

## **WORKSHEETS AND OPTIONAL FORMATS FOR INCLUSION IN THE PLAN DOCUMENT**

1. State Goal Statements for Family and Children Services (F&CS) and Adult Services (AS)

### Worksheets/Optional Formats

2. Introduction Page (Required)
3. Update to the Needs Assessment (Optional)
4. Goal 5: Indian Child Welfare (Required)
5. Progress in Meeting Outcomes (Required)
  - Section 1: Progress Toward Achievement of Outcomes
  - Section 2: Changes to Outcomes
  - Section 3: Strategies to be implemented in 1997
6. Summary Listing of Outcome Statements (Optional)
7. Implication for Future Staff Development (Optional)
8. Child Day Care Update (Required as specified)
9. Non-Residential Domestic Violence Services (Required only for changes since previous submittal in the current CSP)
10. Understanding with the District Attorney's Office (Required if changes since submittal in CSP)
11. Public Hearing and Agency Consultation (Required)

### Appendices

12. Appendix B: Estimate of Persons to Be Served (Required only if the social services district does not seek a waiver. The Appendix B waiver is included on the Commissioner's signature page)
13. Appendix D: Assurances (Required)
14. Appendix F: Program Information Matrix, Outcomes/Strategies, and Estimate of Expenditures (Required)

### Signature Pages

15. Commissioner Signature Page (with pre-printed appendix B waiver request, request for extension of CSP plan period) (Required)
16. Signature of the chief elected officer of the county or the chairperson of the legislative body in those social services districts without a chief elected official (Required)

STATE GOAL STATEMENTS FOR  
FAMILY AND CHILDREN SERVICES (F&CS) AND ADULT SERVICES (AS)

F&CS #1: FAMILIES, INCLUDING NUCLEAR, EXTENDED AND ADOPTIVE FAMILIES WILL BE STRENGTHENED AND SUPPORTED IN RAISING AND NURTURING THEIR CHILDREN, IN ENSURING THEIR CHILDREN'S CONNECTIONS TO THEIR HERITAGE; AND IN PLANNING FOR THEIR CHILDREN'S FUTURE.

F&CS #2: CHILDREN WHO ARE REMOVED FROM THEIR BIRTH FAMILIES WILL BE ENSURED STABILITY, CONTINUITY AND AN ENVIRONMENT THAT SUPPORTS ALL ASPECTS OF THEIR DEVELOPMENT.

F&CS #3: VICTIMS OF FAMILY VIOLENCE, BOTH CHILD AND ADULT, WILL BE AFFORDED THE SAFETY AND SUPPORT NECESSARY TO ACHIEVE SELF-SUFFICIENCY (ADULT), AND/ OR TO ENSURE THEIR CONTINUED GROWTH AND DEVELOPMENT (CHILD).

F&CS #4: ADOLESCENTS IN FOSTER CARE AND PREGNANT, PARENTING AND AT-RISK TEENS IN RECEIPT OF PUBLIC ASSISTANCE WILL DEVELOP THE SOCIAL, EDUCATIONAL AND VOCATIONAL SKILLS NECESSARY FOR SELF-SUFFICIENCY, (Districts are encouraged to expand this goal statement to include all pregnant and parenting teens, regardless of their association with assistance.)

F&CS #5: NATIVE AMERICAN FAMILIES, INCLUDING NUCLEAR, EXTENDED AND ADOPTIVE FAMILIES WILL BE STRENGTHENED AND SUPPORTED IN RAISING AND NURTURING THEIR CHILDREN, IN ENSURING THEIR CHILDREN'S CONNECTIONS TO THEIR TRIBAL HERITAGE; AND IN PLANNING FOR THEIR CHILDREN'S FUTURE.

AS #1: IMPAIRED ADULTS WHO ARE ABUSED, NEGLECTED OR EXPLOITED BY OTHERS, WILL BE IDENTIFIED, HAVE THEIR SITUATION THOROUGHLY INVESTIGATED, AND BE PROTECTED.

AS #2: IMPAIRED ADULTS WHO ARE AT RISK OF HARM; UNABLE TO MAKE DECISIONS ON THEIR OWN BEHALF; AND REFUSE NECESSARY SERVICES, WILL BE ASSESSED AND SERVED PURSUANT TO THE APPROPRIATE LEGAL INTERVENTION.

