



**Office of Children
and Family Services**

KATHY HOCHUL
Governor

SUZANNE MILES-GUSTAVE, ESQ.
Acting Commissioner

August 30, 2023

Dear Local District Commissioner, Probation Director, and Youth Bureau Director:

This letter is to inform you that the Monroe County Child and Family Services Plan (CFSP) 2023 Annual Plan Update is approved effective August 30, 2023.

The Office of Children and Family Services is committed to providing the support you need to continue to offer quality services and improve outcomes. We look forward to working with your county to implement the provisions of your CFSP.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa Gharthey Ogundimu".

Lisa Gharthey Ogundimu, Esq.
Deputy Commissioner
Child Welfare & Community Services
New York State Office of Children & Family Services

A handwritten signature in black ink, appearing to read "Nina Aledort".

Nina Aledort, Ph.D. MSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success
New York State Office of Children & Family Services

cc: File



Office of Children and Family Services

KATHY HOCHUL
Governor

SUZANNE MILES-GUSTAVE, ESQ.
Acting Commissioner

September 5, 2023

Thalia Wright, Commissioner
Monroe County Department of Social Services
111 Westfall Road, Room 660
Rochester, NY 14620-4686

Dear Commissioner Wright:

This letter is to inform you that the child care section found in your Child and Family Services Plan, 2023 Annual Plan Update, was approved and became effective on August 21, 2023.

Please ensure needed system adjustments are made to the Child Care Time and Attendance (CCTA) system and the Welfare Management System (WMS) in accordance with your approved plan.

According to 12-OCFS-LCM-01, the district must inform the enrollment agency whether additional local standards have been met or not met within 25 days of receiving the notification. It's crucial for the district to adhere to all additional local standards within the CFSP, as this document serves as a public-facing reference for parents when making important child care decisions. Any additional local standard that will not be implemented timely must be removed from the CFSP.

This approval is being issued separately from the approval of other sections of your plan in order to accommodate your county's need to implement the child care services provisions. A letter approving the remaining sections of your plan will be sent upon their approval.

If you have any questions about this approval or the child care section found in your district's Child and Family Services Plan, 2023 Annual Plan Update, please contact Sonoma Pelton at 518-408-6074, or by email at Sonoma.Pelton@ocfs.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Nora Yates".

Nora K. Yates
Deputy Commissioner
Division of Child Care Services

Enc: Approved 2023 Annual Plan Update



**Office of Children
and Family Services**



**Division of Criminal
Justice Services**

KATHY HOCHUL
Governor

SUZANNE MILES-GUSTAVE, ESQ.
Acting Commissioner

ROSSANA ROSADO
Commissioner

June 23, 2023

Dear Local District Commissioner or Probation Director:

This letter is to inform you that the PINS Diversion Services Section of the Monroe County Child and Family Services Plan (CFSP) has been approved jointly by the Office of Children and Family Services and the Division of Criminal Justice Services effective June 23rd, 2023.

The Office of Children and Family Services and the Division of Criminal Justice Services are committed to providing the support you need to continue to offer quality services and improve outcomes for youth and their families.

Sincerely,

Robert M. Maccarone
DCJS Deputy Commissioner and Director
Office of Probation and Correctional Alternatives
NYS Division of Criminal Justice Services

Dr. Nina Aledort
Deputy Commissioner
Division of Youth Development and
Partnerships for Success
NYS Office of Children and Family Services

Signature Page and Attestation

We hereby approve and submit the Child and Family Services Plan for Monroe County Department of Social Services and Youth Bureau 2023 Annual Plan Update.

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

Legal Assurances

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

A. General

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

B. Child Protective Services

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

C. Preventive Services for Children

1. Children and families in need of the core preventive services have these services provided to them in a timely manner. Core services include day care, homemaker, transportation, 24-hour access to emergency services, parent aide or parent training, clinical services, crisis respite care, services for families with AIDS/HIV+, and housing services.
2. The district maintains efforts to coordinate services with service agencies and other public and private

agencies within the district that provide services to children including the use of referral procedures with these agencies and formal and informal agreements.

3. The district has prepared plans and procedures for providing or arranging for 24-hour access to emergency services for children who are at risk of foster care as specified in 18 NYCRR 423.4. Staff is aware of such plans and procedures.

D. Youth Development

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

E. Adult Protective Services

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

F. Domestic Violence Services

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

G. Child Care

The district assures that when providing child care services under the New York State Child Care Block Grant (NYSCCBG) and Title XX of the Federal Social Security Act, it is in compliance with all pertinent state and federal laws, regulations, and policies.

H. Staffing

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

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

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

Commissioner County Department of Social Services

Name / Signature:

Thalia Wright

Date:

June 20, 2023

As the PINS Diversion Service lead, I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Monroe County 2023 Annual Plan Update.

PINS Diversion Service Lead

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

Name / Signature:

Kristine Durante

Date:

June 7, 2023

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Monroe County Youth Bureau 2023 Annual Plan Update.

Executive Director County Youth Bureau

Name / Signature:

Anthony Jordan

Date:

June 14, 2023

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

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

Name / Signature:

Adam Bello

Date:

June 6, 2023

Public Hearing Requirements

No updates required in Annual Plan Update years

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

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

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

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

Date Public Hearing held:

March 20, 2018

(at least 15 days prior to submittal of Plan)

Date Public Notice published:

(at least 15 days in advance of Public Hearing)

Name of Newspaper:

The Daily Record

Number of Attendees:

27

Topics and Comments Addressed at Hearing:

Please see attached Agenda and Abstract

Areas represented at the Public Hearing:

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

Please specify:

Monroe County: Public Hearing Requirements

The Children's Agenda (Advocacy)



Other

Please specify:

Human Services



Other

Please specify:

Issues identified at the Public Hearing:

- 1) A request was made that Monroe County consider decreasing the amount (currently 35%) that families are expected to pay for Child Care. Monroe County responded that the co-pay rate is continually evaluated in the context of the block grant funding.
- 2) Monroe County currently funds Child Care for individuals working towards a 2-year degree who also work at least 17.5 hours per week. A question was raised as to whether Monroe County would consider funding individuals working toward a 4-year degree who are also working at least 17.5 hours per week. Monroe County responded that they were not aware that this was a need as they had not received any requests. It was also noted that the Greater Rochester United Way secured an 18 month grant for Child Care which was given to Monroe County. Monroe County could use these funds for child care for parents attending a 4-year program and who work 17.5 hours per week. Monroe County will track how these special funds are used. Monroe County reserves the ability to change the plan in the future if there is a demonstrated need for parents participating in a 4-year program and who are working the minimum hours per week.
- 3) Feedback was received that participants were pleased with the idea of the public hearing and appreciated the invitation to participate. A suggestion was made that Monroe County consider providing such forums on an annual basis. Positive feedback was also received regarding the availability of the plan for review, with one individual commenting that they view it as a resource for planning in their own agency.
- 4) There was a question as to whether or not the Risk Assessment Profile (RAP) has been found to accurately match individuals to the appropriate level of intervention based on identified risk. Monroe County responded that the high and low levels of risk are very well matched to intervention. The attention has been and will continue to be on those with moderate risk.
- 5) A question was raised as to criteria for closing preventive cases. Monroe County responded that decisions are made on a case by case basis and take into consideration the degree to which goals have been met and safety and risk factors have been diminished.
- 6) There was a comment about some parents needing more than basic parenting skills training. Positive feedback regarding the MAPP training for foster parents was received, with a question about whether this training might be modified for parents. Monroe County referenced some of the additional training opportunities for parents, most notably Mental Health First Aid training that helps parents better understand their children's trauma and mental health challenges, as well as develop some self-awareness about their own issues.
- 7) Both the value of the collaborative approach of FAR, as well as some of the legal ramifications were mentioned. As this was more specific in nature, an offer for additional follow-up was extended.
- 8) Support for re-instating the Monroe County Hotline was offered. It was also suggested that should the Hotline be re-established, Monroe County consider partnering with a local university to develop an algorithm similar to the one in Allegany County.
- 9) A recommendation was received that focus groups of community organizations be included in the strategic planning process
- 10) A suggestion to grow opportunities to interact with older adults within neighborhoods was received.

Written feedback received following the hearing provided additional feedback as follows:

Monroe County: Public Hearing Requirements

1) Establishment of a standing Child Care Work Group to create a stronger partnership between the County, providers and the early childhood community to improve communication, develop solutions and better engage the community was recommended.

2) It was recommended that Monroe County consider establishing a waiting list during periods of scarce child care subsidy funds.

3) It was suggested that Monroe County should begin preparing for implementation of FFPSA.

MOU Between DA's Office and CPS

No updates required in Annual Plan Update years

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

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

If providing a narrative summary, please enter it here:

County Overview

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

Mission: *The Department of Human Services (DHS) delivers strengths-based, comprehensive, responsive and coordinated services guided by measurable results.*

Vision: *The Department of Human Services (DHS) empowers residents to achieve their highest level of self-sufficiency and independence, and promotes safety, and physical and emotional well-being.*

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

Monroe County is located in Western Upstate New York, centered on the City of Rochester, with nineteen (19) surrounding suburban and rural towns. Based on the most recent census information available (2020), Monroe County is home to 759,443 people, with 211,328 (28%) of them living within the Rochester city limits. (Source: US Census Bureau) The County's population has increased by 3.3% since 2000, while the population of the City of Rochester decreased 3.9% during the same time period. However, much of the decrease in the City's population was attributable to the first decade, as in the most recent decade the population increased slightly, by 0.36%. (Sources: US Census Bureau QuickFacts Monroe County Total Population, and Population Change 2000 to 2010)

The community continues to see a shift in terms of race and ethnicity, indicating increased diversity. From 2000 to 2020, Black and Hispanic populations among children and youth increased from 32% to 41% of the County's population. Among adults, the Black and Hispanic populations increased from 19% to 26%. (Source: US Census Data via Easy Access to Juvenile Populations, Office of Juvenile Justice and Delinquency Prevention) The Hispanic population is the fastest growing segment of Monroe County's total population, having increased by 79% in the County and 41% in the City of Rochester since 2000. During the same time period, the Asian population has increased by 58% in the County and 49% in the City; the African American/Black population has increased by 11% in the County and decreased by 4% in the City; while the white population has decreased by 4% in the County and 10% in the City. (Source: US Census Bureau via ACTRochester.org) The largest minority racial and ethnic group populations in Monroe County and the City of Rochester are African American/Black and Hispanic/Latino. As of 2020, 16% of Monroe County and 39% of Rochester residents were African American/Black. Hispanic/Latino residents represented 9% of the County and 19% of Rochester's population. (Source: US Census Bureau QuickFacts)

The population of children, youth and young adults in Monroe County is declining, as their diversity is increasing. Between 2000 and 2021, Monroe County's under age 18 population decreased by 16%, or by nearly 30,000 young people. In the City of Rochester, during the same period, the under age 18 population decreased by 28%. As of 2021, children and youth under age 18 make up 21% of the County's and City's population. Of the 158,028 children and youth under age 18 within Monroe County, approximately 28% of them reside in the City of Rochester. (Sources: US Census Data: American Community Survey 2021, Census 2000)

Older adults are the fastest growing age demographic, and the population is expected to increase in the coming years, which highlights a growing need for additional support services. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Between 2000 and 2021, the number of people ages 60 to 84 increased by 52% in Monroe County, while the number of people age 85 or older increased by 34%. In the City, the number of people ages 60 to 84 increased by 40%, while the number of people 85 and older decreased 33%. Residents ages 60 or older now account for 24% of Monroe County's and 17% of Rochester's population. (Source: US Census Bureau's American Community Survey via ACTRochester.org) Common issues associated with an aging population include, but are not limited to, transportation, housing, Medicare and Social Security, long term care, Alzheimer's, caregiving, and elder abuse. In 2022, 899 calls were made to the Adult Protective Services (APS) hotline, down 13% from 2021. Data shows that most APS referrals were for older individuals who had mental health challenges (47%), poor housing conditions (25%) and/or environmental hazards (20%). (Source: Monroe County Adult Protective

Services 2022 Annual Report)

Almost 11% of Monroe County and almost 17% of Rochester's residents under the age of 65 have some form of disability. (Source: US Census Bureau Quickfacts) The percent of those living with a disability increases with age: for County residents aged 65 and over, 31% have a disability of some kind, while in the City of Rochester, 38% have a disability. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Fourteen percent (14%) of children and youth ages 4-21 in Monroe County and 22% of children and youth in the City of Rochester are classified as "a student with a disability" and access special education services in school. (Source: New York State Education Department 2021-22 – data.nysed.org)

Academic achievement continues to vary between the County and the City and by race and ethnicity, despite steady improvement in the City's overall graduation rate. While Monroe County schools perform on par with the rest of the state with graduation rates at 87%, the graduation rate in the Rochester City School District (RCSD) for a 4-year cohort during the 2021-22 school year was 71%, up from 63% in 2019, and 51% in 2015. (Source: New York State Education Data site: data.nysed.gov) Graduation rates continue to vary by race and ethnicity. Countywide, 93% of Asian/Native Hawaiian/Other Pacific Islander students, 93% of white students, 80% of African American/Black students and 77% of Hispanic/Latino students graduated on time in 2021. Graduation rates for students in Rochester for 2021 are as follows: 84% of Asian/Native Hawaiian/Other Pacific Islander students, 73% of African American/Black students and 67% each of white and Hispanic/Latino students graduated on time. (Source: August 2022 Graduation data, New York State Education Department Data site: data.nysed.gov)

Domestic violence continues to be a concern in the community. Monroe County continues to share resources to increase community awareness about domestic violence and knowledge of available resources. According to Willow Domestic Violence Center's 2020 Annual Report, there were 7,880 calls to the domestic violence hotline, up 18% from 2019. Willow provided shelter for 372 individuals, over 1950 counseling sessions, and preventive education to over 1,800 participants in 2020. (Source: Domestic Violence Report to the Rochester Community: 2020, Willow Domestic Violence Center)

The most recent locally administrated (2021-22) Youth Risk Behavior Survey (YRBS) showed that while some risk behaviors have decreased, youth are still struggling. Sixty percent (60%) of Monroe County youth have experienced one or more Adverse Childhood Experiences (ACEs), while 20% experienced three (3) or more ACEs, both lower than the 2019 results. RCSD students showed higher rates, with 83% reporting one or more ACEs and 30% reporting three or more. Findings of greatest concern are related to mental health, particularly among girls, and discrimination and racism. The percentage of students who reported living with someone who was depressed, mentally ill, or suicidal also increased. Additionally, LGBTQ+ students and Black and Hispanic/Latino students reported discrimination. Positive changes evidenced within the survey were related to declines in substance use and sexual experiences. The most recent YRBS was administered during the COVID-19 pandemic. Overall declines in reported risk behaviors may be a result of fewer social gatherings and limited school attendance. RCSD's participation rate declined which likely led to under-representation in the data. (Monroe County Youth Risk Behavior Data 2021-22 <https://www.monroecounty.gov/health-health-data>; additional communication about LGBTQ+ youth)

LGBTQ+ identities are an important facet of diversity within our community, and should be included in our planning, however local data is somewhat limited. According to a UCLA School of Law report based on Gallup Poll data, an estimated 4.3% of Rochester's adult population is LGBT. (Source: UCLA School of Law, Williams Institute, LGBT Adults in Large US Metropolitan Areas, 2021). Approximately 20% of Monroe County students completing the Youth Risk Behavior Survey in 2021-22 identified as LGBTQ+ and were more likely to report mental health challenges and being a victim of violence than heterosexual and cisgender (non-LGBTQ+) peers. (Source: Monroe County Youth Risk Behavior Data 2021-22 <https://www.monroecounty.gov/health-health-data>; additional communication about LGBTQ+ youth) (See section 2a for equity planning for the LGBTQ+ population.)

Crime and violence continue to be a challenge in Monroe County. The crime rate is calculated per 100,000 residents and the overall crime rate increased in 2022 (rate: 2,129), after steady decreases between 2000 (rate: 4,298), and 2021 (rate: 1,979). The violent crime rate has decreased modestly over the last two years, from 308 in 2020 to 293 in 2022. (Source: NYS Crime Index – Crime Trends, https://www.criminaljustice.ny.gov/tableau_index_crime.htm) Statewide data indicate that criminal activity appears to be decreasing among youth, perhaps indicating that Raise the Age and Raise the Lower Age

legislation has been effective in providing alternatives to arrest of young people. (Source: Under 18 Juvenile Arrests/Criminal Activity: 2017-2021, DCJS, Uniform Crime/Incident-Based Reporting System) However, Rochester and Monroe County have seen major increases in motor vehicle thefts in early 2023, with incidents through mid-April reportedly surpassing all vehicles stolen in 2022. (Source: Nearly 1,200 vehicles stolen in Rochester so far this year, surpassing 2022 totals, WHAM, April 20, 2023) Social media posts exposed security vulnerabilities in certain vehicles, making theft easier. (Source: Motor vehicle thefts still in high gear, Rochester Beacon, March 8, 2023) Monroe County DHS partners with the community to provide robust prevention and intervention services to involved youth.

While the pandemic affected the volume of Child Protective reports, the overall numbers of indications and those in care has been trending downward since before the pandemic. Reports of suspected child abuse and neglect were stable over a four-year period prior to the pandemic (2016-2019), at approximately 9700 per year. In 2020, reports decreased by 16%; in 2021 reports increased by 11%; and in 2022, reports decreased again by 4%. The lower-than-expected number of reports in 2020 were particularly concentrated in the early months of the pandemic and are thought to be caused by isolation related to the pandemic, as children were not in places (e.g., school and community activities) where they might come into contact with mandated reporters. In 2021, the increase may be attributable to the variable and/or partial re-opening of schools and activities. Indication rates decreased from around 25% in 2019-2021 to 20.8% in 2022. A possible contributor to the decrease was a change in the standard of evidence for child protective services investigations. (Source: Change in Standard of Evidence for Child Protective Services Investigations, Office of Children and Family Services, 21-OCFS-ADM-26, November 4, 2021) Monroe County has also decreased the number of children placed in foster care by 42% over the past 5 years, as well as decreased the number of children in care at the end of the year by 15% since 2020.

The Coronavirus pandemic challenged Child and Family Services to develop and enhance service delivery alternatives, as well as new ways of doing business. Mobile technology for all staff had previously been deployed, providing a seamless transition to remote work in March 2020. Casework contacts continued as per regulation, utilizing CDC screening guidelines and protective equipment for staff for all cases with elevated risk, and meeting outside when appropriate. All staff were provided with proper PPE equipment. Similar expectations were set for all contracted Preventive agencies. Video conferencing was utilized for casework contacts where safety was not a concern (e.g., foster homes, stable relatives), for family visitation time, and to provide a higher level of support to families struggling with children's behavioral health concerns. Video conferencing also provided the opportunity for virtual support and training for foster parents and caretakers, as well as coaching and development of new employees. Telephones were provided to families who needed them, to ensure they could maintain contact with their children. Supervisors touched base with each staff person at the beginning and end of the day to review work plans and address any client-related issues or concerns. Individual supervision and team meetings were held weekly via video or audio conferencing. In-person family visitation was paused for a short time, came back at reduced capacity in July 2020, and was back at full capacity for all of 2021. Monroe County Child and Family Services made changes in practices to remain flexible during the pandemic, has continued to use some of these strategies, and will continue to adapt to be responsive to community needs.

POVERTY, FINANCIAL SECURITY, and RACIAL DISPARITIES

In August 2020, the Rochester Area Community Foundation, in collaboration with ACT Rochester, released "Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area" which was a follow up to their report of the same name released in 2017. These two reports followed a series of regional reports regarding poverty and focused more fully on the disparities in our community based on race and ethnicity, particularly as they are related to poverty and overall well-being. The report indicates that gaps between racial and ethnic groups are greater in the Rochester region than in New York State and across the United States. "Disparities impact individuals and families throughout their lives, and even into future generations. Wide gaps exist in child health and well-being; they continue through a child's academic experience; they persist through the working years; and they impact one of the largest sources of intergenerational wealth transfer – home ownership." (Source: Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area, ACT Rochester and The Community Foundation, 2020)

The overall poverty rate in Monroe County currently stands at 13.2%, down from 13.9% in 2021 and slightly lower than New York State (13.9%), but higher than national levels (11.6%). Poverty is particularly concentrated within the city of Rochester with the overall poverty rate in 2022 reaching 29.3%, down slightly from 2021 (30.4%). (Source: US Census Bureau Quickfacts) According to Census data, the City of Rochester

ranked third in poverty among the nation's seventy-five (75) largest metropolitan areas. (Source: RMAPI Press Release, December 2020 www.endingpovertynow.org; confirmed with 2022 US Census Bureau Quickfacts)

Poverty varies by age, with higher concentrations in the young and older populations of Monroe County and the City of Rochester. Countywide, nearly 17% of seniors (age 65 and over) live below 150% of the poverty measure, while in the City of Rochester 33% of those 65 and over do. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Similarly, 20% of children and youth (under 18) in the County live in poverty, while 46% of those under age 18 living in the City of Rochester do. (Source: US Census Bureau Geographic Profiles: Rochester, Monroe County) According to local news, when comparing mid-to-large-size cities based on 2020 US Census data, Rochester ranks second in the nation for percentage of children in poverty. (Sources: RochesterFirst.com article 3/29/2022: Nearly Half of All Children in Rochester Live in Poverty, Second-Highest Rate in the Nation)

Poverty rates are significantly higher for people of color, particularly children of color. The poverty rate in 2021 for Black people in the County was 32% and 36% in the City. However, the poverty rate for Black children is 46% in the County and 52% in the City. The poverty rate for Hispanic/Latino people is 29% in the County and 37% in the City and for Hispanic children, it is 35% and 47% respectively. By comparison, the poverty rate for white people in the County is 9% and 22% in the City and for white children, it is 11% and 36% respectively. (Source: US Census Bureau's American Community Survey via ACTRochester.org) Race matters, as does where you live, and where you live is frequently based on race. In all cases, children are affected by poverty at a greater rate than adults. (Sources: ACT Rochester and Hard Facts: Race & Ethnicity in the Nine County Greater Rochester Area, ACT Rochester and The Community Foundation, 2020)

The federal poverty measures may not reflect all basic household needs and may be an inadequate amount to achieve true self-sufficiency. Alternative measures of financial security beyond the federal poverty level consider a family's ability to provide basic housing, food, healthcare, and childcare and include the Supplemental Poverty Measure (SPM), the Self-Sufficiency Standard, and the Asset Limited, Income Constrained, Employed (ALICE) measure by the United Way. Unlike the federal poverty level that is the same across geographies, these measures vary based on location and family composition, exploring complex factors involved in keeping a household financially afloat. A 2016 report stated that 23.4% of residents in Monroe County had income above the federal poverty level, but below the Self-Sufficiency Standard. (Source: Poverty and Self-Sufficiency in the Nine-County Greater Rochester Area, ACT Rochester and Rochester Community Foundation, 2016) Black and Hispanic people show higher representation among people above the poverty level, but under the self-sufficiency level relative to white people. ALICE data from 2021 showed that while 13.2% of people in Monroe County lived in poverty, an additional 24.7% were in ALICE status. ALICE data showed a higher percentage of Black and Hispanic people (38% and 35% respectively) and lower percentages of white people (25%) within the ALICE threshold. (United for ALICE website, Monroe County NY data, <https://www.unitedforalice.org/county-reports/new-york>)

Measures of economic security also show differences based on geography, race, and ethnicity. The median household income of both African Americans and Hispanics in the County is less than half that of whites. African Americans in Monroe County earn 75% of what African Americans earn nationwide and 65% of what their counterparts earn across New York State. Latinos earn about 66% of what Latinos earn nationwide and 70% of what Latinos earn in New York State. (Source: Hard Facts: Race and Ethnicity in the Nine County Rochester Area, ACT Rochester and The Community Foundation, 2020) The unemployment rate in 2021 for whites in Monroe County was 4.1% compared to 10.6% for African Americans and 10.5% for Hispanics. Seventy-one percent (71%) of white adults own homes in Monroe County compared with 33% of African Americans and 36% of Hispanic or Latino adults. (Source: US Census Bureau's American Community Survey via ACTRochester.org)

None of the economic indicators above reflect the full impact of the COVID-19 pandemic, which has been affecting the community for more than three years, illuminating disparities and increasing hardship for some. In July 2020, it was widely reported that African Americans and Latinos/Hispanics were disproportionately affected compared with whites. Disparities are believed to have continued at least into 2021. (Sources: Monroe County Department of Public Health; Rochester Emerging Infections Program, Center for Community Health & Prevention, University of Rochester Medical Center, 2021) According to leaders at local hospitals and organizations, theories about what led to the disparities for Black and Latino/Hispanic people versus white people included, but were not limited to, overrepresentation in frontline occupations and decreased likelihood of having the ability to afford treatment. (Source: Rochester Beacon,

July 1, 2021: The Pandemic's Racial Disparities) The percentage of those that fell into ALICE status increased to 37% in 2021 from 29% in 2019 in the Greater Rochester and Finger Lakes region. (Source: United Way of Greater Rochester and the Finger Lakes, April 26, 2023, Pandemic Impact: Rochester and Finger Lakes Households Financially Insecure) In Monroe County from 2019 to 2021, poverty increased 8%, while the total number of households increased 4%. During the same time period ALICE status decreased 4%. More ALICE households were eligible for pandemic-related financial aid due to being employed in 2021, but this aid has since ended. (United for ALICE website, Monroe County NY data, <https://www.unitedforalice.org/county-reports/new-york>) Future poverty and ALICE data will be monitored to assess effects of the pandemic.

PARTNERSHIPS

The Monroe County Department of Human Services has historically partnered with multiple community initiatives and organizations to address the issues of poverty across the lifespan and across generations, racial and ethnic disparities, and the impact of trauma and toxic stress. There has been a move throughout the community towards collective impact and shared responsibility, with multiple initiatives to address the issues of poverty and racial disparities. State initiatives include the Rochester Anti-Poverty Task Force established in 2015, as well as the Empire State Poverty Reduction Initiative.

Local initiatives include, but are not limited to:

- The Rochester Monroe Anti-Poverty Initiative (RMAPI) – focuses on accessibility and affordability of basic needs and workforce development
- ROC the Future – strives to improve the academic achievement of Rochester's children as a means by which to address poverty
- Pathways to Prosperity – serves as a link between regional economic development and anti-poverty efforts focusing on the relationship between education, employment, and poverty
- Connected Communities – focuses on holistic revitalization of select neighborhoods
- Interrupt Racism Summit – Urban League of Rochester yearly effort to provide resources to help the community identify, interrupt, and dismantle processes of systemic racism
- The Children's Agenda – advocacy group focused on early childhood, education, health and well-being, poverty, and racial equity
- ACT Rochester – promotes use of timely and accurate data to learn, connect, and act for positive changes in the Monroe County region
- Great Schools for All – a coalition advocating for guaranteed access to excellent public education by promoting integration of low- and high-poverty areas
- The Hub 585 - a non-profit organization with the mission to educate, enrich, and empower youth and families through programs and partnerships that give them hope and help them thrive
- Four specific programs from the City of Rochester to increase income and create future opportunities are in development or underway: the Guaranteed Basic Income pilot starting in spring 2023 (founded upon the belief that people in poverty are best positioned to make informed financial decisions that address their households' needs), Just Law program (teaches 6th-9th graders in Rochester City School District [RCSD] about the legal system, the importance of school attendance, and developing strong writing skills), Pillars of Hope (local African American and Hispanic volunteers serve as role models for RCSD school students), and the Office of Financial Empowerment (financial resources and information to support residents and small businesses in reaching financial goals). See section 3 below for more information about partnerships.

YOUTH, FAMILY, and COMMUNITY VOICE

In 2021, Monroe County embarked on a yearlong public feedback and outreach effort about the spending of funds from the American Rescue Plan Act. In 2022, the County announced recipients for the funds, which included 40 organizations aiming to bring positive change in four high-priority areas: workforce development and economic recovery; public health and wellness; public safety; and infrastructure, along with sustainability. Monroe County Department of Human Services had two pilot projects funded (childcare capacity building and transportation for employment). Many of the other proposed programs will help people who struggle with poverty and unemployment to increase self-sufficiency.

Also in 2021, Monroe County Department of Human Services embarked on a 3-year project with the United Way of Greater Rochester and the Finger Lakes' Systems Integration Project to re-design the way DHS services are delivered through the Community Integration Initiative. Project staff gathered input from DHS

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staff, community providers, community members served, and the community at large. This information is being used to develop pilot projects to create more accessible services and to increase overall health and wellbeing for Monroe County residents.

Other efforts to gather input from people served by DHS and community members are:

- **Office of Community Engagement and Partnerships (OCEP):** In 2022, DHS created OCEP and appointed a Chief Community Engagement Officer. OCEP seeks to develop, promote, and enhance mechanisms for increased collaboration, communication, and supports with internal and external partners as well as consumers and potential consumers of services by gathering information from stakeholders and providing information about services;
- **National Quality Improvement Center on Family-Centered Reunification (QIC-R):** Technical Assistance project to support the timely, stable, and lasting reunification of families with children in foster care. This enhanced pilot program relies on input from youth and parents with firsthand child welfare experience to inform an intervention to accelerate and maintain reunification;
- **Keeping Families Together:** In 2022, DHS became part of a statewide effort with OCFS and the Redlich-Horowitz Foundation called "Keeping Families Together." This work focused on community-driven prevention planning, looking at gaps and meeting needs in a more comprehensive way using evidence-based programs. Based on analysis of data, DHS focused on better meeting the needs of 12–17-year-olds and is conducting one-on-one interviews with youth with foster care experience to learn more about gaps in the system and barriers to success for youth and their families;
- **Family Led Online Assessment (FLOAT):** The Family Support Center-Family Access & Connection Team (FSC-FACT) developed the FLOAT, which is offered to families and provides information pertaining to their concerns, needs, and areas of assistance. Results of the assessments are used to assist FSC-FACT and/or Probation, the youth, and the family in identifying needs and developing a plan to address those needs in the community. Additionally, in 2022, FSC-FACT implemented a 'Hope Scale' assessment, offered in conjunction with the FLOAT. Youth and family self-report feelings and beliefs of being hopeful and equipped to manage the needs and challenges facing them. This information from families is essential in providing them services that work in their lives, while building hope and resiliency; and
- **Foster Parent Advisory Board:** Monroe County has created a Foster Parent Advisory Board to ensure that foster parent's issues and concerns are heard and addressed. Co-facilitated by two foster parents with the support of Metrix Marketing, the group meets quarterly and as needed and strives to have foster parent voice included in the decision-making process, wherever possible.

MENTAL HEALTH and WELL-BEING

Mental health and well-being are an important focus as the Monroe County community emerges from the pandemic, as seen in the initiatives below.

- **Mental Health and Substance Use Task Force:** In September 2020, the County convened a Mental Health and Substance Use Task Force to develop and implement strategies to address gaps in behavioral health emergency and crisis response systems, particularly around meeting the needs of BIPOC communities. Recommendations continue to be addressed under the leadership of the Community Services Director. (Source: Monroe County Mental Health and Substance Use Disorder Task Force Report – January 4, 2021)
- **Older Adults and Mental Health:** In 2022, the top risk factor at the time an APS call was made was Mental Illness (47%). Monroe County APS collaborates with the Office of Mental Health and caseworkers regularly plan and communicate with community providers to meet older adult needs. APS is also addressing hoarding-like behaviors and hoarding disorder by administering an assessment within 72 hours of connection as applicable. For more information, see the Adult Services section of this plan.
- **Youth Risk Behavior Survey (YRBS):** Monroe County Office of Mental Health partners with schools to analyze their own YRBS data and plan for customized responses based on their community's needs. Also, the Youth Bureau's plan to increase youths' community connectedness and involvement is aimed towards building youths' resiliency and decreasing their potential for self-harm continues to be relevant.
- **Outreach and Support Services:** Monroe County DHS has expanded the Forensic Intervention Team under OMH and created an ACT Program for youth with significant mental health and behavioral needs.

- **Juvenile Justice Mental Health and Substance Use Needs:** The Family Support Center-Family Access & Connection Team (FSC-FACT), as well as probation, assesses youth and families who are connected with their program(s) and screen for mental health and substance use challenges and link them with youth- and family-centered services to begin healing trauma, build hope, and increase resiliency.
- **Behavioral Health Specialist (BHS):** Monroe County employs several BHS' to support DHS workers and foster parents in developing knowledge of underlying needs that drive behavior, understand the impact of trauma and how it manifests in behavior, and develop additional strategies to manage behavior in the home.
- **Foster Care and Mental Well-Being:** Through the generosity of OCFS, Monroe County has a vehicle dedicated to providing mobile response and stabilization services for youth in foster care or placed with relatives to provide education, support, short term services and referral to stabilize the youth's placement. This new support is anticipated to begin in early summer 2023.

