locations	Domestic Violence Advocate
Advocacy	Mon-Fri	8:30am-5:00pm	In person, via telephone or chat box	All four FJC locations, the local courts, etc.	Domestic Violence Advocate
Counseling	Mon-Fri	8:30am-5:00pm	In person, via telephone or chat box	All four FJC locations	Domestic Violence Advocate
Community Education and Outreach	7 days a week	Various hours	In person training or remotely via ZOOM	All four FJC locations	CEO, Director of Operations and DV Outreach Advocate
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	Mon-Fri	8:30am-5:00pm	In person or remotely via phone, chat box, or ZOOM	All four FJC locations	Domestic Violence Advocate

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

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Domestic Violence Advocate- 4 full time, 3 part-time	Responsible for providing direct services to clients including intake & referrals, hotline assistance, advocacy and counseling	Bachelor's or Masters in social work or related field; 1-3 years paid experience

CEO	Leadership of the agency, including programs and finances. Insures that FJC has the appropriate partners on-site to assist in providing the core and optional services. Leads outreach and education efforts.	Bachelors Degree in related field, five years experience in not-for-profit in management role and fiscal experience preparing budgets and administering agencies with budgets over \$500,000.
Operations Manager	Lead the implementation of the agency's program & operations; supervise direct service staff and ensure they are provided adequate training; assist with community outreach and training	Bachelor's or Masters in social work or related field; 3-5 years paid experience in supervising staff and managing operations
Intake Coordinator	Responsible for monitoring access to the FJC, identifying appropriate clients, and welcoming clients and visitors. Informs clients about rights of confidentiality and what they can expect during their visit. Identifies client situations in which Operations Manager needs to get involved. Insures efficient and timely provision of services by all partner agencies.	4-year degree and two years' experience working with victims of domestic violence.
Domestic Violence Outreach Advocate	Provides prevention education in the community and mobile advocacy and counseling services.	Bachelor's or Masters Degree in Social Work or related field; experience preferred.
Forensic Medical Unit Nurse	Provides written and photographic documentation of client DV-related injuries	NYS RN license; BA in Nursing, 1-3 years paid professional experience
Business Director	Manages daily services and business operations of the Family Justice Center; supervises administrative staff	Bachelors or advanced degree in related field, 5 - 10 years of management and human resource experience

PINS Pre-dispositional Placement Services

As outlined in 20-OCFS-ADM-22, [Persons in Need of Supervision Reform Changes](#), Local Department of Social Services are to have a plan to provide PINS pre-dispositional care and maintenance services as ordered by family court.

Pre-dispositional placements can only occur in the following settings:

- Foster care settings, certified or licensed by the New York State Office of Children and Family Services (OCFS) or another authorized agency, such as: foster boarding home, group home and residential treatment center.
- A short-term safe house as defined in Social Services Law 447-a for youth who have been determined by the court to be sexually exploited. Placement in a runaway and homeless youth program may not be ordered by the court without the consent of the respondent youth, as these settings are voluntary.

Please indicate below whether the LDSS has the availability of PINS pre-dispositional care and maintenance services:

- LDSS has a plan to provide PINS pre-dispositional care and maintenance Services as ordered by family court.
- LDSS **does not** have a plan to provide PINS pre-dispositional care and maintenance services as ordered by family court.

T and U Visa Reporting

18-OCFS-LCM-15, dated August 14, 2018, provided "[Protocols for Signing Forms for Non-Immigrant Clients Applying for U Visas and T Visas](#)." This LCM lays out the record keeping and reporting requirements:

9. RECORD KEEPING AND REPORTING REQUIREMENTS:

LDSSs must maintain information on the number of requests received for U visa certifications and T visa endorsements, including the number of requests granted for each type of visa. LDSSs are required to submit this information to OCFS on an annual basis as part of the county Child and Family Services Annual Plan update process.

Please provide the information requested below:

1. In 2021, how many T visa applications were received?

0

2. In 2021, how many T visa certifications were issued?

0

3. In 2021, how many U visa applications were received?

0

4. In 2021, how many U visa certifications were issued?

0

Title XX Program Services Matrix

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

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

Each district must update its WMS Title XX Matrix as necessary and submit it to the state for review. Districts are not able to alter state-mandated fields. The updates are done by a district worker who has been assigned security function 180 by the district's LAN administrator. If your district needs assistance with making the changes in WMS or the process of assigning a 180 security function to a district employee please contact ocfs.sm.wms@ocfs.ny.gov.

The following resource is available to assist with updating the Title XX Matrix in WMS:

- [Click Here for Instructions to Complete the Program Matrix](#)
-

Are there changes to the services your county intends to provide during the 2022 Child and Family Services Planning cycle?

- Yes
- No

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

Implement income guidelines as per 22-OCFS-INF-05 as of 8/1/22.

