

+-----+
| LOCAL COMMISSIONERS MEMORANDUM |
+-----+

Transmittal No: 90 LCM-117

Date: July 27, 1990

Division: Adult Services &
Family and Children
Services

TO: Local District Commissioners

SUBJECT: 1991-93 Consolidated Services Plan

ATTACHMENTS: Overview: Consolidated Services Plan; Guidelines for
the Development of the Consolidated Services Plan -
(Available on-line)

Attached are the guidelines for preparing the 1991-93 Consolidated Services Plan. The basic format has not been changed from the previous CSP, and the required enclosures remain the same. The appendixes have been reformatted in preparation for the eventual office automation of all districts.

The major modifications to the guidelines reflect the incorporation of established programs such as Independent Living and Teenage Services Act. In addition, the implementation of the Family Support Act with its emphasis on the child care needs of participants in employment, education, and training activities is included.

The development of the Independent Living program is now moving into its fourth year and should be incorporated into the Plan as part of the foster care component.

Chapter 49 of the Laws of 1990 provides permanent authority to the Teenage Services Act. Districts are given the option of providing case

management services to persons who, at the time of referral, are 18 years of age or older but under the age of 21 years and who are otherwise eligible for TASA. With the incorporation of the TASA plan into the CSP process, the district's TASA plan currently on file with the Department will be appended to the CSP file. Staff with planning responsibility for the CSP are requested to inform TASA coordinators of the integration of the CSP and TASA planning activities.

Chapter 453 of the Laws of 1990 adds a new Title IX-B to Social Services Law called Job Opportunities and Basic Skills Training (JOBS) Program. This new Chapter Law is the enabling state legislation to implement the Family Support Act of 1988.

The Divisions of Income Maintenance (IM) and Family and Children Services (F&CS) have coordinated the planning efforts. The requirements for the JOBS Plan and for the CSP are the same. Pages 24 through 28 of the CSP guidelines are included in the JOBS Plan instructions. Each Division will focus on specific areas during the review processes. IM will determine if the material meets the JOBS Plan requirements. F&CS will review Day Care in its entire scope including preventive, protective, and employment-related. Service delivery issues also will be reviewed.

The JOBS Plan must be received by the Department on or before September 1, 1990; it is to be sent to the Division of Income Maintenance. Details for submission are included in the JOBS Plan guidelines. IM will send the appropriate material to the Division of Family and Children Services for its review.

Districts intending to apply or reapply for the enhanced reimbursement of pre-determination and post-determination expenditures (Chapter 707 of the Laws of 1988) may wish to discuss the requirements for enhanced funding for Protective Services for Children with regional office staff. The requirements are the same for initial and continuing funding.

Part IV of the guidelines, "Special Areas", contains the specific requirements for the programs mentioned in this memorandum.

When developing the Adult Services components, please review the State-Identified Issues material for both Protective Services for Adults (PSA) and Residential Placement Services. With regard to the program components, please be aware that a status report is required for the previous year's activities. Appendix E, which includes the PSA Program Assurances, should be reviewed carefully and at least two "not current

practice" items must be addressed with activities in the PSA component to the CSP. The not "current practice" items can be addressed separately from the formal program priorities.

A copy of the LCM and the guidelines will be forwarded to your planning coordinator under separate cover. In addition, extra copies of the Appendixes, the various staff contact lists, and a copy of the TASA Plan currently on file with the Department will be forwarded directly to the planning coordinator.

The 1991-93 Consolidated Services Plan, except the Day Care component, is due October 31, 1990. The day care component is due September 1, 1990. Questions concerning the content or process for completing the CSP should be directed to the appropriate Regional Office of Family and Children Services or to the appropriate program representative for Adult Services.

Information sessions are being held statewide.

Judith Berek
Deputy Commissioner
Division of Adult Services

Joseph Semidei
Deputy Commissioner
Division of Family
and Children Services

OVERVIEW

CONSOLIDATED SERVICES PLAN

1991-93

July 1990

GENERAL INTRODUCTION

The Consolidated Services Plan Guidelines reflect the Department's continued commitment to planning for the provision of services to Adults, Children and their Families in the most effective and efficient means available.

These guidelines, which include certain process requirements to be met during the preparation of the plan as well as format and documentation requirements to be met in the submission, are designed to facilitate planning at both the State and local levels. They reflect a continued commitment to involve the local community in this planning process. At the same time the appendixes provide the Department with essential data for planning at the state level. The Department has also maintained its ability to effectively use the local planning process to effect change in a district's program by means of the Department identification of issues and the process that follows such identification.

The following pages detail the specific requirements, both process for development and format for submission, that must be met in order for a plan to receive approval. They are intended to guide districts through the development and preparation of the Plan document. In addition, information sessions will be held in the near future in each region.

Current and Future Directions

The Department has expanded the scope of the CSP to incorporate new or modified program areas: Child Day Care, Independent Living, Domestic Violence, and Teenage Services Act. Integration of these program planning requirements will facilitate planning efforts for allocation of resources and establishment of program priorities that will strengthen the local social services delivery system.

The guidelines include a section entitled "Special Areas" which sets forth the requirements for the program areas noted above as well as the requirements for accessing the enhanced funding for Protective Services for Children. Please note the CSP requirements and JOBS Plan requirements for day care services are identical.

Two additional areas that the Department is committed to taking action on during this multi-year planning cycle, but that are not specifically addressed in the guidelines, are Neighborhood Based Initiatives and the issue of Access to Services. NBI projects are going to be established in 10-20 distressed communities over the next five years. With such expansion anticipated and the direct relationship of NBI's to service delivery, the Department will be discussing possible inclusion of NBI information in the CSP.

Access to Services is an issue that the Department will take responsibility for in the first year by initiating regional forums. No

local district action is required. The expectation is that a second-year phase would include a refinement of the access issues accomplished with district-specific agendas and that the third-year phase may involve development of solutions at a state and local level.

As you can see, these two areas are in the early developmental stages. However, as this is the first year of the multi-year plan, the Department believes it would be helpful to share proposed directions that may impact on the 1991-93 CSP process.

Overview and Outline

The requirements for the 1991-1993 Consolidated Services Plan are similar to the requirements for the 1988-90 Plan. Many of the changes that were incorporated in 1988-90 continue to be in effect. The Plan will consist of a narrative section and a set of charts and other appendixes.

The narrative section is intended to provide increased opportunities for effective local use of the plan. This narrative includes the following sections.

- I. Introduction
- II. District Profile
- III. Program Components
 - A. Adult Services
 - 1. Protective Services for Adults
 - 2. Other Adult Services

B. Family and Children Services

1. Adoption
2. Foster Care
 - a. Independent Living
3. Preventive Services for Children
4. Protective Services for Children
5. Other Family and Children Services
 - a. Child Day Care
 - b. Teenage Services Act (TASA)
 - c. Domestic Violence

IV. Public Participation

The Introduction of the local district Consolidated Services Plan will describe briefly the overall process used by the district in developing the plan that is being submitted as well as indicating how the public can gain access to and participate in the planning process for the program year to come.

The District Profile will provide a general picture of service needs in the district and is based on a series of need indicators identified by local district sources (i.e. local planning office, input from public participation efforts).

Each of the service specific Program Components is to be a narrative and to include a discussion and review of the following areas:

- o the need for the specific service including issues and concerns
- o the current program
- o program priorities
- o activities to be completed
- o unmet needs.

Note: Specific information required related to Independent Living, CPS Enhanced Reimbursement, Child Day Care and TASA is discussed in Part IV the guidelines.

The Public Participation section will describe the process used by the district to obtain and use such participation and document compliance with applicable statutory requirements.

Following the narrative is a series of appendixes and enclosures. While these may be of less interest to the general public, they will constitute a critical element of the submission. The Appendixes are:

- A. Staffing and Organization
- B. Estimates of Persons to be Served
- C. Estimate of Expenditures
- D. Legal Assurances
- E. Program Assurances
- F. Services Matrix
- G. Child Day Care

As a part of the Office Automation (OA) initiative currently in the pilot implementation phase (Genesee, Nassau, Ontario, and Washington counties), the CSP submission process will be automated. In preparation for statewide automation, the appendixes have been re-formatted on-line. Although the forms appear to be different, the substantive changes are minimal. Districts that are currently involved with the OA initiative are encouraged to prepare their CSP on line. Further instructions for these purposes will be provided in a separate document.

For each appendix there will be a set of instructions, and, where appropriate, examples will be provided. Appendix A has been modified, Appendix B/C has been eliminated, and Appendix B is substantially the same as the one required in the 1985-87 CSP. Appendix C has been revised to reflect services expenditures. Appendixes D and E contain the basis for the documentation files maintained by the district that are to be available to this Department for monitoring purposes. Modifications have been made to Appendix D and it should be reviewed by the local district prior to final approval by the local commissioner. Appendix F remains technically the same for the 1991-93 CSP. A new Appendix G has been added for specific Child Day Care information.

The enclosures are:

- A. Commissioner Signature Page
- B. Chief Executive Signature Page
- C. Introduction Page

For each enclosure there is a brief set of instructions. The enclosures are the same as those that have been required since the 1987 Annual Implementation Report.

A major activity which will occur prior to the development and submission of the plan is the State-identified issues process. Districts will be informed formally no later than August 15th of program issues identified by the Department. Staff from the Department's program divisions will work closely with the local districts to achieve agreement around the significance of the identified issues and to resolve any question that may exist. This process is basically the same as the 1988-90 State-identified issues process but, with regard to Family and Children Services issues, it provides for the major negotiations and possibly agreements to occur prior to a formal letter from the Department reaffirming the issues. Details are discussed further on in the guidelines.

Following is a calendar of planning milestones. Except where indicated, these milestones will occur at approximately the same time each year. The effective dates of the plan apply to all districts. Any district whose local budget cycle is not aligned with these milestones will be allowed the option of submitting their plan on a timetable consistent with the local budget cycle. Since an adequate submission is contingent upon the Department completing certain activities, any district intending to choose a different submission date in order to align the plan and budget years should notify the Department as early as possible to enable the Department to assist in expediting the provision of necessary data and

issues. Any district proposing to submit the document on October 31, as required, but which experiences delays, may request an extension. The request for an extension must include a justification statement and a proposed alternate submission date and be directed to the Commissioner with a copy of the request to be submitted to the appropriate Regional Office. The Department will review and respond to each request individually.

Finally, districts have additional options available through a waiver process which may facilitate planning for service delivery given their particular needs. First, contiguous districts may submit one plan for the geographic region which they encompass. Second, a district may incorporate several Department-required plans into one document for submission. For example, the document may incorporate the Consolidated Services Plan, the employment plan and the personal care plan. Third, a district may wish to pursue an innovative approach to planning developed specifically to meet its needs. If a district(s) is interested in any of these options, a waiver request must be submitted to the Commissioner of the Department no later than August 15, 1990. The waiver request must include a brief outline and rationale and a clear statement of commitment by the parties affected by the cooperative effort, where appropriate. The Department is prepared to be supportive of innovative approaches to planning.

Submission of Consolidated Services Plan

The original and two copies of the Plan shall be submitted to the Commissioner. At the same time, two copies of the Plan should be sent to the appropriate Regional Office for Family and Children Services.