The Monroe County Department of Human Services has been using the information noted above to inform its policies and practices to result in better outcomes for the youth and families it serves, thereby impacting the future of this community. The Department of Human Services is committed not only to collaboration, but also to connectivity, innovation, and a shared sense of purpose with community partners to achieve collective impact. Working together, through close analysis of the above information, ongoing communication and mutually reinforcing activities, we can best mobilize resources, increase equity, achieve safety and permanency, and improve well-being.

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

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

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

Racism and inequity are woven into the fabric of society and as such, addressing them requires a multifaceted strategy. The following efforts are underway by Monroe County to address racial and ethnic disparities at the service, organization, and system levels:

1. **Services:**

- Blind Removal Process:** In late 2021, Monroe County re-established its Blind Removal Process to reduce or eliminate bias in decision-making when removal to foster care is being considered. The Blind Removal Committee, established in late 2020, reviewed data and focus group results from the previous iteration of the Blind Removal Process(2016-2018) to develop new and improved processes regarding meeting structure, record-keeping, and data collection and analysis. Throughout 2022, two teams were onboarded every month, with training in implicit bias and an orientation to the process. By the end of 2022, all teams were engaged in the process. Blind Removals are intended to decrease the overall number of children removed from their homes, as well as build a more equitable system of care.
- Preventive Services Racial Equity:** DHS is working internally and with provider agencies to diversify staff to better reflect the racial and ethnic backgrounds of youth and families served. Over the past 5 years programs have increased staff composition from 28% Black/African American to 37% in 2022. The number of male staff increased by 3% over the past five (5) years. In recent years as contracts were renewed, programs were required to respond to request for proposals which included a section about increasing staff

- diversity and this information is now part of their contract with Monroe County.
- c. **Foster Parents and Foster Children/Youth:** Efforts to reduce disparities and better support youth in foster care involve recruitment of more diverse foster parents. Monroe County works with Metrix Marketing to actively recruit foster parents, focusing on urban communities and the Black and Latino populations. Specific populations are focused on via media. Working with the faith community to support recruitment is also underway.
 - d. **Rapid Permanency Review:** Following completion of the OCFS Race Equity Cultural Competency Assessment, Monroe County partnered with OCFS to plan and implement Rapid Permanency Reviews in the Fall of 2021. Continued support and follow-up from OCFS around implementation of Rapid Permanency Reviews and other future strategies as identified would be appreciated.
2. **Organization:**
- a. **Committee on Racial Equity (CORE):** As a result of race equity training, this internal group was established in 2012 and continues to meet on a monthly basis. Comprised of leadership, staff development, mid-level supervisors, caseworkers, case aides and a planner, CORE promotes racial equity through organizational self-assessment, individual self-awareness, and diversity training for staff, as well as promotes equity awareness and practice change. The newly created Chief Community Engagement Officer position supports DHS' DEI work.
 - b. **Training:** The Child and Family Services Division participated in the OCFS Race Equity Cultural Competency Assessment at the beginning of 2021 to gather information about policies, practices, and organizational factors that contribute to disparity and identify gaps between intent and outcomes, with an eye towards creation of an overarching training plan, as well as other initiatives. As a result, Monroe County in partnership with the regional OCFS office has created a training plan to ensure agency wide awareness and understanding by establishing a shared language and knowledge baseline.
 - c. **Diversity Action Plan:** A countywide Office of Diversity, Equity, and Inclusion (DEI) was established with efforts including: Language Access and Diversity Action planning across the County's departments; education about culture, inclusiveness, and belonging for County employees; community engagement about DEI; and communication and education about local, state, and federal laws associated with DEI. As part of this work in 2022, DHS developed a Diversity Action Plan. Implementation is underway.
3. **System:**
- a. **Commission on Racial and Structural Equity (RASE):** In June of 2020, the County partnered with the City of Rochester to launch The Commission on Racial and Structural Equity (RASE) (<https://rocrase.com/>). The report resulted in over 200 recommendations around six (6) over-arching themes and five (5) broad solutions. Dr. Seanelle Hawkins, CEO of the Urban League of Greater Rochester, has been appointed to lead the community-wide implementation of RASE recommendations, as well as guide the efforts of Cedar Grove Institute for Sustainable Communities, a nationally recognized social science firm that provides guidance in the growth of diverse, prosperous, and self-reliant communities. The Urban League has developed workgroups to ensure implementation of the recommendations in eight subject areas: Criminal Justice & Policing, Human/Social Services, Education, Healthcare, Housing, Business Development & Job Creation, Services for Older Adults, and Mental Health and Addiction Services.
 - b. **County Minimum Wage:** As part of the effort by the Rochester-Monroe Anti-Poverty Initiative (RMAPI), in 2020, Monroe County raised the minimum wage for all County employees to \$15 an hour. RMAPI leadership stated the raise in minimum wage, is, "An important step in addressing persistent poverty as well as structural racism," (Source: Rochester anti-poverty agency reports progress in campaign to get employers to raise wages, WXXI News, February 6, 2022).
 - c. **Office of Diversity, Equity, and Inclusion (DEI):** Monroe County's DEI office was established and the Chief Diversity Officer appointed in 2020. Efforts and activities of the DEI office include: Language Access and Diversity Action planning across the County's departments; education about culture, inclusiveness, and belonging for County employees; community engagement about DEI; and communication and education about local, state, and federal laws associated with DEI. Monroe County has developed a local Minority and Women-owned business Certification program through the Office of DEI

and has set utilization goals for most county contracts at 12% for Minority Business Enterprises and 3% for Women Owned Businesses. The DEI office has been exploring other projects to dismantle inequitable systems and create access and opportunity for all.

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

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

The following efforts are underway by Monroe County to address sexual orientation, gender identity, and expression disparities:

1. **Training:** In addition to the work of CORE around LGBTQ+ training as part of the "Equity Challenge," two additional trainings have occurred. Prior to the pandemic, Child and Family Services staff and foster parents received training from a local LGBTQ+ support organization, Trillium, regarding awareness and support of youth who identify as part of the LGBTQ+ community. Planning is underway to resume this training. In addition, Child and Family Services has shared OCFS' information about SOGIE Data Collection with staff and continues to encourage opportunities for training to increase staff's knowledge about LGBTQ+ children, youth, and parents.
2. **Foster Parents and Foster Children/Youth:** Efforts to reduce disparities and better support youth in foster care involve recruitment of more foster parents who are part of the LGBTQ+ community and promoting events for LGBTQ+ youth participation. Currently, there is a cohort of LGBTQ+ foster parents and Monroe County continues to provide outreach by having foster parent recruitment tables at LGBTQ+ pride events. A Senior Caseworker promotes LGBTQ+ community events and support groups to caseworker staff and foster parents who encourage youth to participate.
3. **Preventive Services LGBTQ+ Equity:** DHS is working internally and with provider agencies to diversify staff to better reflect gender identity and sexual orientation of youth and families served

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

- Race and Ethnicity Equity
- LGBTQ Cultural Awareness and Affirmation

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

Monroe County's vision is to ensure the safety and physical and emotional well-being of children, youth, families and older residents. The following highlights Monroe County DHS accomplishments from 2022, as well as recent years.

Child/Family Services

Professional Development, Training, and Supervision

- **Professional Development:** Child and Family Services staff have expanded their skills through participation in at least 6 hours of training annually. Several trainings around racial equity have been offered, including Affirming Diversity, Implicit Bias, Equity (formerly Disproportionate Minority Representation), Coping with a Pandemic and Change Conditions; Cultural Competency, Blind Removal, and Supporting & Promoting Race Equity and Cultural Competence in the Child Welfare

System. Other trainings included, but were not limited to: Abusive Head Trauma; ACEs and Trauma-Informed Practice; Adolescent Substance Use; Chronic Neglect; Co-Occurring Disorders; Constructive Feedback and Active Listening; Critical Decision Making; De-Escalation Training; Domestic Violence; Dual Diagnosis; Fetal Alcohol Syndrome; Forensic Interviewing; Gang Awareness; Human Trafficking; Interviewing Children with Disabilities; Involving Fathers; Medical Issues; Mental Health; Narcan Training; Nutritional Issues and Mood Disorders; Opiates and Child Welfare; Overview of Trauma; Professional Boundaries and Etiquette; Safe Sleeping Practices for Children and Infants; Self-Awareness; Sex Abuse Dynamics and Intervention; Sex Trafficking; Suicide and Violence Risk; Supporting Normative Experiences: Applying RPPS for Foster Parents and Caseworkers Working with Adolescents who Practice Non-Suicidal Self-Injury; Transition Plan: Helping Youth in Care Plan for their Future; Working with Children with Autism; and Youth Mental Health First Aid

- **Training:** Child and Family Services staff have also participated in trainings that further their skills and knowledge specific to their roles at DHS including: Adult Abuse; Assessing Safety; Bivona Training for new Caseworkers; Car Seat Use; Caring for Transgender Youth; Casework Documentation; CFS Legal Department Lunch and Learn; Change in the Standard of Evidence for Child Protective Services Investigation Determination; Connections; CPS Bridge; CPS Foundations; CPS Response; Family First Prevention Services Act; FASP; Hoarding Behavior in Adults; Kinship Champions; Kinship Guardianship; Legal Aspects of Adult Protective Services: Update 2021; Legal Training for new Caseworkers; Legal Updates for CPS and Child Welfare; Mandated Reporter; Medicaid Overview; Microsoft Office; Overview of Financial Assistance; Placement, Kin and Permanency; Progress Notes; PSA New Worker Institute; Safety and Risk Assessment; and Safety Training for CFS Staff
- **Supervision:** Child and Family Services has continued to focus on enhancing the supervision and support of its staff to enhance employee retention, development, and productivity. Monroe County began implementing the KEYS supervision model in 2014-2015, with a select group of Administrators, Supervisors, Senior Caseworkers and CPS Management, after which it was expanded across the agency. Criteria for supervisory expectations were developed and then implemented via both group and individual coaching. Administration, Supervisors, and Senior Caseworkers have participated in workshops to develop leadership skills and in Leadership Development Coaching. Individual and group coaching continues. Senior staff have also been offered the following training opportunities: The Art and Skill of Delegation; Avoiding Emotional Traps at Work; Coaching – The Key to Developing Workers; Coaching for Performance; Collaboration and Leadership; Conducting Performance Appraisals; Conflict Resolution; Directors of Service Leadership Training; Finding Your Leadership Voice; Fundamentals of Supervision; Improving Performance Through Feedback; Improving Personal Productivity; KEYS Core The M Factor; Managing Difficult Employees; Supervising CPS; Transitioning from Employee to Supervisor; Walking the Tightrope: Managing Difficult Conversations in the Workplace; Working With You Hurts; and The Young and The Rest of Us.

Other Successes, Achievements and Bright Spots for CFS

- The Child and Family Services Division worked to implement the Family First Preventive Services Act, which took effect in New York State on October 1, 2021. Many elements contained within the legislation were aligned closely with existing Monroe County initiatives. With financial support and/or technical assistance from the New York State Office of Children and Family Services and the Redlich Horowitz Foundation, Monroe County established an Implementation Oversight Team and six issue-specific work groups to address various components of the legislation. Several initiatives, including a Kinship Specialist Team and a Decision-Making Team around entrance into congregate care, were implemented. Since beginning the effort in the summer of 2018, use of congregate care in Monroe County has decreased 61%, from 116 youth to 45 youth as of the end of 2022. Currently only 10.1% of the children in foster care are living in congregate care, down from 24% in the summer of 2018. Children placed with approved relatives also increased dramatically through the work of the Kinship Specialist team and the Homefinding team. In the summer of 2018, just 16 children or 3% of Monroe County's foster care population were placed with kin. As of the end of 2022, 73 children (close to 17%) are fostered by relatives. Some children are placed with relatives by court order, but are not in foster care. When the total number of children and youth placed outside their homes are considered, 48% of youth are living with relatives.
- Monroe County has demonstrated an improved ability to successfully meet the needs of youth at risk of PINS (Persons in Need of Supervision) and their families without the need for court involvement or out of home placement. Over the years, there has been a focus on decreasing the number of complaints, petitions, detention admissions and placements. No PINS youth were placed outside

their home in 2022, either on a pre-dispositional order or as a court ordered disposition. The Family Support Center-Family Access & Connection Team (FSC-FACT) provides services which are focused on addressing youth and family needs in a reparative, strength-based way, which has resulted in better outcomes. See the PINS section of this plan for more details.

- As part of promoting the well-being of children, families, and communities, New York State passed legislation that raised the lower age (RTLA) of juvenile delinquency from 7 to 12 years of age in almost all cases effective December 29, 2022. Monroe County developed a RTLA differential response (DR-RTLA) as required by the law and includes services coordinated by The Monroe County Family Support Center's Family Access and Connection Team (FSC-FACT). FSC-FACT uses strength-based and youth- and family-centered assessments to identify needs, consider individualized vulnerabilities, and ensure responsiveness to the youth/family culture. See the RTLA section of this plan for more information.
- Trauma Informed Practice: The Department of Human Services continues to focus on the impact of trauma on the children and families served, as well as vicarious trauma and personal trauma experienced by staff. All staff are mandated to attend Trauma Training to both increase understanding of the impact of trauma and how to best serve youth and families utilizing Trauma Informed Casework practices. Staff also continue to take advantage of optional training and implement the principles of trauma informed care into their daily practice.
- Human Trafficking: Child and Family Services partnered with Rochester-Monroe County Youth Bureau, the Center for Youth Services, local law enforcement, judiciary, community-based agencies and others to implement the Safe Harbour program that focuses on human trafficking locally. Child and Family Services has a designated liaison to work with Safe Harbour staff. All Child and Family Services staff are mandated to attend training on human trafficking to increase understanding of presenting issues, learn how to identify possible victims, and improve knowledge of available community resources and how to access them.
- Of the six (6) Child and Family Services Review (CFSR) standards, Monroe County exceeds New York State on four standards and is similar to NYS on the other two standards in Wave 9.5. Child and Family Services' plan to improve performance in meeting these standards can be found in the Safety and Permanency sections of this plan.
- New recruitment and retention efforts have helped decrease caseworker vacancies significantly, including quarterly bonuses, increased time off, holding multiple open interview events, hiring a full-time recruiter, and waivers of Civil Service exam with the HELP Program offered by the state Civil Service Commission. (Source: Press Release from Adam Bello, Monroe County Executive: Unprecedented Investment in County Workforce, Aggressive Recruiting and Employee Assistance Enables Major Employment Gains in Vital County Community Support Departments, April 24, 2023) Recruitment and retention of workers continues to be a priority for DHS leadership and staff.
- A Coaching and Development Team was implemented in 2018-2019. A Senior Onboarding Program was developed in 2020, which included creation of a "Senior Manual." This has ensured consistency and a structured training program for all newly hired Senior Caseworkers, as well as those who have been Senior Caseworkers for some time.
- Several strategies to improve documentation of CPS history, timely completion of 7-day Safety Assessments and documentation of safe sleep were implemented in 2019 and continue to date.
- Monroe County has instituted several review mechanisms to improve the quality of investigations, including bi-monthly closed stage reviews, monthly open stage reviews and bi-monthly CQI Continuous Quality Improvement (CQI) meetings. Through the CQI process, procedures and practices are evaluated and adjusted as necessary.
- Monroe County has a protocol in place to ensure consistent processes around permanency options when visiting potential placement resources, including provision of the "Having a Voice and Choice" booklet. Additional efforts are made to identify extended family and other potential supports through conversation with the youth and the relative resource, as well as review of Connections history and assistance from staff trained in Family Finding.
- Permanency Reviews are routinely held for all youth in foster care at 6 months and between the 10th and 11th month, with extra attention to large sibling groups to ensure timely resolution for potential barriers to permanency.
- Mini-CFSRs were held quarterly in 2018 and resulted in numerous improvements as demonstrated by a very successful full CFSR review in May 2019. Mini-CFSRs continue to be held quarterly. Holding quarterly mini-CFSRs provides focus and attention across all units and allows implementation of strategies for improvement throughout the year.

- The *Engaging Fathers* program through CCSI is a new program that started in January 2023 to improve Monroe County's work with fathers. In addition to fatherhood and young men's education groups, this program is assessing current practices for encouraging the involvement of fathers, developing a community-side Fatherhood vision, and implementing strategies to connect absent and/or disconnected fathers.
- A training specific to Placement, Kin, and Permanency was locally developed and delivered to all Monroe County Child and Family Services staff in 2022.
- Adoption Team staff continue to work with Children Awaiting Parents (CAP) through the Heart Gallery and Hillside Family of Agencies' Wendy's Wonderful Kids initiative to conduct child specific recruitment of adoptive homes.
- With the coordinated efforts of the Adoption staff and the Permanency Unit, including timely Permanency Reviews and filing of Termination of Parental Rights petitions, 71 children were freed for adoption and 64 children were adopted in 2022. Permanency was also achieved for 105 children through Article 6 custody/guardianship and one Kin Gap, putting the total youth who achieved permanency in 2022 at 170.
- Staff actively participate in National Adoption Day events at Monroe County Family Court every year.
- Monroe County is the recipient of an award for technical assistance from the National Quality Improvement Center on Family-Centered Reunification (QIC-R).

Preventive Services

- Monroe County annually provides preventive services through contracts with ten (10) community-based agencies to provide twenty-two (22) programs to over 1,400 families and over 2,300 children and youth. In 2022, 99% of all children served avoided foster care and 98% of all families served avoided new, indicated CPS reports.
- Additional performance measures regarding parental stress and family functioning were incorporated into all Preventive contracts in 2020. In 2022, maintenance of levels was added to improvement with 93% of children showing a positive change or maintenance in overall functioning and 84% showed a maintenance or decrease in stress. Over 82% of families reported maintenance or improvement on both measures.
- Monroe County continues to assess and evaluate community need for and program efficacy of Preventive services, adding to existing programs and/or developing new ones as appropriate. Monroe County began contracts with Berkshire Farms and Family Counseling Services of the Finger Lakes in 2022. Capacity was increased at both Cayuga Centers (providing MST and FFT) and the Youth Advocacy Program. Monroe County will issue an RFP for additional generalist preventive services later in 2023
- Each year, Monroe County compiles an Annual Preventive Services Report that is shared with providers, DHS and County Administration. The report describes child and family service needs and outlines the outcomes of those services.
- The Preventive Services Unit continues to maintain and update a database which facilitates Preventive Services Unit's monitoring of contracts, tracking utilization and ensuring compliance with Connections requirements.
- Monroe County utilizes an abbreviated version of the Onsite Review Instrument (OSRI) with contracted programs. The tool focuses on items for improvement, specifically where there is a need for continued development. Internal reviews have been conducted in a round robin manner with contracted agencies and will be conducted via random selection for 2023.
- Monroe County is receiving technical assistance in Preventive services from Mainspring Consulting, funded by the Redlich-Horowitz Foundation called, "Keeping Families Together." Keeping Families Together is exploring gaps in services and for Monroe County, is focused on improving services for youth in care, ages 12-17.

Foster Care

- Monroe County recently partnered with a local Subway Franchise owner to offer summer jobs for foster children (between 8 and 40 hours a week) at locations around Rochester and at Darien Lake. Keeping youth engaged and active over the summer, learning job skills and banking a paycheck not only benefits the youth, but also provides respite for foster parents and improves stability of placement.
- Hub 585 provided respite activities for teens for several hours on Saturdays, as well as two Friday evenings per month. The program not only offers a break to those fostering teens, but also provides

teens with the tools to be more successful in their homes, at school, and in the community. Skill building and recreational activities are provided through the lens of developing and improving interpersonal relationships.

- In partnership with Hub585 and Senator Jeremy Cooney, Monroe County is developing a professional foster parent model for up to 6 teen girls, targeted for opening in early summer 2023. The program will focus on developing independent living skills, education, mentoring, community building, and skill building. The program will have a support network designed around it for youth and the foster parent, with built-in respite for foster parent (respite provider goes into the home, so the youth remain in a stable location).
- EnCompass provides a structured, academically focused day program for youth ages 10-18, who are suspended or refusing to attend school, with a focus on re-entry. They communicate directly with the youth's home school to manage academic work, and work on youth skill building.
- Monroe County started a Foster Parent Advisory Board in 2021. Co-facilitated by two foster parents with the support of Metrix Marketing, the group meets quarterly and as needed and strives to have foster parent voice included in the decision-making process, wherever possible.
- Metrix Marketing manages a foster parent mentoring program, which is administered in partnership with Hub 585, to better support foster parents, particularly those who are new to fostering, as well as a foster parent support group. The support group meets monthly and provides childcare.
- Monroe County utilizes and is now involved in a State pilot for CarePortal. CarePortal is a link to the community to access goods and services which may otherwise not be possible to support youth in their placements and by extension the foster homes and family homes in which they reside.
- Monroe County partnered with Children's Home of Wyoming County for a Foster Care Stabilization Unit, as a means by which to support children in crisis and preserve foster home placement. The program opened in 2022.

Older Adults

- Adult Protective Services (APS) leadership continues to participate in regular community meetings to assess the needs of and address the barriers in serving vulnerable adults including the Long-Term Care Council-Housing subgroup; the Enhanced Multi-Disciplinary Team (E-MDT) through Rochester Police Department, the SAGE II commission, the Medical Legal Collaborative.
- Special case reviews are held in situations where clients experience multiple intakes/closings or when a client is facing a particularly challenging situation to ensure thorough assessment and comprehensive planning to better address and meet needs. Special reviews are also conducted in situations where a client passes away. Legal consultations with APS staff are held monthly for all situations where guardianship or other court actions are being considered.
- Monroe County Office for the Aging (MCOFA) and APS continue to advocate for the needs of older adults in public forums during meetings with community agencies, church groups, and medical programs, and leverage relationships with other county and community partners to advocate for seniors' needs.
- Adult Protective staff continue to participate in collaborative planning meetings with partner agencies serving APS clients, including Office of the Aging, Lifespan, Catholic Charities Family and Community Services, OPWDD, Office of Mental Health, Veterans Administration, and local hospitals.
- The Adult Protective services team provided several presentations regarding their services despite the pandemic. APS held six trainings in 2022 virtually and in person using the Gatekeeper PowerPoint. Additionally, APS staff were present for the Monroe County Salute to Seniors event that hosts approximately 900 individuals.
- Monroe County holds several contracts to ensure access to quality services for older adults. Monroe County Office for the Aging (MCOFA) contracts with Lifespan to operate a variety of prevention and intervention programs regarding Elder Abuse. MCDHS contracts with Catholic Charities Family and Community Services/Balanced Care for Representative Payee (rep payee) services and case management services, as well for case management of Article 81 guardianship cases. Monroe County also has a contract with Lifespan for a nurse practitioner to provide capacity evaluations and contracts for Chore services.
- In 2021, Monroe County partnered with Lifespan to apply for an Elder Justice Federal Grant and Lifespan was awarded the grant. A steering committee has been established and planning is underway. Project implementation will begin in 2023. The project involves co-locating a Lifespan worker with APS staff with the goal of early identification, referral & connection of clients to Older American Act funded programs, as well as Lifespan services.

- APS continues to work in partnership with MCOFA, DHS Financial Assistance Division, HEAP, Lifespan, and local utility companies to address the needs of older adults by connecting them to services and working to rectify heat related issues, including coordination to repair/replace furnaces as needed, as well as billing issues.
- The Elder Source GRAPE resource book and/or the NY connects phone number is provided to all clients and families served by APS.
- A new subsidy program, Project Anchor (similar to Section 8), was launched in late 2022. Project Anchor may be accessible to APS clients in serious housing situations such as homelessness. Additionally, Community Living and ARPA Funds were dedicated to assisting individuals so they can remain safe and clean in their homes.
- Monroe County developed its own internal APS Manual in 2020, which is available to staff electronically. The information in the manual includes processes, protocols, information on conducting intakes, assessments, ongoing cases, legal information, family type homes, and monthly reporting requirements. The manual and protocols are reviewed and updated as needed on an ongoing basis.
- In addition to regular division trainings as noted above, APS staff attended the following trainings specifically related to service the adult population in 2022: Understanding Nicholson V. Scoppetta; Suicide and Violence Risk; Hoarding Behavior in Adults; Grand Rounds: Intimate Partner Violence; Article 81: Guardianship for PSA clients; Legal Aspects for APS 2022; Situational Awareness Training for CFS Staff; ASAP.NET linked vs. companion cases; FTHA for District Users: Phase 1 – Processing Initial, Change and Renewal Applications; PSA New Worker Institute – Upstate - Components 1 – 5; FTHA #4: Recruitment and Retention; APS Administrator, Supervisor and Senior Caseworkers attended individual and group supervisor coaching and development sessions with Lead Peak Performance, with whom Monroe County had a contract for leadership development.

Financial Assistance Division

Domestic Violence

- APS continues to work closely with emergency service programs, committees, and other government entities to advocate for the need of abused adults and to ensure access to viable emergency housing options in times of crisis, as noted above.
- Monroe County Office for the Aging (MCOFA) contracts with Lifespan's EAPP (Elder Abuse Prevention Program) to serve older (60+) victims of domestic violence. Approximately 250 individuals are served annually. Services now include emergency respite for adults.
- MCOFA also contracts with Lifespan for the psycho-educational group, SEAM – Stop Elder Abuse and Mistreatment, which provides a multi-week curriculum to perpetrators of elder abuse.
- MCDHS contracts with Willow Domestic Violence Center for both housing and non-residential services for victims of domestic violence and their families. In recent years, Willow has expanded their shelter capacity to 49 beds. In addition to their hotline, information and referral, advocacy, counseling and community education and outreach services, Willow also provides specialized programs, including Court Advocacy, Mobile Advocacy, Safety First, Project Stronger, and HEAL. More recently, Willow added Deaf IGNITE, a signing-centric service supporting the needs of deaf survivors of domestic and/or sexual violence.

Child Care

- Monroe County has fully implemented the Child Care and Attendance (CCTA) system for all TANF and Low-Income Child-Care cases.
- On a monthly basis, the Financial Assistance Coordinator and Finance Director review the list of all open child care cases, as well as those closed the previous month, to determine the county's financial ability to open new cases the following month.
- A case review process for child care cases has been implemented. Each day, 6% of cases processed the prior day are selected for case review. Supervisory staff review electronic case documents that detail areas of case processing to assess quality and consistency. Errors are returned to the worker for corrections if necessary.
- Monroe County contracts with Baden Street Settlement for Childcare Navigation Services to support families in finding the care they need.
- Monroe County recognizes the importance of child care in post-pandemic recovery and the need to support families and children as they return to work and school. The expanded allowable absence

policy instituted during the pandemic was permanently adopted and the parent fee percentage was reduced from 20% to 10%. Effective February 1, 2022, Monroe County further reduced the parent fee percentage to 1%.

Rochester/Monroe County Youth Bureau (RMCYB)

Youth Development Programming

- RMCYB continues to coordinate and promote intentional and innovative strategies that address the multiple factors leading to increased risk of negative behaviors, while strengthening the factors that buffer against risks, to promote positive youth development.
- The Youth Bureau continues to build support for a county-wide Quality Youth Development System for youth service programs to integrate a youth development framework and effective learning environments.
- *Youth as Resources (YAR)* continues to model youth voice and youth philanthropy as a means by which to encourage active youth leadership and development in program planning, implementation, and evaluation.
- The Youth Bureau continues to explore opportunities with private funders and the community at large to support and enhance youth development efforts in the community.
- In partnership with MCOFA, the Youth Bureau has continued to develop intergenerational programming and events to foster relationships between youth and older adults, including a fall clean-up and delivery of holiday gifts.
- The Youth Bureau provided volunteer opportunities to youth and holiday gifts for youth and family in need by partnering with the Pirate Toy Fund and the Monroe County Department of Social Services Financial Assistance Division.
- The Youth Bureau has partnered with the Center for Youth Services on the Safe Harbour Initiative, which assists victims of sex trafficking and commercial sex exploitation, and has actively participated in the oversight committee, which includes representatives from law enforcement, CPS, community-based agencies, US Marshalls, Attorney General Office, Attorney for the Child and District Attorney's Office.
- Work on EXPLORE MONROE, an interactive website that brings resources and community education to youth, resumed in 2021, as work had been postponed due to the pandemic. The website is designed to be utilized by both youth and adults.
- Gun Violence Prevention Program funding allowed Monroe County to partner and contract with grassroots organizations to provide unique and "out of the box" programming for youth. The AW Foundation/Plug and Play Program brought A&R (Artists and Repertoire) programming to the Children's Detention Center and into the community at the local YMCA.

Runaway Homeless Youth (RHY)

- Monroe County maintains an agreement with Center for Youth Services' Center House to provide 24-hour access to services. Programs and county representatives continue to meet monthly to discuss needs and monitor outcomes, as well as contractual and regulatory compliance.
- Monroe County receives funding through the Department of Housing and Urban Development (HUD) to support services and case management for homeless youth (10-20) provided through MCDHS. RMCYB staff continue to participate in the review, rating, ranking and allocation process for HUD dollars each year.
- Monroe County has fully implemented a Coordinated Entry System across Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs. Individuals and families are prioritized using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT), which is an evidenced based assessment tool used to prioritize those with the highest needs and barriers to accessing and maintaining safe permanent housing.
- RMCYB staff facilitate RHY provider workgroups to identify gaps in housing and services and plan next steps to bridge these gaps, participate on the Continuum of Care (COC) Executive Board to implement strategies to achieve goals established in the CoC's strategic plan, participate in the Homeless Services Network community meetings, and participate in a yearly needs assessment to help shape local priorities when making HUD NOFA funding decisions.
- The Community Homeless Coordinator continues to work with the Rochester City School District (RCSD) and other school districts to obtain and maintain McKinney-Vento Homeless Education Funds.

4. Describe the financing for the district's services. Include general information about the types of funds used (e.g. federal, State, local, TANF, or innovative funding approaches). Include new uses of TANF or Flexible Funds for Family Services for program services. Include any innovative approaches to funding or new uses of funds to support the service delivery system.

MCDHS-LDSS

The Department of Human Services-LDSS uses three major sources of funds to support Child Welfare, Youth, Adult, and Child Care services - federal, state, and local government. In recent years Monroe County has been able to utilize funding from the Flexible Funds for Family Services to support locally developed programs such as the Crisis Nursery, which offers drop-in, short-term childcare for parents who have emergency situations and need a reliable, safe place for their children. We've also been able to support a Child & Family Services Resource Team that provides Behavioral Health Specialists/ CASACS to support Monroe County caseworkers in recognizing and addressing issues related to substance abuse, domestic violence and mental health challenges while assessing child safety and risk.

MCDHS -RMCYB

The core RMCYB funding source is NYS OCFS for Runaway and Homeless (RHY1 and RHY2), and Youth Development Programming (YDP). The RMCYB also receives local funds to support the Youth as Resources program (YAR). The RMCYB partners with MCOFA to assist in funding intergenerational programming. The RMCYB often partners with other funders to support youth development programs. In prior years, RMCYB funding was approximately 99% state and 1% local. With the addition of Youth Engagement Specialist, state funds now account for approximately 57% of the budget, with County funds comprising the other 43%, demonstrating Monroe County's commitment to youth. The RMCYB distributes and monitors OCFS funding to municipal recreation centers and contracted non-profit organizations that focus on positive youth development.

5. If purchase of service agreements are used, describe the criteria and procedures used by the district for selecting providers for all child welfare, adult protective, and non-residential domestic violence purchase of services (e.g. RFP process, news releases on availability of funds, sister agencies panel).

Monroe County follows procurement rules with the use of Requests for Proposals/Qualifications (RFP/Q) for all new contracts valued at over \$20,000, as per County policy. RFP/Qs are advertised on the County's website with clear guidelines for applying. All proposals are reviewed utilizing a clear set of criteria and a defined review process. Periodically, Monroe County requests Expressions of Interest (EOI) from existing contractors. MCDHS-LDSS and RMCYB follow County of Monroe policies regarding purchasing of services.

MCDHS- LDSS

Many services in the Child & Family Services Division, such as foster care and adoption, are "demand driven." Criteria for service is mandated by need and regulation. Ancillary services, including preventive services and community optional preventive services, are developed and implemented based on need.