List of Data Sources

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

Data Source	Safety	Permanency	Youth & Young Adult	Adult Services
KWIC (Kid's Well-being Indicators Clearinghouse)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U.S. Census Data	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Trends Data Bank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Information System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NYS OCFS Data				
MAPS (Monitoring and Analysis Profiles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QYDS (Quality Youth Development System)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child and Family Services Plan Child Level Data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Race/Ethnicity Disparity Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Preventive Services Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Bright Spots Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCFS Family First Data Packets (Congregate Care Bubble Charts and Foster Home Data Packets)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Juvenile Detention Automated System (JDAS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Detention Risk Assessment Instrument System (DRAIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Agency Online Profile (OAOP)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YASI data (Youth Assessment & Screening Instrument)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safe Harbour: NY program data	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Services Automation Project (ASAP.Net)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Protective Services (APS.Net)—NYC only	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Surveys				
County Search Institute Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities That Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAP Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way (Compass Survey or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Other Data Sources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specify Any Other Data Sources:	ECDSS contracts with CCNY to provide a	Preventive Service	Erie County Youth Services will conduct a formal needs assessment of County youth	ECDSS Mobile Adult Protective

	<p>preventive services dashboard and a comprehensive dashboard for HFW that measures success by Safety, Permanency & Well Being indicators.</p>	<p>Dashboard & ONBase reports developed by our internal data team.</p>	<p>needs and service gaps, which will conclude in the spring of 2023. Data from this study will help to inform planning and funding decisions in 2023.</p>	<p>and Preventive Services (MAPPS)-local PHRED-NYS</p>
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Required Interagency Consultations

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

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

Agency Type	Safety	Permanency	Youth and Young Adult	Adult Services
Health ⁴	EC Department of Health	EC Department of Health	Erie County Department of Health	Hospital Collaborative
Mental Health ⁴	Crisis Services	Crisis Services	Erie County Department of Mental Health	Police Mental Health Coordinating Project-Crisis Services
Youth Bureau ³	Erie County Youth Bureau	Erie County Youth Bureau	Erie County Youth Bureau	Erie County RTA/Housing
Department of Probation ³	EC Probation	EC Probation	Erie County Department of Probation	Erie County RTA/Housing
Societies for the Prevention of Cruelty to Children ¹	Child & Family Services (contracted agency)	Child & Family Services (contracted agency)		Child Protective Services-ECDSS
Law Enforcement ^{1,2,4}	Sheriff's Office	Sheriff's Office	Multiple law enforcement agencies	Police Mental Health Coordinating Project-Monthly and Older Adults Case Conference
Aging ⁴				NY Connects-No Wrong Door- Senior Services
Legal ^{1,4}	Public Defender's Office & Children's attorneys	Public Defender's Office & Children's attorneys	Erie County Attorneys Office. Legal Aide Bureau	Council on Elder Abuse
Family Court (judge or designee) ¹	Amy Neri	Amy Neri	Judge Brenda Freedman	Erie County Family Court Improvement Project
Local Advisory Council ^{1,2,3}	Local Advisory Focus Group	Local Advisory Focus Group	Erie County Youth Board	Council on Elder Abuse

Other Relevant Government Agencies				EC Dept of Senior Services -AAA
Child Care Resource and Referral Agencies				
RHYA Providers ³		Homeless Alliance	Compass House	
Other Public / Private / Voluntary Agencies ^{1,4}	Contracted Agencies	Contracted Agencies	Multiple Erie County contracted voluntary agencies	Domestic Violence Collaborative
Other (#1)				WNYDHTTF-(Human Trafficking)
Other (#2)				MDT-Financial Exploitation

1. Must be consulted when developing Safety / Prevention section of the Plan.

2. Must be consulted when developing the Permanency / Prevention section of the plan.

3. Must be consulted when developing the Youth and Young Adult section of the plan

4. Must be consulted when developing Adult Services section of the Plan.

This workbook is a companion to the Permanency section of the 2022 County Plan Update. Each tab in this workbook contains a list of CINS to be used to determine your districts performance on the corresponding systemic factor question in the County Plan.

There are three different sets of CINS in this workbook found on the following tabs:

- 1. Data Quality (blue tab)**
- 2. Progress Notes and FASP- Written Case Plan (green tabs)**
- 3. Periodic Review and TPR (yellow tabs)**

When you have completed this workbook, please upload the file to the County Plan website.

Questions can be directed to Christine.Jones@ocfs.ny.gov

**Systemic Factors- Permanency
Data Quality**

Instructions: Using the data from Connections that is provided in the table below, please determine if the information provided is correct or incorrect for each child.
Please base your determination on the written case record and/or knowledge of the child.

The cell containing “**Score for Data Quality**” is a calculation of the percentage of information that you identify as accurate (total accurate/total items assessed).

Sample #	District	CIN	DOB		Race		Hispanic Ethnicity		Agency		Facility		Goal	
			CONNEX Data	Is the data accurate?	CONNEX Data	Is the data accurate?	CONNEX Data	Is the data accurate?	CONNEX Data	Is the data accurate?	CONNEX Data	Is the data accurate?	CONNEX Data	Is the data accurate?
1	ERIE	EQ90481V	1/20/2011	Yes	White	Yes	N	Yes	Child & Family Services Erie	Yes	Child & Fam Ser Erie/conner	Yes	Discharge to Parents/Legal Guardian	Yes
2	ERIE	GK32513M	5/20/2010	Yes	White	Yes	N	Yes	Erie County DSS	Yes	Navarro,Kathleen	Yes	Discharge to Parents/Legal Guardian	Yes
3	ERIE	FZ99314F	9/12/2017	Yes	White	No	N	Yes	Child & Family Services Erie	Yes	Paeslack, Miriam	Yes	Discharge to Adoption	Yes
4	ERIE	EN51363U	4/23/2010	Yes	White	Yes	N	Yes	Gateway - Longview	Yes	Harty, Kelly	Yes	Discharge to Parents/Legal Guardian	Yes
5	ERIE	GK53818N	2/4/2020	Yes	White	Yes	Y	Yes	Erie County DSS	Yes	Irizarry,Izelis	Yes	Discharge to Parents/Legal Guardian	No
6	ERIE	GM70444F	5/4/2020	Yes	African American	Yes	N	Yes	Buffalo Urban League, Inc.	Yes	Gray,Betty	Yes	Discharge to Parents/Legal Guardian	No
7	ERIE	GG09901B	10/16/2018	Yes	White	Yes	N	Yes	Berkshire Farm Ctr & Serv Youth	Yes	Heath,Kelly	Yes	Discharge to Adoption	Yes
8	ERIE	FQ45158S	9/18/2015	Yes	African American	Yes	N	Yes	Erie County DSS	Yes	Degree,Monique	Yes	Discharge to Parents/Legal Guardian	Yes
9	ERIE	GA52148D	5/10/2018	Yes	White	Yes	N	Yes	Gateway - Longview	Yes	Viverette,Jennifer	Yes	Discharge to Parents/Legal Guardian	No
10	ERIE	FX50918E	8/31/2017	Yes	White	Yes	N	Yes	Child & Family Services Erie	Yes	Kuper, Kaityln	Yes	Discharge to Adoption	Yes