The addresses are as follows:

Commissioner Cesar A. Perales
New York State Department of Social Services
40 North Pearl Street
Albany, New York 12243

Mr. Fred Cantlo, Director
Metropolitan Regional Office
NYS DSS Family and Children Services
80 Maiden Lane
New York, New York 10038

Mr. Jack Klump, Director
Syracuse Regional Office
351 South Warren Street, 5th floor
Syracuse, New York 13202

Ms. Linda Kurtz, Director
Rochester Regional Office
NYS DSS Family and Children Services
259 Monroe Avenue
Rochester, New York 14607

Mr. John O'Connor, Director
Albany Regional Office
NYS DSS Family and Children Services
40 North Pearl Street
Albany, New York 12243

Ms. C. Linda Brown, Director
Buffalo Regional Office
NYS DSS Family and Children Services
838 Ellicott Square Building
Buffalo, New York 14203

Other Information

Questions concerning the content or process for completing the Consolidated Service Plan that are related to Family and Children Services should be directed to the appropriate Regional Office or to the planning unit in the Division of Family and Children Services. Questions related to Adult Services should be directed to the appropriate program representative in the Division of Adult Services.

A listing of contact names and phone numbers will be distributed to districts. Contacts will be listed for Family and Children Services, including child day care contacts, and for Adult Services. Requests for technical assistance should be directed to the same individuals.

Information sessions will be established in each region during late July/early August to provide an adequate forum to discuss any concerns that districts may have about the planning process.

PLANNING CALENDAR 1990-93

July	Guidelines to districts
June-July	Negotiation process for State-identified issues
August 15	Notification by Department of State-identified issues
October 31	Last day for Plan submission
January 1 - December 31	Effective dates of Plan

State-Identified Issues Process

The State-identified issues process continues to reflect a joint partnership of local districts and the Department committed to the establishment of an effective services delivery system in New York State and to be responsive over the three-year period to changing needs in program areas and the service delivery network at both the State and the local level. The process will conclude prior to the involvement of the public in the multi-year process. Of primary importance, since service delivery systems are locally operated, the majority of the Plan should be based on local initiatives rather than state mandated activities. To direct further development of an effective delivery system statewide, however, two types of issues continue to be presented: (a) State-identified Issues and (b) State Agenda Issues.

(a) State-identified Issues

The State-identified Issues will be targeted to potential deficient areas and will be identified on a district-specific basis. These issues are negotiable within the framework of the Family and Children Services or Adult Services processes set out below.

(b) State Agenda Issues

The State Agenda Issues will consist of general issues that the

Department wishes to emphasize on a Statewide basis. They are not district-specific in nature. These issues will not be negotiated, and, while they must be addressed in the plan, there is no requirement that a priority must be established related to the issue. There are no State Agenda issues identified for the 1991 plan year.

Issues identified by the Department in the first year of the multi-year plan will establish a general framework of issues for the three-year period. The need to adjust those issues will be reviewed yearly affording both the Department and the local district the opportunity to discuss adjustments which respond to the particular service needs evident in the current environment. Flexibility will be incorporated into the negotiations process allowing for a discussion of the issues from both the Department's and the local district's perspective. The process will conclude with a clear understanding of the State-identified issues which will be incorporated in the document for the coming year. There is, however, a basic assumption that there will be continuity from year to year within the three-year cycle.

A. Family and Children Services

The State-identified issues are developed from the Department's review of relevant data and of information gained through program and plan monitoring and other contacts with the district. The issues are then presented for discussion and negotiation with the district. The district may question the Department's data, dispute the relevance or significance of the issue as

formulated by the Department, indicate an inability to address issues in the first year, indicate that there are too many issues to initiate in year one of the cycle, indicate a lack of resources to adequately address the issue and suggest alternate issues for consideration. At the conclusion of the verbal negotiation process, the Department will reaffirm, in writing, the agreements reached regarding issues in each district. If the district continues to question the relevance or significance of any issue cited by the Department, it may contact the Department in either written or verbal form to initiate a discussion of the concerns. The discussions can occur by telephone or in a meeting with Department staff. Districts should come prepared to support their position and we recommend that a brief written outline of the district data be available for purposes of facilitating the discussions.

If, following the negotiations process, the Department and the district do not agree and the Department continues to view the issue as requiring attention in the plan, the district must address the issue in the plan submission or subsequent Annual Implementation Report in order for the plan to be approved. In such cases, the Department will indicate, based on its own analysis as well as on the negotiations with the district, what will constitute an adequate response to the issue.

An adequate plan submission will require priorities and activities for each reaffirmed issue.

B. Adult Services

Districts are expected to address the Protective Services for Adults and Residential Placement Services for Adults State-identified Issues affirmed in the Commissioner's letter to be sent to the districts after the negotiation process. In addressing these issues in the three-year plan, districts must follow the instructions which are set forth in the Adult Services attachment to the Commissioner's letter. If a district feels that a particular adult services State-identified Issue is no longer relevant, the local commissioner must send a letter to Deputy Commissioner Berek requesting a waiver. This request must include:

- o the reason(s) why a particular adult services State-identified Issue is no longer relevant;
- o the local issue that the district would like to address in lieu of the State-identified Issue; and
- o an explanation of the importance of the local issue in terms of improving service delivery to clients.

Within two weeks of receiving a request, the Division will respond to the district in writing whether or not the district's request is approved and the reasons for our decision.

Guidelines

for the Development of

the Consolidated Services Plan

1991-93

I. Introduction (Required)

The Introduction to the local plan will describe the overall planning process required by the State Department and how this process is used locally. It will provide an overview of the document that follows, as well as indicating areas of significance that the local district chooses to highlight. This opening narrative must also include a statement describing how the public may gain access to, and participate in, the planning process during the program year to follow which will focus on the development of the Annual Implementation Report. One possible format for the introduction would be an open letter to the community signed by either the Commissioner, or the County Executive or both.

II. District Profile (Optional)

The District Profile section will provide a general picture of service needs within the district. While this section should not measure needs for specific services, it should generally describe the district's dependent populations through the demographic indicators which identify groups most likely to be in need of services. This section should also describe the perceived impact of these indicators on the needs of these populations.

The organization and presentation of the District Profile narrative is to be determined by the district. The Department prescribes no single method for organizing and presenting this section since the relative significance of certain indicators will vary by district. One acceptable method of organization would consist of a general discussion of trends and indicators followed by a discussion of combined impact on service need of various populations.

The 1990 Census data is not available for the development of this Plan. The Department has been advised that 1990 Census data will not be available until some time in 1992. Potential sources of additional information to support the development of the district's profile are: the county planning office, community resources, and especially information garnered during a public participation effort.

The Department will provide a resource inventory of services for each category upon request. This inventory which can be accessed at your office automation terminal will list residential, as well as non-residential support service providers.

Please direct your inquiries for information and suggestions regarding the Registry to:

Cynthia Sodher

Bureau of Services Information System

Division of Family and Children Services

New York State Department of Social Services

40 North Pearl Street

Albany, New York 12243

III. Program Components (Required)

The program components of the Consolidated Services Plan are organized into two major areas: Adult Services, and Family and Children Services. Adult Services includes two program components: Protective Services for Adults and Other Adult Services, the latter including Residential Placement Services for Adults. The Family and Children Services area includes five program components: Preventive; Foster Care, including Independent Living; Adoption; Protective Services for Children; and Other Family and Children Services, where particular emphasis on day care, and domestic violence and TASA will be noted. Services that may be provided to both Adults and Families and would logically be discussed in both components need only be discussed under either the Adult Services section or the Family and Children Services heading and cross referenced in the other (i.e., Homemaker and Transportation).

Generally, each of the services components has five sections. These sections are:

- A. Introductory Narrative (Needs and Issues)
- B. Description of Current Program
- C. Program Priorities
- D. Activities
- E. Unmet Needs

Note: Part IV of the guidelines specifies the requirements for Independent Living, CPS enhanced funding, Child Day Care, Domestic Violence and TASA.

A. Introductory Narrative (Required)

The introductory narrative for each program component consists of two parts: needs and issues.

In projecting need, districts must use appropriate available data, input received through the public participation process and caseload trends for specific services, as well as input from district staff. The projected need for a service does not necessarily have to be quantified. In any case however, a district must indicate the projected need for each service in terms of descriptive phrases (e.g., Because of the aforementioned factors the need for this particular service will remain stable/marginally increase/substantially increase, marginally decrease). In the introduction for each program component the district must explain the assumptions made in projecting need and describe how the availability of residential and other community based services, whether provided by the district or other agencies, impact on the projection of need.

For the Other Adult Services component and Other Family and Children Services component, the district must address and project need for each service it intends to provide or maintains the ability to authorize as reflected in the WMS Services Matrix. However, the five home care services (homemaker, housekeeper/chore, housing improvement, health related and home management) may be addressed collectively.

Regarding Preventive Services for children, special attention is required. Besides projecting need for Preventive Services, this section must discuss the need for each of the core services that must be made available. Please be aware that there are now seven core services, the most recent

addition being Housing Services which provides for payment of rent subsidies.

It is essential that this section of the plan relate to the needs identified during the plan development process. In addition, the narrative must discuss services issues which the district, with input from the community and its own staff, has identified. This might include an issue of interest to the local department that is outside of the department's direct control, or it may be a service delivery issue (i.e. network, better use of available resources, etc.).

All issues which were affirmed in the State-identified issues process must be discussed here. It is not necessary to label an issue as State-identified or locally identified.

Some examples of the types of general issues that should be discussed are:

- o the need to better utilize existing resources of the district and the community in order to provide a service more effectively (i.e., strengthen interagency relationships);
- o the need to reallocate existing resources of the district in order to better meet the service needs of the community;
- o the need to develop new resources to meet service needs;

- o the need to implement administrative changes in order to enable the district to provide services more effectively and efficiently;
- o the need to access specific resources (e.g. technical assistance, training) from the Department to facilitate district efforts to meet service needs; and
- the need for broad policy action at the State level.

The issues identified and discussed must be service specific for the Protective Services for Adults, Protective Services for Children, Preventive Services for Children, Foster Care Services for Children, and Adoption Services program components of the plan.

In the Other Adult and Other Family and Children subsections of the plan, the issues may be generically discussed.

B. Description of Current Program (Required)

This subsection should be used to provide a general overview of the program which both informs and educates the public about the district's current ongoing programs and initiatives. It is a narrative and must include at least:

- o a summary of the purpose of each mandated service and what is provided as part of the service;

- o a brief statement of how the department is organized to provide the mandated service, what is the appropriate access to the service and who is eligible;

- o what community agencies are involved in the provision of the mandated service either through purchase of service agreements or otherwise and what service or components of service they are providing;

- o the Protective Services for Adults, Protective Services for Children, Adoption, Preventive and Foster Care Services for Children component descriptions should also include a brief general statement on the district's current status as it relates to the Priorities and Activities for the 1988-90 Consolidated Services Plan;

- o for the Protective Services for Children component, the district must include a description of the written agreement with the district attorney's office or a discussion of the efforts made to obtain such an agreement;

- o for the Preventive Services for Children component, this section must specifically discuss each of the core services (day care,

homemaker services, parent training or parent aide, transportation, clinical services, twenty-four hour access to emergency services, and housing services) required to be available; and

- o for the Other Adult and Other Family and Children program components of the plan, include a brief notation of each additional service made available.

This section should also include a brief description of any significant initiatives the local district has recently implemented or is in the process of implementing.