MCDHS-RMCYB

The RMCYB promotes a joint coordinated and collaborative approach to impacting youth and family outcomes. The RMCYB's resource allocation process reinforces this strategy by recognizing opportunities to work closely with other funders and relevant parties to implement a joint investment approach whereby new funding decisions and requests for proposals are conducted as cooperative ventures rather than in isolation. The RMCYB utilizes an Expression of Interest (EOI)/RFP process for distribution of Youth Bureau funding allocations. Selection decisions are made by the RMCYB Executive Director, the Commissioner of Human Services and MC Department of Finance. Final approval is with the Monroe County Legislature.

6. Describe procedures that will be used to ensure that the services being purchased are effective in meeting the outcomes as outlined in the contract and your plan. Include the frequency of monitoring, tools that will be used, and who will be involved.

Monroe County has a web-based contract management and tracking system called Contract HQ. This system is designed to track contractor performance on outcome objectives; per unit costs; results of in-house evaluation/tracking and program/service utilization, allowing the County to identify effective programs/services more quickly. The contract system complements the Getting to Outcomes (GTO) model tracking performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the system, facilitating oversight and monitoring of performance. These systems assist the division with identifying contractors who are not meeting expectations early enough to allow for technical assistance. Additionally, the Department of Human Services has a Research and Planning team. Part of the team's charge is to more thoroughly examine contracts to explore opportunities for improvement, to use data to inform decision making, and to enhance key performance indicators.

MCDHS-LDSS

Contract monitoring procedures differ somewhat for the three main areas in which Monroe County Department of Human Services - Child and Family Services Division purchases services: Preventive, Foster Care and Adult Protective Services.

Preventive Services:

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. Case monitoring is conducted through progress notes and the Family Assessment and Service Plan (FASP) completed by the service providers. MCDHS preventive caseworkers/liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are being provided and the minimum number of home visits are made. Contract providers are required by Monroe County to measure family or child functioning and ability to manage stress. Each agency has chosen a tool to measure these outcomes. The tool must be approved by Monroe County. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Utilization rates are expected to be maintained, are closely monitored, and are discussed at every bi-monthly Preventive Coordinators meeting. Providers are required to enter quarterly performance measures into ContractHQ. The Preventive Supervisor and/or Senior Caseworker review the information in ContractHQ for accuracy. The Preventive Administrator reviews, approves or otherwise addresses quarterly performance measures. If issues are noted, the Administrative Caseworker will meet with the provider to address performance issues and develop a plan. Overall contract performance is reviewed at least quarterly and additionally as needed. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through data that are routinely maintained on a case, program, and service basis. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process and forms the basis for the preventive program's annual report. The data is also used in budgeting/planning processes throughout the year.

Foster Care:

Improved management of purchased foster care remains a high priority for MCDHS. For purchased foster care programs, monitoring is primarily done at the case level and is intended to ensure that regulatory standards are met in addition to ensuring that the clients' needs are met. Case monitoring is conducted through regular review of FASPs, regular attendance at service plan conferences, and attendance at court hearings. Therapeutic Foster Care is monitored via defined performance measures and regular meetings between the responsible Administrator and the TFC program. Data provided by NYS (COGNOS, MAPS) is helpful in monitoring the total foster care system but needs to be much more accessible and up to date if it is to be used for contract monitoring or to ask more sophisticated systems-related questions.

Adult Protective Services:

All contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. The Financial Management Services program at Catholic Charities Family and Community Services (CCFCS) submits monthly financial ledger sheets for clients. Summaries of casework activity are also submitted monthly. Databases maintained at DHS and at CCFCS track client involvement in the program and monitor timeliness of report submission. Guardianship cases involve a copy of the annual accounting, which is required by law to be submitted to NYS Supreme Court. Bi-monthly meetings are held with the CCFCS Program Administrator and the Adult Protective supervisors to discuss case status, contract compliance and programming. Lifespan submits a semiannual report of each case mutually served by Adult Protective and

the Elder Abuse program. The program also submits an annual statistical report of all case activity and a summary of public awareness activities in the community.

MCDHS- RMCYB

The RMCYB's monitoring and evaluation system ensures contract compliance and high-quality youth programs that support positive youth outcomes. The primary goal of the RMCYB's monitoring and evaluation system is to assure that the investments made contribute to successfully impacting outcomes for youth and families. There are three main priorities in determining funding allocations: (1) safety and protection of Monroe County's most vulnerable children and adults; (2) healthy development and self-sufficiency; and (3) effective and efficient utilization of limited resources. The RMCYB incorporates four components to fulfill its oversight responsibilities with direct contract agencies: (1) self-report, requiring agency submittal of information; (2) assessment and evaluation, including review of contract objectives; (3) expenditure and financial systems review; and (4) technical assistance/consultation. Site visits occur as needed, or to provide technical assistance. RMCYB uses oversight information in planning and program redesign and methodology based on the identified needs of participants; to determine increases or decreases in funding based on changes in priority alignment or performance; to ensure compliance with contract standards; to address training and technical assistance needs and in discussions with investment partners regarding implications for changes or modifications. RMCYB works collaboratively with joint funders on program assessment, performance findings and corrective actions as identified, as well as allocation of resources, based on priority areas.

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

Monroe County Department of Human Services currently has no agreements with service providers or coordinators that permit the re-disclosure of CPS information. MCDHS continues to follow the legal standards for confidentiality and follow the 26 exceptions for sharing of CPS investigative information. MCDHS will continue to monitor this issue with current service providers/coordinators to ensure that CPS information is not being re-disclosed and if necessary, will enter into agreements with service providers/coordinators which shall describe the specific agencies and categories to whom re-disclosure is authorized.

Relationship Between County Outcomes and Title IV-B Federal Goals

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

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

Safety

No updates required for the 2023 Annual Plan Update

Safety Plan Update

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

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

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

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

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

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

	Indicator	Wave 6	Wave 7	Wave 8
District	Recurrence (S2)	17.8%	16.7%	16.8%
National Average	Recurrence (S2)	10.0%	9.9%	9.7%

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

Monroe County trended downward from Wave 6 and to Wave 7. In Wave 8, there was a slight increase of .6%. Our Wave 8 recurrence rate was below the state average of 18.1 %, but above the national average of 9.7%.

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

a. What was the strategy you implemented?

Explore additional opportunities to enhance current training to strengthen staff skill sets, improve quality of services and increase job satisfaction, with the goal of improving staff retention, by providing:

1. A Coaching and Development Team to support new workers' continued growth and skill enhancement.
2. Ongoing review of opportunities to strengthen training within practice.

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

underlying factor(s) in the way it was intended?

Caseworkers' ability to complete a more thorough CPS investigation, including the identification of appropriate services. Caseworkers linking families to services in a timely manner.

We believe that the strategy will have more impact on recurrence over time. So, we may see improvement during the next wave data.

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

The strategy appeared to impact the recurrence rate in Monroe County. Appropriate safety and risk assessments and links to needed services for families ultimately impacts a family's future involvement in the Child Welfare system.

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

The effectiveness of this strategy has been impacted by the retirement of one of our coaches, leaving one coach to work with new trainees following their departure from the training team. The coach continues to meet with all trainees but the amount of hours that coaching is provided has been impacted.

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

The Training Team continues to review and adjust the training program for each class. As new trainings are identified, they are incorporated into the training team. Monroe County continues to brainstorm additional ways to support both new and existing caseworkers in ongoing skill and competency development. A Senior Caseworker Onboarding Program has been developed and will be used at the time of promotion to provide necessary training, so that Senior Caseworkers are able to provide caseworkers the support that they need.

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

What Are Systemic Factors?

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

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

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

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

Monroe County: Safety

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

Why Are We Focusing on Systemic Factors?

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

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

How Will We Understand Functioning of Systemic Factors?

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

1. Assess your current performance in the area

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

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

OR

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

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

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

3. Provide a rationale for your rating

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

4. Identify potential underlying factors contributing to your performance

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

Statewide Information System

Agency Access to Data

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

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

- Yes
 No

2. How do you rate Agency Access to Data?

- Strength
 Area for Development

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

MCHDS has created a Research, Data and Planning Unit to increase system efficiencies and productivity by engaging in both short and long-term planning on behalf of the Department, ensuring that data is accurate, timely and routinely utilized to inform decisions. The Research, Data and Planning Unit is also responsible for managing grants and other funding opportunities, increasing oversight of contract performance and compliance through enhanced metrics, and improving cross-system collaborations for better outcomes. This team regularly accesses Data Warehouse and provides applicable reports to all Child Welfare program areas.

4. Identify potential underlying factors contributing to your performance:

The information from Data Warehouse is generally 7-14 days behind, which makes it difficult to evaluate performance and trends in real time. For example, reports are received regularly from the OCFS Regional Office regarding our oldest investigations. When looking into those cases, many have been closed in the several weeks prior. To accurately assess status, data needs to be up to date and available in real time.

Documentation

Progress Notes

Monroe County: Safety

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

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

1. Assess Performance

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

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

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

Documented Component of a Quality Progress Note	Quality Score for All Investigations
Progress note included a clear purpose for the visit, who was present, and the location	85%
Progress note clearly documented the presence or absence of risk and / or safety concerns and any needed action related to concerns	80%
Progress note included the level of family's progress, documentation of what was discussed, and an observation of the home and the parent's and children's interactions	70%
Progress note clearly documents next steps, if needed	100%
Progress note is concise and professional	100%
Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)	70%

2. How do you rate Progress Note Documentation?

- Strength
- Area for Development

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

Overall, the progress notes reviewed were well documented. The progress notes reviewed had many of the identified elements but in some areas only received a .50 rating. In addition, although the caseworker may not initially have documented the purpose of the visit, when reviewing the note, one could gather the reason they were there. Reminding staff that the purpose of a visit needs to be documented may be an area of training need.

4. Identify potential underlying factors contributing to your performance:

All staff are trained on all of the noted components, but in some cases the components were not evident in the most recent note. Some underlying factors identified:

- 1) Parent/child interaction - By regulation, the parent/child interaction in the investigation must be documented. Most caseworkers document this in the initial visits with families but do not do so on an ongoing basis, unless there is something noteworthy during a visit.
- 2) Purpose - In all but three (3) of the cases reviewed, the purpose of the visit was identifiable, although it was not clear if that had been communicated to the family at the beginning of the visit. Caseworkers always have an intended purpose for making a home visit, but it may not be always clearly documented.

Case Review System

Written Safety Plans

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

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

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

1. Assess Performance

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

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

Documented Component of a Quality Safety Plan	Quality Score for Safety Plans
Safety plan is consistent with case circumstances	90%
Safety plan is adequate to fully protect the children	90%
Safety plan lists specific actions taken or to be taken and persons responsible	80%
Safety plan includes appropriate controlling interventions, initiated by the caseworker, to address safety	60%
Safety plan includes details about duration of the plan and how the plan will be monitored	30%

2. How do you rate Written Safety Plans?

- Strength
- Area for Development

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

In nine out of ten of the cases, it was clearly documented why a safety plan was needed to protect the children. The caseworker spoke to both the parent and the person(s) assisting with the safety plan regarding what was needed and who was responsible for providing supervision and care to the children. This item was rated as an area of development as the duration of the safety plan and how it was to be monitored was often not clearly documented.

4. Identify potential underlying factors contributing to your performance:

Caseworkers appropriately identify the need for the safety plan but are not documenting their discussion regarding duration and/or what needed to occur for a safety plan to end. The caseworker may not feel confident committing to a specific time frame, but should clearly identify what needs to happen before a safety plan can be ended.

Quality Assurance / Continuous Quality Improvement Process

Quality Assurance System

The agency has a robust CPS quality assurance system that:

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

1. Assess Performance

Rating (1–10)

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

9

2. How do you rate Quality Assurance System?

- Strength

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

MCDHS has established a QA team to focus on accountability directed from the top down, and to monitor performance, as well as division driven CQI initiatives. The QA team utilizes safety indicators and key CPS data metrics that have been established as standard by the Children’s Bureau and the Office of Children and Family Services. CPS reviews occur quarterly, utilizing the NYS Ongoing Monitoring Assessment (OMA) tool to identify strengths and areas needing improvement. Monroe County also conducts administrative reviews of open cases on a monthly basis. MCDHS has onboarded a Child and Family Services Quality Assurance Coordinator. The Coordinator partners with the Research, Data and Planning Unit to ensure Quality Assurance and Continuous Quality Improvement through the use of child welfare data.

Monroe County's CQI team meets bimonthly and is charged with identifying and monitoring improvement opportunities across the division, including regulatory compliance, systems/process improvements and new initiatives. Strategies are identified and internal measures are examined to assess progress. The CQI process has created a continuous learning environment that engages staff at all levels. The process is designed to improve future outcomes, ensure stability of CPS practice, and improve agency processes, procedures, and quality through the use of data. This process will also sustain and enhance Monroe County’s ability to self-monitor. Monroe County is promoting improved performance and outcomes for children and families through an on-going commitment to Quality Assurance and Continuous Quality Improvement. This commitment is evidenced by the newly established leadership structure.

4. Identify potential underlying factors contributing to your performance:

A robust Quality Assurance/Continuous Quality Improvement Process system has been established within MCDHS. Leadership has committed to ensuring quality practice and continuous improvement to improve experiences and outcomes for children and families. Since there are different levels of knowledge and understanding as it relates to Child Welfare QA and CQI among staff, training to level set and provide a comprehensive foundation will be of benefit. A Child Welfare QA/CQI 101 training for staff is currently in development. Staff at all levels need to understand the role that each individual has regarding QA and CQI and how casework practice and supervision impact child welfare outcomes. As a result, the CQI steering committee is looking to identify and develop champions to embed the work across all Child Welfare divisions.

Staff and Provider Training

Ongoing Staff Training

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

1. Assess Performance

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

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

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

2. How do you rate Ongoing Staff Training?

- Strength
- Area for Development

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

Completion of 6 hours of CPS in-service training is required for Child and Family Services (CFS) staff. A needs assessment is conducted annually to determine which trainings should be offered. A quarterly report tracks completion of this requirement.

Trainings are provided through OCFS or community organizations. Training announcements are distributed to all staff and staff can participate in trainings with supervisory approval. The training can be an area of interest or one recommended by a supervisor to strengthen skills and/or knowledge.

Supervisory staff, both Caseworker Supervisors and Senior Caseworkers, have undergone the NYS KEYS Supervisory Training. Monroe County's supervision framework requires regular and consistent supervision with staff and identifies areas where supervision needs to be provided and documented. Additional annual training unique to the role of the individual is provided, including permanency, safety, and risk. All supervisors and seniors participate in Leadership Coaching through a contracted agency.

Monroe County is fortunate to have its own Training Team. All new caseworkers are assigned to the Training Team during their state training. This team provides both hands-on and classroom training. At the time of transfer to their assigned team, all new caseworkers are connected to the Coaching and Development Coach for ongoing development throughout their first year.

The Senior Caseworker Promotional Training Program supports newly promoted Senior Caseworkers. Supervisory staff are required to complete two (2) trainings focused on leadership and management, as a means by which to continually develop leadership skills.

To assess training, staff complete a reaction questionnaire, which evaluate the trainer's knowledge, training content, delivery method, and the training's relevance to job duties. These questionnaires are reviewed, and any concerns are addressed with the trainer, as well as the training provider.

To further monitor and assess training, a Child Welfare Training workplan has been developed and a workgroup established to explore training needs and develop and implement strategies.

4. Identify potential underlying factors contributing to your performance:

Monroe County is currently assessing for and providing needed training. However, in the true spirit of CQI, improvement is always the focus.

The rise in community violence occurring in Monroe County has heightened concerns of caseworker safety, resulting in a coordinated response of various trainings implemented to address multiple factors: situational awareness, specific gang awareness overview, and defensive tactics.

Many new staff lack the experience and critical thinking skills necessary for this job and would benefit

from ongoing development, but staff shortages make this difficult.

Supervision

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

The agency has a child welfare supervision model that:

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

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

1. Assess Performance

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

Rating (1–10)

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

7

2. How do you rate Supervision Framework?

- Strength
- Area for Development

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

MCDHS supports an organizational culture that values and demonstrates support for the vital role supervisors play in ensuring positive outcomes for children, youth, and families. The detailed written protocol is regularly reviewed (at least annually) and includes expectations for supervisors throughout Child and Family Services. This protocol details expectations for field observations, completing performance evaluations, leadership characteristics and behaviors, professional development, case reviews, documentation of supervision, general team management and other supervisory activities. Supervisory staff, both Caseworker Supervisors and Senior Caseworkers, have undergone the NYS KEYS Supervisory Training. Additional annual training unique to the role of the individual is provided, including permanency, safety, and risk. All supervisors and seniors participate in Leadership Coaching through a contracted agency.

4. Identify potential underlying factors contributing to your performance:

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Monroe County is experiencing significant turnover and staff vacancies. As a result, Administrators, Supervisors and Senior Caseworkers are taking on many caseworker responsibilities to ensure that children are safe, and that families have the services they need. Unfortunately, this takes time away from other responsibilities and limits the availability to continue to develop new caseworkers.

However, MCDHS is firmly committed to providing adequate and regular supervision. As a result, the status of KEYS is being assessed and additional models of supervision explored. Administrative Case Conferences (a form of group supervision) have been re-instituted and will create an additional level of supervision and management of cases to ensure the safety of children and families, while providing support and education to supervisors and caseworkers alike.

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

Planning Team and Technical Assistance

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

Our planning team has continued to meet and now consists of two teams: Child Protective Investigation and Family Services. Our CPSI team meets every other month and consists of the following members:

- 1) Quality Assurance Coordinator
- 2) Deputy Commissioner of Child and Family Services
- 3) Director of Child Protective Services
- 4) Administrators of Child Protective Services
- 5) OCFS Regional Office
- 6) Caseworker Supervisors
- 7) Senior Caseworkers
- 8) Caseworkers
- 9) Research and Planning Director

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

None needed at this time.

Permanency

No updates required for the 2023 Annual Plan Update

Permanency Plan Update

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

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

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

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

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

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

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

	Indicator	Wave 5.5	Wave 6	Wave 7	Wave 8
District	P2	36.4	26.0	33.0	24.8
National Average	P1	39.1%	38.6%	38.7%	38.5%
	P2	46.5%	47.2%	47.1%	42.7%
	P3	37.8%	38.5%	39.3%	35.4%
	P4	7.3%	7.2%	7.5%	6.8%

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

In Waves 5.5, 7 and 8, Monroe County's performance exceeded that of New York's state average, but
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was less than the national average in each wave. In Wave 6, neither average was exceeded. Despite continuing to perform better than the state average in Wave 8, there was a decrease in performance from Wave 7 to Wave 8, which corresponded with a decrease in the state average. Strategies implemented in 2019 were not expected to be impactful for several waves of data because of the time frame for P2. Impact was expected in Waves 9 and 10. The coronavirus pandemic is expected to have an impact on subsequent waves and may be the reason for the decrease seen locally and statewide in Wave 8. The effectiveness of Monroe County's strategies will be challenging to assess going forward given this additional, significant factor.

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

a. What was the strategy you implemented?

Monroe County's Permanency Strategy, as outlined in the 2018-2023 Child and Family Services Plan, was to improve the oversight, careful monitoring and planned detailing of Court Orders to ensure timely permanency by:

1. Focusing on the appropriateness of utilizing a suspended judgement to settle a TPR;
2. Establishing tight language at disposition to ensure clients are clear as to requirements to achieve reunification when a Suspended Judgement is ordered;
3. Timely filing of violations of disposition or moves to reunification so that permanency moves forward more efficiently.

Monroe County's Protective/Prevention Services Strategy, as outlined in the 2018-2023 Child and Family Services Plan, and updated in the 2020 Annual Plan, is to support children placed in foster care to return to their families where appropriate, as quickly and as safely as possible by:

1. Conducting Permanency Reviews at the 6 and 10-11-month marks;
2. Tracking large sibling groups;
3. Holding internal Child & Family Services Reviews utilizing a modified OSRI on 2 Preventive and 2 Foster Care cases on a quarterly basis.

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

Factors that contribute to delays towards permanency and adoption and most directly impact performance on P2 are primarily related to the filing and disposition of a TPR and the Adoption process. When implementing these strategies, we did not anticipate seeing improvements until Wave 9 and 10. Therefore appropriate data to assess our success is lacking. What may further complicate the results is the impact COVID had on the court system, delaying appearances, hearings, and adoptions, and preventing matters from being addressed in the court system in a timely manner.

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

Our strategies are designed toward a cohort of youth whose outcomes will not be visible until Waves 9 and 10. While Wave 9 and 10 data is not yet available, data has been tracked internally. In 2021, the average time to file a TPR was 15.1 months, despite COVID related delays. However, time to adoption was slowed due to COVID.

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

At this time, we are less confident that our strategies will demonstrate success. The targeted cohort of youth experienced extensive delays in permanency as a direct result of the COVID pandemic. In 2020, Monroe County Family Court stopped hearing non-emergency petitions. It wasn't until 2021 that courts

began to reopen. While family court has resumed, the backlog created by the pandemic remains.

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

Monroe County will continue to utilize identified strategies along with the added business process from 2020 related to continuous quality improvement. In Monroe County, internal case reviews are held using a modified version of the Federal Child and Family Services Review process, utilizing the On-site Review Instrument to maintain a focus on permanency. Prior to implementation of Plan strategies, Monroe County did not engage in internal CFSR reviews and permanency reviews were held less frequently. The results of internal reviews are shared within our CQI planning group. This group meets 4-6 times per year and includes staff from all levels, as well as our OCFS partners. The results of the Preventive internal CFSRs are shared with program/agencies partners. Additionally, throughout 2021, quarterly Preventive Coalition meetings and bi-monthly Preventive Coordinator meetings were held with agency partners, with a strong focus on CFSR requirements, as well as Monroe County expectations regarding performance and outcomes. Timeliness of filing of TPR petitions continues to be tracked.

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

What Are Systemic Factors?

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

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

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

- Statewide Information Systems: Data Quality and Agency Access to Data
- Documentation
- Case Review System
- Quality Assurance / Continuous Quality Improvement
- Staff and Provider Training
- Supervision

Why Are We Focusing on Systemic Factors?

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

1. **Support local strategic planning efforts:** Local districts engage in focused, data-driven strategic planning through the development of the Annual Child and Family Services Plan (County Plan). This 2022 County Plan Update will lay the foundation for the 2023–2028 County Plan by using evidence, both qualitative and quantitative, to assess current performance on the identified systemic factors. Throughout the next five-year County Plan cycle (2023–2028), in accordance with the continuous quality improvement model, districts will explore underlying factors impacting performance, identify and implement strategies to improve practice, and monitor the effectiveness of those strategies.

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- 2. Assist OCFS in understanding areas that are functioning well on a routine basis and those areas needing improvement:** Through a Statewide analysis of County Plan submissions, OCFS will be better-positioned to understand and impact systemic factor functioning from the State level. Data collected from the local self-assessments will be incorporated into the federally required CFSR Statewide Assessment.

How Will We Understand Functioning of Systemic Factors?

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

- 1. Assess your current performance in each systemic factor**

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

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

OR

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

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

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

- 3. Provide a rationale for your rating**

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

- 4. Identify potential underlying factors contributing to your performance**

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

Statewide Information System

Data Quality and Agency Access to Data

- The agency accurately documents the demographic characteristics, placement status / location, and goals for every child who is (or within the immediately preceding 12 months, has been) in

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foster care

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

1. Assess Performance

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

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

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

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

Score for Data Quality

% of Matching Items

98%

2. How do you rate Data Quality?

- Strength
- Area for Development

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

MCDHS accurately documents demographic characteristics, placement status/location, and goals for every child who is (or has been within the immediately preceding 12 months) in foster care, as evidenced by only one error.

4. Identify potential underlying factors contributing to your performance:

Demographic information is routinely compared to WMS, birth certificates, and public assistance applications. Workers are trained to ask how families identify their race and ethnicity. Monroe County's Program Support unit processes all movements and payments, providing an additional opportunity to confirm the accuracy of data.

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

- Yes
- No

6. How do you rate Agency Access to Data?

- Strength
- Area for Development

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

MCHDS has created a Research, Data and Planning Unit to increase system efficiencies and productivity by engaging in both short and long-term planning on behalf of the Department, ensuring that data is accurate, timely and routinely utilized to inform decisions. The Research, Data and Planning unit is also responsible for managing grants and other funding opportunities, increasing oversight of contract performance and compliance through enhanced metrics, and improving cross-system collaborations for better outcomes. The team regularly accesses Data Warehouse and provides applicable reports to all Child Welfare program areas. They also work with staff to improve understanding and use of data in daily practice and use data to drive decisions.

8. Identify potential underlying factors contributing to your performance:

The information from Data Warehouse is generally 7-14 days behind, which makes it difficult to evaluate performance and trends in real time. To do so accurately, data needs to be up to date and available in real time.

Documentation

Progress Notes

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

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

1. Assess Performance

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

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

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

Documented Component of a Progress Note Documentation

Quality Score Progress Notes

Progress note included a clear purpose for the visit, who was present, and the location

95%

Progress note clearly documented the presence or absence of risk and / or safety concerns and any needed action related to concerns

95%

Progress note included the level of family's progress, documentation of what was discussed, and an observation of the home and the parent's and children's interactions	90%
Progress note includes documentation of next steps, if any were needed	100%
Progress note is concise and professional	95%
Progress note is entered timely (for this purpose, in the Excel file, timely is within 30 days)	100%

2. How do you rate Progress Note Documentation?

- Strength
- Area for Development

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

The progress notes reviewed met or exceeded standards and measures set on the worksheets.

4. Identify potential underlying factors contributing to your performance:

Monroe County has taken several steps to ensure quality and timeliness of progress notes. Those steps include:

- A Training Team that works in partnership with new caseworkers to teach expectations related to the timeliness of documentation.
- Leadership (Administrators/Director) conduct internal reviews of cases, paying particular attention to progress note documentation.
- Caseworkers are required to submit progress notes corresponding to the FASP for supervisory review at the time of FASP submission.
- The Preventive team provides oversight of voluntary agencies who are responsible for progress note documentation when having a Caseworker or Case Planner role. The Preventive team sets standards and oversees the quality of work within contracted preventive programs.

Case Review System

Written Case Plans

Each child has a written case plan that:

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

1. Assess Performance

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

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

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

	Quality Score for Written Case Plans
Written Case Plans (FASP) are completed within regulatory timeframes	70%
Written Case Plans (FASP) developed jointly with parents	70%
Written Case Plans (FASP) have congruency between the family's strengths, needs, and services	100%

2. How do you rate Written Case Plans?

- Strength
- Area for Development

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

Written care plans are an area in need of development, particularly in regards to FASP timeliness and engaging absent parents. Despite increased staff turnover, the quality and timeliness of FASPs has show improvement, but still requires attention. FASP reports provided by OCFs, as well as internally generated Data Warehouse reports that track time in the approval process are used to monitor and evaluate performance. Strategies providing feedback on FASP timelines and quality have been implemented both internally and with contracted voluntary agencies. It is expected that voluntary agencies will collaborate with the local district to improve performance in this area.

4. Identify potential underlying factors contributing to your performance:

The engagement of absent parents, particularly fathers has been an ongoing focus. When fathers have not been an ongoing presence in a child's life and there has been a main caretaker (mother), caseworkers tend to focus first and foremost on engagement with the primary caretaker. Voluntary agencies are often concerned about engaging absent parents when there are issues of domestic violence (past or present). Monroe County continues to make progress as we work with voluntary agencies and LDSS staff on engagement strategies and expectations for absent parents. Additionally, Monroe County has been dedicated to a Fatherhood Initiative Program over the past few years. We plan to expand this program and recently drafted an RFP that will focus on father engagement.

Monroe County and several voluntary agencies conducting preventive and residential work are experiencing high rates of turnover, vacancies, and increased caseloads. This has led to FASP completion being delayed. As new staff are onboarded, they are less skilled at parent engagement and service plan completion. As staff become more skilled and knowledgeable, engagement is expected to improve and become more evident in documentation.

Periodic Reviews, Notice of Hearings, and Reviews to Caregivers

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

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

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

1. Assess Performance

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

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

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

	Quality Score for Periodic Reviews
Permanency Hearings are completed within 182 days (6 months)	90%
Evidence of Notice of the hearing is in the record	100%

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

- Strength
- Area for Development

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

The Permanency Hearing dates and notices reviewed met standards and measures outlined on the worksheets.

4. Identify potential underlying factors contributing to your performance:

Monroe County places a high value on timeliness of court documentation and completion of permanency hearings. Monroe County Family Court has a history of being in good standing with regards to completing permanency hearings on time.

Termination of Parental Rights

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

Monroe County: Permanency

1. Assess Performance

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

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

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

	Quality Score for TPR
TPRs were filed timely or there was an exception	89%

2. How do you rate TPR?

- Strength
- Area for Development

3. Rationale for Self-Determined Rating for TPR:

The information reviewed met standards and measures outlined on the worksheets.

4. Identify potential underlying factors contributing to your performance:

Monroe County has a Permanency Team, which is solely responsible for writing TPR petitions and conducting internal permanency reviews. The Supervisor of the team tracks length of placement and meets regularly with caseworkers to evaluate case progression. Together they determine if a TPR should be prepared and filed, or if compelling reasons not to file exist.

Quality Assurance / Continuous Quality Improvement Process

Quality Assurance System

The agency has a robust quality assurance system that:

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

1. Assess Performance

Rating (1–10)

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

2. How do you rate Quality Assurance System?

- Strength
- Area for Development

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

MCDHS has established a Quality Assurance (QA) team to focus on accountability directed from the top down, and to monitor performance, as well as division driven Continuous Quality Improvement (CQI) initiatives. The QA team utilizes safety indicators and key CPS data metrics that have been established as standard by the Children’s Bureau and the Office of Children and Family Services. CPS reviews occur quarterly, utilizing the NYS Ongoing Monitoring Assessment (OMA) tool to identify strengths and areas needing improvement. Monroe County also conducts administrative reviews of open cases on a monthly basis. MCDHS has onboarded a Child and Family Services Quality Assurance Coordinator. The Coordinator partners with the Research, Data & Planning Unit to ensure Quality Assurance and Continuous Quality Improvement through the use of child welfare data.

Monroe County's CQI team meets bimonthly and is charged with identifying and monitoring improvement opportunities across the division, including regulatory compliance, systems/process improvements and new initiatives. Strategies are identified and internal measures are examined to assess progress. The CQI process has created a continuous learning environment that engages staff at all levels. The process is designed to improve future outcomes, ensure stability of CPS practice, and improve agency processes, procedures, and quality through the use of data. This process will also sustain and enhance Monroe County’s ability to self-monitor. Monroe County is promoting improved performance and outcomes for children and families through an on-going commitment to Quality Assurance and Continuous Quality Improvement. This commitment is evidenced by the newly established leadership structure.

4. Identify potential underlying factors contributing to your performance:

A robust Quality Assurance/Continuous Quality Improvement Process system has been established within MCDHS. Leadership has committed to ensuring quality practice and continuous improvement to improve experiences and outcomes for children and families. Since there are different levels of knowledge and understanding as it relates to Child Welfare QA and CQI among staff, training to level set and provide a comprehensive foundation will be of benefit. A Child Welfare QA/CQI 101 training for staff is currently in development. Staff at all levels need to understand the role that each individual has regarding QA and CQI and how casework practice and supervision impact child welfare outcomes. As a result, the CQI steering committee is looking to identify and develop champions to embed the work across all Child Welfare divisions.

Staff and Provider Training

Ongoing Staff Training

Monroe County: Permanency

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

1. Assess Performance

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

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

2. How do you rate Ongoing Staff Training?

- Strength
- Area for Development

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

Completion of 6 hours of CPS in-service training is required for Child and Family Services (CFS) staff. A needs assessment is conducted annually to determine which trainings should be offered. A quarterly report tracks completion of this requirement. Trainings are provided through OCFS or community organizations. Training announcements are distributed to all staff and staff can participate in trainings with supervisory approval. The training can be an area of interest or one recommended by a supervisor to strengthen skills and/or knowledge.