Statewide Information System: Data Quality and Agency Access to Data Question 1	
	Score for Data Quality
% of Matching Items	98%

**Systemic Factors- Permanency
Progress Notes**

Progress Notes Instructions

Instructions: In CONNECTIONS, please review *at least one recent Progress Note of a caseworker visit with a family member* for each child listed, and determine the quality of the documentation for each of the components* below.
The cell containing “Quality Score for Progress Notes” is a calculation of the percentage of information that is deemed to meet the standard in each area.

Sample #	District	CIN	Progress Note Date	Progress note included a clear purpose for the visit, who was present and the location	Progress note clearly documented the presence or absence of risk and/or safety concerns and any needed action related to concerns	Progress note included the level of family's progress and documentation of what was discussed	Progress note includes documentation of next steps, if any were needed	Progress note is concise and professional	Progress note is complete and entered timely (for this purpose, timely is within 30 days)
1	Erie	GM39802A	5/19/2022	All elements present	All elements present	All elements present	Some elements present	Some elements present	Yes
2	Erie	GR40017Y	8/3/2022	All elements present	All elements present	All elements present	Some elements present	Some elements present	Yes
3	Erie	EG38608D	7/14/2022	Some elements present	All elements present	Some elements present	Some elements present	No elements present	Yes
4	Erie	DV11347K	9/1/2022	All elements present	No elements present	Some elements present	Some elements present	Some elements present	Yes
5	Erie	GJ66793E	7/13/2022	Some elements present	No elements present	No elements present	No elements present	No elements present	Yes
6	Erie	GV10357F	8/29/2022	Some elements present	Some elements present	Some elements present	Some elements present	Some elements present	Yes
7	Erie	FU82534J	8/31/2022	All elements present	All elements present	All elements present	Some elements present	All elements present	Yes
8	Erie	FF52691V	9/26/2022	Some elements present	All elements present	No elements present	No elements present	Some elements present	Yes
9	Erie	FS96048Z	9/22/2022	Some elements present	All elements present	Some elements present	Some elements present	Some elements present	Yes
10	Erie	GE37712G	8/30/2022	Some elements present	Some elements present	Some elements present	Some elements present	Some elements present	Yes
Scoring Key				Documented Component of a Quality Progress Notes				Quality Score Progress Notes	
All elements present				1	Progress note included a clear purpose for the visit, who was present and the location				70%
Some elements present				0.5	Progress note clearly documented the presence or absence of risk and/or safety concerns and any needed action related to concerns				70%
No elements present				0	Progress note included the level of family's progress, documentation of what was discussed, and an observation of the home and the parent's and children's interactions				55%
Score is a % of all components that meet the standard				Progress note includes documentation of next steps, if any were needed				40%	
				Progress note is concise and professional				45%	
				Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)				100%	

*Adapted from Paul, M.E., University of Nebraska –Lincoln, Center on Children, Families, and the Law. (2006). Scoring Rubric. Presented at the 9th Annual National Human Services Training Evaluation Symposium in Berkley, CA.

**Systemic Factors- Permanency
Written Case Plan (FASP)**

Written Case Plan Instructions

Instructions: In CONNECTIONS, please review *the most recent Approved FASP* for each child listed, and complete the worksheet below using the dropdown options in each cell.
The cell containing “**Quality Score for Written Case Plans**” is a calculation of the percentage of information that is deemed to meet the standard in each area.

	District	CIN	Type of most recent Approved FASP	Date of Most Recent Approved FASP	Type of Previous Approved FASP (or CID if there is no Previous FASP)	Date of Previous Approved FASP or Case Initiation Date	Days between most recent approved FASP and CID/ Previous FASP	Regulatory Target Number of Days	Was the FASP approved within NYS Regulated Timeframes? (Column "H" green=yes, red="no")	There is documentation the most recent FASP it was developed jointly with parents	There is congruency between the family's strengths, needs and services in the most recent FASP
1	Erie	GM39802A	Comprehensive	5/24/2022	Initial	3/3/2022	82	#NAME?	Yes	Yes	Yes
2	Erie	GR40017Y	Reassessment	9/12/2022	Reassessment	2/25/2022	199	#NAME?	No	No	Yes
3	Erie	EG38608D	Reassessment	4/28/2022	Reassessment	4/26/2021	367	#NAME?	No	No	No
4	Erie	DV11347K	Comprehensive	6/1/2022	Initial	3/24/2022	69	#NAME?	Yes	Yes	Yes
5	Erie	GJ66793E	Reassessment	9/27/2022	Reassessment	3/25/2022	186	#NAME?	No	No	Yes
6	Erie	GV10357F	Reassessment	6/21/2022	Reassessment	12/14/2021	189	#NAME?	No	No	Yes
7	Erie	FU82534J	Reassessment	8/5/2022	Reassessment	2/22/2022	164	#NAME?	Yes	Yes	Partially
8	Erie	FF52691V	Reassessment	6/1/2022	Comprehensive	2/10/2022	111	#NAME?	Yes	Yes	Partially
9	Erie	FS96048Z	Reassessment	6/21/2022	Reassessment	2/2/2022	139	#NAME?	Yes	Yes	Partially
10	Erie	GE37712G	Reassessment	5/4/2022	Reassessment	11/3/2021	182	#NAME?	Yes		
			Documented Component of a Written Case Plan (FASP)							Quality Score for Written Case Plans	
Yes	1	Written Case Plans (FASP) are completed within regulatory timeframes								60%	
Partially	0.5	Written Case Plans (FASP) are developed jointly with parents								56%	
No	0	Written Case Plans (FASP) have congruency between the family's strengths, needs and services								72%	
Score is a % of all components that meet the standard											