Examples of the types of initiatives that should be included in these portions of the plan are:

- o efforts to maximize the use of available community resources in terms of assessing a client's need for service or in the provision of services,
- o special efforts to serve a particular population or subpopulation, as well as the reasons for, and the results of these efforts,
- o activities supported or conducted by the district to better enable its staff to serve its clients, the reasons for, and the impact of these activities.

C. Program Priorities for 1991-93 (Required)

This section will identify district priorities for the next three years. This is the district's opportunity to map out the overall direction for this particular service and respond to critical needs, service specific issues, or gaps in service delivery, including administrative issues, previously identified in the plan by either the community, the Department or the local agency. These priorities must be consistent with the Department's policies. Priorities must be stated for Protective Services for Adults, Residential Placement Services for Adults related to the State-identified issues process), Protective Services for Children, Preventive, Adoption and Foster Care. A section detailing priorities is optional for any other program component, however, districts are encouraged to consider including priorities for services such as Child Day Care, Preventive Services for Adults, Housing, Transportation, Employment, Family Planning, and others when these services are critical components of the local services delivery system. Each of those priorities must be consistent with the discussion of needs and issues. Districts are encouraged to identify more than one priority when appropriate.

In identifying a priority, the Plan must:

- o propose a programmatic improvement or enhancement that will affect a client population in at least three of the program components. A priority must propose programmatic improvement or enhancement when a district is accessing enhanced funding for pre-determination

expenditures or post-determination expenditures for Protective Services for Children, and when a State-identified issue has been identified. Additional program components may reflect a maintenance priority rather than an enhancement;

- o identify the specific client population to be affected or in priorities related to administrative issues identify the measurable element, (e.g., staff turnover, number of family day care homes, number of family foster care homes for adults);
- o if the client population to be addressed reflects a limited segment of the overall client population for a particular service, justify that this segment is significant; and
- o discuss the intended impact the implementation of the priority will have at the end of the first year, as well as at the end of the third year. Some impact statements must be related to client outcome and be stated as specifically as possible either in terms of client numbers or percentage of caseload. Other impact statements may be quantified in terms other than client outcome. (For example, staff turnover in the Child Protective Services unit will decrease from 60% to 40%.) Impact statements for the first year must be specific while impact statements for the third year may be stated either in specific terms (client numbers or percentage of caseload) or in general terms (marginally increase, substantially decrease).

D. Activities for the Coming Year (Required)

This section will identify the tasks required to be completed to address the priorities listed in the previous section. This statement is to be viewed as a commitment to the community and the Department, and should also be used as an internal management tool to monitor progress towards achieving the priorities outlined. Statements of activities should:

- o clearly indicate the priority to which it relates.
- o state by title and work unit the individual(s) who will monitor the completion of the activities and the achievement of priorities.

In addition, a district's Protective Services for Adults activities must address at least two items which are indicated as "not current practice" in the PSA program information part of the assurances. The "not current practice" items can be addressed separately from the formal program priorities.

Activities may pertain to:

- o the better utilization of existing resources of the local district and of the other agencies involved in the provision of services;

- o the reallocation of resources;
- o the expansion of available resources (fiscal and other); and
- o administrative actions which will enable a district to meet the service needs of the community better.

E. Unmet Needs (Required)

The Unmet Needs section must be completed for ALL program components of the plan. This section, should address all State and locally identified issues which are not treated as priorities as well as other unmet needs that were identified through public participation. A need might remain unmet because of:

- o the lack of resources necessary to provide an element of a particular service such as a shortage of alternative residential placements for Protective Services for Adults clients.
- o a gap in the service delivery network resulting from insufficient coordination among responsible agencies.

This portion of the plan should be viewed as an opportunity for the district to educate the public at large and other service providers about the capabilities and limitations of the local agency in addressing the unmet

services needs of the dependent populations in the community. In addition, the information set forth in this section should lead to a shared sense of responsibility for meeting community needs and enhance interagency cooperation by providing a forum for discussion of them. Local districts should view this section as their input into developing an agenda that must be addressed on a community wide basis or at the State level.

No specific format is prescribed for this section. This section should be used to inform the public and the Department of areas of need that have been identified that the district is unable to address.

At a minimum, this section should contain a brief description of each unmet need. While this section may be developed primarily for local use, the Department is committed to analyze this section to identify unmet needs affecting the Statewide services delivery process. Districts should incorporate explicit suggestions for actions to be taken at the State level in response to the unmet needs identified. Analysis of this section could lead directly to Department policy initiatives, program development efforts and possible direct intervention at either a State or local level when the Department's authority and/or expertise can assist a local community in addressing its needs.

IV. Special Areas (Required)

A. Chapter 707 CPS Enhanced Reimbursement (Pre-determination)

Chapter 707 of the Laws of 1988 provides for 75 per cent reimbursement for expenditures above an established maintenance of effort for either or both pre-determination and post-determination child protective services. The Community Services Assessment and Plan requirements and instructions detailed in this section of the CSP guidelines establish the mechanism for accessing the enhanced reimbursement for the pre-determination expenditures.

The requirements of this section pertain only to districts which propose to participate for the purpose of receiving enhanced reimbursement for pre-determination child protective services expenditures. The requirements are identical for districts which are applying for the first time and districts applying to continue for the second year. Districts which do not intend to request enhanced reimbursement will submit the CSP in the usual format.

Chapter 707 requires that a district requesting enhanced reimbursement for pre-determination child protective services must develop a plan, with a schedule for implementation, for complying with enhanced performance standards for timely investigative activities and other child protective services, as set forth in department regulations.

The plan should contain the following information:

- o current average caseloads (average number of cases per worker) for each CPS unit in your district;

- o current highest caseload;
- o current description of child protective worker-to-supervisor ratio for each CPS unit in your district (note how senior caseworkers or similarly designated staff are utilized, if applicable);

Note: Current refers to a snapshot of the caseload calculated on a specific day as up-to-date as possible in relation to the date of submission of your Plan.

- o anticipated average caseloads, highest caseloads, and child protective worker-to-supervisor ratio beginning on January 1, 1992; and
- o specific activities to be taken between the period of January 1, 1991 and December 31, 1991 to arrive at or to maintain your anticipated targets for January 1, 1992, for compliance with the enhanced standards.

B. Chapter 707 CPS Enhanced Reimbursement (Post-determination)

Chapter 707 of the Laws of 1988 provides for 75 per cent reimbursement for expenditures above an established maintenance of effort for either or both pre-determination and post-determination child protective services. The Community Services Assessment and Plan requirements and instructions detailed in this section of the CSP guidelines establish the mechanism for accessing the enhanced reimbursement for the post-determination expenditures.

The requirements of this section pertain only to districts which propose to participate for the purpose of receiving or continuing to receive enhanced reimbursement for post- determination child protective services. The requirements are identical for districts which are applying for the first time and districts applying to continue for the second year. All requirements must be addressed fully in the October 31st submission. If a district is unable to meet all the requirements by October 31st, a plan amendment may be submitted at any time during the plan year. Upon approval of the amendment the effective date for enhanced funding will be the date the material was received by the Department. Districts which do not plan to request enhanced reimbursement would submit the Annual Implementation Report in the usual format.

The statute requires that the district develop the Community Services Assessment and Plan for the purpose of assessing the quality, availability, and accessibility of both child protective services and preventive services. The CPS component should be coordinated with the preventive services component and both should be based upon the recommendations of a community child welfare assessment and planning committee and must be approved by the county executive. Districts will not be required to establish a new committee for protective and preventive planning if a functioning committee exists which meets the requirements for membership and can be approved for appointment by the county executive (the mayor in New York City). Agendas and minutes of the meetings should clearly reflect their role as a community child protective services assessment and planning committee.

The priorities and activities established for the Community Service Assessment and Plan would implement the recommendations of the committee. Those portions of the Community Services Assessment and Plan which relate to the provision of mental health, alcoholism, and substance abuse services must be included in the annual plans which are required by mental hygiene law to be submitted as part of the local services or unified services plan. Requirements to include Community Service Assessment and Plan information in the five-year plans of the Office of Mental Health, Office of Mental Retardation/Developmental Disabilities, Division of Alcoholism and Alcohol Abuse, and the Division of Substance Abuse Services will be the responsibility of the State Department of Social Services.

In addition to the specific requirements of this section, districts must continue to submit information about Protective Services for Children and Preventive Services for Children as required on the various Appendixes.

Each of the following subsections describes an element of the plan and the information which must be submitted for review and approval.

1. Community Child Protective Services Assessment and Planning Committee

The committee must be appointed by the chief executive officer of the county or the chairperson of the legislative body in those counties without a chief executive officer. In New York City, the mayor must appoint the members. The individual responsible for appointing the committee must appoint one of the members as its chair.

The committee must consist of the following:

- o commissioner of social services or the commissioner's designee;
- o director of community services or the director's designee, or, in those counties where separate authorities exist for mental health/mental retardation services and for alcoholism services/substance abuse services, the equivalent administrative heads or their designees;
- o members of other county agencies which provide community services or supervise, regulate or certify organizations or agencies which provide community services; and
- o representatives of public and private organizations and agencies providing community services.

The Community Services Assessment and Plan must be developed based upon the recommendations of the community child protective services assessment and planning committee. It must relate to both the Preventive Services for Children component and the Protective Services for Children component.

This section must include the following information:

- o agency membership list by agency and title;
- o committee chair by agency and title; and

- o a discussion of the issues raised, the impact on the development of the Community Services and Assessment Plan, and a general statement of the recommendations put forth by the committee including proposed long-range time tables for ensuring the availability of and assistance to families in obtaining services in the services areas noted in the following section.

2. Assessment

Districts are required to establish specific criteria for conducting the assessment of services quality, availability, and accessibility for child protective and preventive clients. The services areas to be included are noted below.

The selection of the criteria of need will be left to the discretion of the local district in consultation with the community child protective services assessment and planning committee to assure their applicability to a particular district's community.

The services areas which must be assessed include:

- (1) assessment, diagnosis and treatment for alcoholism and substance abuse;
- (2) mental health assessment, diagnosis and treatment; and
- (3) protective services and preventive services for children, and public assistance and care.

The assessment must identify issues of availability and accessibility and include a discussion of the mechanisms for interagency referrals. In addition, each district's committee must identify some measures of quality which will receive support across agency lines.

This section must include the following information:

- o criteria established for conducting the assessment;
- o a discussion of each of the three specific areas in terms of quality, availability and accessibility; and
- o data, for each service area, including but not limited to: numbers of clients currently in receipt of services; numbers of clients identified as requiring a service which is currently not available; numbers of clients projected to need the service for the coming calendar year.

3. Program Priorities

The priorities established in accordance with this Part IV B for the Protective Services for Children and Preventive Services for Children components must be directly related to and supported by the needs discussion and the recommendations developed by the Community Child Protective Services Assessment and Planning Committee.

Priorities established in accordance with Part IV B must:

- o propose a programmatic improvement or enhancement that will affect the client population;
- o identify the specific client population to be affected or, in priorities related to administrative issues, identify the measurable element and include a statement explaining the relationship of the administrative priority to the enhancement of service delivery to clients; and
- o quantify the intended impact/outcome the implementation of the priority will have at the end of the year for which the priority is proposed.

4. Activities

For the Report year, activities must be specified for each priority and must:

- o clearly indicate the priority to which it relates; and
- o stipulate dates by which discrete activities will be completed.