Supervisory staff, both Caseworker Supervisors and Senior Caseworkers, have undergone the NYS KEYS Supervisory Training. Monroe County's supervision framework requires regular and consistent supervision with staff and identifies areas where supervision needs to be provided and documented. Additional annual training unique to the role of the individual is provided, including permanency, safety, and risk. All supervisors and seniors participate in Leadership Coaching through a contracted agency. Monroe County is fortunate to have its own Training Team. All new caseworkers are assigned to the Training Team during their state training. This team provides both hands on and classroom training. At the time of transfer to their assigned team, all new caseworkers are connected to the Coaching and Development Coach for ongoing development throughout their first year. The Senior Caseworker Promotional Training Program supports newly promoted senior caseworkers. Supervisory staff are required to complete two (2) trainings focused on leadership and management, as a means by which to continually develop leadership skills.

To assess training, staff complete a reaction questionnaire, which evaluate the trainer's knowledge, training content, delivery method, and the training's relevance to job duties. These questionnaires are reviewed, and any concerns are addressed with the trainer, as well as the training provider. To further monitor and assess training, a Child Welfare Training workplan has been developed and a workgroup established to explore training needs and develop and implement strategies.

4. Identify potential underlying factors contributing to your performance:

Monroe County is currently assessing for and providing needed training. However, in the true spirit of CQI, improvement is always the focus.

The rise in community violence in Monroe County has heightened concerns of caseworker safety, resulting in a coordinated response of various trainings implemented to address multiple factors: situational awareness, specific gang awareness overview, and defensive tactics.

Many new staff lack the experience and critical thinking skills necessary for this job and would benefit from ongoing development, but staff shortages make this difficult.

Foster and Adoptive Parent Training

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

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

1. Assess Performance

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

**Rating (1–10)
or N/A**

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

8

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

- Strength
- Area for Development

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

Monroe County offers an array of training opportunities for foster parents. MAPP is offered virtually and in person. MAPP delivery specific to kin foster parents is in development. Ongoing in-person training opportunities are offered and MCDHS maintains a contract with the Foster Care and Adoptive Community online training program, which offers a diverse menu of training topics based on foster parent interest and need. Housed within our Homefinding unit is a Behavioral Health Specialist, who supports foster parents with youth who are displaying challenging behaviors. Through a contract with CCSI, the Community Coach and Trainer, who is co-located in the MCDHS offices, provides free, ongoing trainings and support to the community, including foster and adoptive parents.

4. Identify potential underlying factors contributing to your performance:

Feedback from surveys and the Monroe County Foster Parent Advisory Board have been incorporated to improve training.

Supervision

Monroe County: Permanency

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

The agency has a child welfare supervision model that:

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

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

1. Assess Performance

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

Rating (1–10)

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

7.5

2. How do you rate Supervision Framework?

- Strength
- Area for Development

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

Monroe County has a detailed written protocol, which is reviewed regularly and at least annually, that includes expectations for supervisors throughout Child and Family Services. This protocol details expectations for field observations, completing performance evaluations, leadership characteristics and behaviors, professional development, case reviews, documentation of supervision, general team management and other supervisory activities.

Supervisory staff, both caseworker supervisors and senior caseworkers, have undergone the state KEYS Supervisory Training. Additional annual training is provided unique to the role including permanency, safety, and risk. All supervisors and seniors participate in Leadership Coaching through a contracted agency.

A contracted Coaching Specialist works with new caseworkers once they have begun their permanent team assignment. The coach provides ongoing development to workers as they take on an active caseload.

Beyond regulatory supervisory expectations, Monroe County contracts for Leadership Development with Lead Peak Performance, which is provided to senior caseworkers, casework supervisors, administrators and directors.

Supervisory documentation specific to case circumstances and next steps is monitored in quarterly case reviews for foster care and preventive cases.

Monroe County: Permanency

4. Identify potential underlying factors contributing to your performance:

Monroe County recognizes a need for consistency in supervision. Having engaged in KEYS supervision training in 2014, many of the components were carried forward into our supervisory framework. Local dollars have been committed to leadership development. Expectations for the management of casework have been developed.

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

Planning Team and Technical Assistance

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

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

Prevention

Prevention Outcome— Through effective services, parents, caregivers, and families enhance their ability to develop and maintain a safe, stable environment for themselves and their children.

Service Effectiveness

How effective are preventive / protective services at preventing admission or readmission of children to foster care in your district?

Current Performance

	LDSS Rate	State Rate
2022 Rate of Entry into Foster Care (MAPS p.7)	1.1	1.2
Wave 9.5 Reentry Rate (P4)	6%	5.6%
2022 Rate per Thousand of Preventive Services Authorizations <i>Disparity Rate Packet 2022 Dashboard Spreadsheet</i>	8.2	8.6

Based on your current performance above, how do you plan to improve service delivery or accessibility to either decrease the rate of entry or reentry into foster care or increase preventive authorizations in your district?

Services are located in the areas/zip codes of highest need, representing the locations from which Monroe County receives the highest number of CPS reports. Preventive services authorizations are down primarily due to a decrease in service availability as a direct result of staff shortages with contracted provider agencies.

To address the decrease in preventive services authorizations, Monroe County began a contract with Berkshire Farms for generalized preventive services in 2022. Another provider specializing in sexual abuse services was also added in 2022. Slots were increased at both Cayuga Centers (providing MST and FFT) and the Youth Advocacy Program. Generalist service providers have been asked to expand their slot capacity due to demand, however they have been unable to do so due to staffing challenges. Monroe County will issue an RFP for an additional generalist preventive services later in 2023, as two programs ended their services due to staff shortages.

In regards to improved service delivery, regular coordinators' meetings are held with all contracted agencies to monitor quality and support improved service delivery. The Monroe County Preventive Coalition meets quarterly to review the quality of services, regulations, and expectations for service delivery. In 2022, trainings were arranged for contracted voluntary agencies around father engagement and safety. In large counties, contracted agencies provide all non-mandated preventive services and some mandated preventive services. In the past, OCFS has provided safety and risk training specific to preventive agencies. We continue to advocate for voluntary agencies to be included in trainings similar to those provided through OCFS or portions of Foundations, so that the same expectations, guidelines and quality of services provided by County Child Welfare service providers can be realized.

Monroe County utilizes an abbreviated version of the OSRI with contracted programs. The tool targets items for improvement, specifically where there is a need for continued development. Internal reviews have been conducted in a round robin manner with contracted agencies and will be conducted via random selection for 2023.

How will you monitor the effectiveness of your strategy? What data will you use to determine if your strategy is making a difference?

Monroe County has a designated Preventive Team who provides oversight of contracted services. Each contract has specific performance measures, relative to the services being provided as, well as standard measures which include avoidance of foster care placement and indicated CPS reports while open with a family. Outcome measures are reviewed quarterly. When outcomes are below expectations or changes are noted, we partner with the providers to create strategies for performance improvement. Monroe County has its own internal preventive system/database, which tracks families and children in receipt of a contracted preventive services. This system is capable of creating reports. Additionally, each program is required to submit monthly reports. Trends and themes, along with utilization, is monitored through this system.

We review and share the results of the OSRI mini-review findings with provider agencies and our internal QA/CQI group as a part of coaching towards quality improvement.

The Child and Family Services Director, Administrative Caseworker and Preventive Team partners with Monroe County's Data and Planning Team to create and review reports, analyze data and evaluated programming.

Service Array

How robust is the service array to meet the needs of the children and families in your district?

Based on the 2022 preventive service openings in your district, what services does your district anticipate needing to support the well-being of children and families?

Monroe County has a vast array of contracted preventive services. We currently contract for twenty-two (22) programs among ten (10) different agencies which we plan to continue. Additionally, we maximize our STSJP funding to contract for six (6) additional programs targeting youth at risk of PINS/JD involvement. Our generalized preventive services are highly valuable and we plan to seek additional providers to expand the number of available service slots. Anticipating the need for increased services for hard-to-serve youth, contract capacity with Youth Advocacy Program (YAP) and Cayuga for FFT and MST was expanded in 2022.

Do you anticipate any gaps in services? If so, how do you plan to address these gaps?

Gaps are seen in available, effective services for youth with significant behavioral needs that includes violence, aggression, gang involvement, and significant mental health needs. This growing need is demonstrated in the reports CPS is receiving and in the juvenile justice population.

Monroe County is the recipient of a federal QIC-R grant from The Children's Bureau, through a subcontract with the University of Connecticut. Through our work on this grant, we have identified a gap in clinical trauma intervention services for adults who are involved with CPS. Evidenced Based Practices being considered for inclusion are TF-CBT and EMDR, as we explore several local, private clinical practices that may be interested in partnering with us for this work.

Monroe County is currently receiving technical assistance from Mainspring Consulting, funded by the Redlich-Horowitz Foundation to further explore gaps in services. We are focused on youth in care ages 12-17 and are in the process of conducting a youth survey, which includes 1:1 interviews with children in foster care, to hear their thoughts about services and interventions they feel could be useful to their families.

Addressing Racial Disparities

Families of color are disproportionately represented in the child welfare system and are more likely to experience negative outcomes compared to white families. OCFS is committed to identifying and addressing racial disparities that exist within the NYS child welfare system.

Racial Disparities within Prevention Authorizations

2022 Disparity in Prevention Authorizations <i>Disparity Rate Packet 2022 Dashboard Spreadsheet</i>	LDSS Disparity Rate	State Disparity Rate
White		N/A
Black	7.1	4.4
Hispanic	4.7	2.7
Native American / Alaskan Native		2.6
Asian Pacific Islander	.3	0.8

What efforts is your district taking to address racial disparities in preventive services authorizations?

Most families receiving Preventive services are faced with complex and multi-faceted social, economic, behavioral health, and interpersonal difficulties. The average number of challenges reported by *families* is 2.7 in 2022. We recognize that there is a disparate amount of families of color who receive Preventive services. Most of our referrals for Preventive services come from CPS Investigations, where there are also disparities. Preventive services aim to keep families from further or repeat involvement in the child welfare system, which is a positive.

The most prevalent challenges experienced by families receiving Preventive services in Monroe County in 2022 were *parenting issues, mental health issues, and domestic violence*. The primary challenges for youth were *parental mental health issues, trauma exposure, and youth mental health* concerns. Mental Health is a significant theme for both parents and youth who receive Preventive Services.

By increasing supports and resources that focus on mental health, disparity rates within Preventive services could be improved. Specific actions that Monroe County DHS has taken to address mental health services has included expanding the Forensic Interview Team under OMH and creating an ACT Program for youth with significant mental health and behavioral needs. The Family Access and Connection Team (FACT) is a collaboration between the Office of Mental Health (OMH), Child and Family Services and Probation. FACT has evolved into a Family Support Center that supports clients in a comprehensive manner, offering connections to a variety of community based and OMH programs, STSJP funded services, and Preventive services. Monroe County's Family Support Center also offers behavioral health supports, restorative opportunities, and conflict resolution to families through a contract with the Center for Dispute Settlement.

Furthermore, contracted voluntary agencies that provide Preventive services have worked hard to increase the diversity of their staff. Progress has been made towards creating a more equitable distribution of staff by race and gender. While the staff do not yet reflect the population served, progress has been made. Over the past 5 years programs have increased staff composition from 28% Black/African American to 37% in 2022. The number of male staff increased by 3% over the past five (5) years. In recent years as contracts were renewed, programs were required to respond to request for proposals which included a section about increasing staff diversity and this information is now part of their contract with Monroe County. Movement

towards diversity of staff that is more reflective of the youth and families served by the programs will be monitored for trends over time.

Evidence Based Programs

"Evidence-based, family-centered services can strengthen parenting capacities and help improve the safety, permanency, well-being, and recovery outcomes for children and families. These prevention services include community-based programs that engage children and families before they become involved in the child welfare system, as well as intensive in-home and family-based services that support families who are involved in child welfare and are able to keep their children safely in their homes. Collaboration between agencies and systems who serve children and families is critically important to achieve prevention goals and provide positive outcomes for the children and families served."

—Preventing Child Abuse & Neglect | National Center on Substance Abuse and Child Welfare (NCSACW)

Please list the Evidence Based Programs (EBPs) the district plans to use to support children and families so that the children can remain safely at home. Please complete one for each EBP you are using.

Name of the EBP	Target Population(s) to be served	How will the district monitor the implementation and effectiveness of the EBP?
MST	11-18	Cayuga is the provider of MST services in Monroe County. Cayuga staff receive intital and ongoing training, supervision and certification in the MST model by a nationally certified MST trainer. Cayuga currently uses Children's Village for these services. MST completes a Strengths and Needs assessment at intake and a frequency, intensity and duration (FIDS) assessment around risk behaviors and reviews them weekly throughout the intervention. Performance measures in our local contract reflect outcomes expected with the MST intervention in addition to avoidance of foster care and indicated CPS reports, as well as the level of parent/caretaker and/or youth stress and functioning.
FFT	11-18	Cayuga is the provider of FFT services in Monroe County. Cayuga staff receive intital and ongoing training, supervision and certification in the FFT model by a nationally certified FFT trainer. FFT completes a Family Outcome Measure (FOM) at intake and discharge and a Session Impact Scales (SIS) at every session. Family Assessment Measure/Caregiver Strain (FAM) are completed when transitioning between phases. Performance measures in our local contract reflect outcomes expected with the FFT intervention, in addition to avoidance of foster care and indicated CPS reports, the level of parent/caretaker and/or youth stress and functioning.

Other Services

Please list other preventive services the district plans to use to support children and families so that the children can remain safely at home.

Name of the preventive service:

Cognitive Behavior Therapy

Target population(s) to be served:

Cognitive Behavior Therapist (CBT) is delivered through a contract with Mt. Hope Family Center. The Trauma Focused Cognitive Behavioral Therapy Program is a child-focused intervention available to children between the ages of 3 and 16 years who have experienced traumatic events such as family violence, severe maltreatment, family crisis (e.g., death of a family member, fire, etc.). For children over age 6, this Program applies Cognitive-Behavioral methods of treatment, shown in controlled studies to be effective for improving children's behavioral and emotional functioning. For younger children (ages 3 – 5), the treatment approach is targeted for their developmental level. The Child Therapist works individually with the child on a weekly basis, either at the Center or in school. The goal of TF-CBT includes reducing the child's symptoms of trauma, depression, anxiety, or stress and improving their coping skills. Parent and/or Caretaker involvement is strongly encouraged. Average length of service is 4-6 months. Cases must be Case Managed by Monroe County DHS.

How will the district monitor the implementation and effectiveness of the service?

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. In Monroe County, a team of caseworkers, including a Supervisor and Senior Caseworker, act as liaisons to contracted programs. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Liasons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are provided and the minimum number of home visits are made. Case monitoring is conducted through progress notes and portions of the Family Assessment and Service Plan (FASP), which are completed by the service provider. Contract providers are required by Monroe County to report the number of children and families served, the avoidance of foster care placement, and the avoidance of a new indicated CPS report. Each program measures family or child functioning and ability to manage stress. Each agency has chosen a tool, which must be approved by Monroe County, to measure these outcomes. Every other month, a Preventive Coordinators meeting is held with each contracted program. Providers are required to enter quarterly performance measures into our contract system, ContrackHQ. The Preventive Administrator reviews the information in ContrackHQ for accuracy and approves or otherwise addresses quarterly performance concerns. If issues are noted, the Administrative Caseworker will meet with the provider to develop a plan for improvement. Overall contract performance is reviewed at least quarterly and as needed. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through routinely maintained case, program, and service data. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process and forms the basis for the Preventive program's annual report. The data is used in budgeting/planning processes throughout the year.

Name of the preventive service:

PATHS

Target population(s) to be served:

The PATHS Club Program is an after-school program, through Mt. Hope Family Center, designed to address the needs of both children with past histories of abuse and neglect, as well as children who are struggling in school. All of the children in the PATHS Club Program are considered to be at-risk for interpersonal and behavior problems due to maltreatment, neglect, or multiple stressors associated with poverty. Children are

grouped in the PATHS Club Program by similar ages and gender (8 -10 children to a group). Services are provided to children ages 6-11. Cases must be case managed by Monroe County DHS.

How will the district monitor the implementation and effectiveness of the service?

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. In Monroe County, a team of caseworkers, including a Supervisor and Senior Caseworker, act as liaisons to contracted programs. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are provided and the minimum number of home visits are made. Case monitoring is conducted through progress notes and portions of the Family Assessment and Service Plan (FASP), which are completed by the service provider. Contract providers are required by Monroe County to report the number of children and families served, the avoidance of foster care placement, and the avoidance of a new indicated CPS report. Each program measures family or child functioning and ability to manage stress. Each agency has chosen a tool, which must be approved by Monroe County, to measure these outcomes. Every other month, a Preventive Coordinators meeting is held with each contracted program. Providers are required to enter quarterly performance measures into our contract system, ContrackHQ. The Preventive Administrator reviews the information in ContrackHQ for accuracy and approves or otherwise addresses quarterly performance concerns. If issues are noted, the Administrative Caseworker will meet with the provider to develop a plan for improvement. Overall contract performance is reviewed at least quarterly and as needed. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through routinely maintained case, program, and service data. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process and forms the basis for the Preventive program's annual report. The data is also used in budgeting/planning processes throughout the year.

Name of the preventive service:

Interpersonal Therapy

Target population(s) to be served:

The Interpersonal Psychotherapy Program (IPT) is provided through a contract with Mt. Hope Family Center. IPT is a 16-week short-term treatment program provided at the Center or in the client's home, based on client need. Interpersonal Psychotherapy (IPT) is based on the idea that the symptoms of depression have many different causes. However, whatever the causes, they are usually associated with something going on in one's personal life, with their relationships and interactions with others. IPT been shown to be effective in addressing symptoms of traumatic stress, including for those who have experienced sexual abuse and maltreatment

By participating in this therapy, clients identify and learn how to deal with personal problems and to understand their relationship to the depression. By helping clients understand their depression and the impact that the symptoms have on their functioning, clients will be better able to function in many areas of their lives, including being better able to meet their children's needs. Clients will also be able to use their new skills to prevent depressive episodes in the future. This therapy is offered to teens (ages 13 to 19) and adults.

The goals of Interpersonal Psychotherapy are:

- To reduce the symptoms of depression
- Improve social functioning
- Improve coping skills
- Improve overall mental health

The client must acknowledge the need for treatment of depression and be willing to actively participate. (Note: this is not an appropriate treatment for persons with significant cognitive limitations, diagnosed as

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having a psychotic disorder and not maintained on medication, or actively substance abusing and not in treatment). Cases must be managed by MCDHS or another generalist program for the duration of services.

How will the district monitor the implementation and effectiveness of the service?

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. In Monroe County, a team of caseworkers, along with a Supervisor and Senior Caseworker act as liaisons to contracted programs. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are provided and the minimum number of home visits are made. Case monitoring is conducted through progress notes and portions of the Family Assessment and Service Plan (FASP), which are completed by the service provider. Contract providers are required by Monroe County to report the number of children and families served, the avoidance of foster care placement, and the avoidance of a new indicated CPS report. Additionally, each program measures family or child functioning and ability to manage stress. Each agency has chosen a tool, which must be approved by Monroe County, to measure these outcomes. Every other month, a Preventive Coordinators meeting is held with each contracted program. Providers are required to enter quarterly performance measures into our contract system, ContrackHQ. The Preventive Administrator reviews the information in ContrackHQ for accuracy and approves or otherwise addresses quarterly performance concerns. If issues are noted, the Administrative Caseworker will meet with the provider to develop a plan for improvement. Overall contract performance is reviewed at least quarterly and as needed. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through routinely maintained case, program, and service data. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process and forms the basis for the Preventive program's annual report. The data is also used in budgeting/planning processes throughout the year.

Name of the preventive service:

Incredible Years

Target population(s) to be served:

The "Incredible Years" Parenting Program is a nationally recognized, award-winning and evidence-based program that has been demonstrated to be effective through rigorous evaluation. Through participation in Incredible Years, parents learn how to: Set effective limits, use praise and rewards for good behavior, end the cycle of giving negative attention for bad behavior, and engage children in constructive play. It is a 14-session parenting class especially for parents and caregivers of children ages 1 to 12 years old who are open with CPS under an Article 10 court order. Cases must be managed by MCDHS for the duration of the group. This service is provided through a contract with the Urban League of Rochester.

How will the district monitor the implementation and effectiveness of the service?

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. In Monroe County, team of caseworkers, along with a Supervisor and Senior Caseworker act as liaisons to contracted programs. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are provided and the minimum number of home visits are made. Case monitoring is conducted through progress notes and portions of the Family Assessment and Service Plan (FASP), which are completed by the service provider. Contract providers are required by Monroe County to report the number of children and families served, the avoidance of foster care placement, and the avoidance of a new indicated CPS report. Additionally, each program measures family or child functioning and ability to manage stress. Each agency has chosen a tool, which must be approved by Monroe County, to measure these outcomes. Every other month, a Preventive Coordinators meeting is held

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Name of the preventive service:

Child Parent Psychotherapy

Target population(s) to be served:

The Child-Parent Psychotherapy Program (CPP), through a contract with Mt.Hope Family Center, offers weekly psychotherapy sessions (home/center-based/telehealth) that focus on improving attachment and the positive relationship and support around child development. Sessions include the parent and child together and are offered in the client's home or at the Center, depending on client need. By fostering positive interactions between parent and child, CPP helps both parent and child to form a better understanding of one another and improve their working partnership.

Research has shown that CPP is highly effective in:

- Increasing the child's and parent's self-esteem
- Strengthening the positive connection between parent and child
- Building the parent's sense of competence in their parenting role
- Decreasing the incidence of current and future parent/child conflict

Parents with children ages birth through age 5 are eligible for this program (Note: this is not an appropriate treatment for persons with untreated substance abuse, psychosis, cognitive impairment, or developmental delays.)

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Generalist Services

Target population(s) to be served:

Villa of Hope, Hillside Children Center, Berkshire Farms and Catholic Charities Family and Community Services are each contracted to provide Generalist Services. These services include flexibility to meet the client where they are, and address an array of client risk and needs. Services are home-based for families with child(ren) birth to age 18 who are at risk of foster care placement, at risk of re-entering foster care or in foster care working towards reunification. The goals of the Generalist Services are to reduce the risk of foster care placement while enhancing parenting skills and keeping the family together in a stable, nurturing environment.

The program provides services to families in Monroe County facing a wide range of challenges including, but not limited to:

- Family violence, physical and/or emotional abuse, and neglect
- Parent-child conflicts
- Parenting issues
- Housing problems or financial distress
- Alcohol or substance abuse problems
- Mental health problems or serious emotional disturbances
- Delinquency or incarceration
- Death, divorce, or separation of parents
- Any other identified issues

Hillside also utilizes CBT with parents within the Generalist Service program, where appropriate. Fifteen (15) Generalist slots at Hillside are dedicated to working with kin caretakers who need more generalized support in order to care for their kin youth who have been placed with them.

How will the district monitor the implementation and effectiveness of the service?

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budgeting/planning processes throughout the year.

Name of the preventive service:

Aftercare

Target population(s) to be served:

The After-Care Program at Villa of Hope provides home-based services to adolescents transitioning from residential, group home or specialized foster care, back home to their families and communities. The Program serves adolescents, ages 12-20 and their families, when they return home from placement. These services and expertise have traditionally included individual and family counseling, parent skill training, life skill development, advocacy and some case management services with systems such as schools, mental health, and DHS. The program uses the evidence-based curriculum Parenting Wisely: Teen Edition (ages 11 and up) for the parent skill training piece of the program.

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Family Trauma Intervention Program

Target population(s) to be served:

The Family Trauma Intervention Program (FTIP) is a therapeutic program, through the Society for the Protection and Care of Children, that serves children and their families impacted by trauma, including intimate partner violence, child abuse, maltreatment or neglect, community violence, parent-child relationship challenges, and grief-related issues pertaining to fatalities or other traumatic experiences. By providing child and family focused therapy and concrete support, FTIP can help children and their families heal, grow and flourish. Services are geared for children 0 – 18 years old with their families. Services are culturally sensitive, relationship driven, trauma informed, evidence based and evidence informed interventions including: Trauma and attachment focused Play Therapy, Child Parent Psychotherapy (CPP),

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Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Infant Mental Health, Creative Arts Therapy, and Family Therapy. Additionally, when required, families have access to short term casework and parenting support including individualized parent education, Intimate Partner Violence psycho-education and support, and short-term concrete assistance. FTIP also accepts and responds to referrals where there is a critical, time sensitive crisis that children and family are experiencing, where therapeutic support (e.g., death of a sibling or caregiver, traumatic separation, medical crisis) is required, within 24 – 48 hours.

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Teen Hope

Target population(s) to be served:

Teen Hope is a home-based visitation program that offers support and information to expectant or parenting young women (up to age 21) throughout their pregnancy and during the first year of their child's life. Teen Hope is a Building Healthy Children (BHC) model for partnering with teen parents to raise healthy families through a team approach. This program brings together two agencies, Mt. Hope Family Center and Strong Pediatrics and Social Work in a collaborative model. The program includes a Senior Community Health Worker (CHW) and a Therapist who work as a team with the family to address identified needs and goals. Teen Hope is affiliated with several different pediatric clinics, and works closely with social workers located in network medical offices, to support all aspects of a client's psychosocial functioning. Therapists are crossed trained in three (3) different evidenced based interventions (i.e., Parents as Teachers, Child-Parent Psychotherapy, and Interpersonal Psychotherapy) to support families around parenting, child development, parent-child relationships, healing from trauma, and maternal mental health.

Additional eligibility criteria:

- Parent was under the age of 21 at the birth of their first child
- Parent has no more than 3 children under the age of 5

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Family Preservation

Target population(s) to be served:

This is an intensive in-home crisis intervention service, through a contract with Hillside, for families whose children are at imminent risk of out of home placement. The goal of Family Preservation is to defuse the crisis, strengthen the family by developing coping skills and communication skills, improve parenting skills and assist families in developing and accessing natural, and community-based resources to meet their needs. The Family Preservation Social Worker meets with the family for 4-6 hours a week for average of 4-6 weeks. Contact is made within 24 hours of the referral. Referrals come from CPS.

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Intensive Family Support Services

Target population(s) to be served:

The intent of this program is to prevent placement disruptions by stabilizing the placement and to improve quality of life for the children in foster care and/or relative placements. A clinician and a skill builder assist children and youth to become more successful in regulating their emotions and behaviors in order to achieve permanency. The service providers also assist families of origin and foster families in strengthening their relationship with, and together develop the skills necessary to support children and youth while in placement. Providers also link families with resources as needed to help them achieve and sustain stability and permanency for the children.

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Name of the preventive service:

Youth Advocate Program (YAP)

Target population(s) to be served:

YAP provides intensive services to youth ages 12-18 who are "hard to serve," that is, their needs have not been met by traditional programs. The goal of YAP is to keep youth safely and productively in their homes and communities, preventing initial or deeper juvenile justice or foster care system involvement, while building youth resilience and strengthening family functioning. YAP uses a strength-based service model

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and evidence-based practices and interventions to reduce recidivism and equip youth with the life skills, opportunities and positive supports to succeed. YAP uses a comprehensive, trauma informed wrap-around advocacy model that features a mix of mentoring, 24/7 crisis intervention support, transportation, and cultural and linguistic competence. The Peaceful Alternative to Tough Situations (PATTS), Casey Life Skills and supported work interventions further meet the needs of this target population. Each youth and their family are provided an average of 15 hours and 3-4 contacts a week of service for six months. Referrals are accepted from CPS Management teams/Foster Care teams, FACT/Probation and, when appropriate, from CPSI on cases where a petition is being filed.

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Sexual Abuse Service Treatment programs

Target population(s) to be served:

Monroe County contracts with two providers for specialized sexual abuse treatment services, Catholic Charities Family and Community Services (CCFCS) and Family Counseling Services of the Finger Lakes (FCSFL).

CCFCS provides the Sexual Abuse Crisis Intervention Program, which is an intensive, 10-12 week home based counseling program for families where a child (up to age 18) has disclosed sex abuse or is demonstrating sexualized behavior. The goals of the program are to: assess the physical and emotional safety of the child(ren), validate the sexual abuse victim for having disclosed, encourage a protective relationship between the non-offending parent and child victim, offer emotional support to siblings of the child victim and provide a complete psychosocial assessment of the family with treatment recommendations. Families are identified by Child Protective Services as being in crisis and seek services to stabilize the family system at the point of upheaval immediately following a child's disclosure of sexual abuse. All staff are trained in the Trauma Focused Cognitive Behavior model of treatment. Treatment groups are offered for child victims, non-offending parents, and others, as client needs are identified.

FCSFL's therapeutic program offers comprehensive treatment to address the problem of sexual abuse and problematic sexual and illegal sexual behaviors. FCSFL offers assessments that engage all affected family

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members and involved helpers, specialized sexual behavior evaluations, individual, family and group therapy with families, children and adults. The program offers trauma-informed services to assess and treat sexual abuse as well as various other traumas. Therapists are trained in a multitude of trauma specific interventions including, but not limited to Problematic Sexual Behavior-Cognitive Behavioral Therapy model (PSB-CBT). Services are available to children ages 3 and up. All referrals must be case managed by MCDHS.

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Family Finding

Target population(s) to be served:

The Family Finding model, provided through Hillside, seeks to build or maintain a Lifetime Family Support network for youth who are disconnected or at risk of disconnection due to placement outside of their home and community. The process identifies relatives and other supportive adults, estranged from or unknown to the child, especially those who are willing to become permanent connections for the child. Upon completion of the process, youth have a range of commitments from adults who can provide permanency, sustainable relationships within a kinship system, and support in the transition to adulthood and beyond. Keeping safety at the forefront and using a family-driven process, families are empowered to formulate highly realistic and sustainable plans to meet the long-term needs of children and youth. This program targets children new to care, looking for possible kin for placement. The average length of service is 4 months. The case must be case managed by a CPSM or a Foster Care team throughout the duration of services.

How will the district monitor the implementation and effectiveness of the service?

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Name of the preventive service:

Family Support Program for Parents with Disabilities

Target population(s) to be served:

Lifetime Assistance Inc. (LAI) provides Preventive services for parents with disabilities. LAI provides intensive support and training to parents with developmental disabilities and their children in their home and community environments. The program's objectives are to (1) prevent placement in foster care, and (2) assist in reunification of families where children are currently in foster care placement, while building and enhancing family and community relationships that promote independence and community integration.

Family liaisons meet with parents and their children a minimum of twice a week, training and teaching skills, including, but not limited to: parenting skills, parental role and responsibilities, child care skills and development, family meal preparation and nutrition, family budgeting, household management, management of personal and family expenses, as well as learning how to manage a schedule/routine. Family liaisons utilize a hands-on approach; providing assistance in attending meetings with other service providers and assisting with grocery shopping when needed, as well as attending healthcare related appointments for themselves and their children. The primary goal is to support, educate, empower and enrich the lives of the parents and family members using a proactive and person/family centered, strength-based approach. LAI can offer parents, as appropriate, the 123 Magic parenting program as well.

How will the district monitor the implementation and effectiveness of the service?

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Foster / Adoptive Parent Recruitment and Retention Plan 2023-2027

This template is designed to assist your district (LDSS) in the development of a foster and adoptive parent recruitment and retention plan that is compliant with the Multi-Ethnic Placement Act of 1994 (MEPA), in line with the Family First Prevention Services Act (FFPSA), and New York State regulations.

The purpose of this planning template is to guide each LDSS to collect and analyze OCFS-provided and local data to illuminate both strengths and gaps in its current foster home recruitment and retention. Once needs are determined, LDSSs may capitalize on existing strengths and develop a plan to address any challenges.

Plans are due July 1, 2023, and are effective for four years, until July 1, 2027. LDSSs must submit a 2-year update on progress made towards their recruitment targets in the 2025 Annual Plan Update.

With the implementation of FFPSA, OCFS has set the following statewide target:

- A minimum of 50% of children in foster care in kinship foster care

Using the Data Warehouse Family First Prevention Services Act; Outcome Monitoring Report, or the 2022 FFPSA Foster Home Data Packet p.2, please note the percentage of children in the following placement types at the end of 2022 in your district.

On 12/31/22, the Percentage of Children Placed by Placement Type:

Placement Type	Total %
Non-Kinship Foster Homes	66%
Kinship Foster Homes	16%

Use of Approved and Certified Kinship Homes

OCFS supports the use of kinship foster care as a critical strategy for finding homes that best meet the needs of each child. Kinship foster care includes both approved and certified foster homes where the foster parent is a relative or a non-relative with a positive relationship with the child or child's family (e.g., godparent, neighbor, family friend).

Based on your current usage of Kinship foster care, please indicate your LDSS's targets for increasing the use of approved or certified kinship foster homes in the chart below.