Systemic Factors- Permanency Periodic Reviews

Periodic Review Instructions

Instructions: In CONNECTIONS, please review most recent Permanency Hearing Information for each child listed, and complete the worksheet below using the dropdown options in each cell.

The cell containing “**Quality Score for Periodic Reviews**” is a calculation of the percentage of information that is deemed to meet the standard in each area.

Sample	District	CIN	Date of Most Recent Permanency Hearing	Date of Previous Permanency Hearing	Days between most recent Permanency Hearings	Were the Permanency Hearings completed within 182 days (6 months) of each other	Is there evidence that notice of the hearings was provided to parents, foster parents, foster adoptive parents and relative caregivers
1	ERIE	EK61235R	5/24/2022	11/10/2021	195	No	Yes
2	ERIE	GG89224U	4/7/2022	4/14/2021	358	No	Yes
3	ERIE	FP14573A	8/4/2022	2/17/2022	168	Yes	Yes
4	ERIE	GQ70156Q	5/12/2022	10/29/2021	195	No	Yes
5	ERIE	GC44322U	4/6/2022	9/15/2021	203	No	Partially
6	ERIE	DW03792V	6/3/2022	12/10/2021	175	Yes	Yes
7	ERIE	FA49127S	6/16/2022	12/1/2021	197	No	Partially
8	ERIE	EZ01300K	5/8/2022	10/8/2021	212	No	Yes
9	ERIE	GJ61276N	8/10/2022	2/10/2022	181	Yes	Partially
10	ERIE	GN06122Q	3/9/2022	Jul-21	224	No	Yes

Periodic Reviews and Notice of Hearings and Reviews to Caregivers:

Documented Component of a Periodic Reviews	Quality Score for Periodic Reviews
Permanency Hearings are completed within 182 days (6 months)	30%
Evidence of Notice of the hearing is in the record	85%

**Systemic Factors- Permanency
TPR**

TPR Instructions

Instructions: In CONNECTIONS, please review most recent *FASP or Permanency Hearing Report* for each child listed, and complete the worksheet below using the dropdown options in each cell.

The cell containing “**Quality Score for TPR**” is a calculation of the percentage of information that is deemed to meet the standard in each area.

Sample	District	CIN	Was the child in Care 15 of the most recent 22 months?	Has a TPR been filed?	If the TPR was not filed, is there documentation of compelling reasons for an exception?	If a TPR was filed, was it filed timely?
1	ERIE	EK61235R	Yes	Yes	N/A	No, not timely
2	ERIE	GG89224U	Yes	Yes	N/A	Yes, timely
3	ERIE	FP14573A	Yes	Yes	N/A	Yes, timely
4	ERIE	GQ70156Q	Yes	Yes	N/A	Yes, timely
5	ERIE	GC44322U	Yes	Yes	N/A	No, not timely
6	ERIE	DW03792V	Yes	No	Yes, compelling reasons documented	Not Filed
7	ERIE	FA49127S	Yes	Yes	N/A	Yes, timely
8	ERIE	EZ01300K	Yes	No	Yes, compelling reasons documented	Not Filed
9	ERIE	GJ61276N	Yes	Yes	N/A	Yes, timely
10	ERIE	GN06122Q	Yes	Yes	N/A	Yes, timely

**Termination of Parental Rights:
Question 1**

Documented Component of a TPR	Quality Score for TPR
TPRs were filed timely or there was an exception	60%

Evaluating Quality of Progress Notes

Instructions: Below is a list of 10 Report IDs of closed investigations.
 In CONNECTIONS, please **review at least one recent Progress Note of a caseworker visit with a family member** for each investigation listed, and determine the quality of the documentation for each of the components* below.
 The cell containing “**Quality Score for Progress Notes**” is a calculation of the percentage of information that is deemed to meet the standard in each area.

Sample #	District	Report ID	Intake Start Date	Date of the Progress Note	Progress note included a clear purpose for the visit, who was present and the location	Progress note clearly documented the presence or absence of risk and/or safety concerns and any needed action related to concerns	Progress note included the level of family’s progress, documentation of what was discussed, and an observation of the home and the parent’s and children’s interactions	Progress note clearly documents next steps, if needed	Progress note is concise and professional	Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)
1	ERIE	34065589	4/4/2022	4/4/2022	All elements present	Some elements present	Some elements present	No elements present	All elements present	All elements present
2	ERIE	34107487	5/2/2022	5/3/2022	Some elements present	Some elements present	Some elements present	No elements present	Some elements present	All elements present
3	ERIE	34113399	5/5/2022	5/16/2022	All elements present	All elements present	All elements present	No elements present	All elements present	All elements present
4	ERIE	34140053	5/22/2022	5/24/2022	Some elements present	All elements present	Some elements present	All elements present	All elements present	No elements present
5	ERIE	34122771	5/11/2022	5/11/2022	All elements present	Some elements present	All elements present	All elements present	All elements present	All elements present
6	ERIE	34089951	4/20/2022	4/21/2022	Some elements present	Some elements present	All elements present	No elements present	All elements present	All elements present
7	ERIE	34186661	6/21/2022	6/22/2022	All elements present	All elements present	Some elements present	All elements present	All elements present	All elements present
8	ERIE	34146687	5/25/2022	6/1/2022	All elements present	All elements present	All elements present	All elements present	All elements present	All elements present
9	ERIE	34065143	4/4/2022	4/5/2022	All elements present	All elements present	All elements present	Some elements present	All elements present	No elements present
10	ERIE	34049493	3/24/2022	9/30/2022	All elements present	All elements present	All elements present	All elements present	All elements present	All elements present