Note: In the subsequent years of the enhanced funding, districts will be required to discuss the status of the previous year's priorities and the district's activities to achieve those priorities.

5. Monitoring and Evaluation

The district must establish a plan for monitoring and evaluating the performance of the child protective services unit in achieving the priorities for the delivery of CPS as set forth in the Community Services Assessment and Plan portion of the Protective Services for Children and Preventive Services for Children components.

This section must include:

- o the title and work unit of the individual responsible for monitoring completion of each activity related to each priority established in accordance with this part IV B;
- o the proposed method of monitoring each activity briefly stated including the periodicity of the monitoring activities and the feedback mechanism to the CPS unit; and
- o a brief description of other proposed outside evaluations of the performance of the CPS unit, if applicable.

Districts submitting a Community Services Assessment and Plan developed as outlined in part IV B will meet the basic program and planning requirements for the child protective services component and the preventive services component of child welfare services.

Note: Districts must continue to address State-identified issues which have been identified for the 1991 calendar year.

C. Child Day Care (Requirements for JOBS Plan and CSP)

1. Description of Program

There is variation statewide in how child day care services are developed, administered and provided. This section must include the following information:

- o a summary of the purpose of the service and what is provided as part of the service;
- o a statement of how the department is organized to provide the service, what is the appropriate access to the service and who is eligible. Include a general description of the intra-agency coordination for the various child day care services available to all of the eligible populations (JOBS, Title XX, Low Income, Federal Transitional). Please include day care specifically on the organizational chart (Appendix A) or as a separate chart indicating where responsibility for administration and provision of child care services lies;
- o how recruitment and training of child day care providers is performed;
- o how information and referral to families, including all available child day care options, is provided; how families are assisted in locating and selecting appropriate child day care;

- o a brief description of how the district will ensure that the parent has the final decision as to provider for JOBS participants and recipients of transitional child day care;
- o how certification and monitoring of providers is performed;
- o what community agencies, including Child Care Resource and Referral (CCR&Rs) are involved in the provision of the service either through purchase of service agreements or otherwise and what service or components of service they are providing; and
- o how the district provides coordination amongst the various providers and organizations to meet client specific needs.

Note: Your discussion related to involvement of community agencies and coordination of providers and organizations must include how the district involves and coordinates with Child Care Resource and Referral centers, Headstart and Pre-K programs and with other involved providers or advocates;

- o a brief discussion of the role of informal caregivers and their impact on child day care services delivery; and
- o a list of the methods of payment.

2. Client Estimate and Projected Expenditures

The provision of child day care services can be categorized generally in the following manner:

- o federal transitional day care (this includes transition from ADC public assistance and transition from HR public assistance. HR cases are federally non-participating, FNP);

- o participation in education or training;
- o employment; and
- o children at risk of placement.

For each of these four areas the following information is required:

- o projected number of adults;
- o projected number of children; and
- o projected expenditures.

Excluding informal caregivers, the various types of child day care are day care centers, family day care homes, group family day care, and school-age child care, Headstart, and Pre-K.

For each of these types of child day care, the following information is required:

- o the number of providers;
- o the number of full-time slots; and
- o the number of part-time slots.

Note: Appendix G incorporates all of the required information and is the format in which the information must be submitted.

3. Priority

Districts opting to develop a priority must do so in accordance with the requirements of Part III C.

4. Activities

Districts opting to develop a priority must develop activities to support it in accordance with the requirements of Part III D.

5. Unmet Needs

Describe the unmet needs identified through the planning process. This should include but is not limited to the following:

- o shortage of specific types of care (for example, care of school aged children during the summer months, care for children with special needs, evening care, etc.). Estimate the number of slots that are needed for each type.

- o services that are unavailable or insufficient to meet identified need. This could include services for children with special needs, CCR&Rs, training for providers, etc.

This section should also describe problems encountered in development or recruitment of new providers, retention of existing providers and other problems identified in the delivery of child day care services.

6. Plan to Address Unmet Needs

For each unmet need described in the previous section, describe how the district plans to address the need, indicate other organizations that will be involved in this process, and include any recommendations for changes in state policy or funding to address these needs.

7. Day Care Community Public Participation

This section must describe how the district involves or participates with all other appropriate organizations in the planning and development of child day care services and identification of unmet needs. Included should be the methods by which the district involves or provides forums for the participation of these other organizations. This section must include a list of these organizations (such as CCR&Rs, family day care and day care associations, countywide planning organizations, Head Start associations, day care start-up administrative agencies, economic development groups, pre-k programs, school districts, etc.).

Note: While a separate public hearing is not required for child day, please refer to the JOBS Plan guidelines for public comment requirements. Please be aware that the JOBS Plan is to be received by the Department on or before September 1, 1990.

D. Independent Living

The Independent Living program information should be incorporated into the CSP as an element of the foster care component rather than as a separate component. Although it is not expected that IL be emphasized above any other permanency planning goal, it is a program area that requires special attention. The Department has determined that the incorporation of IL in the CSP is preferable to the requirement of a separate action plan.

The discussion of Independent Living should include all the information as requirements in Part III A, B, C, D, and E. Regarding the Introductory Narrative, the needs and issues discussion should include but not necessarily be limited to staffing patterns, use of the IL Resource Centers and OHRD IL Training for staff.

E. TASA

1. Background

The Teenage Services Act (TASA) was enacted in 1984 in response to growing recognition that teenage parents on public assistance need special assistance to enable them to achieve economic self-sufficiency and a stable family life. The Act called for local departments of social services to identify all pregnant and parenting teenagers under the age of 18 who were receiving public assistance and to offer these teenagers case management services on a voluntary basis. Case management services are to be aimed at

addressing the numerous services needed by these teens to assist them in raising a family and becoming economically independent. The Act called for case management programs to be piloted in selected social services districts throughout the State, followed by implementation on a Statewide basis. Following the appropriation of funds for the pilot stage, an RFP was issued and nine pilot projects were selected, two in New York City and seven in counties throughout the rest of the State. The pilot projects operated through December of 1987. On January 1, 1988, the TASA program was implemented on a Statewide basis in all 58 local social services districts. The TASA program was scheduled to "sunset" on March 31, 1990. However, Chapter 49 of the Laws of 1990 amended TASA to make the TASA mandate permanent. In addition, Chapter 49 of the Laws of 1990 amended Subdivision 4 of Section 409-j of the Social Services Law and gives social services districts the option of providing case management services to cases headed by persons eighteen years of age or older but under twenty-one years of age.

Part 361 of Department Regulations entitled Case Management Activities for Pregnant and Parenting Adolescents permits districts to perform TASA case management activities directly or to purchase case management activities from a community agency. If a district is performing case management activities directly and elects to expand eligibility for TASA services to otherwise eligible adolescents who are eighteen, nineteen or twenty years old at the time of the initial referral to the TASA program, the district must amend its TASA plan that was previously approved by the Department pursuant to Section 361.2 18 NYCRR.

Districts that purchase case management services from a community agency have been permitted, prior to the provisions of Chapter 49 of the Laws of

1990, to perform case management activities for adolescents who are between the ages of eighteen and twenty-one years under the Comprehensive Medicaid Case Management (CMCM) program. Therefore, districts that purchase case management activities from a community agency that performs or will be performing case management activities for eligible adolescents who are eighteen, nineteen or twenty years old at the time of the initial referral, must also amend their TASA plan.

Districts which do not opt to expand eligibility for TASA activities pursuant to Chapter 49 of the Laws of 1990 or are not already performing these activities for this population through purchase of case management activities from a community agency under the Comprehensive Medicaid Case Management program need not amend their plan.

2. Amendment of the TASA Plan

To amend the TASA plan requires that the district complete a new copy of Part I: Case Management Eligibility of the Plan for Performance of Case Management Activities Under the Teenage Services Act. To reflect the new optional population eligible for case management activities, Part I: Case Management Eligibility Section A. Age of the TASA plan form has been revised as follows: number 2 has been renumbered 3 and a new number 2 has been added: under age [19, 20, 21] at first referral. Districts should check the box preceding the new number 2 indicating optional and circle the appropriate age(s) that will be eligible for case management activities. In addition, districts must indicate other categories of adolescents eligible for case management activities by checking other appropriate boxes in Section A, B and C of Part I. Attachment I in the Guidelines is a sample of the replacement page.

The TASA Plan currently on file with the Department will be integrated into the CSP process. Each district must review its currently approved Plan and determine if any amendments relating to client population and the administration of the TASA program are desired or required. If amendments are necessary, the district must amend its TASA plan by completing a new copy of the section to be amended. To assist you in this process, the Department will forward a copy of the district specific current TASA plan and blank copies of the TASA Plan forms, under separate cover. For your convenience, the TASA Plan forwarded for review will include the revised section of the form reflecting the client population your district has been approved to serve.

F. Information Required Related to Residential Programs for Victims of Domestic Violence

Section 131-u(2) of the Social Services Law requires that local social services officials establish a daily rate of reimbursement for residential programs for victims of domestic violence which provide emergency shelter and services to persons eligible for public assistance and care. The statute requires that the daily rate of reimbursement be based upon the reasonable operational expenses of each individual program and reviewed and approved by the Department as part of the multi-year services plan and annual implementation report.

Pursuant to Section 452.2(e) 18NYCRR, a residential program for victims of domestic violence is defined as any residential care program approved by the Department and operated by a not-for-profit organization for

the purpose of providing temporary shelter, emergency services and care to victims of domestic violence. Residential programs for victims of domestic violence include the following program types:

- (1) Domestic violence shelters are congregate residential facilities with a capacity of 10 or more persons, including adults and children, organized for the exclusive purpose of providing temporary shelter, and emergency services and care to victims of domestic violence and their minor children, if any.
- (2) Domestic violence programs are facilities which would meet the definition of domestic violence shelter, except that victims of domestic violence and their minor children, if any, constitute at least 70 percent of the clientele of such programs. The remaining 30 percent of the clientele of such programs may only consist of persons who will not be disruptive of the provisions of services and will not jeopardize the safety and well being of the residents.
- (3) Safe home networks are organized networks of private homes offering temporary shelter and emergency services to victims of domestic violence and their minor children, if any, such networks must be coordinated by a not-for-profit organization.

A safe home means a self-contained private residence which is owned, leased, rented, or otherwise under the direct control of a single person or family or two or more unrelated persons which has been approved by a safe

home network for the purpose of providing temporary shelter to victims of domestic violence and their minor children, if any.

- (4) Domestic violence sponsoring agencies are not-for-profit organizations offering temporary shelter at a domestic violence safe dwelling and emergency services to victims of domestic violence and their minor children, if any.

A domestic violence safe dwelling means a self-contained residence which is owned, leased, rented, or otherwise under the direct control and supervision of a domestic violence sponsoring agency, meets the daily living needs of the residents, has a capacity of nine or fewer persons including adults and children, is secured as specified in section 455.8 of the Department's regulations and has been designated by the domestic violence sponsoring agency to provide temporary shelter exclusively to victims of domestic violence.