Summary of Kinship Foster Care Targets	Target % in 2 years	Target % in 4 years
To increase the percentage of children in foster care in kinship foster homes	Increase percentage of children in kinship foster homes to 18%	Increase percentage of children in kinship foster homes to 20%

One way to meet this target is through the development and implementation of focused recruitment and retention strategies based on current data. The sections below focus on three areas of potential recruitment and retention focus:

- Foster families to support a specific population of children based on age
- Foster families to support a specific population of children based on race / ethnicity

- Foster families to support children with siblings

For each target area, please review your current data, local or OCFS produced, and determine if there is a need for recruitment and / or retention strategies for that area. **At least one recruitment and one retention strategy are required in this plan. These strategies may address one or all the target areas.**

A. Foster families to support a specific population of children based on age

Please indicate the number and percentage of children that came into foster care in 2022 by placement type. A LDSS can find this data on page 2 of the 2022 District FFPSA Foster Home Data Packet.

Number and Percentage of Children that Entered Foster Care / Agency in 2022 by Placement Type and Age:

Placement Type	# of Children Under 13	% of Children Under 13	# of Children Over 13	% of Children Over 13	Total
Non-Kinship Foster Homes	154	82%	34	18%	188
Kinship Foster Homes	16	80%	4	20%	20
Agency-Operated Boarding Homes	0	0%	2	100%	2
Group Homes	0	0%	4	100%	4
Group Residences	0	0%	1	100%	1
Institutions	2	10%	19	90%	21
Totals	172	72.9%	64	27.1%	236

Things to consider:

- Which ages of children are entering care / agency more than others, and to which placement types?
- What percentage of your foster homes have fostered teens? What percentage of your foster homes have fostered infants? Do you have a sufficient number of homes for each age range? *Teen Placement Data source: FFPSA Foster Home Data (Parent Agency Packet), p. 7*
- What supports do you have in place for the foster homes that are caring for teens and infants?
- Based on the information above, does your LDSS have a need to increase recruitment of foster homes to foster teens? Infants?

Please select one:

- My plan will include a recruitment strategy to support a specific population of children based on age.
- My plan will include a retention strategy to support a specific population of children based on age.
- My plan will include both a retention and a recruitment strategy to support a specific population of children based on age.
- My plan will not include a recruitment or retention strategy to support a specific population of children based on age.

Recruitment Strategy:

In partnership with Hub585 and Senator Jeremy Cooney, Monroe County is developing a professional foster parent model for up to 6 teen girls, targeted for early summer 2023. The house was purchased through money secured by Senator Cooney. The program will focus on developing independent living skills, education, mentoring, community building, and skill building. The program will have a support network designed around it for youth and the foster parent, with built-in respite for foster parent (respite provider goes into the home, so the youth remain in a stable location). The youth who reside in the home will be matched with a pair of mentors who will support their journey.

Of note, regarding the kinship data above: When children removed from their home and placed with relatives under court order (1017 placements) are considered, 47% of Monroe's children placed by the court are placed with Kin. We utilize a Kinship Specialist Team to help remove barriers and ensure that relatives know and understand their options and the process to become a foster parent and overwhelmingly, relatives prefer to not become foster parents. Given the high number of children placed with Kin on 1017 orders who receive services commensurate with those received by foster homes, it is unlikely that Monroe County will be able to meet a 50% in KIN Foster Care goal. These families are already caring for their own under court order and receiving services to successfully maintain those placements without becoming certified foster homes. Should these out-of-home, court ordered Kin placements be considered as Kinship care, Monroe County has already surpassed the state target.

Monitoring Progress: What activities will be implemented to monitor the effectiveness of this strategy?

As a certified foster home, the success of professional parent foster home will be monitored via casework contacts as well as admissions and discharges.

Retention Strategy:

Monroe County has developed and implemented an array of supports to foster homes that provide care for teens to improve retention through active partnership with community based organizations and within Child and Family Services as follows:

1. Monroe County has created a Foster Parent Advisory Board to ensure that foster parent's issues and concerns are heard and addressed. Co-facilitated by two foster parents with the support of Metrix Marketing, the group meets quarterly and as needed. We strive to have foster parent voice included in our decision making process, where ever possible. A Foster Parent Portal has also been created.
2. Hub 585 provides respite activities for teens for several hours on Saturdays, as well as two Friday evenings per month. The program not only offers a break to those fostering teens, but provides teens with the tools to be more successful in their homes, at school and in the community. Skill building and recreational activities are provided through the lens of developing and improving interpersonal relationships.
3. Monroe County holds a contract with Metrix Marketing to provide a foster parent mentorship program, which is administered in partnership with Hub585, to better support foster parents, particularly those who are new to fostering, as well as a foster parent support group. The support group meets monthly and provides child care.
4. The Encompass program provides a structured, academically focused day program for youth ages 10-18, who are suspended or refusing to attend school, with a focus on re-entry. They communicate directly with the youth's home school to manage academic work. In addition to providing academic and recreational activities, the program focuses on general skill building, including independent living skills, and improving peer relationships. Encompass also provides school and summer vacation programming. As Hub 585 and Encompass serve many of the same youth, they meet regularly to plan and coordinate services, provide continuity of care and highlight potential areas of concern.
5. Monroe County has hired a Behavioral Health Specialist (BHS) specifically to support foster homes. The BHS supports the Foster Parent's developing knowledge of underlying needs that drive behavior, helps Foster Parents to understand the impact of trauma and how it manifests in behavior, and works

- with the foster parent to develop additional strategies to manage behavior in the home.
6. Through the generosity of OCFS, Monroe County now has a vehicle dedicated to providing mobile response and stabilization services for youth in foster care or placed with relatives to provide education, support, short term services and referral to help stabilize the youth's placement. The contract with the community-based provider has been executed and services are anticipated to go live in early summer. Staffed with a Behavioral Health Specialist and a Peer Advocate, the Mobile Response will be available afternoons and evenings, seven (7) days a week.
 7. Monroe County utilizes and is now involved in a State pilot for CarePortal. CarePortal is a link to the community to access goods and services which may otherwise not be possible to support youth in their placements and by extension the foster homes and family homes in which they reside.

Monitoring Progress: What activities will be implemented to monitor the effectiveness of this strategy?

Hub 585 tracks youth attendance and participation in programming, including repeat attendance. Attendance has been very good and is a primary indicator of success as the program is entirely voluntary.

Encompass, as a contracted provider, has performance measurements built into their contract. They are required to enter measures on a quarterly basis. All entries are reviewed quarterly by administration.

The Child and Family Services Director meets jointly with Hub 585 and Encompass on a monthly basis to address issues, identify additional support needs and develop strategies to address them and coordinate service, as many youth are served in both locations.

The Behavioral Health Specialist tracks requests, services and outcomes and reviews these with the Homefinding Team on a regular basis.

The Mobile Response and Stabilization program is in the process of finalizing their tracking tool. Performance measures will be reported and reviewed on a quarterly basis. Additionally, a caregiver survey will elicit feedback on the quality of services and inform new services and directions.

Overall, Monroe County will evaluate these strategies by continuing to monitor the number of homes, particularly those for teens, that close during the year.

B: Race / Ethnicity of Children in Foster Care and Race / Ethnicity of Foster Homes

What is the race / ethnicity of children admitted to foster care in 2022?

Data source: MAPS (Foster Care Admissions by Age, Race and Ethnicity, p. 7)

Race / Ethnicity of Children	#	%
White	87	19.6%
African American	187	42.0%
Hispanic / Latino	115	25.6%
Native American / Alaskan Native	0	0%
Asian	4	0.9%
Other	49	11%
Unknown	3	0.7%

What is the race / ethnicity of the foster parents in the foster homes that were open on 12/31/22?

Data source: FFPSA Foster Home Data (Parent Agency Packet), Race for Foster Parent 1, p. 3

Race / Ethnicity of Foster Parents	#	%
White	154	62.3%
African American	59	23.9%
Hispanic / Latino	31	12.6%
Native American / Alaskan Native	0	0%
Asian	1	0.4%
Other	1	0.4%
Unknown	1	0.4%

Things to consider:

- Are children of one (or more) race / ethnicity entering more frequently than others?
- How does your current foster parents race / ethnicity reflect the race /ethnicity of children coming into foster care?
- Based on the information above, does your LDSS have a need to increase recruitment of foster parents of a specific race / ethnicity?

Please select one:

- My plan will include a recruitment strategy to support a specific population of children based on race / ethnicity.
- My plan will include a retention strategy to support a specific population of children based on race / ethnicity.
- My plan will include both a retention and a recruitment strategy to support a specific population of children based on race / ethnicity.
- My plan will not include a recruitment or retention strategy to support a specific population of children based on race / ethnicity.

Recruitment Strategy:

1. Monroe County has engaged Metrix Marketing to more effectively recruit foster parents. Public recruitment campaigns have specifically targeted communities of color and are multi-faceted:

- Metrix has hired three community outreach workers who work to build and develop relationships with the African American and Hispanic communities in in the City of Rochester, as well as throughout Monroe County to recruit potential foster parents.
- Metrix continues to target minority families at the Rochester Public Market & ethnic festivals and continues to hold information sessions at churches and within faith communities in diverse

- neighborhoods. Targeted recruitment materials such as bookmarks, pens, and clips are provided.
- Metrix held 46 information sessions in 2022, with a substantial portion provided in predominately Black and Hispanic neighborhoods in the City of Rochester. A greater proportion of families attending those information sessions were non-white.
 - Digital advertising features African-American and Hispanic foster parents. Where possible, television advertisements are targeted towards African American and Hispanic homes and have included former foster children who are African American.

Monitoring Progress: What activities will be implemented to monitor the effectiveness of this strategy?

Metrix Marketing performance measures are identified in the contract and reported and reviewed on a quarterly basis. Metrix collects and compiles data regarding outreach, website click through rates, information sessions held and the race and ethnicity of those attending events.

Retention Strategy:

N/A

Monitoring Progress: What activities will be implemented to monitor the effectiveness of this strategy?

N/A

C: Foster families to support children with siblings

Keeping children together in care with their brothers and sisters is a crucial priority. Please complete the chart below.

Data source: [MAPS data, Siblings in Foster Care, p. 8](#)

Group Size	Separated		Partly Separated		Intact		Total # of Sibling Groups by Size
	#	%	#	%	#	%	
Sibling Group of 2	18	27.3%	N/A		48	72.7%	66
Sibling Group of 3	6	16.7%	15	41.7%	15	41.7%	36
Sibling Group of 4 or More	0	0%	51	100%	0	0%	51
Totals	24		66		63		

Things to consider:

- What percent of sibling groups of two, three and four are placed together (intact)?
- What supports do you have in place for the foster homes that are caring for sibling groups?
- Based on the information above, does your LDSS have a need to increase recruitment of foster homes to support siblings?

Please select one:

- My plan will include a recruitment strategy to support a specific population of children based on sibling group.
- My plan will include a retention strategy to support a specific population of children based on sibling group.
- My plan will include both a retention and a recruitment strategy to support a specific population of children based on sibling group.
- My plan will not include a recruitment or retention strategy to support a specific population of children based on sibling group.

Recruitment Strategy:

Recruitment provided by Metrix Marketing will continue for all home types and ages to increase the number of homes overall, especially those that have capacity for more than one child. The more homes we have, the more we are able to reserve sibling homes for sibling groups. Monroe County will also continue to reevaluate placement opportunities for siblings as children are discharged from care to recombine sibling groups as able.

Monitoring Progress: What activities will be implemented to monitor the effectiveness of this strategy?

- 1) The possibility of accepting sibling groups or adding capacity for additional foster children or sibling groups are discussed with current foster parents during regularly scheduled Homefinding contacts.
- 2) The Homefinding supervisor will monitor discharges from care (generated from a new report) on a weekly basis to reallocate beds to accommodate sibling groups.
- 3) Develop a quarterly monitoring report to evaluate sibling placements.

Retention Strategy:

N/A

Monitoring Progress: What activities will be implemented to monitor the effectiveness of this strategy?

N/A

Community Partnerships

Recruitment and retention of kinship, foster and adoptive parents should be a community effort. Developing a steering committee or collaborative group is strongly suggested. Community partners can include faith-based programs, youth, foster / adoptive parents, not-for profit organizations, civic organizations, etc.

Please describe how you have engaged your community partners in your recruitment efforts:

Monroe County has expanded their relationship with Dr. Ashley Cross and Hub585. Her connections to the faith-based community have yielded numerous benefits regarding the recruitment and retention of foster parents. Hub585 has developed several programs that not only provide supports and opportunities for foster care youth, but support foster parents by providing a break, as well as through mentorship and support groups.

Youth and Young Adult

No updates required for the 2023 Annual Plan Update

Youth and Young Adult Plan Update

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

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

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

Touchstones

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

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

Monroe County: Youth and Young Adult

The Touchstones framework is organized by six major life areas:

- Economic Security
- Physical and Emotional Health
- Education
- Citizenship
- Family
- Community

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

Positive Youth Development

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

Quality youth development programs should include the following features:

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

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

1. What strategy or strategies did your county plan to implement in your 2022 Annual Update—Youth and Young Adults County Plan section?

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

Monroe County continued to implement strategies initially identified in the 2018-2023 Child and Family Service Plan, as follows:

- A. Provide more opportunities for youth to be involved within our community while reducing factors that inhibit their participation by:
 1. Creating new and maintaining existing relationships with organizations who provide volunteer opportunities;
 2. Building partnerships with local businesses and organizations who can aid in reducing barriers to participation;
 3. Building programming within RMCYB to include more opportunities for community involvement.
- B. Create relationships with more youth-based organizations throughout Monroe County to reach more youth and increase programming by:
 1. Reaching out to community organizations who provide youth involvement opportunities and invite them to become part of the "Explore Monroe" program,

- providing a "one-stop shop" of opportunities;
- 2. Meeting with churches, clubs, schools and other youth serving organizations to increase the base of youth served;
- 3. Building relationships with all members of the Youth Services Quality Council to improve recruitment for RMCYB programming and spark interest in being active in the community.

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

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

The Rochester Monroe County Youth Bureau (RMCYB) employs the New York State approach to positive youth development which is an intentional, pro-social approach that constructively engages youth within their communities, schools, organizations, peer groups, and families; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

Due to the ongoing COVID-19 pandemic there was limited opportunity to implement the strategies as designed. With most of the County working and attending school remotely for a large portion of the year, the RMCYB re-imagined outreach and events that would ordinarily take place in person. While challenging, the pandemic provided an opportunity for the RMCYB to virtually expand outreach to youth who were not previously engaged, by building and expanding valuable partnerships with community partners.

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

The waves of increasing positive COVID-19 cases has led to everchanging policies and protocols, including sudden school closures.

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

Monroe County anticipated reaching more youth, establishing more partnerships and increasing program opportunities.

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

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

Despite the ongoing pandemic, Monroe County both maintained its existing relationships and created new ones with organizations who provide volunteer opportunities to create greater capacity for Monroe County youth to learn new skills, engage in community and social activities and/or gain meaningful employment. The "Go For the Gold" program through the Consumer Credit Counseling Services of Rochester provided services to 232 youth. The RMCYB continued meeting with community partners and engaging with the community, albeit virtually. We continued to connect with and serve seniors through intergenerational programming, creating COVID protocols so events such as the Fall Clean-up and assisting in delivering of holiday gifts to seniors could occur. Twenty-five (25) seniors were sponsored to attend an end of year holiday party, while adhering to COVID protocols. The 2021 Monroe County Toy Giveaway provided not only additional opportunities to volunteer,

but opportunities for direct outreach to some of our most vulnerable youth and families during the holiday season. The Pirate Toy Fund and the Monroe County Department of Social Services Financial Assistance Division partnered with the RMCYB to host two enormous events at the Blue Cross Arena and the Olmstead Lodge in Highland Park, where over 500 families received gifts. Gifts were also provided to youth in the Monroe County Detention Center to give to their siblings and children for the holidays. Youth Engagement Specialists delivered gifts to families that did not have access to transportation, were unable to travel or who did not feel safe coming to the events. Over 1200 toys and stuffed animals were given away to families throughout Monroe County in 2021.

Gun Violence Prevention Program funding allowed Monroe County to partner and contract with grassroots organizations to provide unique and "out of the box" programming for our youth. The AW Foundation/Plug and Play Program brought A&R (Artists and Repertoire) programming to the Children's Detention Center and into the community at the local YMCA. This programming not only allowed youth to learn about Web, Audio and Video production through workshops and paid internships, but also provided the opportunity for youth from various gang affiliations to work in collaboration to either produce music or a podcast.

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

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

Prior to last year, Rochester Monroe County Youth Bureau had traditionally been a planning, funding, and coordinating agency dedicated to developing, implementing, and evaluating a comprehensive system of services for youth in the Rochester and Monroe County community. In 2021, the RMCYB began providing direct youth services, supports and community engagement, and will continue to do so, utilizing a data informed, systems of care framework that is youth centered, youth and family driven, community based and culturally competent. The Rochester Monroe County Youth Bureau will continue to coordinate and promote intentional and innovative strategies that address the multiple factors leading to increased risk of negative behaviors, while strengthening the factors that buffer against risks, to promote positive youth development. We seek to address not only the diverse needs of youth and their families in Monroe County, but also provide and support the services that will help to close economic and opportunity gaps for the County's most vulnerable populations. This will be accomplished by building an infrastructure that utilizes a Trauma-Informed, authentic youth engagement, and continuous quality improvement framework. The RMCYB will hire three additional Youth Engagement Specialists to work directly with Monroe County's youth in the detention center, those experiencing homelessness, those in danger of, or who are, being sexually exploited, and those aging out of foster care, as well as youth in middle school identified by school districts within the city and towns seeing the largest increase in youth violence. Youth Engagement Specialists will be an important asset to promote positive youth development with some of our most vulnerable youth by enhancing their strengths, fostering positive relationships, and providing opportunities that promote positive outcomes.

Planning Team and Technical Assistance

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

The current planning team is comprised of Brent Whitfield, Executive Director, Youth Bureau; Rahsaan Pryor, Senior Youth Engagement Specialist; and Steve Newcomb, Director, Office of the Aging. The planning team

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will be expanded in 2022. It is expected that these team members will be part of strategy identification and implementation going forward.

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

None at this time.

Runaway and Homeless Youth Services

Indicate if Plan has Changed

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

I have read and acknowledge that there are no changes to the previously approved Runaway and Homeless Youth Services report.

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

Changes have been made to this report.

Please update as needed.

Person Submitting Report

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

Name:

Rebecca Miglioratti

Title:

Community Homeless Coordinator

Agency:

MCDHS

Email Address:

rebecca.miglioratti@dfa.state.ny.us

Phone:

585-753-5732

Services & Needs

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

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

Include, at minimum, the following characteristics:

i. Age

Point in Time data indicates 9 youth and children (under 18) and 28 young adults (ages 18 to 24) on the

Monroe County: Runaway and Homeless Youth Services

day of collection. Across time, approximately 0% of youth served are aged 16, <1% are age 17, 17% are age 18, 26% are age 19 and 56% are age 20.

PINS Diversion runaways (ages 11-17) accounted for 96% (n=87/91) of cases in 2022 and 100% (n=3) of PINS petitions to Family Court.

ii. Gender identity / expression

Male, Female, Transgender are served. Females represent approximately 68% of the RHY population and approximately 57% of the PINS runaway population. Data indicates few transgender youth, but this is felt to be an underrepresentation.

iii. Sexual orientation

Straight, Lesbian, Gay, Bisexual, Questioning: Asexual = 1%, Lesbian = 3% Pansexual = 6%, Gay = 1%, Bisexual = 19%, Straight = 68%, identify as something other than listed = 1%.

iv. Race / ethnicity

All races and ethnicities are served.

Over 51% are Black/African American, while 9% are Black/Hispanic. White only youth account for 9% of the population, while white Hispanic youth account for 5%. 12% identify as multi-racial. Native American and Asian youth each account for 6% of the population and 8% identify as something other than what is listed.

In the PINS Runaway Diversion population, approximately 71% are Black/African American and 11% are white, and 16% characterized as "other". 23% identify as Hispanic. There is an increased number of Black/African America PINS Diversion youth in 2022 from 2021, where white and "other" youth remained at similar percentages.

v. Child welfare involvement or history

It is estimated that at least half of youth served have active or had historical involvement with Child Welfare. This is likely an underestimate, as youth may choose not to disclose past history.

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

Youth come for services from a variety of places: 83% come from parent/guardian's home. Nine percent of youth are living with a friend. Five percent (5%) come from a mental health or behavioral health facility. Two percent (2%) come from adult shelters, and 1% from Jail.

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

Approximately 20% of youth served are runaways and 80% are homeless.

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

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

1. More emergency shelter beds, especially for parenting minors, and transitional living beds.
2. More programming to assist young people in strengthening their existing safety nets so they don't have to come into shelters.
3. Increased funding and funding sources for RHY programming in order to provide cost of living

increases/salary demands for staff and adding specialized and experienced staff as the youth are presenting with serious mental health, TBI, and developmental disability issues.

These needs were identified by Center for Youth Services (CFY) and the RHY Advisory Workgroup which meets monthly and is comprised of key stakeholders that serve the RHY population.

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

Do not copy and paste a resource list here.

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

- **Center for Youth Services (CFY) Street Outreach** – Education, counseling and referrals to assist youth in leaving the streets.
- **CFY Crisis Hotline**
- **CFY Safe Harbour** – Identify and provide services to potential victims of commercial sexual exploitation.
- **CFY Rapid Rehousing Program** – Assists in locating safe and affordable permanent housing, cash assistance for rental and security deposit payments and ongoing case management services.
- **CFY Prevention Education Services** – Communication, alcohol and drug awareness, depression and suicide, sexuality, conflict resolution.
- **Safe Place:** The Center for Youth has partnered with community businesses and municipalities in the Greater Rochester region to provide approximately 300 designated sites for Safe Place, a national youth outreach program that launched in Rochester in 2006. Safe Place has educated thousands of young people locally about the dangers of running away or trying to resolve difficult, threatening situations on their own. In a crisis, a youth can go to a Safe Place site in the Rochester area to access immediate help and services from trained professionals at The Center for Youth.

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

- **CFY Center House** – 13 bed co-ed shelter serving youth ages 12-18
- **CFY New Beginnings House** – Transitional housing for 6 boys age 18-21 finishing HS, VOCED, preparing for GED, and/or seeking employment.
- **CFY TILP** – Maternity Group Home serving 8 female youth ages 16-21 with up to 8 dependent children and individual apartments in a single building for up to 15 male or female youth.
- **CFY Host Home Program** – 3 homes able to serve 1 male or female youth at a time.
- **CFY Arnett House** – Transitional housing for up to 6 youth age 16-24 with a focus on LGBTQ+ youth and those that have experienced human trafficking.

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

Monroe County Family Support Center - Family Access & Connection Team (FSC-FACT)/Probation Diversion: FSC-FACT is a cross systems (Human Services, Office of Mental Health and Probation) approach to serving the Pre-PINS population. Monroe County has adopted effective strategies to address ungovernable and truancy behaviors, but has been less successful with youth demonstrating runaway behaviors. A specific protocol for runaway youth has been developed as a result. When a parent calls to report a runaway, they are immediately connected with a probation officer who contacts known associates, undertakes an extensive social media search, and goes into the community, actively searching for the youth. Upon locating the youth, the youth and family work with a facilitator to get needed services into place to address the problems leading to the youth running away. FSC-FACT has an established multi-disciplinary team to better serve runaway youth and their families, thereby reducing the need for court intervention. Services such as mental health, substance abuse treatment,

Monroe County: Runaway and Homeless Youth Services

mediation and conflict coaching, Functional Family Therapy and Multisystemic Therapy and assistance accessing shelters or safe alternate living situations are available within the program.

4. Describe *how* the resources listed in question #3 are coordinated. Include the following in your description:
- i. Your plan to address service gaps in 2023.

Monroe County has fully implemented a Coordinated Entry System across Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs. Individuals and families are prioritized using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT) which is an evidenced based assessment tool used to prioritize those with the highest needs and barriers to accessing and maintaining safe permanent housing. Vacancies within RRH and PSH programs are filled using the community prioritization list so available resources are available to those with the highest degree of need.

In 2023, the RMCYB staff will continue to facilitate RHY provider workgroups to identify gaps in housing and services for RHY and plan next steps to bridge these gaps.

RMCYB staff will continue to hold a seat on the Continuum of Care (COC) Executive Board and carry out the goals established in the CoC's strategic plan to eliminate youth and family homelessness.

RMCYB staff will continue to attend the Homeless Services Network community meetings and participate in a yearly needs assessment which will mold the local priorities when making HUD NOFA funding decisions.

RMCYB staff will continue to participate in the review, rating, ranking and allocation process for HUD dollars that are successfully awarded to Monroe County each year.

RMCYB staff will continue to participate in the Emergency Solutions Grant funding and prioritization process.

- ii. Any new services or expansion of services planned in 2023.

Center for Youth Services has applied for a permanent variance that allows CFY to serve RHY up to 22 (vs. 21) at the Chrysalis House.

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

Housing and service availability is maintained by each individual program. Vulnerable youth may access this information through program websites, Center for Youth's walk-in location, crisis hotline, Safe Place or by contacting 211 Lifeline, which serves as the community's main hub for all services provided within Monroe County.

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

See attached Uploads for RHY forms and protocols.

Additionally, for youth who are missing or have runaway, parents/guardians may contact FSC-FACT for assistance. FSC-FACT Information Line staff gathers basic information from the family and forwards information to the Probation Officer(s) or the Senior PO assigned to FACT, who will search for the missing youth. Probation conducts an exhaustive search: checking social media, following up leads from family, friends and school. When a youth is located, they may be assigned to a FACT Facilitator for further assessment and service. On occasions where a youth cannot be located, the PO will work with the family to prepare affidavits and file paperwork in Monroe County Family Court to request a warrant. If/when the youth is brought in on the warrant, the ATD Team will talk with the youth and family about service needs, options and next steps and will assess the situation for alternatives to Pre-Dispositional

Placement, making referrals as appropriate.

Municipal RHY Service Planning Process

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

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

The RMCYB consults with the RHY/Community Homeless Coordinator, RHY certified and non-certified providers, Continuum of Care stakeholders group, OMH, McKinney Vento Liaison for the Rochester City School District and Greece Central School District, United Way Systems Integration Project representative, Monroe County Probation and Coordinated Entry staff.

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

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

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

RMCYB identified the needs of the RHY population through review of quarterly reports provided by certified RHY providers, attending monthly Homeless Services Network (HSN serves as the stakeholder body to the CoC), RHY Advisory Workgroup meetings, CoC monthly board meetings, the Safe Harbour Taskforce and monthly Coordinated Entry Workgroups. Information relative to the Runaway PINS population is provided by the Family Support Center-Family Access and Connection Team FSC-FACT) and Monroe County Probation.

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

Yes

No

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

Municipal Information

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

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

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

30 days for any youth, or up to **60 days** with consent in writing from youth and parent, guardian, or

Monroe County: Runaway and Homeless Youth Services

custodian

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

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

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

- 18 months
- 24 months
- Not applicable

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

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

- Yes
- No
- Not applicable

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

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

- Yes
- No

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

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

Name	Agency or Organization	Title	Email	Phone
Rebecca Miglioratti	Department of Human Services	Community Homeless Coordinator	rebecca.miglioratti@dfa.state.ny.us	585-753-5732
Anthony Jordan	Department of Human Services	Executive Director, Youth Bureau	tonyjordan@monroecounty.gov	585-753-6250

RHY Service Coordinator

1) Designation and duties of the municipal RHY services coordinator

Coordinator's Name:	Rebecca Miglioratti
Agency or Organization:	Monroe County
Unit, division, bureau, or office in which the position is located:	Department of Human Services and Youth Bureau
Percentage of time spent on RHY service coordinator duties (% FTE):	60%
<input type="checkbox"/> The municipal RHY service coordinator is also the municipal youth bureau director.	
<input checked="" type="checkbox"/> A copy of job description / responsibilities as maintained by the employer has been uploaded to this plan.	

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

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

Runaway/Homeless Youth (RHY) funds provide for the coordination, planning and monitoring of a continuum of community-based services targeted toward youth, in accordance with the RHY Act. The RHY Coordinator oversees and monitors current program services, as well as plans for the development of enhanced/new services to address gaps/obstacles to serve the target population. Through this funding, the county contracts with not-for-profit agencies to provide 24-hour crisis counseling, shelter, case management, transitional housing and support services. The county's RHY Coordinator oversees the daily RHY process and serves as conduit for the Youth Bureau, as well as hosts the monthly RHY meetings for RHY service providers.

RHY programs are monitored on an annual basis by OCFS Regional Staff and MCDHS Community Homeless Coordinator. All active youth files and a sampling of closed files are reviewed to ensure youth needs are being met including educational services and transportation to and from educational programs.

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

The Center for Youth Center House

Monroe County: Runaway and Homeless Youth Services

Address		Program Director		Operating Certificate Number	
128 Seneca Parkway Rochester, NY 14613		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		D18-11-1-01	
<input checked="" type="checkbox"/> The county contracts with this program for RHY services. The value of the contract is \$74810 per year, regardless of program utilization.					
<input checked="" type="checkbox"/> The county contracts with this program for PINS respite services. The value of the contract is \$75000 per year, regardless of program utilization.					
<input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (0-19)	
Maximum length of stay offered to runaway youth by the program:				60-120	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population	All persons		Target population	All persons	
13	13		13	13	

The Center for Youth Host Homes

Address		Program Director		Operating Certificate Number	
905 Monroe Avenue Rochester, NY 14620		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		D-18-96-2-01	
<input type="checkbox"/> The county contracts with this program for RHY services.					
<input type="checkbox"/> The county contracts with this program for PINS respite services.					
<input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (0-21)	
Maximum length of stay offered to runaway youth by the program:				60-120	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population	All persons		Target population	All persons	
3	3		3	3	

Transitional Independent Living Programs (Supported and Group Residences)

The Center for Youth Chrysalis House

Address	Program Director	Operating Certificate Number
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1900 South Avenue Rochester, NY 14618		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		D18-96-2-01	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				16 through 20	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
8		16	8		16

CFY TILP Devonshire Ct. #2

Address		Program Director		Operating Certificate Number	
150 Devonshire Ct #2 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2353	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
2		2	2		2

CFY TILP Devonshire Ct #10

Address		Program Director		Operating Certificate Number	
150 Devonshire Ct. #10 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2354	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	

Monroe County: Runaway and Homeless Youth Services

Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

CFY TILP Devonshire Court #1

Address	Program Director	Operating Certificate Number	
150 Devonshire Court #1 Rochester, NY 14619	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2355	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

CFY TILP Devonshire Ct #4

Address	Program Director	Operating Certificate Number	
150 Devonshire Ct. #4 Rochester, NY 14619	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2356	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

CFY TILP Devonshire Ct #5

Address	Program Director	Operating Certificate Number
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150 Devonshire Ct. #5 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2357
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
1	1	1	1	

CFY TILP Devonshire Ct #6

Address		Program Director		Operating Certificate Number
150 Devonshire Ct. #6 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2358
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
1	1	1	1	

CFY TILP Devonshire Ct #7

Address		Program Director		Operating Certificate Number
150 Devonshire Ct. #7 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2359
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-20)	
Maximum length of stay offered to youth by the program:			24 months	

Monroe County: Runaway and Homeless Youth Services

Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

CFY TILP Devonshire Ct #8

Address	Program Director	Operating Certificate Number	
150 Devonshire Ct. #8 Rochester, NY 14619	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2360	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

CFY TILP Devonshire Ct #11

Address	Program Director	Operating Certificate Number	
150 Devonshire Ct #11 Rochester, NY 14619	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2361	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

CFY TILP Devonshire Ct #12

Address	Program Director	Operating Certificate Number
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150 Devonshire Ct. #12 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2362
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
1	1	1	1	

CFY TILP Devonshire Ct #14

Address		Program Director		Operating Certificate Number
150 Devonshire Ct #14 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2363
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
1	1	1	1	

CFY TILP Devonshire Ct #9

Address		Program Director		Operating Certificate Number
150 Devonshire Ct. #9 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		2377
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	

Monroe County: Runaway and Homeless Youth Services

Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

CFY TILP Arnett House

Address	Program Director	Operating Certificate Number	
235 Arnett Blvd. Rochester, NY 14619	Valerie Douglas 585-271-767- vdouglas@centerforyouth.net	D18-21-3-02	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		16 through 24	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
6	6	6	6

New Beginnings House 139 Upper

Address	Program Director	Operating Certificate Number	
139 Field St Upper Rochester, NY 14620	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	D18-22-4-13	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

New Beginnings House 141 Upper

Address	Program Director	Operating Certificate Number
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141 Field St Upper Rochester, NY 14620		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		D18-22-4-15	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
2		2	2		2

New Beginnings House 141 Lower

Address		Program Director		Operating Certificate Number	
141 Field St. Lower Rochester, NY 14620		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		D18-22-4-14	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
2		2	2		2

Non-Residential Programs

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

Program Name:

Prevention, Education &
Counseling Services YDP

Program Address:

905 Monroe Avenue

Program Contact Name: Center for Youth Services
Valerie Douglas

Program Contact Phone Number: 585-271-7670

Program Contact Email: vdouglas@centerforyouth.net

Hours of accessibility to RHY population: 24/7

Target Population (age and other relevant demographics):
Monroe County Youth ages 12-21

Non-residential RHY Services Provided:
The Center Satellite services project brings comprehensive youth prevention and counseling services to Monroe County. Prevention/education, counseling intervention, access to runaway/homeless youth housing and follow-up services are available through The Center's Office locations and throughout the county.