Scoring Key		
All elements present		1
Some elements present		0.5
No elements present		0
Score is a % of all components that meet the standard		

Documented Component of a Quality Progress Notes	Quality Score for Progress Notes
Progress note included a clear purpose for the visit, who was present and the location	85%
Progress note clearly documented the presence or absence of risk and/or safety concerns and any needed action related to concerns	80%
Progress note included the level of family’s progress, documentation of what was discussed, and an observation of the home and the parent’s and children’s interactions	80%
Progress note clearly documents next steps, if needed	55%
Progress note is concise and professional	95%
Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)	80%

*Adapted from Paul, M.E., University of Nebraska—Lincoln, Center on Children, Families, and the Law. (2006). Scoring Rubric. Presented at the 9th Annual National Human Services Training Evaluation Symposium in Berkeley, CA.

Evaluating Quality of Written Safety Plans

Instructions: Below is a list of up to 10 Report IDs of closed investigations that had a Safety Decision 3 on the approved 7-day safety assessment. In CONNECTIONS, please **review the safety plan associated with the 7-day safety assessment in each of the** investigations listed. Determine the quality of the documentation for each of the components* below. The cell containing "**Quality Score for Safety Plans**" is a calculation of the percentage of information that is deemed to meet the standard in each area.

Sample #	District	Report ID	Intake Start Date	Date of Safety Plan	Safety plan is consistent with case circumstances	Safety plan is adequate to fully protect the children	Safety plan lists specific actions taken or to be taken and persons responsible	Safety plan includes appropriate controlling interventions, initiated by the caseworker, to address safety	Safety plan includes details about duration of the plan and how the plan will be monitored	Documentation of supervisory input is present
1	ERIE	34065589	4/4/2022	4/11/2022	All elements present	Some elements present	Some elements present	All elements present	Some elements present	All elements present
2	ERIE	34107487	5/2/2022	5/9/2022	Some elements present	Some elements present	Some elements present	All elements present	Some elements present	All elements present
3	ERIE	34113399	5/5/2022	5/12/2022	Some elements present	All elements present	Some elements present	All elements present	Some elements present	No elements present
4	ERIE	34140053	5/22/2022	5/24/2022	All elements present	All elements present	All elements present	All elements present	Some elements present	Some elements present
5	ERIE	34122771	5/11/2022	5/18/2022	All elements present	All elements present	All elements present	All elements present	All elements present	All elements present
6	ERIE	34089951	4/20/2022	4/27/2022	Some elements present	Some elements present	No elements present	Some elements present	No elements present	Some elements present
7	ERIE	34186661	6/21/2022	6/22/2022	Some elements present	Some elements present	No elements present	No elements present	No elements present	All elements present
8	ERIE	34146687	5/25/2022	6/1/2022	All elements present	All elements present	All elements present	All elements present	All elements present	All elements present
9	ERIE	34065143	4/4/2022	4/5/2022	Some elements present	Some elements present	Some elements present	Some elements present	No elements present	No elements present
10	ERIE	34049493	3/24/2022	9/30/2022	All elements present	All elements present	All elements present	All elements present	Some elements present	All elements present

Scoring Key			
All elements present			1
Some elements present			0.5
No elements present			0
Score is a % of all components that meet the standard			

Documented Component of a Quality Progress Notes	Quality Score for Safety Plans
Safety plan is consistent with case circumstances	75%
Safety plan is adequate to fully protect the children	75%
Safety plan lists specific actions taken or to be taken and persons responsible	60%
Safety plan includes appropriate controlling interventions, initiated by the caseworker, to address safety	80%
Safety plan includes details about duration of the plan and how the plan will be monitored	45%
Documentation of supervisory input is present	70%

*Components of a Safety Plan Source: (New York State Child Protective Services Manual, Chapter 6, Section D-2)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

RAISING THE LOWER AGE OF JUVENILE DELINQUENCY DIFFERENTIAL RESPONSE FOR CHILDREN UNDER 12 YEARS OF AGE 2022 ANNUAL PLAN

As part of promoting the well-being of children, families, and communities, New York State passed legislation that raised the lower age (RTLA) of juvenile delinquency from 7 to 12 years of age in almost all cases (Chapter 810 of the Laws of 2021, as amended by Chapter 38 of the Laws of 2022). As of December 29, 2022, the new law requires that each local department of social services (LDSS) establish an RTLA differential response (DR-RTLA) for children under 12 years old who do not fall under the definition of juvenile delinquent under section 301.2 of the Family Court Act (FCA), and whose behavior would otherwise bring them under the jurisdiction of family court pursuant to Article 3 of the FCA. Law enforcement may still respond to incidents involving these eligible children; however, a petition cannot be filed in family court under Article 3 of the FCA.