The Department is in the process of preparing for public comment the regulations to implement the statutory provision concerning the establishment of a daily rate of reimbursement. These regulations will include the guidelines and allowable items of expenditures for districts to use in establishing reasonable per diem rates for individual residential programs for victims of domestic violence and the process the Department will follow in approving an established daily rate of reimbursement. As an interim policy prior to the implementation of these regulations, the Department will review and assess information submitted in the 1991-93

Consolidated Services Plan on existing local district practice related to the establishment of daily rates of reimbursement and the actual per diem rates paid to residential programs for victims of domestic violence. The purpose of this review will be to aid the Department in the development of standards and parameters for reasonable levels of program expenditures. Therefore, this section of the Report must include the following information as it pertains to existing practice:

- o the name and program type of each residential program for victims of domestic violence with which the district has a negotiated rate and the local district in which the program is located;
- o the actual daily rate of reimbursement the local district has negotiated and pays to each of the individual programs for the provision of temporary shelter and emergency services to victims of domestic violence who are eligible for public assistance and care and are residents of the local district at the time of the alleged domestic violence;
- o the effective date of each negotiated rate; and
- o whether or not there is a contract with the provider of the services.

Note: When a not-for-profit organization operates more than one type of residential program for victims of domestic violence, the actual daily rate of reimbursement the local district has negotiated with each individual program type is to be included.

Additionally, districts must submit all fiscal and program information upon which the daily rate of reimbursement was based.

Note: This additional fiscal and program information related to the calculation of the rate is for the Department's information and files only and will not be printed as part of the district's Annual Implementation Report.

If the local district does not have a negotiated rate with any residential program for victims of domestic violence within the local district or another local district, this section of the plan must include a statement to this effect.

V. Public Participation (Required)

Public participation is critical to planning for the delivery of social services. Since there are many possible methods for achieving meaningful public participation, the Department does not prescribe specific process requirements, except where the Social Services Law imposes specific demands. The general aim of facilitating the participation of the various elements of the community in the continuing planning process is more important than any specific processes employed. Since some mechanisms may be more effective in one district and less so in another, each district is encouraged to select those methods which it deems most efficacious.

While districts are encouraged to select their own methods, it should be done from the perspective that the planning process has now evolved to the

point that it may be viewed as a continuous or year round process which should effectively involve each of the three major sectors of the public; consumers, service providers, and the general public. This opens the potential for several possible ways to achieve effective public involvement. These include periodic meetings with agencies, at minimum those required by statute. The Local Advisory Committee, provided all sectors of the public are well represented, meeting on a periodic basis may also be an effective tool in securing public participation. Other methods of involving the various public sectors in the planning process that have proven effective are surveys, questionnaires and final interviews on case closing, particularly for the consumer group.

Districts fully utilizing a year-round process would develop a planning process that is a continuum rather than one starting abruptly with development of the plan and ending with final publication. Through the use of a continuous approach to planning, efforts could then focus on local issues, addressing local need, setting local priorities, availability of funding networking and many other areas. Finally, in the continuous planning process, the phasing of steps required to create a plan is more a blending of the evaluation of the effect of last year's plan with the preparation of the next year's plan rather than a start-stop process.

Development phase of the next plan begins shortly after or concurrent with submission of the previous plan to the Department and ends when the next year's plan is ready to be distributed to the community for review. The review phase is considerably shorter in time and is initiated when a completed draft of the plan becomes available prior to submission to the Department. As a general rule the Department would recommend consideration

of using existing mechanisms such as the county budget hearing in your district to gain this input where appropriate.

Districts must also be aware of the fact that there are specific statutory requirements which apply to Child Protective Services, Child Welfare Services and Protective Services for Adults components. These requirements, as well as general requirements related to the remainder of the public who would be given an opportunity to participate, are discussed below.

A. General Requirements

The public participation component is to be written for ease of understanding by the local community and to encourage future participation as well as to document the local district's compliance with the planning requirements. In addition to the four major legal requirements outlined below, districts should discuss the role of consumers and other interested community individuals in the public participation process.

This section should describe briefly the methods used to achieve input in the development of the plan, number of persons attending meetings and include a discussion of the issues raised and the impact on the service delivery system.

B. Legal Requirements

While the local district may select the methods most beneficial to meet its specific needs to gain public participation, there are requirements established by statute which must be fulfilled. These requirements deem that a public hearing for the general public and meetings with specific

provider agencies related to Protective Services for Adults be conducted. In addition, there are statutory requirements related to Child Protective and Child Welfare Services. The specific requirements are as follows:

(1) Public Hearing

Section 34-a.3(a) of the Social Services Law requires at least one public hearing to be held at least 15 days prior to submission of the plan to the Department. Section 34-a.3(a) requires the district to advertise the public hearing at least 15 days in advance and the notice of such a hearing must specify the dates and times during the public hearing(s) when the Child Protective Services, Adult Services and Family and Children's Services components of the Consolidated Services Plan are to be considered. Public hearings may be accomplished utilizing innovative formats such as radio or T.V. talk shows or an agency open house. Two or more local districts may conduct one hearing jointly. In addition, the local district may choose to conduct a joint public hearing with another agency. In those instances, the times reserved for consideration of issues relating to the district, and to the specific services components of the district or agency, must be stated in the hearing notice.

The local district must make available at the hearing(s) either copies of relevant material provided by the Department or copies of the completed draft plan, depending upon whether the hearing is being used in the development or review phase.

This section must include:

- o the date(s) of such hearing(s); and
- o how the hearings were publicized (a copy of advertisements and fliers must be attached); and

- o the number of persons who attended; and
- o a listing of the organizations/agencies represented at the hearing; and
- o a discussion of the issues raised and the impact on the service delivery system.

(2) Protective Services for Adults - Agency Consultation

Section 34-a.4 and Sections 473(a) and (b) of the State Social Services Law require that in the development of the Protective Services for Adults component of the Annual Implementation Report, local districts must consult with other appropriate public, private and voluntary agencies in order to assure maximum local understanding, coordination, and cooperative action in the provision of appropriate services to protective services clients. These agencies include, but are not limited to, aging, health, mental health, legal and law enforcement agencies.

In order for a district to meet these requirements, its plan must reflect the involvement of at least one agency from each of these five mandated services areas. In meeting these requirements, the districts are strongly encouraged to include at least public human services agencies, such as the Area Agency on Aging, the Health Department (where one exists) and the County Mental Health Department in the PSA planning process. The districts are also encouraged to involve additional aging, health and mental health providers, as well as more than one agency from both the legal and law enforcement areas in the PSA planning process. Some of these agencies and organizations from these mandated areas are listed below.

Aging: Representatives from the area agencies on aging, senior citizen

centers and voluntary organizations which provide services to the elderly population.

Health: Representatives from the Public Health Department including public health nurses and the environmental staff of the Health Department, Title XIX funded home care providers and other medical and health service providers.

Mental Health: Representatives from the County Mental Health Department, psychiatric and developmental centers, community support systems core agencies, and other organizations and agencies involved in the provision of mental health services to mentally ill, mentally retarded, and developmentally disabled adults.

Legal: Representatives from legal aid organizations, the courts, the legal advocacy attorney from the area agency on aging, the County Attorney's office.

Law Enforcement: Representatives from the State Police, city, town or village police force, the Sheriff's department and the District Attorney's office.

This section must include:

- o specific agencies represented; and
- o number of meetings held, or frequency of meetings if they are held on a regular basis, or dates of meetings; and
- o a discussion of the issues raised and the impact on the service delivery system.

(3) Child Protective Services (CPS)

Section 34-a.4 and Section 423 of the State Social Services Law require that in the development of the Child Protective Services component of the Consolidated Services Report local districts must consult with local law enforcement agencies, the family court, and appropriate public and voluntary agencies including the societies for the prevention of cruelty to children. Regarding consultation with family court, the family court judge or a designated representative must be involved. If there is a problem in establishing meetings with any one of these groups, the Department is available to facilitate such contact. A request for such assistance can be made by contacting the appropriate Regional Office Director.

This section must include:

- o specific agencies represented; and
- o number of meetings held, or frequency of meetings if they are held on a regular basis, or dates of meetings; and
- o a discussion of the issues raised and the impact on the service delivery system.

(4) Child Welfare Services

Sections 34-a.4 and 409-d of the State Social Services Law require that in the development of the Preventive Services for Children, Foster Care Services for Children and Adoption Services components of the Annual Implementation Report, the districts must consult with other government

agencies concerned with the welfare of children residing in the districts, authorized agencies and other concerned individuals and organizations. Examples of these agencies/organizations include: Youth Bureaus or Boards, Departments of Probation, Family Court judges, mental health agencies and legal and law enforcement agencies.

This section must include:

- o specific agencies represented; and
- o number of meetings held, or frequency of meetings if they are held on a regular basis, or dates of meetings; and
- o a discussion of the issues raised and the impact on the service delivery system.

APPENDIXES

ATTACHMENT

ENCLOSURES

APPENDIXES

As stated previously, the appendixes have been reformatted on-line in preparation for the eventual office automation of local districts. They have changed minimally although they appear to be different.

Appendix A has been modified and Appendix B/C has been eliminated. Appendix B is substantially the same as the one required in the 1988-90 CSP. Appendix C has been modified to reflect services expenditures. As noted previously, Appendix D, which has been modified, should be reviewed carefully prior to final approval of the district's plan by the commissioner. Appendix E remains the same and Appendix F remains technically the same.

The instructions contain copies of the appendixes and additional copies will be distributed for district utilization under separate cover. A new Appendix G is required for specific day care information.

Appendix A - Organizational Chart (Required Information)

Both the Adult Services and the Family and Children's Services organizational units must be delineated, and the relationship of those units to the Commissioner and to other components of the district (e.g., income maintenance and medical assistance) must be identifiable. Location of the Post Institutional Services Planning Program (PISP) must be shown. Child Day Care information must be incorporated unless the district has developed a separate chart.

For Adult Services the District must indicate the units which provide PSA, PISP, and Other Adult Services. For Family and Children Services the units providing Child Protective Services, Preventive Services, Adoption, Foster Care and Other Family and Children Services must be indicated. Districts which have separate specialized units such as employment, homemaker, day care, housing, intake, etc. should so indicate. Districts which do not have the units specified should indicate in which unit these functions occur.

Appendix A represents the total number of staff involved in the provision of services and the full-time equivalent staff, expressed as an absolute number, for each service which was addressed in the Family and Children's Services and Adult Services program components.

Example 1

A district has three combined Foster Care/Adoption units with a total of 25 caseworkers. Some of them devote time to both services and still some others work on a half time basis. The information should be collected in a manner that facilitates the completion of the chart. The following format may prove useful for that purpose.

Service	# of CWS	X	FTE/CWS	Total FTE
Foster Care	10		1.0	10.0
	1**		.5	.5
	8		.75	6.0
Adoption	(8)*		.25	2.0
	5		1.0	5.0
	1**		.5	.5

* same full time persons

** part time persons

To obtain the number of persons, each staff person that devotes some time to the service must be counted regardless of the amount of time. If 8 CW spend .25 of the time in Adoption, the employees will still be counted as 8 persons. It is the FTE and not the number of persons which should reflect the actual allocation of human resources. In the case of the 8 employees working .25 of their time in Adoption, the FTE will be $8 \times .25 = 2$.

Although an employee working in both Adoption and Foster Care Services will be counted as a person in two (or more) separate occasions, this duplication will not affect the total FTE. In any case the FTE would not exceed the number of persons in the same title for the same service.