OCFS Support

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

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

RHY providers have expressed interest in free trainings to support staff with meeting the minimum training requirements.

Sexually Exploited and Trafficked Youth

No updates required for the 2023 Annual Plan Update

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

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

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

All youth encountering child welfare are screened for human trafficking and exploitation using the [Rapid Indicator Tool \(OCFS-3921\)](#) and, when indicated, the [Child Sex Trafficking Indicators Tool \(OCFS-3920\)](#) per OCFS's [Requirements to Identify, Document, Report, and Provide Services to Child Sex Trafficking Victims](#) policy and located within Connections. Youth are then, if appropriate, referred to Monroe County's Safe Harbour Program at The Center for Youth Services, our Runaway and Homeless Youth Shelter. Over 80% (133) of the referrals to Safe Harbour in 2021 came from MCDHS (CPS, Foster Care, FACT, and Probation).

In addition to Safe Harbour and Center for Youth, Monroe County offers contracted services through Catholic Charities via the Sex Abuse Crisis Intervention Program (24 contracted slots), Linden Oaks Sex Abuse Treatment Services (18 contracted slots - ending in mid-2022) and Family Counseling Services of the Finger Lakes, beginning mid-2022 (projected to serve 80 youth annually). FCSFL will serve youth who have experienced sexual abuse and/or are demonstrating sexually problematic behaviors. The Bivona Child Advocacy also provides services for youth who have been victims of trafficking and/or sexual abuse. In 2021, Bivona served 1746 children, 1211 of whom were seen for concerns of sexual abuse and 3 of whom were seen for known concerns of trafficking.

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

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

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

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

Monroe County continues to experience the loss of services for runaway and homeless youth, often the most vulnerable youth targeted by traffickers. One of Monroe County's two emergency shelters, The Salvation Army's Genesis House, which served youth ages 16-20, closed in late 2021. The program served over 100 youth ages 16 and 17 annually. This leaves only The Center for Youth's single shelter serving all youth in Monroe County ages 12-17.

Youth who run away from home or placement are at high-risk for contact with traffickers. Services and supports that are low-barrier and risk tolerant are essential in community-based programming for this population. The reduction of crisis beds and services is a step back in the progress our County had made in responding to the needs of trafficked, sexually exploited, and at high-risk youth. Additionally, the workforce crisis has further challenged the system, as services have been reduced due to staff vacancies in a variety of service areas.

Number of youth anticipated annually: 250

Types of services & anticipated number of youth in need (in parentheses):

Monroe County: Sexually Exploited and Trafficked Youth

- emergency shelter beds (50), especially for parenting minors (10)
- transitional living beds for ages 16-21, both foster care (25) and non-foster care (25)
- intensive community-based advocacy/case coordination (150)
- access to mental health services (100), especially without parental consent or notification (50)
- access to legal support in family court, even if they don't have an AFC (50)

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

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

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

Monroe County does not have a contracted Safe House. We do have a runaway and homeless youth shelter (Center for Youth) connected to our Safe Harbour Program.

Raising the Lower Age of Juvenile Delinquency Differential Response for Children Under Twelve Years of Age

As part of promoting the well-being of children, families, and communities, New York State passed legislation that raised the lower age (RTLA) of juvenile delinquency from 7 to 12 years of age in almost all cases (Chapter 810 of the Laws of 2021, as amended by Chapter 38 of the Laws of 2022). As of December 29, 2022, the new law requires that each local department of social services (LDSS) establish a RTLA differential response (DR-RTLA) for children under 12 years old who do not fall under the definition of juvenile delinquent under section 301.2 of the Family Court Act (FCA), and whose behavior would otherwise bring them under the jurisdiction of the Family Court pursuant to Article 3 of the FCA. Law enforcement may still respond to incidents involving these eligible children; however, a petition cannot be filed in family court under Article 3 of the FCA.

This legislation provides a critical opportunity for New York State to shift from criminalizing certain behaviors to providing young people with support services and assistance from differential response programs. The purpose of the DR-RTLA is to prevent the youngest children, who exhibit and engage in problematic behavior, from involvement with the juvenile justice and child welfare systems. Differential response services are voluntary, community-based, and aim to meet the needs of eligible children and their families by providing opportunities and supports that promote racial, ethnic, and gender equity, and overall well-being.

For additional assistance in completing the RTLA-DR Annual Plan, please reference the [Raising the Lower Age of Juvenile Delinquency Differential Response Annual Plan Desk Aid](#).

A. Differential Response for Children Procedures

The LDSS is responsible for the DR-RTLA for eligible children and their families in their local district. Please specify any other agency that is responsible at each procedure point and a brief description of how the agencies will collaborate at that procedure point.

1. Intake: Receives the DR-RTLA referral, conducts an initial screening, and makes an eligibility determination

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

The Monroe County Family Support Center (FSC) oversees and implements the DR-RTLA through the 'Family Access and Connection Team' (FACT). The FSC (and FACT as a component) is administratively operated by 'Coordinated Care Services, Inc' (CCSI), a contracted partner of Monroe County. A robust collaboration exists between Monroe County and CCSI personnel.

Not Applicable

The intake process includes at a minimum the following:

- Receive referrals at a minimum during regular LDSS business hours
- Gather intake information that includes but is not limited to,
 - the reason for the referral to the DR-RTLA, including the specific behavior(s) of the child;
 - the age of the child;
 - contact information for the referral source;
 - child and caregiver contact information;
 - any current safety concerns and/or safety plans in place;
 - contact information of known service providers and familial supports.

Based on the information, the DR-RTLA will make a determination of the child's eligibility.

For eligible children residing in the district, the DR-RTLA program will

- contact the family of an eligible child within one business day of receiving a referral;
- schedule an appointment, within seven business days, with the child, the family and any familial supports identified by the family;
- ask the family if they are currently working with child protective services, child welfare preventive services or foster care services and obtain permission to speak to the LDSS case manager/caseworker for any applicable information.

When an eligible child or their family has current involvement with child protective services, child welfare preventive services or foster care services, the DR-RTLA program will contact the LDSS case manager/caseworker to

- inform them of the referral to the DR-RTLA program and the current intake information,
- inform them of the decision of the family to proceed or not proceed with the DR-RTLA assessment,
- inform them of the DR-RTLA processes, and
- obtain information about the assessment of the child's and their family's progress in current interventions and supports.

The DR-RTLA is voluntary to the child and family. If there are safety plans in place, or known safety concerns, the DR-RTLA program will immediately act in accordance with existing policy, regulations and law.

2. Assessment of the child's and family's strengths, concrete needs and challenges related to the behavior that led to a referral to the differential response. Such assessment should also consider any individualized vulnerabilities and be responsive to the child's and family's culture.

Name of assessment instrument(s) used:

- Child and Adolescent Needs and Strengths (CANS)
- Child and Adolescent Service Intensity Instrument (CASII)
- Sexual exploitation screening and assessment **(required) (OCFS-3920—*Child Sex Trafficking Indicators Tool* and OCFS-3921—*Rapid Indicator Tool to Identify Children Who May Be Sex Trafficking Victims or are at Risk of Being a Sex Trafficking Victim*)**

Other

If you selected "Other," please specify:

Monroe County's FSC-FACT has a standard of practice to inform eligibility, intake, assessment and referral for youth and families. Eligibility is determined by FSC-FACT facilitators, who screen referrals with the assistance of the Program Director. Assessment and referral for DR-RTLA referred youth and families is assigned to one of two (2) FSC-FACT facilitators (one of whom is bilingual), to support consistent assessment of strengths, needs and challenges. FSC-FACT utilizes a Family Lead Assessment Tool (FLOAT) and a HOPE Scale Assessment. These tools are used to identify needs, consider individualized vulnerabilities, and ensure responsiveness to the youth/family culture. Both the FLOAT and Hope Scale are family driven; youth & family respond indicating needs, strengths, and challenges.

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

Monroe County's Family Support Center (FSC) - FACT oversees and implements the DR-RTLA.

Not Applicable

The DR-RTLA assessment will include an assessment of

- the current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral, which could include but is not limited to the safety of other children in the family;
- the eligible child's and family's strengths, concrete needs, and challenges or concerns;
- any individualized vulnerabilities;
- cultural considerations; and

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- indicators of child sex trafficking.

The assessment(s) will inform the services, supports, and opportunities offered to eligible children and their families.

3. Please indicate below the potential supports to be offered to eligible children and their families:

Please check all that apply

- Positive Youth Development Programming
- Housing / Food / Clothing Supports
- Parent Peer Supports
- Respite Services
- Behavioral Health Services and Supports
- Parent / Caretaker Skill Development Supports
- Educational Supports
- Supervision and Treatment Services for Juveniles Program Services and Supports (non-FSS)
- Child Welfare Preventive Services (*if eligible*) **(required)**
- Family Support Services (FSS) Program (*if eligible and established*) **(required)**
- Other
If you selected "Other," please specify:

4. Plan development and successful intervention engagement process

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

Monroe County's Family Support Center (FSC) - FACT oversees and implements the DR-RTLA.

Not Applicable

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

The plan development process will

- be family-led,
- be initiated within fifteen days of the referral to the DR-RTLA program, and
- include natural supports and other providers involved with the family, with the family's permission, and as available.

If no safety plans are in place and no safety concerns identified and the family declines the recommended interventions, the DR-RTLA program will provide the family with contact information for the DR-RTLA program and the recommended interventions orally and in writing.

It is also required that the LDSS support the family through a facilitated referral process to agreed-upon interventions. Family team meetings or other family-led collaborative forums may provide the best opportunity for the child and family to meet new providers, to promote continuity of care, and for team members to align strategies and resources to best support the child and family.

The DR-RTLA program will use a facilitated referral process to services, supports, and opportunities to support the child and family at this critical transition point.

5. Follow up with providers and supports regarding child's progress

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

Monroe County's Family Support Center (FSC) - FACT oversees and implements the DR-RTLA.

Not Applicable

The LDSS's differential response process to assess the child's progress and collectively determine if there is a need for any further supports to the child and family includes at a minimum all of the following:

- Contacting the family and child on or about 30 days from the development of the support plan
- Obtaining all evaluations and assessments of the child's progress in interventions from the providers, as permitted by the family via a release of information, while the DR-RTLA case is active
- Contacting the provider(s) on or about 30 days after support plan development
- Contacting the family and providers within seven days prior to the DR-RTLA case completion to assess the child's progress and collectively determine if there is a need for further supports to the child and family

B. Planning Activities

Partners included in the planning of the DR-RTLA:

Please check all that apply

- Law enforcement agencies
- Families
- School districts
- Respite service providers
- Youth bureau
- Children's advocacy center
- Community / faith-based organizations
- Anti-trafficking providers
- Dispute resolution centers
- Voluntary agencies

Other

If you selected "Other," please specify:

FSC-FACT, as an existing service to support youth and families of Monroe County, has a standard of practice to inform eligibility, intake, assessment and referral for youth and families, which is closely aligned to the implementation and planning activity needs of the DR-RTLA program. FACT was identified as the appropriate entity, within the FSC, for the DR-RTLA program for this reason. Monroe County partners are collaboratively engaged as identified and needed, especially if any adjustments are needed to implement the DR-RTLA.

The LDSS collaborative planning activities for the development of the DR-RTLA plan included:

Please check all that apply

- Current data assessment
- Focus groups with families
- Community needs assessment focused on the needs of the eligible children and their families

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- Other stakeholder meetings
- Meetings with law enforcement
- Other
If you selected "Other," please specify:

C. Differential Response Child Population

Please provide the following data for the DR-RTLA child population for December 29, 2022, through March 31, 2023. If the answer is zero, please indicate such and do not leave any blank areas. Specifically, please provide the following as whole numbers (not %):

Number of referrals to DR-RTLA by law enforcement:

2

Number of referrals to DR-RTLA by parents:

(

Number of referrals to DR-RTLA by schools:

(

Number of referrals to DR-RTLA by other sources:

(

Number of total DR-RTLA **eligible cases**:

2

Number of *eligible children* 7 years old at referral to DR-RTLA:

(

Number of *eligible children* 8 years old at referral to DR-RTLA:

(

Number of *eligible children* 9 years old at referral to DR-RTLA:

(

Number of *eligible children* 10 years old at referral to DR-RTLA:

(

Number of *eligible children* 11 years old at referral to DR-RTLA:

2

Number of total DR-RTLA-eligible cases for which participation was declined by family:

(

D. Reduction of System Involvement

Children do well when their parents, caregivers, families, and communities are healthy and stable. To be successful, as a system we must take a more comprehensive, trauma-informed, upstream approach to meet families where they are and have the capacity to rapidly engage with culturally relevant approaches, tools and

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resources that strengthen and empower families and their natural supports so that children are safe and can thrive.

The DR-RTLA for eligible children will reduce their likelihood of interaction with the juvenile justice and child welfare systems in the future through the following strategies:

Please check all that apply

- support and empowerment of families and their natural supports to identify their strengths, needs and resources so children are safe and can thrive
- use of community alternatives and interventions to address concerning or harmful behavior through developmentally appropriate means
- use trauma-informed practices when interacting with eligible children and their families
- use culturally responsive and inclusive approaches when interacting with eligible children and their families
- Other
If you selected "Other," please specify:

Has your county noted progress toward this outcome since the last Plan submission?

- Yes No

If "Yes," please specify the successes and any strategy updates:

During the current reporting period, the number of youth and families referred to the DR-RTLA has been small (only two youth referred). A greater understanding of outcomes or impacts is challenging to measure with a small sample. However, Monroe County's Family Support Center (FSC) and the Family Access Connection Team (FSC-FACT implementing the DR-RTLA) is committed to the above strategies. The inclusion of a bi-lingual facilitator is an integral part of the team. FACT has also been embracing "Hope Science" and is working toward becoming a Hope Center.

E. Promoting Safety and Well-being

As you consider your answer to this section, consider how the DR-RTLA can be a trauma-informed, inclusive, accessible, culturally responsive approach that supports, strengthens, and empowers families and their natural supports so that children are safe and can thrive.

The DR-RTLA for this eligible child population will enhance the ability of the district to ensure the safety and well-being of the eligible child population through the following strategies:

Please check all that apply

- family-driven policies that ensure the safety and well-being of eligible children
- assessment process includes an assessment of the current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral, which could include but is not limited to the safety of other children in the family
- trauma-informed practices when interacting with eligible children and their families
- culturally responsive and inclusive approaches when interacting with eligible children and their families

positive youth development opportunities that will enhance the well-being of eligible children

Other

If you selected "Other," please specify:

Has your county noted progress toward this outcome since the last Plan submission?

Yes No

If "Yes," please specify the successes and any strategy updates:

Monroe County's FSC-FACT is a program within a network of partners and service providers who are well versed in safety and well-being of children. FSC-FACT collaborates with system and community providers to ensure safety and positive development opportunities are provided; assessing safety and behaviors are of approached through a lens as being unmet needs, for the youth and family. Again, referral numbers have been low, in the current reporting period, but FSC-FACT has been able to respond quickly and appropriately to referrals.

F. Reducing Adverse Impacts

The following equity approaches should be considered as you complete your answer to this section.

- Race Equity and Gender Identity—advancing an approach where all children and families, regardless of race and Sexual Orientation, Gender Identity and Expression (SOGIE) have the same opportunity through culturally relevant supports and resources to reach their potential
- Social and Economic Well-Being—promoting and supporting a trauma-informed system where concrete needs are met, and opportunities are provided equitably
- Family and Youth Partnership—authentically and effectively sustaining the participation of families and youth at all system levels

The DR-RTLA addresses adverse impacts on marginalized communities through the following strategies:

Please check all that apply

Performing outreach to marginalized communities to ensure they are aware of resources available and hear their needs

Engaging with law enforcement, particularly in marginalized communities, to ensure law enforcement's understanding of the new approach with eligible children

Building capacity for culturally responsive services, supports, or opportunities in partnership with communities

Responding to feedback from children and families on the DR-RTLA program and their needs

Other

If you selected "Other," please specify:

Has your county noted progress toward this outcome since the last Plan submission?

Yes No

If "Yes," please specify the successes and any strategy updates:

Monroe County's FSC-FACT has engaged in outreach, as needed, to Law Enforcement and schools;
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conferencing concerns and challenges both on administrative and individual basis. FSC-FACT implements a survey at closing of involvement, soliciting feedback from youth/families. That feedback is closely assessed to inform success and/or concerns. Additionally, the bi-lingual facilitator is an integral part of the team, in working with diverse youth/families of Monroe County. With current referral numbers (during the current reporting period) being small, FSC-FACT has not needed to build capacity in this area but does draw upon collaboration and knowledge of existing resources.

G. Monitoring Activities

The LDSS's activities must include how the required service elements (i.e., intake, assessment, support planning, intervention engagement, and monitoring of the child's progress) of the DR-RTLA are monitored and how child and family feedback are consistently included in the monitoring activities.

The LDSS will monitor the DR-RTLA for children through the following activities:

Please check all that apply

- Obtaining child feedback consistently **(required)**
- Obtaining family feedback consistently **(required)**
- Supervisory review of DR-RTLA case activities, including but not limited to intake, assessment, support planning, intervention engagement, and monitoring of the child's progress in interventions
- Regularly-scheduled meetings with differential response staff to assess the current processes and protocols for improvements
- Regularly-scheduled meetings with community stakeholders, including law enforcement agencies, to assess the current processes and protocols for improvements
- Other
If you selected "Other," please specify:

The LDSS will ensure the confidentiality of the DR-RTLA records.

The DR-RTLA records shall be maintained for five years after an eligible child has been referred to the LDSS differential response or until the eligible child reaches the age of 12, whichever is sooner. The LDSS will ensure compliance with the record retention schedules for the DR-RTLA records.

H. Funding

Does your county use additional funding (e.g., local dollars or grant funding) to enhance the DR-RTLA for children?

- No Yes

I. Training

The training that will be provided to district staff regarding the LDSS DR-RTLA for children will include, at a minimum:

- an overview of the LDSS differential response structure and DR-RTLA plan;
- information regarding the required elements of the DR-RTLA, including responsibilities for obtaining intake information, screening for eligibility determination, assessment of the eligible child and their family, collaborative support planning with the eligible child and their family, the supportive referral process to interventions as needed, and monitoring of the eligible child's progress in interventions;
- the voluntary nature of the differential response and the interventions offered to the eligible child and

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their family;

- information regarding the DR-RTLA case documentation, confidentiality, and completion requirements;
- information regarding the current continuum of services, supports, and opportunities in the district;
- record retention schedules for the differential response; and
- local district protocols related to when a differential-response-eligible child may be considered for PINS diversion services.

Please provide any additional information that will be contained in the training for district staff:

A mandated reporter refresher training for all FSC-FACT staff, was completed on 12/1/22, in preparation for implementation of the DR-RTLA. FSC-FACT continues to explore training options for staff for engaging with younger youth and for services available to the DR-RLTA eligible population, but this has not presented a barrier or challenge to date.

Please provide the anticipated frequency of this training:

Mandated reporter training is completed at time of hire/orientation for new staff, and then annually as a minimum, for existing staff. Other potential training opportunities are made accessible as they become available and can be offered.

The training that will be provided to non-district staff regarding the LDSS DR-RTLA for children will include, at a minimum:

- an overview of the LDSS DR-RTLA structure and referral processes;
- contact information for the LDSS DR-RTLA and hours of operation (must at a minimum align with normal business hours of the LDSS);
- eligibility criteria for the differential response and the LDSS processes that will be followed should the referred child not be eligible for the DR-RTLA;
- the requirements of the differential response, including but not limited to monitoring of the child's progress in interventions and follow-up timeframes, and the differential response case completion;
- the voluntary nature of the differential response and the interventions offered to the eligible child and their family;
- information regarding the current continuum of services, supports, and opportunities in the district; and
- record retention schedules for the DR-RTLA.

Please provide any additional information that will be contained in the training for non-district staff:

N/A

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

Please check all that apply

- Law enforcement agencies
- Families
- School districts
- Respite service providers
- Youth bureau
- Children's advocacy center
- Community-based organizations
- Anti-trafficking providers

- Dispute resolution centers
- Voluntary agencies
- Legal partners such as County Attorney, Attorneys for the Child and Family Court Judges

Other

If you selected "Other," please specify:

Training of non-district staff is identified by partners engaged in and implementing interventions of the DR-RTLA. This may include partners included, but not limited to, those indicated above.

Please provide the anticipated frequency of this training:

The frequency of training and training needs is guided by each specific partner. FACT is accessible for ongoing guidance and collaboration in implementing the DR-RTLA.

The training set forth in section 840 of the Executive Law for police officers—whose main responsibilities are juveniles—provides instruction, among other areas, on the differential response program. It includes the definition of the program's eligible population and best practices by law enforcement that involve the collaboration with LDSSs for children under the age of 12 who are eligible for the LDSS differential response program. This training is released to police officers by the New York State Division of Criminal Justice Services.

J. Technical Assistance

Does your county have any technical assistance needs related to the raising the lower age of juvenile delinquency legislation?

- No Yes

K. Differential Response for Children Contact

Please provide the name, title, email address, and phone number of the contact for the DR-RTLA program.

This information will be posted publicly on the OCFS website.

Name:

Leslie Barnes

Title:

Director of Family Support Center

Email Address:

lesliebarnes@monroecounty.gov

Phone Number:

585-753-2631

PINS Diversion Services

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

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

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

Please note that many sections of the PINS Diversion Services Plan have been pulled forward from the 2022 submitted and approved PINS Diversion Services Plan for your convenience. This does require you to amend information that is no longer applicable and/or updated for 2023.

Designation of Lead Agency

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

Select the Lead Agency for PINS Diversion Services:

Probation

LDSS

This is a change in Lead Agency for 2023.

Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
Residential Respite (required)	
Providers: Center for Youth Services - Center House	<input type="checkbox"/> There is a service gap in this service
Geographic Area: County	
Limitations:	

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Center for Youth Shelter serves ages 12-17.

Crisis Intervention—24 hours per day

Providers:

URMC Mobile Crisis Team; RPD FACIT (Family Crisis Intervention Team); Forensic Intervention Team (FIT); Person in Crisis Team (PIC)

Geographic Area:

County (URMC), (FIT); City of Rochester (FACIT), (PIC)

Limitations:

FACIT and PIC are available only to City of Rochester residents. Other services are available community wide to all residents. Sometimes Law Enforcement Agencies have to make the initial response (depending on how a call is dispatched).

There is a service gap in this service

Diversion Services / Other Alternatives to pre-dispositional placement (required)

Providers:

Monroe County Family Support Center - Family Access and Connection Team; Probation - Diversion, ATD Team, Electronic Monitoring; Juvenile Justice Mental Health - CCSI; Educational Liasion - RCSD; Villa of Hope- Juvenile Reporting Center; Cayuga Centers - MST & FFT, Center for Dispute Settlement, Center for Youth Services; Restorative Circles, Community Programs and Resources

Geographic Area:

County-wide

Limitations:

ATD & EM are only available during court pendency.

There is a service gap in this service

Conducts sexual exploitation screening and assessment (required)	
Providers: Monroe County Family Support Center- Family Access & Connection Team. Geographic Area: All of Monroe County Limitations:	<input type="checkbox"/> There is a service gap in this service
Alternative Dispute Resolution Services (optional)	
Providers: Center for Dispute Settlement; Partners in Restorative Initiatives (PIRI) Geographic Area: Monroe County Limitations:	<input type="checkbox"/> There is a service gap in this service
Other Services—including those to prevent and intervene with youth exhibiting runaway behaviors	
Identify and Describe Service Category: Runaway and Stay Away Youth Providers: Monroe County Department of Probation - Probation Outreach Team Geographic Area: Monroe County	<input checked="" type="checkbox"/> There is a service gap in this service Reason for Gap: Need a broader service array to address runaway and stay away behavior, before it occurs. Dates of Gap: Ongoing Plan for Addressing Gap: Monroe County engages robust and active Probation Outreach, with efforts to locate and divert from petition being successful. Gaps in addressing this issue more successfully appear to lie in the overall prevention of runaway behavior, before it occurs, as well as strategies for youth who are prone to "stay away." Please see Desired Change #1 for additional information on addressing this gap.
Other Services—including those to prevent and intervene with youth who are truant	
Identify and Describe Service Category: Behavioral Health Services Availability and Access. Providers: Strong Behavioral Health, Genesee Mental Health, Villa	<input checked="" type="checkbox"/> There is a service gap in this service Reason for Gap: Community based mental health services that youth can get to may not have immediate openings. Recruitment challenges in hiring clinical personnel is also noted to contribute to this gap. Dates of Gap: Ongoing

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Geographic Area:

Monroe County

Plan for Addressing Gap:

Monroe County Family Support Center’s Family Access & Connection Team (FSC-FACT) and Probation currently utilize MAYSI-2 on-site or in the community for screening Mental Health, Substance Abuse and Trauma Exposure. Juvenile Justice Mental Health Coordinators assist in linkages as needed.

Monroe County engages a Multi-Disciplinary Team to provide services to youth at risk of PINS, as well as those alleged to be and adjudicated as PINS. It is through this framework that delays and other barriers in obtaining prompt, quality mental health and substance abuse services/treatment are addressed. Referral tracking and outcome measure expectations will be outlined in all MOUs developed with SA/MH providers. The possibility of partnerships with agencies that can provide onsite screening and intakes is under consideration. Sourcing providers who are able to conduct intake and assessment via telehealth means, if clinically appropriate and family/youth can access (i.e., have access to devices), is identified as a strategy to address this gap. However, many current clinical providers require initial intake in person. University of Rochester Medical Center offers walk-in clinic services, which is intended to increase access and alleviate wait times for service. This was newly introduced in 2021. However, as awareness and demand of services has increased, the Center has similarly experienced barriers to meeting wait times and access.

PINS Diversion Services Procedures

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

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

PINS Diversion Services Protocol	Responsible Agency(ies)
a. Determines the need for residential respite services and need for alternatives to pre-dispositional placement	
<p>Describe how provided:</p> <p>The Family Support Center-Family Access & Connection Team (FSC-FACT) Facilitator attempts to utilize family and friends as the first source of housing options. When those are exhausted or not available/viable, FSC-FACT Facilitators will explore with the youth and family other options, including Hillside Respite and the Center for Youth. Two respite beds are reserved through STSJP funding specifically for PINS and pre-PINS youth who can utilize and benefit from short term respite. These beds provide a "cooling off" period to mobilize services, seek stability, engage family members, and ultimately prevent the need for a more formal out of home placement or further penetration into the system. Youth are referred through the Family Support Center or by Probation, either by the ATD Team as a voluntary alternative to pre-dispositional placement or at the diversion or supervision level for PINS.</p> <p>For PINS youth who come to the attention of Monroe County Family Court, the ATD Team</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FSC-FACT

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screens PINS youth at their first appearance and speaks with family members. The ATD Team will work with the youth and family to identify alternatives to pre-dispositional placement and provide recommendations to the court as to viable alternatives.

b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)

Describe how provided:

The FSC-FACT Information number is the first contact point. FSC-FACT staff triage the call, after identifying the needs of the caller and youth. If needed, the FSC-FACT Facilitator will link the youth and family to mobile or other crisis services for follow-up and to ensure that the crisis is being addressed. Office-hour availability has been expanded and our Family Partners can engage in safety planning with families. During non-office hours, the message on the FSC-FACT information line will direct people to contact the police (911) in an emergency, or to contact 311 for FIT/PIC, and/or Hillside Services Integration to speak with someone immediately, or to leave a detailed message. Callers who leave messages are contacted the next business day. Monroe County is in the process of creating and implementing an online referral form that may have the ability to connect with other community service providers.

- Probation
- LDSS
- Other FSC-FACT

c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations

Describe how provided:

During both the initial contact and the face-to-face conference, FSC-FACT staff who respond to a family's initial inquiry will identify the concerns of the youth and family, determine the services and systems with whom the youth and family have been involved and the outcomes of that involvement, explain various options, and discuss possible outcomes. If a youth and family believe that another system is more appropriate to meet their needs, the FSC-FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have successfully made that connection.

All youth at risk of PINS will be eligible for FSC-FACT. If a youth has had previous contact with FSC-FACT, the assigned FSC-FACT Facilitator will review all available records. A FSC-FACT Behavioral Health Specialist and/or Senior Facilitator may be assigned. The FSC-FACT Facilitator will discuss the family's needs and expectations, as well as previous resources or services that may have been helpful. At-risk youth will work with an assigned Facilitator prior to any formal diversion process unless there are extenuating circumstances. Probation is brought on board in situations that require additional support, direction or services. No petition will be filed without a thorough review by the Probation Review Committee to ensure that all efforts and ideas have been exhausted and the case is appropriate for petition. The PRC is a collaborative which includes invested parties who together determine if a transfer to Probation Diversion or petition to Monroe County Family Court is warranted.

If a youth is missing/AWOL, the FSC-FACT Information Line staff will gather basic information from the family and forward it to one of the two Probation Officers or the Senior PO assigned to FSC-FACT, who will search for the missing youth. Probation makes an exhaustive search: checking social media, following up leads from family, friends and school. When a youth is located, they may be assigned to a FSC-FACT Facilitator. On the rare occasion where a youth cannot be located, the PO will work with the family to prepare affidavits and file paperwork in Monroe County Family Court to request a warrant. If the youth is brought in on the warrant, the ATD Team will talk with the youth and family about options and next steps in the process and assess the situation for alternatives to

- Probation
- LDSS
- Other FSC-FACT

Pre-Dispositional Placement.

d. Conducts assessment of needs, strengths, and risk for continuing with PINS behavior

Name of assessment instrument used:

- YASI
- YLSI
- Other
MAYSI-2, FLOAT, HOPE Scale

- Probation
- LDSS
- Other
FSC-FACT

Describe how provided:

The FSC-FACT Facilitator or PO with whom the family/parent has initial contact will assess the situation, identify any crisis needs, make any necessary referrals/ linkages, and schedule a face-to-face conference with all parties. Monroe County continues to use the YASI as the core screening and assessment instrument. All youth and families attending a face-to-face conference will have a YASI Assessment completed. Youth will also be offered the MAYSI-2 at Intake as a screen for mental health, substance abuse, and trauma. The Family Lead Online Assessment Tool (FLOAT), created by the FSC-FACT team, is also offered to families to provide information pertaining to their concerns, needs, areas of assistance etc. Results of the assessments will be used to assist FSC-FACT and/or Probation, the youth and the family in identifying needs and to develop a plan to address those needs in the community. Additionally this past year, FSC-FACT implemented a 'Hope Scale' assessment, offered in conjunction with FLOAT. Youth and family self-report feelings and beliefs of being hopeful and equipped to manage the needs and challenges facing them. If the MAYSI-2 identifies issues that need further assessment, the FSC-FACT facilitator will arrange for the additional mental health or substance abuse assessments upon Supervisory consultation.

e. Conducts sexual exploitation screening and assessment

Name of screening instrument used:

- Rapid Indicator Tool
- Child Sex Trafficking Indicators Tool
- Other

- Probation
- LDSS
- Other
FSC-FACT

Describe how the screening instrument is administered and what training has been provided:

Both tools are administered and completed in accordance with OCFS standards as outlined in 15-OCFS-ADM-16. The Senior Probation Officer assigned to FSC-FACT acts as the sex trafficking liaison and has regular contact with the Safe Harbour Program.

f. Works with youth and family to develop case plan

Describe how developed:

An FSC-FACT Facilitator will be assigned to the case and will work with the youth and family throughout services unless a geographic or school-based assignment is deemed appropriate and is preferable to the youth and family, or the youth/family has previously engaged with another facilitator and would like to work with them again.