AS #3: THE MENTAL HEALTH, DEVELOPMENT, HEALTH AND SOCIAL SERVICES NEEDS OF IMPAIRED ADULTS WILL BE THOROUGHLY ASSESSED TO ASSURE THAT APPROPRIATE SERVICE PLANS ARE DEVELOPED.

AS #4: ADULTS WHO ARE UNABLE TO LIVE ON THEIR OWN WILL BE PLACED IN APPROPRIATE RESIDENTIAL CARE FACILITIES INCLUDING SMALL HOME-LIKE SETTINGS.

Annual Implementation Report

for the period of \_\_\_\_\_, 19\_\_ - \_\_\_\_\_, 19\_\_

for the  
Consolidated Services Plan

\_\_\_\_\_, 19\_\_ - \_\_\_\_\_, 19\_\_

\_\_\_\_\_ County

This Annual Implementation Report covers the period of \_\_\_\_\_ to \_\_\_\_\_. The Report contains County Outcomes and Strategies to be undertaken by the social services district that respond to community needs in the areas of Adoption, Foster Care Services for Children, Preventive Services for Children, Protective Services for Adults,, Protective Services for Children, Other Adult Services, and Other Children and Family Services. In addition, the Report contains a description of public participation. The Report contains estimates of expenditures, and program information. Anyone interested in participating in the process may do so by

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RELATED TO STATE GOAL (MARK RELEVANT GOALS)				
F&CS 1	F&CS 2	F&CS 3	F&CS 4	F&CS 5
AS 1	AS 2	AS 3	AS 4	

GOAL 5: INDIAN CHILD WELFARE

\_\_\_\_\_County

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| F&CS #5: NATIVE AMERICAN FAMILIES, INCLUDING NUCLEAR, EXTENDED AND  |
| ADOPTIVE FAMILIES WILL BE STRENGTHENED AND SUPPORTED IN  |
| RAISING AND NURTURING THEIR CHILDREN, IN ENSURING THEIR  |
| CHILDREN'S CONNECTIONS TO THEIR TRIBAL HERITAGE; AND IN  |
| PLANNING FOR THEIR CHILDREN'S FUTURE.  |
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+--+ EXISTING OUTCOMES HAVE BEEN AMENDED TO ADDRESS INDIAN CHILD WELFARE  
 +--+ BY THE INCLUSION OF SPECIFIC STRATEGIES (Please indicate by checking  
 Goal 5 on the County Outcome Progress Worksheet)

or

+--+ THE FOLLOWING OUTCOME AND STRATEGIES IS ADDED TO ADDRESS INDIAN CHILD  
 +--+ WELFARE ISSUES

COUNTY OUTCOME # \_\_\_\_: State measurable outcome

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+-----+
| RELATED TO STATE GOAL (MARK RELEVANT GOALS)  |
| F&CS 1 ____ F&CS 2 ____ F&CS 3 ____ F&CS 4 ____ F&CS 5 ____ |
| AS 1 ____ AS 2 ____ AS 3 ____ AS 4 ____  |
+-----+

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INDICATORS TO BE USED TO TRACK COUNTY PROGRESS IN ACHIEVEMENT OF THIS OUTCOME

OVERVIEW OF COUNTY STRATEGIES TO ACHIEVE OUTCOME OVER THE REMAINDER OF THE PLAN CYCLE

Strategy (ies) to Be Implemented in 1997

RELATED TO COUNTY OUTCOME #\_\_\_\_\_

STRATEGY(IES) #\_\_\_\_\_

DESCRIPTION

DESCRIBE LEVEL OF PROPOSED CHANGE IN SERVICE UTILIZATION OR CAPACITY

IDENTIFY KEY ACTORS/ AGENCIES TO BE INVOLVED IN IMPLEMENTATION

PROGRESS IN MEETING OUTCOMES

\_\_\_\_\_County

COUNTY OUTCOME # \_\_\_\_: State measurable outcome ( or attach relevant CSP pages)

RELATED TO STATE GOAL (MARK RELEVANT GOALS) ;				
F&CS 1 ____	F&CS 2 ____	F&CS 3 ____	F&CS 4 ____	F&CS 5 ____ ;
AS 1 ____	AS 2 ____	AS 3 ____	AS 4 ____	;