The purpose of the DR-RTLA is to remove the youngest children who exhibit and engage in problematic behavior from the juvenile justice system and respond to their needs and the needs of their families through community-based services, opportunities, and supports that promote and restore well-being. The DR-RTLA is an opportunity to respond to primary and middle school-aged children with interventions that promote racial, ethnic, and gender equity and reduce the possibility of future involvement with juvenile justice and child welfare systems.

A. Differential Response for Children Procedures

The LDSS is responsible for the DR-RTLA for eligible children and their families in their local district. Please specify any other agency that is responsible at each procedure point and a brief description of how the agencies will collaborate at that procedure point.

Please provide a description of the following procedures.

1. Intake — receives the DR-RTLA referral, conducts an initial screening, and makes an eligibility determination

Please specify any agency other than the LDSS that has a role at this procedure point:

Initial intake of youth who qualify under the DR-RTLA will take place at the Erie County Family Services Team, a "front door" for youth and families in need of intensive services. The Family Services Team is led by the Dept. of Social Services and operated in collaboration with the Dept. of Mental Health.

or N/A

The intake process includes at a minimum the following:

- Receive referrals at a minimum during LDSS regular business hours
- Gather intake information that includes, but is not limited to,
 - the reason for the referral to the DR-RTLA, including the specific behavior(s) of the child;
 - the age of the child;
 - contact information for the referral source;
 - child and caregiver contact information;
 - any current safety concerns and/or safety plans in place;
 - contact information of known service providers and familial supports.

Based on the information, the DR-RTLA will make a determination of the child's eligibility.

For eligible children residing in the district, the DR-RTLA program will

- contact the family of an eligible child within one business day of receiving a referral;
- schedule an appointment, within seven business days, with the child, family and any familial supports identified by the family;
- ask the family if they are currently working with child protective services, child welfare preventive services or foster care services and obtain permission to speak to LDSS case manager/caseworker for any applicable information.

When an eligible child or their family has current involvement with child protective services, child welfare preventive or foster care services, the DR-RTLA program will contact the LDSS case manager/caseworker to

- inform them of the referral to the DR-RTLA program and the current intake information
- inform them of the decision of the family to proceed or not proceed with the DR-RTLA assessment,

- inform them of the DR-RTLA processes, and
- obtain information about their assessment of the child's and their family's progress in current interventions and supports.

The DR-RTLA is voluntary to the child and family. If there are safety plans in place or known safety concerns, the DR-RTLA program will immediately act in accordance with existing policy, regulations and law.

2. Assessment of the child's and family's strengths, concrete needs and challenges related to the behavior that led to a referral to the DR-RTLA program. Such assessment should also consider any individualized vulnerabilities and be responsive to the child's and family's culture.

Name of assessment instrument(s) used:

- Child and Adolescent Needs and Strengths (CANS)
- Child and Adolescent Service Intensity Instrument (CASII)
- Sexual exploitation screening and assessment **(required)** (**OCFS-3920**, *Child Sex Trafficking Indicators Tool* and **OCFS-3921**, *Rapid Indicator Tool to Identify Children Who May Be Sex Trafficking Victims or are at Risk of Being a Sex Trafficking Victim*)
- Other (Please specify.):

Erie County DSS will utilize the Family Services Team screening tool: FST Risk and Needs Assessment.

Please specify any agency other than the LDSS that has a role at this procedure point:

The Erie County Family Services Team is led by Erie County Dept. of Social Services and operated in collaboration with the Erie County Dept. of Mental Health.

or N/A

The DR-RTLA assessment will include an assessment of

- The current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral, which could include but is not limited to the safety of other children in the family;
- the eligible child's and family's strengths, concrete needs, and challenges or concerns;
- any individualized vulnerabilities;
- cultural considerations; and
- indicators of child sex trafficking.

The assessment(s) will inform the services, supports, and opportunities offered to eligible children and their families:

3. Please indicate below the potential supports to be offered to eligible children and their families. (Please check all that apply.)

- Positive Youth Development Programming
- Housing/Food/Clothing Supports
- Parent Peer Supports
- Respite Services
- Behavioral Health Services and Supports
- Parent/Caretaker Skill Development Supports
- Educational Supports
- Supervision and Treatment Services for Juveniles Program Services and Supports (non-FSS)
- Child Welfare Preventive Services **(if eligible) (required)**
- Family Support Services (FSS) Program **(if eligible and established) (required)**
- Other: (Please specify.)

Family Group Conferencing

4. Plan development and successful intervention engagement process.

Please specify any agency other than the LDSS that has a role at this procedure point:

Plans will be developed by staff employed by the Dept. of Social Services in collaboration with staff employed by the Dept. of Mental Health.

or N/A

Supports offered through the DR-RTLA are voluntary to the family and child.

The plan development process will

- o be family-led
- o include natural supports and other providers involved with the family, with the family's permission, and as available.

If no safety plans or concerns are identified and the family declines the recommended interventions, the DR-RTLA will provide the family with contact information for the DR-RTLA and the recommended interventions orally and in writing.

It is also required that the LDSS support the family through a facilitated referral process to agreed-upon interventions. Family team meetings or other family-led collaborative forums may provide the best opportunity for the child and family to meet new providers, to promote continuity of care, and for team members to align strategies and resources to best support the child and family.

The DR-RTLA will utilize a facilitated referral process to services, supports, and opportunities to support the child and family at this critical transition point.