- Probation
- LDSS
- Other
FSC-FACT

g. Determines service providers and makes referrals

<p>Describe how provided:</p> <p>The FSC-FACT Facilitator utilizes results from the YASI and MAYSI-2, information obtained from FLOAT and Hope Scale, as well as interviews and collateral contacts, to develop a case plan with the youth and family that identifies needs and outlines potential services and/or resources to address those needs. The plan is reviewed regularly and updated as needed.</p> <p>If the plan is to refer a youth and family to a community-based program for services, the FSC-FACT Facilitator will assist with the referral and in making the connection. The FSC-FACT Facilitator also follows-up with the family as well as the referral agency to ensure that the youth and/or family are connected. If the connection does not occur or is not successful, the FSC-FACT Facilitator will meet with the youth and family to reassess the situation and discuss other options.</p> <p>Through the development of community partnerships and in keeping with the goals of the Multi-disciplinary Team model, space for partners will be made available on-site so that youth and families can access various services in one place.</p> <p>If a youth and family are being referred to a Preventive program (e.g., MST, FFT), the FSC-FACT Facilitator or Probation Officer will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FSC-FACT Facilitator will remain open with the case and provides ongoing support and maintains contact with the youth and family at least until linkage is made.</p> <p>If a youth continues to struggle and the need for formal diversion services exists, the FSC-FACT Facilitator may, with the agreement/support of the family, and Supervisory and Probation Review Committee (PRC) agreement, transfer the case to Probation Intake for Diversion services. The FSC-FACT Facilitator will communicate with Probation in advance of transferring a youth.</p> <p>For youth referred to Probation Intake for Diversion services, the Probation Officer, upon completion of the full YASI, will develop a diversion plan jointly with the parent/guardian and the youth which outlines needs, services/programs referred to, behavioral expectations, and frequency of communication and follow-up between Probation, the youth and family. The case plan is continually re-assessed and updated with the youth and family as new information becomes available. At the time the plan is developed, families are given information about other programs and services that they might access to address their needs.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FSC-FACT
<p>h. Makes case closing determination</p>	
<p>Describe how provided:</p> <p>When the family and youth feel successful in managing the identified issues, or otherwise wishes to no longer receive services from FSC-FACT, the FSC-FACT Facilitator will seek supervisory consult to assist in determining that closure is appropriate. A closing summary is prepared and a closing letter is sent to the youth and family.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FSC-FACT

PINS Diversion Services Plan

A. Planning Activities

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

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

Monroe County Probation, DHS and MCOMH have continued to work closely to address the needs of the PINS population. Collaborative oversight has been in place since Monroe County re-designed the PINS system in January 2007. This collaborative oversight, together with the use of real time data and information to guide decision making, has assisted in the early identification of issues and planful adjustments to the PINS system to ensure that it continues to respond to the needs of youth and families. Monroe County has implemented a Family Support Center (encompassing several services, including the Family Access & Connection Team) as a “one stop” triage location, to assist families (including foster families) who are experiencing a variety of issues with youth in their care. The Family Support Center is overseen by a Multi-Disciplinary Team Program Director to lead efforts across all of the programs under the Family Support Center.

Several planning/assessment efforts continue in the greater Rochester community that touch upon the PINS population and their families. Probation is an active participant in these initiatives:

- System of Care (SOC) Leadership Team includes representatives from Probation, DHS and OMH. The Team meets to review data, as well as identify service or system issues and develop strategies to address identified issues.
- Reform: Monroe County has a long history of locally driven reform efforts. Monroe County's Juvenile Justice Council meets bi-monthly to track system utilization and trends, helping to roll out state and regional juvenile justice initiatives, and identifying system gaps and developing strategies to address them.
- Trauma Informed Practice: Monroe County Department of Human Services- Child and Family Services Division has identified the need for and made a commitment to having all staff participate in a 2-day Trauma Informed Child Welfare Practice Training to help staff begin to use a trauma focused lens in their work with children and families. FSC-FACT staff are mandated to participate in this training. Monroe County Probation encourages all Family Services POs to participate in training on implementing trauma informed care and decision making and to utilize a trauma informed lens in their practice. In 2020-21, the Monroe County Office of Probation-Community Corrections took advantage of an opportunity offered by the Finger Lakes Regional Youth Justice Team. The Probation Department took part in the TRUST tool survey, which assesses an organization's level of trauma informed practices. The Department then received targeted areas of training based on needs identified in the survey tool at no cost and continues to receive training and technical assistance.
- PINS Truancy: Staff from Probation and FSC-FACT meet with the Rochester City School District (RCSD) quarterly to discuss issues of truancy. In addition, both FSC-FACT Facilitators and Probation Officers are active members on the RCSD Attendance Team. Probation actively participates in the RCSD Attendance Stakeholders meetings. Monroe County contracts and collaborates with a number of service providers for PINS and pre-PINS youth through both Preventive and STSJP funding (Supervision and Treatment Services for Juveniles Program), including the Center for Dispute Settlement, Center for Youth, Villa of Hope's Juvenile Reporting Center, and Cayuga's MultiSystemic Therapy and Functional Family Therapy. Review meetings are periodically held to review program utilization and effectiveness, improve communication, and troubleshoot any issues that may arise.
- The Family Lead Online Assessment Tool (FLOAT) and Hope Scale (newly implemented in 2022) are direct efforts to enhance family voice and input. Families self-report information in both assessments, pertaining to their concerns, needs, areas of assistance etc., to guide efforts for response, support, and diversion
- Spreading Wellness Around Town (SWAT) – Collaboration with the SWAT group has introduced

greater youth voice and expression.

- Family Partners – Parents who have experienced and received supports regarding a family member, meet in a “family support group” environment to support peer parents experiencing current, similar issues, to share resources, guidance and supports.
- Community outreach and public awareness efforts: The Family Support Center team (and the other services housed under the FSC) continues to reach out into the local community to raise awareness of supports for youth at risk of PINS, attending various “visibility activities” in 2022. More events to increase public awareness of the FSC, as well as other services are planned for 2023, including a table at the local ‘Lilac Festival’ where FSC will have a table representing their services and supports to family/youth in the community. Personnel will be on hand to provide information and answer questions and informational materials will be made available for distribution.

In addition to the efforts identified above, there are a number of ad hoc planning opportunities that occur throughout the year that are issue/topic specific. Probation is an active participant in those where youth involved in the juvenile justice system are involved or the issue impacts justice involved youth.

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

Monroe County Probation, MCDHS – Child and Family Services Division, Monroe County Office of Mental Health, Monroe County Family Court, Hillside Children’s Center, Villa of Hope, Center For Youth, ACT Rochester, Center for Dispute Settlement, Monroe County Legal Aid Society -Attorney for the Child, Monroe County Family Support Center (including the Family Access and Connection Team), Rochester City School District, Rochester Police Department, Monroe County Sheriff’s Department, Cayuga Centers, Monroe County Youth Bureau, Monroe County Administration

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for calendar year 2022. If the answer is zero please indicate such and do not leave any blank areas. Specifically, please provide the following as whole numbers (not %):

Number of PINS Diversion Services cases carried over from previous year:	17
Number of Total PINS Diversion Services referrals:	91
Number of PINS Diversion Services referrals filed by parents:	87
Number of PINS Diversion Services referrals by schools:	1
Number of PINS Diversion Services referrals by police:	1
Number of PINS Diversion Services referrals by victim:	0
Number of PINS Diversion Services referrals other sources:	2

Please identify other sources:

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Number of Total PINS Diversion Services cases closed:	103
Number of PINS Diversion Services cases closed as Successfully Diverted:	88

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Number of PINS Diversion Services cases closed as Unsuccessful and Referred to Petition:	15
Number of PINS Diversion cases closed for other reasons (include Withdrawn and Terminated with Bar to Petition):	0
Number of PINS Diversion Services cases that remained open at end of calendar year:	5

C. Data Collection

How was data collected?

1. Data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including Probation, DHS, OCFS, and Family Court. The data obtained and any issues of concern are discussed. If warranted, subcommittees or work groups are formed. The PINS data breakdown listed in B above, was provided by Monroe County Probation.
2. The Alternative Program Review Committee (APR) has established a centralized data base that is used to discuss individual youth. (This committee reviews all youth for whom Probation is considering recommending placement, or where Family Court is requesting out of home placement, to look for alternative community-based options)
3. DHS tracks monthly numbers and maintains a system indicator/reporting tool that captures and reports PINS and JD intakes, petitions, pre-dispositional placements, and use of alternative programs.
4. Through additional one-time funding through STSJP, FSC-FACT has developed its own data base which allows for more accurate and timely data and serves as a more streamlined, customized record keeping system. "Salesforce" has been utilized for almost two years. Stakeholders meet regularly to ensure the system is updated and adjusted to deliver accurate and meaningful data.
5. As an STSJP funded program, both FSC-FACT and PINS Probation Services collect and submit required STSJP data bi-annually.

D. Pre-PINS Diversion Efforts

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

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

- No
- Yes

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

FSC-FACT is the initial contact point. FSC-FACT staff work with youth and families to identify the issues and resolve them using community-based resources.

Number of youth who received Pre-PINS services in calendar year 2022:
693

E. Needs Analysis

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

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population.

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

Monroe County continues to work diligently on serving youth and families in the community, as well as decreasing the numbers of PINS complaints, petitions, and pre and post dispositional placements: From 2016 through 2022, complaints decreased 90.5% (from 957 in 2016, to 91 in 2022), while petitions decreased 96% (370 to 15). For the span of the last year (2021-2022) petitions decreased 21%. **No** youth were placed outside their home in 2022, either on a pre-dispositional order or as a court ordered disposition

PINS Intakes

Monroe County adopts a preventive philosophy within FSC-FACT, whereby provided services are focused on addressing youth and family needs in a more reparative, strength-based way, which has resulted in better outcomes. With the addition of a Family Support Center Program Director, the development of a Multi-disciplinary team and well-defined graduated incentives and interventions, continued progress is being realized. FSC-FACT funding was changed to STSJP funding for the 2019-2020 program year in response to PINS reform legislation, which allowed the program to adopt a Family Support Center model and more fully expand into the realms of prevention and early intervention to further reduce the number of PINS complaints and petitions.

PINS PETITIONS

Probation has implemented several strategies to reduce the number of PINS cases petitioned to MCFC over the years. Intake (Diversion) Probation Officer positions are located within the FSC-FACT Program, with the intent of providing additional graduated interventions prior to having a case petitioned, while reducing exposure to the JD population. A Probation Review Committee (PRC) has been implemented to review PINS cases where a petition to MCFC is being considered to ensure all community options have been exhausted prior to petition. The group no longer meets weekly, as so few youth reach the point that such a review is needed.

Probation has adopted different response strategies to varying complaint types. For example, Probation continues to work with RCSD regarding PINS-T cases. In 2022, only one (1) truancy complaint was filed by RCSD and was successfully diverted. Similarly, the renewed focus on youth and families building on strengths to repair relationships within FSC-FACT has led to a reduction of Ungovernable complaints. In 2022, three (3) ungovernable complaints (without a concurrent runaway complaint) were received.

Runaway and stay away youth continue to present a challenge for Diversion, despite a rigorous Probation protocol to find and/or encourage a return home, and to engage them in services. The number of runaway complaints decreased by 16% in 2022 (from 104 in 2021 to 87 in 2022). This highlights the positive strategies and interventions being implemented in locating youth and successfully diverting them. With the more preventive philosophy of FSC-FACT services and modifications made to court procedures (fewer warrants are being issued and, if issued, are being vacated by family court, negating the need for DHS petitions), more youth were successfully diverted and fewer petitions were filed. DHS filed NO PINS petitions in 2022.

PINS Pre-Dispositional Placement

Monroe County provides a number of interventions for petitioned youth to avoid further penetration into the system, particularly around the need for pre-dispositional placement through the ATD team. The Team serves both JD and PINS youth, providing evening and weekend field work home visits, curfew checks, school checks, and referrals to and linkages with community-based services as needed. There is no limit on the number of youth served by this team. Several practice changes and strategies have been implemented to support youth and families without the need for pre-dispositional placement, as follows:

- **Immediate Probation Response (IPR):** When a youth/family fail to appear (FTA) for court, in lieu of a FTA warrant, the Monroe County Family Court Judge can make a referral to the ATD Team. An ATD Officer will immediately attempt to locate the youth/family and if successful, inform them when/where to appear and provide any assistance necessary to facilitate their appearance in Court.
- **PINS Pre-Dispositional Services (PDS):** All PINS petitions are reviewed by the JJMHC to screen for

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mental health needs and if so, will reach out to families and offer assistance/support. An assigned ATD Probation Officer will contact the family, identify any concerns, make appropriate referrals, and notify family of upcoming Court dates.

- **Electronic Monitoring:** The Team provides assessment, recommendations and reports to the Court regarding the use of Electronic/GPS monitoring as an alternative to Pre-Dispositional Placement.
- **Resource Cabinet:** The Team has established a clothing cabinet with school uniforms, book bags with school supplies, alarm clocks, duffel bags, hygiene bags etc. to address needs of youth and encourage/support them.

Clearly, the combined effects of Monroe County’s array of programming have been effective, as not a single PINS youth has been pre-dispositionally placed, nor have they been placed out of the home upon disposition since January 2020.

F. Desired Changes

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

For each outcome:

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

Desired Change	Numerical or Percentage Change Sought	Identify Outcome (for PINS Diversion Services population)	Strategy / Plan to achieve (who, what, and when)
Change #1			
Decrease the incidence and occurrence of youth runaway behavior.	Runaway youth complaints will decrease by 20%.	More youth will be safely maintained in the community through runaway prevention strategies provided by FSC-FACT and community partners.	<p>Provide thorough assessment of strengths and needs for youth at risk of runaway behaviors.</p> <p>Enhance and develop additional family/youth services to provide early intervention to youth displaying runaway risk (e.g., mediation, respite, clinical supports etc).</p> <p>Develop and implement different strategies for youth</p>

			<p>who are prone to “stay away” versus “run away.”</p> <p>Continue liaison between the Senior PO at FSC-FACT and the local human trafficking task force (local and Federal Law Enforcement and Safe Harbour staff).</p> <p>Probation will continue to aggressively search for missing youth per current practice.</p>
Change #2			
<p>Increase the number of PINS and Pre-PINS youth screened at FSC-FACT to identify those who have co-occurring conditions to develop effective cross system treatment plans.</p>	<p>65%</p>	<p>65% of new referrals (other than runaways who cannot be located) will complete a MAYSI-2 within 1 month and be linked to services when appropriate/desired.</p>	<p>Continue to offer MAYSI-2 to youth coming to FSC-FACT (FSC-FACT, Probation) Ongoing</p> <p>Track results of MAYSI-2 screens & outcomes of linkages/referrals to other service providers. (FSC-FACT, Probation, OMH) Ongoing</p> <p>JJMHC/Engagement Specialist will review MAYSI-2 screens and collaborate with FACT staff on making referrals/linkages (CCSI MHJJC)</p> <p>Report outcomes to Leadership Team (FSC-FACT, MCDHS, Probation, OMH)</p>
Change #3			

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

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

- No
- Yes

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

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No

Yes

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

No

Yes

H. PINS Diversion Services Lead Agency County Contact

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

Name:

Cynthia Smith

Title:

Assistance Chief Probation Officer - Monroe County Family Services Division

Email Address:

CynthiaSmith@monroecounty.gov

Adult Services

Goal #1

Please review your 2022 Annual Plan Update to your Child and Family Services Annual Plan and provide any additional updates for 2023.

Select one of the goals from your 2022 Annual Plan Update:

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

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

- A. Increase outreach and awareness of the Adult Protective Services Criteria and referral process to reduce inappropriate referrals by:
 - 1. Reviewing existing presentation information, formulating a new comprehensive presentation relevant to community needs regarding APS guidelines and criteria and develop a pre- and post- survey to assess participants' understanding of presented material; and
 - 2. Conducting quarterly presentations for key stakeholders.
- B. Continue to partner and collaborate with local organizations to serve vulnerable and aging adults with appropriate services by:
 - 1. Providing clients/family members with information regarding available community services prior to or at the time of case closing;
 - 2. Continuing to participate in collaborative and planning meetings with key partners/stakeholders regarding open cases; and
 - 3. Co-managing selected cases with Lifespan's Elder Abuse Prevention program to reach optimal outcomes and reduce risk to older adult clients.
- C. Provide training to APS staff on topics relevant to the population for a minimum of 6 hours per staff per year, by:
 - 1. Utilizing Staff Development to find and promote beneficial trainings;
 - 2. Staff sharing materials and key information learned at trainings at team meetings;
 - 3. Inviting community partners and service providers to share information and resources at APS team meetings; and
 - 4. Develop our APS supervisory staff in the area of leadership (added in 2019).

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

APS held six presentations in 2022 using the Gatekeeper PowerPoint. As Monroe County is now equipped with licenses for zoom and other virtual platforms, we were able to hold the presentations either in person

or virtually, depending on agency preference. Presentations were presented to Seneca Ridge Dialysis, BOCES, new Lifespan employees, Rochester Regional Social Workers, Irondequoit Senior Forum, and an Elder Justice WEEAD Event. Additionally, APS were present for the Monroe County Salute to Seniors event that hosts approximately 900 individuals.

The provision of the Elder Source GRAPE resource book and/or the NY Connects phone number to clients and families has been integrated into APS Caseworker practice. Adult Protective staff continue to participate in collaborative meetings and other planning opportunities with partner agencies to ensure that APS clients in need of services are referred to and linked with the most appropriate program. Some of those agencies include: Office of the Aging, Lifespan, Catholic Charities Family and Community Services, OPWDD, Office of Mental Health, Veterans Administration, and local hospitals.

APS staff attended the following trainings in 2022:

- Understanding Nicholson V. Scoppetta
- Suicide and Violence Risk
- Monroe County DHS Policies and Procedures 2022
- Hoarding Behavior in Adults
- Grand Rounds: Intimate Partner Violence
- Article 81: Guardianship for PSA clients
- Legal Aspects for APS 2022
- Situational Awareness Training for CFS Staff
- ASAP.NET linked vs. companion cases
- Gang Awareness Training
- FTHA for District Users: Phase 1 – Processing Initial, Change and Renewal Applications
- PSA New Worker Institute – Upstate - Components 1 – 5
- FTHA #4: Recruitment and Retention

The APS Administrator, Supervisor and Senior Caseworkers attended individual and group supervisor coaching and development sessions with Lead Peak Performance, with whom Monroe County had a contract for leadership development.

Monroe County developed its own internal APS Manual in 2020, which is available to staff electronically. The information in the manual includes processes, protocols, information on conducting intakes, assessments, ongoing cases, legal information, family type homes and monthly reporting.

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

Thus far, the strategies selected have been useful and successful. Caseworkers are consistently providing information to clients by distributing the website or booklet for Elder Source GRAPE or NY Connects phone number to individuals who are determined to have service needs. Caseworkers are documenting the provision of these resources in their progress notes more regularly. APS workers continue to collaborate and plan with other adult serving agencies on open cases appropriate for services and with identified needs. MCDHS contracts with Catholic Charities Family and Community Services for Representative Payee (rep payee) services and Case Management services of Article 81 guardianship cases. Monroe County also has a contract with Lifespan for a nurse practitioner to provide capacity evaluations. Starting in 2022, Lifespan began the Elder Justice program through an awarded grant. The project involves co-locating a Lifespan worker with APS staff with the goal of early identification, referral and connection of clients to Older American Act funded programs, as well as Lifespan services. APS workers are engaging in professional development trainings and opportunities, with a more focused emphasis on providing trainings applicable to the work of APS.

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

The Administrator of Adult Services reviewed a sampling of cases throughout the year (22 total). Results showed that in 2022, a GRAPE resource book and/or the NY Connects phone number were provided, and/or the client was set up with services when a need existed in 100% of cases. The review also noted that Caseworkers regularly plan and communicate with service providers, including but not limited to hospitals,

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OPWDD, home health aides, Lifespan, OMH and mental health and substance abuse agencies. Overall, the reviews were positive, demonstrating quality work being conducted by our APS staff. Additionally, we began using the same tool that the Bureau of Adult Services uses in their case audits for our internal case reviews.

Several presentations were held throughout 2022, increasing knowledge of APS with partnering agencies and to residents in our community. One hundred thirty one (131) individuals attended these presentations in total. Additionally, APS staff attended two (2) community events where information and small keepsakes with APS information were distributed. One event, the "Salute to Seniors" hosted by our Office of the Aging, had approximately nine hundred (900) attendees.

MCDHS continued to contract with Catholic Charities Family and Community Services (CCFCS) and Lifespan for services. Contracts are monitored and performance measures are reviewed quarterly. CCFCS provides monthly reports for every case where CCFCS is the Case Manager. CCFCS/Balanced Care managed forty-eight (48) rep payee cases under our contract. CCFCS also case managed sixty-seven (67) of our Article 81 Guardianship cases. In 2022, seven (7) cases were co-managed between DHS and Lifespan. Capacity evaluations were conducted for seven (7) individuals.

Staff trainings are tracked by the DHS Staff Development Team. APS Staff completed 100% of their training hours in 2022. Additionally, the APS Administrator, Casework Supervisor and Senior Caseworkers have attended 6-8 individual and group coaching sessions with Lead Peak Performance.

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

Monroe County does not believe any strategies need to change at this time. Staffing has been a challenge for Monroe County, with increased vacancies in 2021-22. However, we have maintained workloads and performance activities within APS. Recruitment and retention efforts to obtain more caseworker staff are underway. We have contracted with Metrix Marketing to assist in recruitment and retention efforts and a media campaign has been developed.

What will you do instead?

N/A

A new Goal will need to be selected

ACL Funding

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

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

Are ACL funds used to support this goal?

Yes No

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

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

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

Were the activities associated with the strategies successful?

- Yes No

How do you know?

Monroe County's Community Living Funds and ARPA reports outline more in depth specifics of how funding supported the work of APS. Overall, funds supported the following activities:

- APS caseworkers are now equipped with technology that supports remote and virtual work.
- Community outreach events and presentations inform individuals (professionals and community members) of APS services and contact information.
- APS caseworkers have proper PPE equipment that allows social distancing when meeting with clients and investigating reports.
- APS was able to hire a case aide to assist and support the team.
- Caseworkers have opportunities for further development and training.
- A recruitment campaign has been implemented to assist with staff hiring.

How did you measure your success?

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

- 17 tablets and 3 zoom licenses were purchased and have been used daily since July 2021. This equipment continued to be used in 2022. Additionally in 2022, headsets were purchased for staff to assist in remote/virtual meeting platforms.
- Information and table give aways with APS contact information in Monroe County was available to over 1000 individuals.
- Workers are now equipped with PPE and other tools that assist them in social distancing during case contacts.
- A case aide has been hired that assists with the local APS hotline, tasks that support caseworkers work and meeting needs of individuals/client and clerical tasks.
- A contract with Metrix Marketing has been enhanced to assist with Caseworker recruitment.
- Two (2) Caseworkers were able to attend a local APS forum in Watkins Glenn, NY.

Goal #2

Please review your 2022 Annual Plan Update to your Child and Family Services Annual Plan and provide any additional updates for 2023.

Select one of the goals from your 2022 Annual Plan Update:

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

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

- A. Enhance quality review of APS cases to ensure appropriate service delivery, linkage to resources and planning by:
 1. Continuing to participate in the "No Wrong Door Team;"
 2. Reviewing cases that have had 3 or more intake closings within 12 months to determine if a more in-depth assessment should occur;
 3. Conducting Administrative and/or Supervisory review of files of APS clients who die in their home (non-dormitory settings), to identify opportunities for practice/policy changes and improved service delivery and/or training;
 4. Continuing involvement with Lifespan's Enhanced Multi-Disciplinary Team (EMDT) focusing on financial exploitation;
 5. Continuing to meet monthly with the County Law Department regarding client specific issues; and
 6. Holding monthly "Difficult Case Review" meetings to enhance peer critical thinking skills and staff awareness/use of community resources and inform training needs.
- B. Increase information and resources and then create intervention and recurrence strategies to address housing concerns by:
 1. Developing a shared definition of hoarding between APS, NY Connects and the Monroe County Hoarding Task Force and collaborating around how to track cases and collect/report data;
 2. Completing a hoarding risk assessment at the 72-hour mark for clients exhibiting hoarding or hoarding-like behaviors;
 3. Researching effective strategies and interventions used elsewhere that could be adopted locally to address hoarding behavior; and
 4. Participating in local collaborative work groups that are further assessing housing concerns in the Greater Rochester Region, identifying barriers, and strategizing around interventions towards improvement.

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

A representative from APS continues to attend the No Wrong Door Team, where high risk cases can be

Monroe County: Adult Services

discussed. APS also continues to participate regularly in the EMDT with Lifespan. Monroe County has made it a regular practice to dive deeper into cases where a referral has been received three or more times on an individual within a year. This has helped ensure a more comprehensive review, and APS history is more thoroughly explored. Every case file concerning a deceased client is reviewed by the Administrative Caseworker. Legal consultations with APS staff are held monthly for all situations where guardianship or other court actions are being considered. "Difficult Case Reviews" have also been held, although staff vacancies did call for APS staff to conduct these in smaller groups and with less frequency.

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

MCDHS strategies have contributed to the provision of quality work with vulnerable adults. The "Difficult Case Reviews," participation at the EMDT, further assessment of cases referred more than three times in a year, and work within the No Wrong Door meetings have assisted workers in using a team approach to problem solve, think critically, and collaboratively strategize for improved service provision and ultimately, better outcomes.

APS has remained committed to addressing housing concerns in our community. A new subsidy program, Project Anchor (similar to Section 8) was launched. Project Anchor may be accessible to APS clients in serious housing situations such as homelessness. APS contracts for heavy chore and light chore services, assisting clients with addressing health and safety hazards in their home. The heavy/light chore services have prevented clients from being evicted, allowing clients to remain in their residence, whenever possible.

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

Minutes are kept as a part of the No Wrong Door team and Long-Term Care Council-Housing group. Minutes are reviewed by the APS Administrator. The EMDT remains very active in Monroe County. Internal monthly reports track the number of "poor housing conditions" cases that are received by APS. The contract for heavy/light chore services was renewed in 2022 and Community Living and ARPA Funds were dedicated to assisting individuals so they can remain safe and clean in their homes. The Administrative Caseworker for APS logs and tracks all cases where the client has passed away. Death reviews were conducted on 15 cases in 2022 with no significant concerns.

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

We believe the strategies can remain the same. In 2022, the top 3 risk factors at the time an APS call was made were Mental Illness (47%), poor housing conditions (25%), and environmental hazards (20%). This is the first time in ten (10) years that environmental hazards have been one of the top three risk factors. ARPA funds will continue to be used to address housing concerns. Additionally, Monroe County has been broadly working on housing options as a Department, including the creation of a new subsidy program.

What will you do instead?

N/A

A new Goal will need to be selected

ACL Funding

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

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

Monroe County: Adult Services

Are ACL funds used to support this goal?

- Yes No
-

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

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

Were the activities associated with the strategies successful?

- Yes No

How do you know?

- Monroe County was able to maintain and enhance its contract with CCFCS for Case Management of Article 81 Guardianship cases and rep payee services.
- APS clients were provided with goods and services that assist them in maintaining their residences, hygiene, basic needs and cleanliness.
- APS clients were provide food vouchers when in need.
- Heavy chore services were rendered.
- Shelter assistance was provided

How did you measure your success?

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

- Ninety-six (96) clients were provided services via the Catholic Charities Family and Community Services contract to provide case management for Article 81 guardianships and rep payee services in 2022. Monroe County has renewed its contract for 2023. The cost of the service has

increased.

- Ten (10) clients have been provided with heavy chore services supported by ARPA funds
 - Sixteen (16) clients have been provided with food vouchers supported by ARPA funds
 - One (1) client was provided short term shelter at a motel until a Skilled Nursing Facility level of care placement could be obtained using ARPA funds
-

Child Care Assistance Program (CCAP)

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

Part One: NYS Child Care Block Grant

I. Administration

1. Total Estimated Funds Available: \$66178922
2. Projected spending for FFY 2023–2024: \$59268222

3. Does your district have a contract or formal agreement with another organization to perform functions using the NYSCCBG?

- Yes No

If "Yes", please provide information about the organizations performing these functions:

Function	Organization	Amount of Contract
<input type="checkbox"/> CCAP eligibility screening		
<input type="checkbox"/> Determining if legally exempt providers meet OCFS-approved additional local standards		
<input type="checkbox"/> Assistance in locating care		
<input type="checkbox"/> Child care information systems		
<input type="checkbox"/> Payment processing		
<input checked="" type="checkbox"/> Other <i>Please specify function:</i> Child Care Navigation Services	Baden Street Settlement	125000

II. Federal and Local Priorities

1. Rank the following federally mandated priorities: Very low income, Families who have a child with special needs, Families who are experiencing homelessness.

Priority #1: **Very low income**

Priority #2: **Families who are experiencing homelessness**

Priority #3: **Families who have a child with special needs**

2. Does your district have local priorities?

Monroe County: Child Care Assistance Program (CCAP)

Yes No

III. Funding Set Asides

1. Does the district plan to set aside portions of its NYSCCBG allocations to serve one or more of its priority populations?

Yes No

IV. Waiting List

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

Yes No

2. Is the district currently utilizing a waiting list due to insufficient NYSCCBG funds to open all eligible cases?

Yes No

V. District Options of Other Eligible Families (Category 3 Cases)

Please select which families your district chooses to serve:

1. Families Receiving Temporary Assistance:

a. When child care services are necessary for a parent or caretaker to participate in an approved activity in addition to their required work activity

Yes No

Limitations:

b. When child care services are necessary for a sanctioned parent or caretaker to participate in unsubsidized employment, whereby the parent or caretaker relative receives earned wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law

Yes No

Limitations:

2. Families Receiving Temporary Assistance or Families with Very Low Income:

a. When child care services are needed for the child to be protected because the child's caretaker is participating in an approved substance abuse treatment program, or in screening for or an assessment of the need for substance abuse treatment

Yes No

Limitations:

b. When child care services are needed for the child to be protected because the child's caretaker is experiencing homelessness and participating in an approved activity

Yes No

Limitations:

c. When child care services are needed for the child to be protected because the child's caretaker is receiving services for victims of domestic violence and participating in an approved activity, or in screening for or an assessment of the need for services for victims of domestic violence

Yes No

Limitations:

d. When child care services are needed for the child to be protected because the child's caretaker is in an emergency situation

Yes No

Limitations:

Authorization is limited to requests submitted in writing with an expected duration and subject to administrative approval on a case by case basis.

e. When child care services are needed for the child's caretaker to attend a two-year degree granting program at a community college, a two-year college, or an undergraduate college leading to an associate degree or a certificate of completion

Yes No

Limitations:

f. When child care services are needed for the child's caretaker to attend a four year college or university

program leading to a bachelor's degree provided the program is reasonably expected to improve the earning capacity of the caretaker and the caretaker can demonstrate his or her ability to successfully complete the course of study

- Yes No

Limitations:

3. Families with Very Low Income:

a. When child care services are needed for the child to be protected because the child's caretaker is physically or mentally incapacitated

- Yes No

Limitations:

Authorization is limited to requests with accompanying written documentation from a medical professional that states the child's caretaker is unable to provide care for the child due to physical or mental health impairment. The documentation must include an expected duration of the incapacity.

b. When child care services are needed for the child to be protected because one of the child's caretakers is engaged in work and the child's other caretaker is physically or mentally incapacitated

- Yes No

Limitations:

Authorization is limited to requests with accompanying written documentation from a medical professional that states the child's other caretaker is unable to provide care for the child due to physical or mental health impairment. The documentation must include an expected duration of the incapacity.

c. When child care services are needed for the child to be protected because the child's caretaker has family duties away from home necessitating their absence

- Yes No

Limitations:

Authorization is limited to requests submitted in writing and subject to administrative approval on a case by case basis.

d. When child care services are needed for the child to be protected because one of the child's caretakers is engaged in work and the child's other caretaker has family duties away from home necessitating their absence

Yes No

Limitations:

Authorization is limited to requests with accompanying written documentation that states the child's other caretaker is unable to provide care for the child due to duties away from home necessitating their absence. The documentation must include an expected duration of the absence.

e. When child care services are needed for the child's caretaker to actively seek employment for a period of up to six months, if the caretaker documents that he or she is currently registered with a New York State Department of Labor's Division of Employment Services Office

Yes No

Limitations:

Authorization will be limited to a period of three months.

f. When child care services are needed for the child's caretaker to attend an educational facility providing a standard high school curriculum offered by or approved by the local school district

Yes No

Limitations:

g. When child care services are needed for the child's caretaker to attend an education program that prepares an individual to obtain a New York State high school equivalency diploma

Yes No

Limitations:

Authorization is limited to individuals who do not have a high school diploma or equivalency.

h. When child care services are needed for the child's caretaker to attend a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level in those areas

Yes No

Limitations:

Authorization is limited to individuals who do not have a high school diploma or equivalency.

i. When child care services are needed for the child's caretaker to attend a program providing literacy training designed to help individuals improve their ability to read and write

Yes No

Limitations:

Authorization is limited to individuals who do not have a high school diploma or equivalency.

j. When child care services are needed for the child's caretaker to attend an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose native or primary language is other than English

Yes No

Limitations:

Authorization is limited to individuals who do not have a high school diploma or equivalency.

k. When child care services are needed for the child's caretaker to attend a training program *which has a specific occupational goal* and is conducted by an institution licensed or approved by the State Education Department other than a college or university

Yes No

Limitations:

l. When child care services are needed for the child's caretaker to attend a prevocational skills training program

Yes No

Limitations:

m. When child care services are needed for the child's caretaker to attend a demonstration project designed for vocational training or other projects approved by the Department of Labor

Yes No

Limitations:

n. When child care services are needed for the child's caretaker to participate in a program to train workers in an employment field that currently is, or is likely to be, in demand in the near future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program

Yes No

Limitations:

Note: Unless care is provided under option 2f, the caretaker must complete the selected educational or vocational programs listed above within 48 consecutive calendar months. The caretaker cannot enroll in more than one program.