The information should be reflected in the Appendix A Chart as follows:

Service	Persons	Title	FTE
Foster Care	19	Caseworkers	16.5
Adoption	14	Caseworkers	7.5

Example 2

A smaller district has a multi-service unit which has 5 caseworkers. In such instances it is likely that all CWs are devoting time to Preventive, Foster Care, Adoption, and other F&CS. Thus, in calculating

the FTEs, special attention should be given to organizing the information for it to be useful and meaningful.

Service	# of CWs	X	FTE/CWs	Total FTE
Preventive	5		.20	1.00
Foster Care	(4)*		.50	2.00
Adoption	(4)*		.25	1.00
Other (F&CS)	(5)*		.20	1.00

* This represents same 5 full-time persons

The information should be reflected in the chart as follows:

Service	Persons	Title	FTE
Preventive	5	Caseworkers	1.00
Foster Care	4	Caseworkers	2.00
Adoption	4	Caseworkers	1.00
Other F & CS	5	Caseworkers	1.00

At a minimum the staffing information must be provided for each of the service areas listed below:

- Protective Services for Adults
- Other Adult Services
- Preventive Services for Children
- Foster Care
- Adoption
- Protective Services for Children
- Other Family and Children Services
- Day Care

The district has the option to further break out the Other Adult and Other Family and Children Services if desired.

For each service there should be a corresponding list of position titles in addition to the number of staff who will be occupying those positions, and FTE's. The computed FTE should represent the total of client interaction activity as well as the time expended on related administrative functions.

Appendix B - Estimate of Persons To Be Served (Required)

Estimates must be shown for all child and family services and all adult services which meet Title XX definitions that local agency provides, regardless of funding (IV-A day care, XIX family planning, et al). All unshaded fields must be filled.

Entries are to represent all clients to be served by the local department of social services whether they are served directly by district staff or if they receive services from another agency through a purchase of services contract with the local district.

Page 1

TOTAL: Total number of adults and children who are expected to receive services.

CHILDREN: Total number of children who are expected to receive services.

ADULTS: Total number of adults who are expected to receive services.

The following example illustrates how children, and adults should be counted:

EXAMPLE: It is estimated that a total of 15 children and 12 adults will receive Day Care services. Total persons receiving services is 27, the sum of the number of Children and Adults. It is recognized and noted that every person included in a local district's estimate will not necessarily be a primary recipient of services.

TYPE OF CARE/SERVICE	TOTAL	CHILDREN	ADULTS
DAY CARE	27	15	12

LINE INSTRUCTIONS FOR PSA AND CPS INVESTIGATIVE: In completing lines 8 (CPS) and 12 (PSA) on Appendix B, please include the total number of individuals projected to be receiving the investigative component of these services. This would include all individuals who are referred as possibly in need of the services regardless of whether or not a case is opened and authorized for either CPS or PSA. Therefore the number on lines 8 and 12 should be greater than the number on lines 7 and 11 respectively.

LINE INSTRUCTIONS FOR FOSTER CARE:

Lines 23-26 Level of Placement

Please note that column 2 is the number of Non JD/PINS children. Identify JD/PINS in DFY programs (State training schools, etc.) in column 4. Identify JD/PINS in the Commissioner's custody (UCR completed) in column 5. If you cannot separately identify these clients from the DFY JD/PINS, DO NOT list them here, but use column 4 for both and include a footnote to the chart noting that both groups are included in this figure.

Column 1 "Total" is equal to the sum of all Columns.

Line 27 COH

State Education Department Committee on the Handicapped placement. This number should not be included in lines 23-26.

Unduplicated Count

This number should be your closest estimate concerning unduplicated counts of children in foster care who are expected to be in some level of care at some point during an annual period. If a child is expected to have multiple placements during the year in one or more facility types, that child is only counted once. In this entry, the number represents single clients and not instances of services provision.

Appendix C-Estimate of Expenditures (Required: Option Noted)

Districts are required to submit an Appendix C showing estimated expenditures for the coming planning year. However, districts have the option of submitting a chart which would include only gross services dollar expenditures for publication in the Plan. Appendix C would remain on file with the Department and not be published. Please note that Appendix C encompasses services expenditures. The total dollar column is simply the sum total of the other columns. The dollar amounts submitted in each of the other columns should reflect total federal, state, and local dollars. The Title XX dollar amount for each service should sum to the anticipated Title XX ceiling.

Maintenance of effort levels for Protective Services for Children and Preventive Services for Children will be pre-printed for each county on Appendix C and forwarded under separate cover. In addition, information will be shared regarding Title XX ceiling and claims shifts to other funding sources.

FUNDING SOURCE

Percentages:

	<u>Federal</u>	<u>State</u>	<u>Local</u>
Federal Title XX	75	12.5	12.5
- Adoption	75	18.75	6.25
- Family Planning	90	5	5
Federal Title XIX	50	25	25
- Family Planning	90	5	5
Federal IVE	50	25	25
Federal IVA/EAF	50	25	25
* State Adoption Services and Mandated Child Preventive		75	25
* State Adult and Child Protective, Optional Child Preventive		50	50
* State FNP - IM/EAA, Child Welfare and Foster Care		50	50
* After federal reimbursement is fully utilized.			

Appendix D - Legal Assurances (Required)

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

Appendix E - Program Assurances (Required)

Appendix E contains specific points of program requirements that are found in Social Services Rules and Regulations or Program Directives issued by the Commissioner of Social Services. Each district must indicate its status for fulfilling these requirements by indicating whether it is current practice or not current practice.

Appendix F - Program Information (Required)

Districts are required to submit Appendix F which reflects the program information regarding eligibility limits, goals, method of provision and category of clients served. The chart provides a complete itemization of the restrictions on and the availability of any Title XX service and it is used to update each district's WMS/SSRR matrix for WMS authorization.

The blank spaces in the chart under Goals, Methods and Eligibility Categories must be completed with either a "Y" = Yes or "N" = No. Where the chart contains a pre-printed "Y" or "N", that particular item is determined by State mandate. Where the "Y" is preprinted districts must maintain the ability to provide that service.

Since Appendix F is utilized in Services Systems to update your WMS/SSRR matrix for authorization of services, make sure that the following information is noted.

1. County Code. Complete with your 2 digit number (eg. Albany = 01).
2. Method of Provision has preprinted Y's in the purchase private section of Adoption and Foster Care Children. This insures your ability to authorize adoption subsidies and service and maintenance payments.

When your district provides a component of a primary service (Protective Adults, Protective Children, and Child Preventive Services), a "Y" entry is required under the appropriate method of provision of the primary service.

For example, if your district is going to provide purchased day care, transportation, etc., as a component of mandated Preventive Children Services, a "Y" entry is required under the appropriate purchase categories on the line for mandated Preventive Services.

APPENDIX A

DSS-xxxxEL
(7/90)

19 CONSOLIDATED SERVICES PLAN
SERVICES STAFFING INFORMATION

| PAGE 75 |

| COUNTY NAME: | COUNTY CODE: |

SERVICE	PERSONS	TITLE	FTE*
Protective Services for Adults	___	Supervisor	___
	___	Senior Caseworkers	___
	___	Caseworkers	___
	___	Case Aides	___
	___	_____	___
Other Adult Services	___	Supervisor	___
	___	Senior Caseworkers	___
	___	Caseworkers	___
	___	Case Aides	___
	___	_____	___
Preventive Services for Children	___	Supervisor	___
	___	Senior Caseworkers	___
	___	Caseworkers	___
	___	Case Aides	___
	___	_____	___
Foster Care Services for Children	___	Supervisor	___
	___	Senior Caseworkers	___
	___	Caseworkers	___
	___	Case Aides	___
	___	_____	___
Adoption	___	Supervisor	___
	___	Senior Caseworkers	___
	___	Caseworkers	___
	___	Case Aides	___
	___	_____	___
Protective Services for Children	___	Supervisor	___
	___	Senior Caseworkers	___
	___	Caseworkers	___
	___	Case Aides	___
	___	_____	___

*Full Time Equivalent

APPENDIX A

DSS-xxxxEL
(7/90)

19 CONSOLIDATED SERVICES PLAN
SERVICES STAFFING INFORMATION

-----+
PAGE 76

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

SERVICE	PERSONS	TITLE	FTE*
Day Care Services for Children	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
Other Family and Children Services	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---

*Full Time Equivalent

APPENDIX A

DSS-xxxxxEL
(7/90)

19 CONSOLIDATED SERVICES PLAN
SERVICES STAFFING INFORMATION

PAGE 77

| COUNTY NAME: | COUNTY CODE: |

SERVICE	PERSONS	TITLE	FTE*
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	_____	---
	---	Supervisor	---
	---	Senior Caseworkers	---
	---	Caseworkers	---
	---	Case Aides	---
	---	_____	---
	---	_____	---

*Full Time Equivalent

APPENDIX B

DSS-3490EL
(7/90)

19 CONSOLIDATED SERVICES PLAN
ESTIMATES OF PERSONS TO BE SERVED

PAGE 78

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

DSS-3490EL
(7/90)

19 CONSOLIDATED SERVICES PLAN
ESTIMATES OF PERSONS TO BE SERVED

-----+
PAGE 79

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

TYPE OF CARE/SERVICE	TOTAL*	NON	DFY	DSS
		JD/PINS CHILD	JD/PINS CHILD	JD/PINS 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.			
29 Family Type Care			
30 Adult Homes			

* Total Equals Children Plus Adults

APPENDIX C

DSS-xxxxxEL
(7/90)

CONSOLIDATED SERVICES PLAN
ESTIMATE OF EXPENDITURES FOR
19 YEAR OF PLAN BY FUNDING SOURCE

PAGE 80

COUNTY NAME: COUNTY CODE:

	DOLLARS	TITLE XX 75/12½/ 12½	MANDATED PREVENT & ADOPTION	PROTECT & OPTIONAL PREVENT	FNP CW FSTR CARE	IV-E ¹ OR OTHER
	Total	Total	Total	Total	Total	Total
1. ADOPTION						
Direct						
POS						
Subsidy						1
2. DAY CARE						*
Direct						
POS						
3. DOMESTIC VIOLENCE						
4. FAMILY PLANNING						
5. PREVENTIVE CHILD MANDATED						
Direct						
POS						
MOE						
PREVENTIVE MOE						
6. PREVENTIVE CHILD NON- MANDATED						
Direct						
POS						
7&8 CHILD PROTECTIVE				**		
Direct						
POS						
Title XX MOE						
Pre-Det MOE						
Post-Det MOE						

**Include expenditures which may be eligible for enhanced reimbursement in accord with Chapter 707 of the Laws of 1988

*Low Income
*Federal Transitional

APPENDIX C

DSS-xxxxxEL
(7/90)

CONSOLIDATED SERVICES PLAN
ESTIMATE OF EXPENDITURES FOR
19 YEAR OF PLAN BY FUNDING SOURCE

PAGE 81

COUNTY NAME: COUNTY CODE:

	DOLLARS	TITLE XX 75/12½/ 12½ Total	MANDATED PREVENT & ADOPTION 75/25 Total	PROTECT & OPTIONAL PREVENT 50/50 Total	FNP CW FSTR CARE 50/50 Total	IV-E ¹ OR OTHER Total
9. UNMARRIED PARENT						
10. PREVENTIVE ADULT						
11/ ADULT						
12 PROTECTIVE Direct						
POS						
13. SOC GROUP SVS FOR SR CITIZENS						
14. EDUCATION						
15. EMPLOYMENT						
16. HEALTH RELATED						
17. HOME MANAGEMENT						
18. HOMEMAKER						
19. HOUSKEEPER CHORE						
20. HOUSING IMPROVMENT						
21. INFO AND REFERRAL						
22. TRANSPORT						