Section 1: Progress Toward Achievement of Outcomes

Section 2: Changes to Outcomes

+++ CONTINUE OUTCOME AS SUBMITTED IN THE CSP  
+++

or

+++ THE OUTCOME IS CHANGED AS FOLLOWS:  
+++

Section 3: Strategy (ies) to Be Implemented in 1997

Related to County Outcome #\_\_\_\_\_

Strategy (ies): #\_\_\_\_\_

OVERVIEW OF COUNTY STRATEGIES TO ACHIEVE OUTCOME OVER THE REMAINDER OF THE PLAN CYCLE

+--+ CONTINUE STRATEGY(IES) AS SUBMITTED IN THE CSP  
+--+

or

+--+ THE STRATEGY IS CHANGED AS FOLLOWS  
+--+

DESCRIPTION OF REVISED OR NEW STRATEGY

DESCRIBE LEVEL OF PROPOSED CHANGE IN SERVICE UTILIZATION OR CAPACITY  
(if appropriate, indicate no change)

IDENTIFY KEY ACTORS/ AGENCIES TO BE INVOLVED IN IMPLEMENTATION  
(if appropriate, indicate no change)



IMPLICATION FOR FUTURE STAFF DEVELOPMENT

\_\_\_\_\_County

OUTCOME # (List Below)	TRAINING IMPLICATIONS TYPE OF TRAINING	POPULATION TO BE TRAINED

NON-RESIDENTIAL DOMESTIC VIOLENCE SERVICES  
(Changes)

\_\_\_\_\_County

1. The county will provide non-residential services:

Directly\_\_\_\_\_ Through purchase of service\_\_\_\_\_

2. If you are purchasing non-residential services, provide the following information for ALL agencies with which you will be contracting for the provision of non-residential services. (make copies of form as needed)

Agency: \_\_\_\_\_ New\_\_\_\_\_ Continuing \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- a. Describe each service component for both \_\_\_\_\_ and optional services.
- b. Describe the days and hours of service availability.
- c. Discuss the location of the services as it relates to client safety and confidentiality.
- d. Identify the staffing pattern and staff roles for the provision of non-residential services.

PUBLIC HEARING AND AGENCY CONSULTATION

\_\_\_\_\_County

Public Hearing

Public Hearing Held: \_\_\_\_\_ (15 days prior to submittal of AIR)  
date

Public Notice Published: \_\_\_\_\_ (15 days in advance of the  
date Public Hearing)

Newspaper \_\_\_\_\_ (Attach copy of published Notice)

Number who attended \_\_\_\_\_

Areas represented at the Public Hearing:

- |                     |                      |
|---------------------|----------------------|
| _____Health         | _____Legal           |
| _____Child Care     | _____Law Enforcement |
| _____Adolescents    | _____Other _____     |
| _____Mental Health  | _____Other _____     |
| _____Aging          | _____Other _____     |
| _____General Public |                      |

Issues Identified at the Public Hearing

Agency Consultation: Protective Services for Adults

	Identify Agencies and number, frequency <u>or</u> dates
Aging	*
Health	*
Mental Health	*
Legal	*
Law Enforcement	*
Public Agencies	
Voluntary Agencies	
Other Concerned Individuals and Organization	

Those areas which include an \* are required to be included in the process.

Issues raised and the impact on the service delivery system.

Agency Consultation: Child Protective Services

	Identify Agencies and number, frequency <u>or</u> dates
Law Enforcement	*
Family Court	*
Public\ Voluntary Agencies	*
Health	
Mental Health	
Legal	
Other Concerned Individuals and Organization	

Those areas which include an \* are required to be included in the process.

\* Required Consultation: Appropriate public or voluntary agencies including the societies for the prevention of cruelty to children.

Issues raised and the impact on the service delivery system.

Agency Consultation: Child Welfare Services

Identify Agencies and Frequency of Consultation	
Public Agencies	*
Authorized Agencies	*
Other Concerned Individuals and Organization	*
Health	
Mental Health	
Legal	
Law Enforcement	
Family Court	

Those areas which include an \* are required to be included in the process.

\* Required Consultation: Other government agencies concerned with the welfare of children residing in the districts.

Issues raised and the impact on the service delivery system.