5. Follow up with providers and supports regarding child's progress.

Please specify any agency other than the LDSS that has a role at this procedure point:

or N/A

The LDSS' differential response process to assess the child's progress and collectively determine if there is a need for any further supports to the child and family includes at a minimum all of the following:

- Contacting the family and child on or about 30 days from the development of the support plan
- Obtaining all evaluations and assessments of the child's progress in interventions from the providers, as permitted by the family via a release of information form while the DR-RTLA case is active
- Contacting the provider(s) on or about 30 days after support plan development
- Contacting the family and providers within seven days prior to the DR-RTLA case completion to assess the child's progress and collectively determine if there is a need for further supports to the child and family

B. Planning Activities

Briefly describe all the planning activities that the locality has engaged in related to the development of the DR-RTLA program.

Partners included in the planning of the DR-RTLA: (Please check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Law enforcement agencies | <input type="checkbox"/> Families |
| <input checked="" type="checkbox"/> School districts | <input checked="" type="checkbox"/> Respite service providers |
| <input checked="" type="checkbox"/> Youth bureau | <input type="checkbox"/> Children's advocacy center |
| <input type="checkbox"/> Community/faith-based organizations | <input type="checkbox"/> Anti-trafficking providers |
| <input type="checkbox"/> Dispute resolution centers | <input checked="" type="checkbox"/> Voluntary agencies |
| <input checked="" type="checkbox"/> Other: (Please specify.) Dept. of Mental Health | |

The LDSS specific collaborative planning activities for the development of the DR-RTLA plan included: (Please check all that apply.)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Current data assessment | <input type="checkbox"/> Focus groups with families |
| <input type="checkbox"/> Community needs assessment focused on the needs of the eligible children and their families | <input checked="" type="checkbox"/> Other stakeholder meetings |
| <input checked="" type="checkbox"/> Meetings with law enforcement | |

Other: (Please specify.)

C. Reduction of System Involvement

Children do well when their parents, caregivers, families, and communities are healthy and stable. To be successful, as a system we must take a more comprehensive, trauma-informed, upstream approach to meet families where they are and have the capacity to rapidly engage with culturally relevant approaches, tools and resources that strengthen and empower families and their natural supports so that children are safe and can thrive.

The DR-RTLA for eligible children will reduce their likelihood of interaction with the juvenile justice and child welfare systems in the future through the following strategies: (please check all that apply)

- support and empowerment of families and their natural supports to identify their strengths, needs and resources so children are safe and can thrive
- use of community alternatives and early interventions to address concerning or harmful behavior through developmentally appropriate means
- use trauma-informed practices when interacting with eligible children and their families
- use culturally responsive and inclusive approaches when interacting with eligible children and their families

Other: (Please specify.)

D. Promoting Safety and Well-Being

As you consider your answer to this section, consider how the DR-RTLA can be a trauma-informed, inclusive, accessible, culturally responsive approach that supports, strengthens, and empowers families and their natural supports so that children are safe and can thrive.

The DR-RTLA for this eligible child population will enhance the ability of the district to ensure the safety and well-being of the eligible child population through the following strategies: (please check all that apply)

- family driven processes that ensure the safety and well-being of eligible children
- assessment process includes an assessment of the current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral, which could include but is not limited to the safety of other children in the family
- trauma-informed practices when interacting with eligible children and their families
- culturally responsive and inclusive approaches when interacting with eligible children and their families
- positive youth development opportunities that will enhance the well-being of eligible children

Other: (Please specify.)

E. Reducing Adverse Impacts

The following equity approaches should be considered as you complete your answer to this section.

- Race Equity and Gender Identity – advancing an approach where all children and families, regardless of race and Sexual Orientation, Gender Identity and Expression (SOGIE) have the same opportunity through culturally relevant supports and resources to reach their potential
- Social and Economic Well-Being – promoting and supporting a trauma-informed system where concrete needs are met, and opportunities are provided equitably
- Family and Youth Partnership – authentically and effectively sustaining the participation of families and youth at all system levels

The DR-RTLA addresses adverse impacts on marginalized communities through the following strategies: (please check all that apply)

- Performing outreach to marginalized communities to ensure they are aware of resources available and hear their needs
- Engaging with law enforcement, particularly in marginalized communities, to ensure law enforcement's understanding of the new approach with eligible children
- Building capacity for culturally responsive services, supports, or opportunities in partnership with communities

Responding to feedback from children and families on the DR-RTLA program and their needs

Other: (Please specify.)

F. Monitoring Activities

The LDSS' activities must include how the required service elements (i.e., intake, assessment, support planning, intervention engagement, and monitoring of the child's progress) of the DR-RTLA are monitored and how child and family feedback are consistently included in the monitoring activities.

The LDSS will monitor the DR-RTLA for children through the following activities: (Please check all that apply.)

- Obtaining child feedback consistently **(required)**
- Obtaining family feedback consistently **(required)**
- Supervisory review of DR-RTLA case activities, including but not limited to intake, assessment, support planning, intervention engagement, and monitoring of the child's progress in interventions
- Regularly scheduled meetings with differential response staff to assess the current processes and protocols for improvements
- Regularly scheduled meetings with community stakeholders, including law enforcement agencies, to assess the current processes and protocols for improvements

Other: (Please specify.)

The LDSS will ensure the confidentiality of the DR-RTLA records.

The DR-RTLA records shall be maintained for five years after an eligible child has been referred to the LDSS differential response or until the eligible child reaches the age of 12, whichever is sooner. The LDSS will ensure compliance with the record retention schedules for the DR-RTLA records.

G. Funding

Does your county use additional funding (e.g., local dollars or grant funding) to enhance the DR-RTLA for children?