APPENDIX C

DSS-xxxxxEL
(7/90)

CONSOLIDATED SERVICES PLAN
ESTIMATE OF EXPENDITURES FOR
19 YEAR OF PLAN BY FUNDING SOURCE

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

	DOLLARS	TITLE XX 75/12½/ 12½	MANDATED PREVENT & ADOPTION	PROTECT & OPTIONAL PREVENT	FNP CW FSTR CARE	IV-E ¹ OR OTHER
	Total	Total	Total	Total	Total	Total
CHILD FOSTER CARE SERVICES/ ADMINISTR						1
NON-JD/PINS MAINT COSTS						
23. INSTITUTN						1
24. GRP HOMES GRP RESID						1
25. AGENCY OP BOARD HMS						1
26. FAM FOSTR CARE						1
27. MAINT FOR COMM ON HANDICAPPD SED PLACE						
TUITION FOR INSITUTION PLACEMENTS						
MAINT FOR ALL JD/PINS PLACEMENTS						1

APPENDIX C

DSS-xxxxxEL
(7/90)

CONSOLIDATED SERVICES PLAN
ESTIMATE OF EXPENDITURES FOR
19 YEAR OF PLAN BY FUNDING SOURCE

-----+
PAGE 84

-----+
COUNTY NAME: COUNTY CODE:
-----+

	TITLE XX	MANDATED	PROTECT &	FNP CW	IV-E ¹
	75/12½/	PREVENT &	OPTIONAL	FSTR CARE	AND
DOLLARS	12½	ADOPTION	PREVENT	50/50	OTHER
Total	Total	Total	Total	Total	Total

TOTALS					
GROSS DOLLARS					
TOTAL	\$				
TITLE XX					
TOTAL	\$				
MANDATED					
PREVENT &					
ADOPTION					
TOTAL		\$			
PROTECT &					
OPTIONAL					
PREVENTIVE					
TOTAL			\$		
FNP IM/EAA					
HR CHILD					
WELFARE					
FOSTER CARE					
TOTAL				\$	
IV-E ¹					
TOTAL					\$
OTHER					
TOTAL					\$

APPENDIX D

Legal Assurances

(Local 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 or federal statutes. Since the activities indicated are statutory mandates, no option is given to indicate that any of these activities are not current practice.

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 local district is required to provide licensure for the 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 handicapped persons.
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.
6. There is in operation a system of fair hearings and grievance 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 service/care.
7. Adequate and timely (10 day) notice is provided to applicants for and recipients of services and care as required by section 407.5(h)(2)(i) of Department 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.

B. Child Protective Services

1. A separate organizational unit responsible for child protective services operates within the local district.
2. An up-to-date local register is maintained of all child abuse/maltreatment cases reported, as well as any additional information obtained, and a record of the final disposition of the report, including services offered and accepted. This information is separate and distinct from the case record.
3. The State Central Register is kept fully informed and up-to-date concerning the handling of reports by submitting Forms DSS-2221, 2222, 2223 at the appropriate times as outlined in Administrative Directives 73 PWD-139 and 73 PWD-154.
4. The appropriate district attorney is immediately informed by telephone of any child who has died as a result of suspected child abuse/maltreatment. All initial and subsequent reports are forwarded to the district attorney's office.
5. The appropriate medical examiner or coroner is informed if there is a reasonable cause to suspect that a child has died as a result of suspected child abuse/maltreatment.
6. The findings from the medical examiner or coroner are secured on any case where there is reasonable cause to suspect that a child has died as a result of child abuse or maltreatment.
7. Telephone notice is provided and a copy of any or all reports of suspected abuse or maltreatment is forwarded immediately to the appropriate district attorney under the following circumstances: if a prior request in writing for such notice and copies has been received by the child protective services; if the request specifies the kinds of allegations concerning which the district attorney requires such notice and copies; and if a copy of the relevant provision of law is provided with the request.
8. A copy of any or all reports of suspected abuse/maltreatment is forwarded to the appropriate duly incorporated society for the prevention of cruelty to children or other duly authorized child protective agency, if a prior request for such copies has been received in writing by the child protective service.
9. The district commences or causes the appropriate society for the prevention of cruelty to children to commence, within 24 hours, an appropriate investigation on all reports of suspected child abuse and maltreatment of children, except that the district's responsibility does not extend to investigation of such reports regarding children in residential care as defined by Section 412.7 of Social Services Law. Such investigation shall include a determination of the name, age and condition of any child in

the home, an evaluation of the risk to the children if they remain in the home and a determination as to the nature, extent and cause of the condition.

10. Upon receipt of a report of suspected abuse or maltreatment, and after seeing to the safety of the child or children named in the report, but in no event later than seven days after receipt of the oral report, the local district mails or delivers to the subject or subjects of the report a written notification, in such form as required by the department, informing them of the existence of the report and of their rights with regard to amendment or expungement.
11. The local district determines within 90 days whether the report is "indicated" or "unfounded," and if "indicated," mails or delivers to the subject or subjects of this report a written notification, in such form as required by the department, informing them of their rights in regard to requesting that the report be amended, sealed or expunged and their right to a fair hearing.
12. Upon receipt of written notice from the State Central Register of Child Abuse and Maltreatment of the expungement or amendment of a record of a report, the local district expunges or amends as directed the record of the report and informs, for the same purposes, any other agency or person that received such report or information.
13. The local district's child protective service refers suspected cases of falsely reporting child abuse and maltreatment in violation of subdivision three of section 240.55 of the penal law to the appropriate law enforcement agency or district attorney as required by Section 424(8) of Social Services Law.
14. The local district takes a child into protective custody without the consent of a parent or guardian whether or not additional medical treatment is required, if the circumstances or conditions of the child are such that continuing in his or her place of residence or in the care and custody of the parent or guardian presents an imminent danger to the child's life or health.
15. Upon notification that a child is retained in protective custody, the child protective service staff commences a proceeding at the next regular weekday session of the appropriate Family Court, or recommends to the court at that time that the child be returned to his or her parents or guardian.
16. Based on the investigation and evaluation, the local district offers appropriate services to the family or any child believed to be suffering from abuse or maltreatment, or both, and, in offering these services, explains to the family that the child protective service has no legal authority to compel the family to receive services.

17. In those cases in which an appropriate offer of services is refused and the child protective services determines that the best interests of the child requires court action, the local district initiates the action or makes a referral to the appropriate district attorney or both.
18. The local district assists the Family Court or the Criminal Court during all stages of the court proceeding in accordance with purposes of Title 6 of Article 6 of the Social Services Law.
19. The local district provides or arranges for and monitors, as authorized by the Social Services Law and Title 6, rehabilitative services for children and their families on a voluntary basis or under a final or intermediate order of the Family Court.
20. The local district receives from school authorities a report on the examination of a child who has been determined to be using dangerous drugs and, in an appropriate case, takes such action and offers such protective services. Such a report and the results of a subsequent investigation shall not be used for law enforcement purposes.
21. The local child protective service receives, in accordance with Title 6 or Article 6 of Social Services Law, on a 24-hour, seven-day-a-week basis, all reports of suspected abuse or maltreatment.
22. In local districts in which oral reports are made initially to the local child protective service, all reports are immediately upon receipt transmitted orally or electronically to the State Central Register.
23. The local child protective service has sufficient staff to fulfill the purposes of Title 6 of Article 6 of the Social Services Law and that with respect to such staff, the child protective service has complied with the background review, educational, experience, and training requirements of Article 6 of the Social Services Law.
24. The local district makes current procedural manuals and service directories available to employees of the district's child protective service, service providers and professionals involved in the prevention of child abuse and maltreatment.
25. Upon written notice from the State Central Register of any expungement or amendment made pursuant to subject's request or pursuant to a fair hearing decision, the local child protective service appropriately expunges or amends the information in the local register and informs, for the same purpose, any other agency which received such report or information.

26. When necessary, the local district gives effective consent for medical, dental, health and hospital services for any child who has been found by the Family Court to be an abused or neglected child or has been taken into or kept in protective custody or removed from the place where the child is residing pursuant to section 417 of the Social Services Law or sections 1022, 1024, and 1027 of the Family Court Act.
27. The local district conducts continuing publicity and education programs for local department staff, persons required to report and any other appropriate persons, to encourage the fullest degree of reporting of suspected child abuse or maltreatment. The program includes, but is not limited to, responsibilities, obligations and powers under the Social Services Law, as well as the diagnosis of child abuse and maltreatment and the procedures of child protective services, the Family Court and other duly authorized agencies.
28. The local district shall, when notified by a physician, take custody of any child treated by such physician, whether or not additional medical treatment is required, if such physician has reasonable cause to believe that the circumstances or condition of the child are such that the continuation of the child in his or her place of residence or in the care and custody of the parent, guardian, custodian, or other person responsible for the child's care presents an imminent danger to the child's life or health.
29. The local district shall, when notified by the person in charge of any hospital or similar institution, that such person has retained custody of a child because such person has reasonable cause to believe that the circumstances or conditions of the child are such that continuing in his or her place of residence or in the care and custody of the child's parent, guardian, custodian or other person responsible for the child's care presents an imminent danger to the child's life or health, immediately commence an investigation, and, if no further medical treatment is necessary, take all necessary measures to protect the child's life and health, including, where appropriate, taking custody of the child.
30. The local district has made a good faith effort to develop a written understanding between the local district and the district attorney's office which specifies the cooperative procedures to be followed by both parties in investigating incidents of child abuse and maltreatment consistent with the respective obligations for the investigation or prosecution of such incidents as otherwise required by law, and in accordance with the responsibilities of child protective service.
31. Upon receipt of written notice from the State Central Register of Child Abuse and Maltreatment that a report is "unfounded," the local district immediately expunges the report and all identifying information regarding such report from other

records of the district, including the uniform case record, and informs, for the same purposes, any other agency or person that received such report or any information about such report.

32. Upon receiving a written request from the State Central Register of Child Abuse and Maltreatment for all records, reports or other information maintained by the local child protective service pertaining to an indicated report of child abuse and maltreatment, the local child protective service forwards such reports, records or information to the State Central Register of Child Abuse and Maltreatment within no more than twenty working days of receiving the request.
33. The local district authorizes a provider or coordinator of services, to which it has referred a child reported to the State Central Register of Child Abuse and Maltreatment, to redisclose child protective services information, including records, reports or other information, to other persons or agencies providing services to the same child and family only if the district has a written agreement with the provider or coordinator of services, which includes the specific agencies and categories of individuals to whom redisclosure by the provider or coordinator of services is authorized and which has been reviewed and approved by the department.
34. The local district assures that nothing in Article 27-F of the Public Health Law, which defines rules for confidentiality of HIV-related information, limits a social services official's or agency's responsibility or authority to report, investigate, or redisclose information necessary for the provision or monitoring of child protective services.

C. Adult Protective Services

The district has a process in place to enable the commissioner to act as a conservator representative or protective payee on behalf of a client in need of protective services for adults (PSA) when no one else is willing or capable of acting in this capacity.