APPENDIX B

|-----|  
 |COUNTY NAME: | COUNTY CODE: |

TYPE OF CARE/SERVICE	TOTAL*	CHILDREN	ADULTS
1   Adoption			
2   Day Care			
3   Domestic Violence			
4   Family Planning			
5   Preventive Child Mandated			
6   Preventive Child Non-Man.			
7   Child Protective Services			
8   Child Protect Svs Investig			
9   Unmarried Parents			
10   Preventive - Adults			
11   Prot Svs Adults - Svs			
12   Prot Svs Adults - Investig			
13   Social Group Svs Sr Citiz			
14   Education			
15   Employment			
16   Health Related			
17   Home Management			
18   Homemaker			
19   Housekeeper/Chore			
20   Housing Improvement			
21   Information and Referral			
22   Transportation			

\* Total Equals Children Plus Adults

APPENDIX B

|-----|  
 |COUNTY NAME: | COUNTY CODE: |

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TYPE OF CARE/SERVICE

TYPE OF CARE/SERVICE	TOTAL*	CHILD	ADULTS	CHILD	CHILD
CHILD FOSTER CARE					
23   Institutions					
24   Group Homes/Residences					
25   Agency Oper Board Homes					
26   Family Foster Care					
27   Comm on the Handicapped					
Unduplicated Count of					
All Children in Care					

TYPE OF CARE/SERVICE	TOTAL*	CHILDREN	ADULTS
ADULT			
28   Residential Placement Serv.			

\* Total Equals Children Plus Adults

## APPENDIX D

### Assurances

(Social Services Districts)

Appendix D contains the requirements each social services district must fulfill in order to meet the existing mandates found in the State and/or federal statutes and/or regulations. Since the activities indicated are statutory mandates or regulatory requirements, no option is given to indicate that any of these activities are not current practice.

The inclusion of these assurances in the AIR constitutes the social services district's commitment to maintain compliance with these assurances.

1. All providers of service under this plan will 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 social services district is required to provide licensure for the provision of services, agencies providing such services shall be licensed.
2. All providers of services 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 handicapped persons to the extent required by federal and State 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 participation in the state's program for the provision of services except to the extent required by State and/or federal law.
6. In accordance with 18 NYCRR Part 358, applicants for or recipients of services and care have a right to a fair hearing to review the denial, discontinuation, suspension, reduction, restriction or adequacy of services/care or failure to take timely action upon an application for service/care.
7. Adequate and timely notice is provided to applicants for and recipients of services and care as required by section 407.5(h)(2)(i) of the Department's regulations.
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. The social services district has specifically reviewed 18 NYCRR 432.2 (f)(3) to ensure its compliance with all child protective services assurances outlined in those regulations.
10. The social services district has specifically reviewed 18 NYCRR 462.3(b)(2) and (5) to ensure its compliance with the non-residential services for victims of domestic violence assurances outlined in those regulations.
11. The social services district's DSS-3624, "Report of Staff Charged to Functions", submitted to the Bureau of Data Management and Analysis is current.
12. Each agreement between the social services district and a provider or coordinator of services required under Section 422.4(A)(o) of the Social Services Law under which such a provider or coordinator of services is authorized to redisclose child protective services records, reports or other information to other persons or agencies which also provide services to a child or the child's family will include: the specific agencies and categories of individuals to which such information may be redisclosed; the circumstances under which the provider or coordinator of services may redisclose such information; and, a provision indicating that persons or agencies given access to such records, reports or information may exchange such information only as necessary to facilitate the provision or coordination of services to the child or the child's family.

COMMISSIONER'S SIGNATURE PAGE

I hereby approve and submit the Annual Implementation Report for the \_\_\_\_\_ County Department of Social Services for the period of \_\_\_\_\_ 19\_\_ through \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner

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(COMPLETE AND SIGN THE FOLLOWING SECTION IF AN EXTENSION IS BEING REQUESTED. THIS MAY BE DONE IF THE CONSOLIDATED SERVICES PLAN IS SCHEDULED TO END DECEMBER 1996 OR PART WAY THROUGH THE 1997 CALENDAR YEAR.)

I hereby request an extension of the Consolidated Services Plan, for no more than two years, for the period \_\_\_\_\_, 19\_\_ through \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner

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(COMPLETE AND SIGN THE FOLLOWING SECTION IF A WAIVER IS BEING SOUGHT CONCERNING THE SUBMISSION OF APPENDIX B - ESTIMATE OF CLIENTS TO BE SERVED)

\_\_\_\_\_ County requests a waiver to 18 NYCRR 407.5 (a)(4) which requests a numerical estimate of families, children and adults requiring each service listed in Section 407.4 of the same Part. Therefore, Appendix B is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Consolidated Services Planning process was taken into consideration as part of the \_\_\_\_\_ County Consolidated Services Planning process.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner

Enclosed is the Annual Implementation Report for \_\_\_\_\_  
County. My signature below constitutes approval of this report.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Chief Elected Officer: or the  
Chairperson of the legislative body in  
those districts without a chief elected  
officer.