

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:

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.):

Please specify any agency other than the LDSS that has a role at this procedure point:

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.)

4. Plan development and successful intervention engagement process.

Please specify any agency other than the LDSS that has a role at this procedure point:

or N/A

Supports offered through the DR-RTLA are voluntary to the family and child.

The plan development process will

- be family-led
- 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 type="checkbox"/> Law enforcement agencies | <input type="checkbox"/> Families |
| <input type="checkbox"/> School districts | <input type="checkbox"/> Respite service providers |
| <input 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 type="checkbox"/> Voluntary agencies |
| <input type="checkbox"/> Other: (Please specify.) | |

The LDSS specific collaborative planning activities for the development of the DR-RTLA plan included: (Please check all that apply.)

- | | |
|--|---|
| <input 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 type="checkbox"/> Other stakeholder meetings |
| <input 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:

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:

Please provide the anticipated frequency of this training:

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:

The non-district staff that will receive such training will include:

- | | |
|--|---|
| <input type="checkbox"/> Law enforcement agencies | <input type="checkbox"/> Families |
| <input type="checkbox"/> School districts | <input type="checkbox"/> Respite service providers |
| <input type="checkbox"/> Youth bureau | <input type="checkbox"/> Children’s advocacy center |
| <input type="checkbox"/> Community-based organizations | <input type="checkbox"/> Anti-trafficking providers |
| <input type="checkbox"/> Dispute resolution centers | <input type="checkbox"/> Voluntary agencies |
| <input 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:

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:

Title:

Email Address:

Phone Number:

Submission Information

County or Municipality:

Name of Person Submitting the Plan:

Title:

Email Address:

Date of Submission: / /

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:

Print Name:

Date: / /