APPENDIX E

Program Assurances

Appendix E contains specific points of program requirements that are found in the department of Social Services Rules and Regulations or Program Directives issued by the Commissioner of Social Services. Each district must indicate its status for fulfilling these requirements by indicating whether it is current practice or not current practice.

A. Preventive Services for Children

1. Every child and family needing any of the core services of the Preventive Services shall have these services provided to them in a timely manner. Those core services are Day Care, Homemaker, Transportation, 24 hours access to Emergency Services, Parent Aide or Parent Training, Clinical Services, and Housing Services.

Current Practice Not Current Practice

2. The district maintains efforts to coordinate services with purchase of 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.

Current Practice Not Current Practice

3. The district has prepared a plan 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 Section 423.4 of Social Services Regulation, and that staff are aware of such plans and procedures.

Current Practice Not Current Practice

B. Protective Services for Adults

Protective Services for Adults is essentially a case management service. Because many of the services required by individual Adult Protective Services clients must be provided through other public and private agencies, intra and interagency coordination, along with a financial management system, are the essential components of the Adult Protective Services delivery system. The importance of these linkages was recognized by the Legislature in Chapter 446 of the Laws of 1979 which amended the Social Services Law to require an annual Adult Protective Services Plan from each local district.

The Department continues to encourage local districts to develop formal intra and interagency linkages to enhance the provision of Adult Protective Services. The information contained in each district's Consolidated Services Plan will enable the Department to monitor the development of the formalized Adult Services delivery system.

1. A community education and outreach program has been established in accordance with the provisions of section 457.7 of the Department's regulations.
- _____ Current Practice _____ Not Current Practice
2. Written policies and procedures spelling out the roles and responsibilities for the delivery of services to PSA clients have been developed for:
- a. Accounting _____ Current Practice _____ Not Current Practice
- b. Income
Maintenance _____ Current Practice _____ Not Current Practice
- c. Medical
Assistance _____ Current Practice _____ Not Current Practice
- d. Adult
Protective
Services _____ Current Practice _____ Not Current Practice
- e. All Other
Relevant
Services _____ Current Practice _____ Not Current Practice
3. A written agreement which includes reference to a contact person, referral follow-up mechanism and method for deciding the locus of responsibility for cases with multi-agency services needs has been developed with:
- a. Health
Department _____ Current Practice _____ Not Current Practice
- b. Community
Mental Health
Services _____ Current Practice _____ Not Current Practice
- c. Psychiatric
Center _____ Current Practice _____ Not Current Practice
- d. Developmental
Center _____ Current Practice _____ Not Current Practice
- e. Office for
the Aging _____ Current Practice _____ Not Current Practice
- f. Legal Aid _____ Current Practice _____ Not Current Practice
- g. Sheriff _____ Current Practice _____ Not Current Practice
- h. City, town,
village
police _____ Current Practice _____ Not Current Practice

- i. Other
(Specify) _____ Current Practice _____ Not Current Practice
- j. Other
(Specify) _____ Current Practice _____ Not Current Practice
- k. Other
(Specify) _____ Current Practice _____ Not Current Practice

4. Written policies and procedures have been developed with:

- a. Health
Department _____ Current Practice _____ Not Current Practice
- b. Community
Mental Health
Services _____ Current Practice _____ Not Current Practice
- c. Psychiatric
Center _____ Current Practice _____ Not Current Practice
- d. Developmental
Center _____ Current Practice _____ Not Current Practice
- e. Office for
the Aging _____ Current Practice _____ Not Current Practice
- f. Legal Aid _____ Current Practice _____ Not Current Practice
- g. Sheriff _____ Current Practice _____ Not Current Practice
- h. City, town,
village
police _____ Current Practice _____ Not Current Practice
- i. Other
(Specify) _____ Current Practice _____ Not Current Practice
- j. Other
(Specify) _____ Current Practice _____ Not Current Practice
- k. Other
(Specify) _____ Current Practice _____ Not Current Practice

COUNTY NAME: COUNTY CODE:

		01	04	05	06		07	08	09	10
		ADOP- TION	EDUC- ATION	EMPY- MENT	FAMLY PLNG	MEDICL OPTION	RESID PLCMNT ADULT	FOSTER CARE CHILD	HEALTH RELATD	HOME MGMT.
GOALS:	1	N					N			
	2						N			
	3			N						
	4		N	N						
	5	N	N	N			N			N
METHOD:	D					N				
	U	N	N					N		
	R	Y	N					Y		
ELIGIBILITY CATEGORIES										
	01 ADC-WIN									
	02 FCAA	Y					N	Y		
	03 ADC	Y			Y		Y	Y		
	04 EAF							N		
	05 AGED				Y		Y		Y	Y
	06 BLIND	Y			Y		Y	Y	Y	Y
	07 DISABLED	Y			Y		Y	Y	Y	Y
	08 MA	Y					Y	Y		
	09 URM *				Y			Y		
	10 UEM **				Y			Y		
	13 HR	Y			Y		Y	Y		
	14 IE	Y					Y	Y		
	WR	Y	N	N	Under 21		N	N	N	N
INCOME ELIGIBILITY STNDRDS										
	STATE STNDRDS	WR	150%	150%	150%		150%	190%	150%	150%
	LOCAL STNDRDS	WR					150%	190%		

* Unaccompanied Refugee Minor ** Unaccompanied Entrant Minor
Local standards not specified assumed to be established at State standards.

COUNTY NAME: COUNTY CODE:

		11 HOMEMAKER COMPONENT			12 HOUSEKEPR /CHORE	13 HOUSING IMPROVMNT COMPONENT		14 INFO. & REFERRAL
		A	B	C ¹		A ¹	B	
GOALS:	1						N	
	2							
	3							
	4							
	5	N	N	N	N	N	N	
METHOD:	D							
	U							
	R							
ELIGIBILITY CATEGORIES								
	01 ADC-WIN							N
	02 FCAA							N
	03 ADC							N
	04 EAF							N
	05 AGED		Y		Y	Y		N
	06 BLIND		Y		Y	Y		N
	07 DISABLED		Y		Y	Y		N
	08 MA							N
	09 URM *							N
	10 UEM **							N
	13 HR							N
	14 IE							N
	WR		N		N	Component B		Y
INCOME ELIGIBILITY STNDRDS								
	STATE STNDRDS		150%		150%	150%		WR
	LOCAL STNDRDS							WR

¹ This component is mandated for SSI individuals.

* Unaccompanied Refugee Minor

** Unaccompanied Entrant Minor

Local standards not specified assumed to be established at State standards.

COUNTY NAME: COUNTY CODE:

		15 PREVENTIVE ADULTS COMPONENT				16 A&B PROT ADULTS	17 PROT CHILD	19 WIN COUNS	20 TRANSP	21 UNMARR PARENT
		A	B	C	D					
GOALS:	1					N	N			
	2					N	N	N		
	3					Y	Y	N		
	4					N	N	N		
	5	N	N	N	N	N	N	N		
METHOD:	D									
	U								N	
	R									
ELIGIBILITY CATEGORIES										
01 ADC-WIN										
02 FCAA										
03 ADC										
04 EAF										
05 AGED										
06 BLIND										
07 DISABLED										
08 MA										
09 URM *										
10 UEM **										
13 HR										
14 IE										
WR										
INCOME ELIGIBILITY STNDRDS										
STATE STNDRDS										
LOCAL STNDRDS										

* Unaccompanied Refugee Minor ** Unaccompanied Entrant Minor
Local standards not specified assumed to be established at State standards.

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

Key to Goals	Maximum State Standards Title XX Day Care
1. Self-support	
2. Self-sufficiency	275% Family of 2
3. Protection	255% Family of 3
4. Community-based care	225% Family of 4 or more
5. Institutional Care	

PROGRAM LIMITATIONS

DAY CARE

TITLE XX	LOW INCOME	FEDERAL TRANSITIONAL	DAY CARE
_____ % Family of 2	All Family Sizes	200%	Fee % _____
_____ % Family of 3			
_____ % Family of 4 or more	_____ %		

OTHER PROGRAM LIMITATIONS:

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

CHART 1
Client Estimate and Projected Expenditures

	Adults	Children	Projected Expenditures
Federal Transitional (from ADC and from HR (FNP))	_____	_____	_____
Education and Training PA	_____	_____	_____
Non-PA	_____	_____	_____
Employment PA	_____	_____	_____
Non-PA	_____	_____	_____
Children At-Risk of Placement (Protective/ Preventive)	_____	_____	_____

CHART 2
Child Care Types

	Number of Providers	Number of Full Time Slots	Number of Part Time Slots
DAY CARE CENTERS			
FAM. DC HOMES			
GROUP FAM. DC			
SCHOOL-AGE CC			
HEADSTART			
PRE-K			

PART I: CASE MANAGEMENT ELIGIBILITY

- A. AGE
- MANDATED 1. Under 18 years of age at first referral.
- OPTIONAL 2. Under age [19, 20, 21] at first referral.
- OPTIONAL 3. Activities will be continued with otherwise eligible adolescents up to age [19, 20, 21].
- B. ASSISTANCE STATUS
- MANDATED 1. Public assistance recipient or payee on behalf of child's public assistance case.
- C. PREGNANCY/PARENTHOOD STATUS
- MANDATED 1. Adolescent is pregnant
- MANDATED 2. Adolescent is a parent and resides with his/her child(ren).
- OPTIONAL 3. *Adolescent is deemed to be at risk of pregnancy or parenthood. (Limited to clients ages 10 and up).
- OPTIONAL 4. Activities will be continued with an otherwise eligible adolescent even if the pregnancy is terminated by abortion or miscarriage.
- OPTIONAL 5. Activities will be continued with an otherwise eligible adolescent even if the adolescent and the child subsequently live apart.

* Complete Section D, "Description of At Risk Clients."

ENCLOSURES

There are three enclosures required as described below. The guidelines contains copies of the enclosures and additional copies will be distributed for district utilization.

(a) Commissioner Signature Page

The Commissioner signature page is required in the format presented on page 81 and must be dated and signed by the District Commissioner.

(b) Chief Executive Signature Page

The Chief Executive signature page is required, may be in a format other than what is presented in these guidelines on page 82, and must clearly indicate approval and be dated and signed by the chief executive or by the chairperson of the legislative body in those districts without a chief executive officer. Failure to submit this page with the Plan may delay the formal review by the Department.

(c) Introduction Page

This is required and districts are encouraged to develop a format to suit local needs. However, the information noted on the sample on page 83 must be included.

I hereby approve and submit the Consolidated Services Plan for the
_____ County Department of Social Services for the period
January 1, 1991 through December 31, 1993.

Date

Commissioner

Enclosed is the Consolidated Services Plan for
_____ County. My signature below
constitutes approval of the Report.

Date

(Chief Executive Officer; or
the Chairperson of the
legislative body in those
districts without a chief
executive officer)

Consolidated Services Plan

January 1, 1991 - December 31, 1993

_____ County

The 1991-93 Consolidated Services Plan contains the program priorities and activities to be undertaken by the district for Adoption, Foster Care Services for Children, Preventive Services for Children, Protective Services for Adults, Protective Services for Children, Other Adult Services, and Other Family and Children Services, including Child Day Care. In addition, the Plan contains a description of public participation, estimates of persons to be served, estimates of expenditures and program information. Anyone interested in participating in the plan process may do so by