- Yes
- No

If yes, please specify the type of funding and what enhancements it will support:

Local share of preventive services programs

H. Training

The training that will be provided to district staff regarding the LDSS DR-RTLA for children will include at a minimum

- an overview of the LDSS differential response structure and DR-RTLA plan;
- information regarding the required elements of the DR-RTLA, including responsibilities for obtaining intake information, screening for eligibility determination, assessment of the eligible child and their family, collaborative support planning with the eligible child and their family, the facilitated referral process to interventions as needed, and monitoring of the eligible child's progress in interventions;
- the voluntary nature of the differential response and the interventions offered to the eligible child and their family;
- information regarding the DR-RTLA case documentation, confidentiality, and completion requirements;
- information regarding the current continuum of services, supports, and opportunities in the district;
- record retention schedules for the differential response; and
- local district protocols related to when a differential-response-eligible child may be considered for PINS diversion services.

Please provide any additional information that will be contained in the training for district staff:

Staff at the Family Services Team will be trained in the legislative requirements and protocol. Additional staff from other departments will also be provided updated information regarding the protocols and points of contact to respond to the legislation.

Please provide the anticipated frequency of this training:

Training for FST staff will take place monthly, and on an as needed basis.

The training that will be provided to non-district staff regarding the LDSS DR-RTLA for children will include at a minimum

- an overview of the LDSS DR-RTLA structure and referral processes;
- contact information for the LDSS DR-RTLA and hours of operation (must at a minimum align with normal business hours of the LDSS);
- eligibility criteria for the differential response and the LDSS processes that will be followed should the referred child not be eligible for the DR-RTLA;
- the requirements of the differential response, including but not limited to monitoring of the child’s progress in interventions and follow-up time frames, and the differential response case completion;
- the voluntary nature of the differential response and the interventions offered to the eligible child and their family;
- information regarding the current continuum of services, supports, and opportunities in the district; and
- record retention schedules for the DR-RTLA.

Please provide, any additional information that will be contained in the training for non-district staff:

Points of contact for questions and concerns.

The non-district staff that will receive such training will include:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Law enforcement agencies | <input type="checkbox"/> Families |
| <input checked="" type="checkbox"/> School districts | <input checked="" type="checkbox"/> Respite service providers |
| <input type="checkbox"/> Youth bureau | <input type="checkbox"/> Children’s advocacy center |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Anti-trafficking providers |
| <input type="checkbox"/> Dispute resolution centers | <input checked="" type="checkbox"/> Voluntary agencies |
| <input checked="" type="checkbox"/> Legal partners such as county attorney, attorneys for the child and family court judges | |

Other: (Please specify.)

Please provide the anticipated frequency of this training:

Erie County DSS will distribute a training memoranda when the DR-RTLA is finalized. Regular additional memoranda will be distributed on an as-needed basis. Protocols for accessing RTLA related services and assessment will be added to various community based outreach trainings. Training bulletins will also be widely distributed to be used as desk aids and a resource.

The training set forth in section 840 of the Executive Law for police officers – whose main responsibilities are juveniles – provides instruction, among other areas, on the differential response program. It includes the definition of the program’s eligible population and best practices by law enforcement that involve the collaboration with LDSSs for children under the age of 12 who are eligible for the LDSS differential response program. This training is being developed and will be released to police officers by the New York State Division of Criminal Justice Services.

I. Differential Response for Children Contact

Please provide the name, title, email address, and phone number of the contact for the DR-RTLA program. ***This information will be posted publicly on the OCFS website.***

Name: Stephanie Fears

Title: Clinical Supervisor, Family Services Team

Email Address: Stephanie.Fears@erie.gov

Phone Number: (716) 858-1981

Submission Information

County or Municipality: Erie County

Name of Person Submitting the Plan: Catherine Gavin

Title: First Deputy Commissioner - Social Services

Email Address: Catherine.Gavin@erie.gov

Date of Submission: 11 / 15 / 2022

Office of Children and Family Services (OCFS) Approval

As an OCFS reviewer, I certify that I approve this Differential Response Plan for 2022.

User ID: IT3598

Print Name: Dana Barrett

Date: 11 / 16 / 2022



**Office of Children
and Family Services**



**Division of Criminal
Justice Services**

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

ROSSANA ROSADO
Commissioner

August 19, 2022

Dear Local District Commissioner or Probation Director:

This letter is to inform you that the PINS Diversion Services Section of the Erie County Child and Family Services Plan (CFSP) has been approved jointly by the Office of Children and Family Services and the Division of Criminal Justice Services effective August 18, 2022.

The Office of Children and Family Services and the Division of Criminal Justice Services are committed to providing the support you need to continue to offer quality services and improve outcomes for youth and their families.

Sincerely,

Robert M. Maccarone
DCJS Deputy Commissioner and Director
Office of Probation and Correctional Alternatives
NYS Division of Criminal Justice Services

Dr. Nina Aledort
Deputy Commissioner
Division of Youth Development and
Partnerships for Success
NYS Office of Children and Family Services



**Office of Children
and Family Services**

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

November 16, 2022

Dear Local District Commissioner:

This letter is to inform you that the 2022 Raising the Lower Age of Juvenile Delinquency Differential Response for Children Under 12 Years of Age Annual Plan for Erie County has been approved by the Office of Children and Family Services effective November 16, 2022.

If you have any questions, please email us at RTLA@ocfs.ny.gov or reach out to Lynn Tubbs at (518) 473-9116 or Karen Sessions at (518) 474-3427.

Thank you for your continued partnership.

Sincerely,

A handwritten signature in black ink, appearing to read "Nina Aledort".

Nina Aledort, PhD
Deputy Commissioner

cc: Lynn Tubbs, Director of Cross-System Supports, YDAPS
OCFS Child Welfare and Community Services Regional Office Directors