4. Families without Regard to Income:

a. A family with an open child protective services case when it is determined on a case-by-case basis that such child care is needed to protect the child

Yes No

Limitations:

Authorization is limited to families referred by the local DSS Child and Family Services office as a result of an open child protective or preventive case.

VI. Reasonable Distance

The following defines "reasonable distance":

Reasonable distance for determining accessible child care in Monroe County is defined as care located within 1 hour (or less) travel time between child care site and clients employment/school site.

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

This has been the long standing definition used in Monroe County based on factors, including local child care availability mapping as well as private and public transportation options.

VII. Transportation

Are there circumstances where the district will reimburse for transportation?

Yes

No

VII. Transportation

Are there circumstances where the district will reimburse for transportation?

Yes No

Part Two: Title XX Child Care

Does the district use Title XX funds to provide child care?

Yes No

I. Funding

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

\$3981993

2. Indicate the financial eligibility limits (percentage of State Income Standard) the district will apply based on family size. Maximum reimbursable limits are 375% for a family of one or two, 355% for a family of three, and 325% for a family of four or more. **Districts that are utilizing Title XX funds only for child protective and/or preventive child care services must not enter financial eligibility limits as these services are offered without regard to income.**

Family Size	Eligibility Limit
Two People	%
Three People	%
Four People	%

3. Does your district have a contract or formal agreement with another organization to perform any of the following functions using Title XX for Child Care Assistance?

Yes No

II. Protective and Preventive Cases

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

Yes No

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

Yes No

Monroe County: Child Care Assistance Program (CCAP)

III. Programmatic Eligibility

Please select which families your district chooses to serve:

1. Families Receiving Temporary Assistance:

a. When child care services are necessary for a parent or caretaker to participate in an approved activity in addition to their required work activity

Yes No

b. When child care services are necessary for a sanctioned parent or caretaker to participate in unsubsidized employment, whereby the parent or caretaker relative receives earned wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law

Yes No

2. Families Receiving Temporary Assistance or Families with Very Low Income:

a. When child care services are needed for the child to be protected because the child's caretaker is participating in an approved substance abuse treatment program, or in screening for or an assessment of the need for substance abuse treatment

Yes No

b. When child care services are needed for the child to be protected because the child's caretaker is experiencing homelessness and participating in an approved activity

Yes No

c. When child care services are needed for the child to be protected because the child's caretaker is receiving services for victims of domestic violence and participating in an approved activity, or in screening for or an assessment of the need for services for victims of domestic violence

Yes No

d. When child care services are needed for the child to be protected because the child's caretaker is in an emergency situation

Yes No

e. When child care services are needed for the child's caretaker to attend a two-year degree granting program at a community college, a two-year college, or an undergraduate college leading to an associate degree or a certificate of completion

Yes No

f. When child care services are needed for the child's caretaker to attend a four year college or university program leading to a bachelor's degree provided the program is reasonably expected to improve the earning capacity of the caretaker and the caretaker can demonstrate his or her ability to successfully complete the course of study

Yes No

3. Families with Very Low Income:

a. When child care services are needed for the child to be protected because the child's caretaker is physically or mentally incapacitated

Yes No

b. When child care services are needed for the child to be protected because one of the child's caretakers is engaged in work and the child's other caretaker is physically or mentally incapacitated

Yes No

c. When child care services are needed for the child to be protected because the child's caretaker has family duties away from home necessitating their absence

Yes No

d. When child care services are needed for the child to be protected because one of the child's caretakers is engaged in work and the child's other caretaker has family duties away from home necessitating their absence

Yes No

e. When child care services are needed for the child's caretaker to actively seek employment for a period of up to six months, if the caretaker documents that he or she is currently registered with a New York State Department of Labor's Division of Employment Services Office

Yes No

f. When child care services are needed for the child's caretaker to attend an educational facility providing a standard high school curriculum offered by or approved by the local school district

Yes No

g. When child care services are needed for the child's caretaker to attend an education program that prepares an individual to obtain a New York State high school equivalency diploma

Yes No

h. When child care services are needed for the child's caretaker to attend a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level in those areas

Yes No

i. When child care services are needed for the child's caretaker to attend a program providing literacy training designed to help individuals improve their ability to read and write

Yes No

j. When child care services are needed for the child's caretaker to attend an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose native or primary language is other than English

Yes No

k. When child care services are needed for the child's caretaker to attend a training program *which has a specific occupational goal* and is conducted by an institution licensed or approved by the State Education Department other than a college or university

- Yes No

l. When child care services are needed for the child's caretaker to attend a prevocational skills training program

- Yes No

m. When child care services are needed for the child's caretaker to attend a demonstration project designed for vocational training or other projects approved by the Department of Labor

- Yes No

n. When child care services are needed for the child's caretaker to participate in a program to train workers in an employment field that currently is, or is likely to be, in demand in the near future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program

- Yes No

Note: Unless care is provided under option 2f, the caretaker must complete the selected educational or vocational programs listed above within 48 consecutive calendar months. The caretaker cannot enroll in more than one program.

IV. Priority

Does the district prioritize certain families for Title XX funding?

- Yes No

Describe and rank which families will receive priority:

Title XX is only used for open Preventive and Protective cases where there is a need for child care.

V. Title XX Set Asides

Does the district plan to set aside portions of its Title XX allocations to serve one or more of its priority populations?

- Yes No

VI. Case Closing When Funds Are Limited

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

- Close cases based on **AMOUNT OF TIME** receiving child care services.

Note: This option must be selected if the district does not have local priorities listed in subsection IV of this form.

- Close cases based on **INCOME**.

- Close cases based on **CATEGORY OF FAMILY**.

- Close cases based on **INCOME AND CATEGORY OF FAMILY**.

- Close cases based on **OTHER CRITERIA.**

Describe the criteria the district will use to select cases to be closed:

N/A - if we are projecting to have insufficient funds, we will discontinue opening of new cases and will maintain cases with local funds as needed.

VII. Waiting List

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

- Yes No

2. Is the district currently utilizing a waiting list due to insufficient Title XX funds to open all eligible cases?

- Yes No

Part Three: District Options that Apply to Both NYSCCBG and Title XX

I. Family Share

1. Family Share Percentage selected by the district:

1%

2. Additional Description of this family share percentage:

II. Payment to Child Care Providers for Absences

Does the district opt to pay for more than 24 absences per child per provider per year?

- Yes No

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

Required absences paid per year:	24
Additional absences paid per year at district option (enter a number from 1–56):	56
Total number of absences paid per child per provider per year (enter a number from 25–80, must add up to required + additional absences):	80

Monroe County: Child Care Assistance Program (CCAP)

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

Payment will be allowed for routine absences on days the provider/program was open and the child was scheduled to attend.

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

Yes No

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

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

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

III. Payment to Child Care Providers for Program Closures

Does the district opt to pay for program closures?

Yes No

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

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

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

Yes No

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

5

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

Monroe County will only pay for temporary program closures for reasons specified in the contract, not to exceed 5 closure days.

IV. Differential Payment Rates

1. Districts must complete the Differential Payment Rate Percent (%) column in the table below for each of the four differential payment rate categories. The state requires a minimum differential of 5% for licensed and registered providers for homelessness and for all providers for non-traditional hours. For these categories, the district must enter "5%" or, if it chooses a higher rate, up to 15%.

The differential payment rate categories for legally exempt providers for homelessness and for nationally accredited programs are optional. If the district chooses not to set differential payment rates, the district must enter zero. If the district chooses to set a differential payment rate, enter the appropriate percentage up to 15 percent (15%). If the district selects a differential payment rate for nationally accredited programs, that rate must be in the range of five percent (5%) to 15 percent (15%). If the district selects a differential payment rate for legally exempt providers for homelessness, the rate may be from 1 percent (1%) to 15 percent (15%).

Differential Payment Rate Category	Differential Payment Rate Percent
Homelessness: Licensed and Registered Providers <i>State required minimum of 5%</i>	5%
Homelessness: Legally Exempt Providers	0%
Non-traditional Hours: All Providers <i>State required minimum of 5%</i>	5%
Nationally Accredited Programs: Licensed and Registered Providers <i>Legally exempt child care providers are not eligible for a differential payment rate for accreditation.</i>	10%

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

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

1. The enhanced market rate for legally exempt family and legally exempt in-home child care providers who have completed 10 or more hours of training annually is set at 70% of the applicable market rates established for registered family day care. Indicate if the district is electing to establish a payment rate that is in excess of the enhanced market rate for legally exempt family and in-home child care providers who have completed 10

Monroe County: Child Care Assistance Program (CCAP)

or more hours of training annually and the training has been verified by the legally exempt caregiver enrollment agency.

No Yes

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

75%

VI. Enhanced Market Rates for Legally Exempt Group Child Care Programs

Answer both questions:

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

Yes No

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

Yes No

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

VII. Sleep

Does the district choose to expand eligibility for child care assistance beyond the requirements of 18 NYCRR §415.4?

Yes No

If the district chooses to expand eligibility for child care assistance beyond the requirements of 18 NYCRR §415.4, in order to allow a parent or caretaker who works non-traditional hours to sleep, please describe below:

Monroe County will authorize up to 8 hours of child care assistance, as needed, to allow a parent or caretaker to sleep if the parent or caretaker works non-traditional hours, is eligible for and provided child care assistance, and needs child care assistance for children up to and including the age of 12 who are enrolled in school for a full day, during school breaks and in the summer.

VIII. Child Care Exceeding 24 Hours

Does the district choose to pay for child care services that exceed 24 hours?

Yes No

Monroe County: Child Care Assistance Program (CCAP)

1. Child care services may exceed 24 consecutive hours when such services are provided on a short-term emergency basis or in other situations where the caretaker's approved activity necessitates care for 24 hours on a limited basis. Check below under what circumstances the district will pay for child care exceeding 24 hours.

- On a short-term emergency basis
- The caretaker's approved activity necessitates care for 24 hours on a limited basis

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

Authorization is limited to requests submitted in writing and subject to administrative approval on a case by case basis.

IX. Child Care Services Unit (CCSU)

Does the district choose to include 18-, 19-, and / or 20-year-olds in the CCSU?

- Yes No
-

If yes, please answer the following:

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

- 18-year-olds
- 19-year-olds
- 20-year-olds

OR

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

- 18-year-olds
- 19-year-olds
- 20-year-olds

Describe the criteria your district will use to determine whether 18-, 19-, or 20-year-olds are included in the CCSU.

If inclusion of the 18, 19 or 20 year in the CCSU benefits the family as a part of the financial eligibility determination, they will be included.

X. Waivers

Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Does the district choose to request a waiver(s)?

- Yes No

XI. Notices

1. The district has chosen to use local equivalent(s) of OCFS required form(s).

- Yes No

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

- Yes No

Part Four: Additional Local Standards for Child Care Providers

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

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

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

Site visits by the district

Other

Please describe:

Child Care sites must be in compliance with local city/municipal Health and Safety codes

2. Check below the type of child care program to which the additional local standard will apply:

Legally exempt relative-only family child care program

Legally exempt relative-only in-home child care program

Legally exempt non-relative family child care program

Legally exempt non-relative in-home child care program

Legally exempt group program

In cases where the standard is person-specific, indicate the roles of the persons to whom the

Monroe County: Child Care Assistance Program (CCAP)

additional local standard will apply:

Legally exempt relative-only family child care program

- Provider
- Provider's employee
- Provider's volunteer
- Provider's household member age 18 or older

Legally exempt relative-only in-home child care program

- Provider
- Provider's employee
- Provider's volunteer

Legally exempt family child care program

- Provider
- Provider's employee
- Provider's volunteer
- Provider's household member age 18 or older

Legally exempt in-home child care program

- Provider
- Provider's employee
- Provider's volunteer

Legally exempt group program

- Director
- Employee
- Volunteer

3. Exceptions: There may be instances when the district may be unable to enact the additional standard, such as, the applicable person may reside outside of the district's jurisdiction, or the site of care may not be located within the district. In such cases, the district may create an exception to the applicability stated above.

Note: The Child Care Facility System cannot track such exceptions and, therefore, the district remains responsible for notifying the applicable Enrollment Agency, using the OCFS-2114, District Notification to Legally Exempt Caregiver Enrollment Agency, that an additional standard is "not applicable" to the specific provider / person named on the referral list.

Place a checkmark below to show any exception to the applicability of this Local Additional Standard to programs or roles previously identified.

- a. The district will not apply this additional local standard when the applicable person **resides** outside of the district paying child care assistance.

b. The district will not apply this additional local standard when the **program's site of care is located outside** of the district paying child care assistance.

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

Local social services staff

Provide the name of the unit and contact person:

Allan Jarvie, Special Investigations Unit

Contracted agency

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

Yes No

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

6. Describe, in chronological order, the steps for conducting the additional local standard. Include all agencies involved and their roles. Note that the district's procedures must be in accordance with OCFS Policy.

Monroe County will apply the same health and safety standards to legally-exempt (L-E) relative only and L-E relative only in-home child care program sites as are applied to housing units for public assistance recipients in accordance with Social Service Law 143-B, in determining whether violations may pose a health or safety risk to children. A list of property violations determined by the Monroe County Department of Public Health to pose significant risk of health or safety concerns has been uploaded to and made a part of this plan. Monroe County will, for each location where subsidized L-E relative only or L-E relative only in-home childcare is provided within the county, determine, to the extent possible, whether there are open property code violations for the site.

Monroe County will process the Child Care Facility System (CCFS) referrals for this additional standard at the time of the initial enrollment. Notification to the EA will occur no later than 25 days after the referral as to the status of the additional standard - Met/Not Met/Not Applicable.

Please Note: Complaints/concerns received outside of the enrollment period will be forwarded to the Enrollment Agency to assess the provider's compliance with OCFS regulations.

a. Is a release form required to conduct the local standard?

Yes No

b. If yes, please explain how the release will be obtained and indicate if the enrollment packet will be considered incomplete if the required release forms are not obtained.

N/A

c. Describe, in detail, how the district will retrieve referrals from CCFS:

SIU Investigator receives the e-notice from CCFS when a referral from the enrollment agency is received and cross references the address, which has been added to CCFS by the Enrollment Agency (EA), with a health and safety violation report received from the City of Rochester on a daily basis. Should the site be outside the city limits, the investigator will contact the appropriate municipality to determine if there are any health and safety violations consistent with the list provided by the Monroe

County Health Department.

d. Describe, in detail, how the district will communicate with providers and other applicable persons:

When there is a current, open health and safety code violation(s) for an enrolling provider of a L-E relative only or L-E relative only in-home child care site, a Monroe County Special Investigations Unit (SIU) Investigator will immediately send a letter to the family and contact the L-E relative only in-home child care provider in person or by mail to discuss and evaluate the open code violation(s). All correspondence has contact information for the SIU Investigator and the City or Town Code Inspector. Violation(s) do not affect the parent's eligibility; they do not need to re-apply. Monroe County will inform parents via a letter sent within 5 days that they need to find a new child care provider if the standard is not-met and the reason(s) why.

e. Describe in detail the steps the district takes to determine compliance with the additional local standard:

At all steps of this process, the investigator will check the L-E relative only and L-E relative only in-home provider's status in CCFS to determine if the provider has withdrawn their application or has been denied. If the L-E relative only or L-E relative only in-home provider has not withdrawn or been denied, the district will follow up with the City or municipality on a weekly basis to see if open health and safety code violations have been resolved.

The district will notify the Enrollment Agency (EA) as to whether the standard is "Met," "Not Met" or "Not Applicable," utilizing the OCFS 2114 form. Notice will be provided to the EA within 25 days.

f. Describe in detail how the additional local standard is met:

"Met" indicates that either a) there were no open health and safety code violations; b) any open health and safety code violations have been resolved

g. Describe in detail how the additional local standard is not met:

"Not Met" indicates the site has open health and safety violations that may pose a health and safety risk for children receiving care and that the L-E relative only or L-E relative only in-home child care provider has made no effort towards curing the violations or that even with efforts to do so, was unsuccessful and the violations remain, or the municipality determined that the property was uninhabitable and issued a vacate order.

h. Describe in detail when the additional local standard is not applicable:

The additional local standard is not applicable if the site care is provided is outside of Monroe County or if the provider is already enrolled.

i. Describe in detail how the district will inform the Enrollment Agency whether the additional local standard has been met:

The district informs the Enrollment Agency of the additional local standard being met using the OCFS 2114 within 25 days.

j. Describe in detail how the district will inform the Enrollment Agency whether the additional local standard has not been met:

The district informs the Enrollment Agency of the additional local standard not being met using the OCFS 2114 within 25 days.

k. Describe in detail how the district will inform the Enrollment Agency whether the additional local

standard is not applicable:

The district informs the Enrollment Agency of the additional local standard not being applicable by using the OCFS 2114 within 25 days.

l. Describe in detail how the district will monitor the timeliness of conducting the additional standard and reporting the decision (met / not met / not applicable) to the Enrollment Agency.

The District utilizes internal tracking, E-Notice alerts and supervisory review to ensure the timeliness of conducting the additional standard and reporting the decision to the EA.

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

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

- At initial enrollment and re-opening
- At each re-enrollment

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

Monroe County Department of Human Services has partnered for over 15 years with the City of Rochester and the Coalition to Prevent Lead Poisoning to identify best practices in mitigating health and safety risks for children in our community. A significant percentage of these children are living in deep poverty and reside and/or receive care in older housing stock. Over 70% of the housing in the City was constructed prior to 1960.

Part Five: Fraud and Abuse Control Activities

I. Front End Detection System (FEDS) Plan

Each district must submit a CCAP FEDS plan as part of their CFSP. The Front End Detection System (FEDS) is an anti-fraud tool that is designed to identify erroneous or fraudulent information on an assistance application before a case is opened and any benefits are issued.

1. Please mark which of the following indicators, if any, the district uses to determine which CCAP applications suggest a higher than acceptable risk for fraudulent or erroneous CCAP payments:

- P.O. Box supplied as a mailing address without a reasonable explanation
- Applicant has a history of denial, case closing or overpayment, resulting from an investigation
- Applicant is self-employed, but cannot provide adequate business records
- Primary tenant with no utility bills in their name
- Information on application is inconsistent with prior case information
- Applicant unsure of their own address

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- Applicant cannot supply documentation to verify identity, or identity is suspect
- Documentation or information provided by applicant is inconsistent with the application
- Child care provider lives in the same household as the child
- No absent parent information or information is inconsistent with the application
- Other
Please specify:

2. Please describe the step-by-step FEDS process for CCAP applications.

a. Describe how the application is reviewed for FEDS indicators and referred to the appropriate investigative unit:

Applications received by the district are assigned to an eligibility evaluator for review and an eligibility determination. As a part of the review, the staff looks for criteria that match the FEDS indicators. As appropriate, based on those matches, the application is referred to our Special Investigations Unit. We use an electronic referral database to send the FEDS referral and any relevant documentation to the investigative unit.

b. Describe how the referral is sent to the investigative unit and assigned to an investigator:

We use an electronic referral database to send the FEDS referral and any relevant documentation to the investigative unit. Referrals are assigned to available investigators on a rotating basis.

c. Describe how the investigator completes a report of investigation which includes findings and recommendations:

An Investigator receives the referral through our internal electronic referral database. The assigned investigator reviews the application and starts to make collateral contacts based on the FEDS indicators noted. They review information related to the client, including addresss, household composition, income and verification of need for care. Information related to the provider is reviewed, including information in CCFS and CCTA as well as business records, if applicable. The investigator utilizes all available resources to make a determination of the acceptable risk of fraud. All investigative notes are kept within the electronic database for future reference. The investigator also advises the Child Care Team of their recommendations via the electronic database.

d. Describe the process for completing and submitting the Monthly FEDS Report to OCFS by the tenth of the following month including the staff member responsible for submitting the report to OCFS:

On the 10th of each month, Special Investigation Unit staff pull the Monthly FEDS report from our internal referral tracking database and Karen Davis, Clerk II, sends the report to OCFS.

3. List all local CCAP FEDS forms.

N/A

II. Program Integrity

1. Each social services district must submit a description of the sampling methodology used to determine which providers of child care assistance services will be reviewed for the purpose of comparing the child care provider's attendance forms for children receiving CCAP services with any Child and Adult Care Food Program

Monroe County: Child Care Assistance Program (CCAP)

(CACFP) inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

Describe the sampling methodology and review process:

When Monroe County is investigating a case of suspected child care fraud, the investigators will reach out to the OCFS licensor or the Child Care Council to ensure that any Child and Adult Care Food Program inspection forms match MCDHS Child Care Time & Attendance (CCTA) records. Specifically, the MCDHS Investigator will email the Child Care Council or the OCFS licensor to inquire if the subject of the fraud investigation is enrolled in and receiving services via the Child and Adult Care Food Program. If they are, they will ask for copies of the inspection forms that correspond to the time period under investigation and review them to ensure that information is consistent. If discrepancies between the Child and Adult Care Food Program inspection forms and the CCTA records are discovered, the Investigator will notify either the OCFS licensor or Child Care Council and share any pertinent information. Investigation of any discrepancies involving the Child and Adult Care Food Program records is the responsibility of OCFS licensor or the Child Care Council.

2. Each social services district must establish a random sampling methodology used to determine which cases will require verification of a recipient's continued need for child care, including, as applicable, verification of participation in employment, education, or other required activities.

Please note: The district cannot use criteria such as race, color, sex, gender identity, sexual orientation, disability, religious creed, political belief or any other factors prohibited by law as indicators in drawing the sample.

Describe the sampling methodology and review process:

Monroe County generates and reviews a monthly report of new day care authorizations where the day care is being provided in the legal residence of the child. For those cases reviewed within the first 90 days of day care authorization, Monroe County investigators will conduct a site visit at addresses where the day care is being provided in the legal residence of the child to verify that the care is being provided and confirm the provider identity.

Monroe County will also investigate, on a case by case basis, the following issues, and in doing so, will address the issues stated above:

- referrals received through the LDSS fraud hotline:
- referrals from OCFS
- referrals from Child Care Council
- referrals from internal daycare payables – over-capacity, non-traditional hours, over-capacity, non-traditional hours, anomalies in provider/client signatures, parent-fees and dates attended vs. dates authorized
- absent parents
- parents employed by a temp agency or working varying hours
- self-employed parents
- parents out of compliance with OTDA/OCFS/LDSS program mandates

III. Inspections of Child Care Provider Records and Premises

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

The district has the right to make inspections of any child care provider prior to children in receipt of child care assistance receiving care, including care in a home, to determine if the child care provider is in compliance with applicable laws and regulations and any additional requirements imposed on such a provider by the district.

The district must report violations of regulations as follows:

Monroe County: Child Care Assistance Program (CCAP)

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

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

- Yes No

Select the organization that will be responsible for conducting inspections:

- Local social services staff

Provide the name of the unit and contact person:

Allan Jarvie, Special Investigations Unit

- Contracted agency

The following types of child care providers / programs in receipt of child care assistance payments are subject to this requirement:

Legally Exempt Child Care

- In-Home
- Family Child Care
- Group programs

Licensed or Registered Child Care

- Family Day Care
 - Registered School-Age Child Care
 - Group Family Day Care
 - Day Care Centers
 - Small Day Care Centers
-

Non-Residential Domestic Violence Services

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

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

Please provide the information required below.

Indicate if Plan has Changed

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

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

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

Changes have been made to this plan.

Please update as needed.

County Contact Person

County Contact Person:

Denise Read

Phone Number:

(585) 753-6173

E-Mail address:

Denise.Read@dfa.state.ny.us

Program Closure

Program Name:

Date Closed:

Reason for Closing:

Program Information

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

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

Agency Name:

Lifespan of Greater Rochester Inc.

Program Name (if different):

Upstate Elder Abuse Center-Elder Abuse Prevention Program

Business Address:

1900 Clinton Avenue South, Rochester, NY 14618

Contact Person:

Paul L. Caccamise

Telephone number:

(585) 244-8400 x115

E-mail Address:

pcaccamise@lifespan-roch.org

Program Requirements

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

All questions must be answered

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

Elder Abuse Prevention Program (EAPP), a program within the Upstate Elder Abuse Center at Lifespan of Greater Rochester, was initiated in 1987 and has operated continuously since then. The program is one of 30 programs serving older adults and their caregivers at Lifespan. EAPP provides investigation and casework intervention in cases of older adults abused, neglected or financially exploited by trusted third parties including family members. Each year the program investigates over 230 cases of elder abuse in Monroe County. Approximately 80% of perpetrators each year are close family members.

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

All clients in the EAPP program are served without regard to income. Eligibility is determined by allegations of abuse or neglect and the willingness of the client to cooperate with EAPP staff.

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

Monroe County: Non-Residential Domestic Violence Services

accommodated?

Services are provided in the client homes for the most part. Lifespan has bilingual staff who can be called into cases for clients whose primary language is not English. Lifespan also has contracts with professional interpreting services to provide interpreting services in other languages. Lifespan also has a contract with the Center for Disability Rights for ASL Interpreting Services for Deaf clients when needed. For clients who come to Lifespan offices for interviews, meeting or for workshops, Lifespan conference rooms are equipped with assistive listening hearing loops to provide communication access for persons who use hearing aids with T-coils.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Services are provided in client homes. EAPP staff maintains strict confidentiality about client information and case circumstances to maintain the safety and dignity of the client and to prevent re-victimization. Access to information about EAPP clients in the county-wide aging services database, PeerPlace, is restricted.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	M-F	8:30 - 4:30	EAPP provides services through telephone contacts with clients and their caregivers and through home visits.	Lifespan	6.0 FTE Social Workers
Information and Referral	7 days/week	24hrs/day	Information & Referral through Eldersource	Afterhours calls are taken by Lifeline. Referrals are then transmitted to EAPP staff via the PeerPlace aging services database.	6.0 FTE Social Workers
Advocacy	M-F	8:30 - 4:30	EAPP social workers advocate for clients and support clients in self-advocacy in a number of areas: the criminal justice system including accompaniment to file Orders of Protection and to court hearings, the healthcare system, and with financial institutions and with creditors.	Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other appointments	6.0 FTE Social Workers

Counseling	M-F	8:30 - 4:30	EAPP social workers counsel clients individually; EAPP also offers a unique psycho-educational group program for perpetrators of elder abuse (the Stop Elder Abuse and Mistreatment or SEAM program)	Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other appointments.	6.0 FTE Social Workers
Community Education and Outreach	M-F	8:30 am - 4:30 pm; some evenings available	EAPP staff offer presentations for public and training for professionals on elder abuse to thousands of individuals in Monroe County as well as other locations in NYS annually. EAPP offers information on elder abuse via the local media, e.g., on local radio and articles in print publications in Monroe County.	Trainings and presentations are given in the community throughout Monroe County.	Lifespan VP for Program; EAPP Program Director; EAPP staff
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	As scheduled	As scheduled	Lifespan's Upstate Elder Abuse Center also sponsors an Enhanced Multidisciplinary Team (E-MDT) in Monroe County. Complex cases on elder abuse can be brought to the team for review by professionals from a variety of disciplines including APS, Office for the Aging, law enforcement, DA's Office with the support of specialty services such as a forensic accountant , civil legal services and a geriatric mental health specialist.	Lifespan	

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

Staffing Requirements

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

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

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

Monroe County: Non-Residential Domestic Violence Services

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Lifespan VP for Program	Program oversight/strategic planning/conducts training in elder abuse/conducts research on elder abuse	LMSW; 34 years of experience in Adult Protective and Elder Abuse: 17+ years as administrator for non-residential DV program. A minimum of 1 year of experience as a supervisor is required.
EAPP Program Director	Program management/clinical supervision/program monitoring/budget preparation/offer training in elder abuse/conducts research in elder abuse	LMSW; 30 years in Elder Abuse services; over 20 years as director (supervisor) of non-residential DV program. A minimum of 1 year of experience as a supervisor is required.
EAPP Social Workers (6.0 FTEs) (Includes LMSW Program Director)	Investigation of elder abuse cases/counsels victims of elder abuse/ works with law enforcement and other community agencies to intervene in cases of elder abuse and set up safety plans for victims/offer training in elder abuse	MSW or BSW and experience working with older adults; 5 staff have a minimum of one year of experience as service providers in Lifespan's non-residential DV program (Elder Abuse Prevention Program)

Agency Name:

Willow Domestic Violence Center

Program Name (if different):

Business Address:

PO Box 39601, Rochester, NY 14604

Contact Person:

Meaghan de Chateaufieux, MA

President and Chief Executive Officer

Telephone number:

(585) 232-5200 Ext. 223

E-mail Address:

MeaghanD@WillowCenterNY.org

Program Requirements

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

All questions must be answered

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

Monroe County: Non-Residential Domestic Violence Services

Willow Domestic Violence Center is a not-for-profit agency serving victims of domestic violence in Rochester and Monroe County, New York. In addition to providing Residential Domestic Violence Services (a 49-bed emergency domestic violence shelter for victims of DV and their children), Willow also offers non-residential domestic violence services that provide a full continuum of support for victims of domestic violence and their children. Participants in this program do not need to be housed in the emergency shelter to access these services. In fact, most of the clients using non-residential services reside in the local community.

Non-Residential Services Include:

- 24-HOUR CRISIS HOTLINE - Provides information, referrals and counseling as well as access to the shelter and non-residential programs. Victims of domestic violence, concerned family members, friends, and community professionals utilize Willow's Crisis Hotline.
- INDIVIDUAL COUNSELING – Short term one on one individual counseling.
- SUPPORT GROUPS - Topic focused groups and open community support groups, for victims of domestic violence residing in the community who are coping with the effects of an abusive relationship.
- CHILDREN'S SERVICES- Services for children whose parent (mother or father) is participating in individual counseling or community support groups.
- COURT ADVOCACY PROGRAM – Willow advocates are stationed at the Monroe County Hall of Justice. This program assists victims who are petitioning Family Court for an Order of Protection and provides support in both IDV and DVIC Courts. This is a collaborative program with Legal Aid Society of Rochester. Clients seeking an order of protection can obtain counseling, information, referrals and court accompaniment from Willow as well as civil legal services from Legal Aid.
- MOBILE ADVOCACY – Mobile Advocates work with victims of domestic violence and community partners at various locations throughout the county. Advocates provide counseling, safety planning, advocacy and information and referrals to victims, at a safe location, and at a point in time that is critical to their well-being.
- DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAM: A preventive, educational program for youth and adults in both academic and community-based settings throughout Monroe County.

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

Willow programs, which are confidential and free of charge, are open to all victims of domestic violence in Monroe County regardless of race, creed, color, national origin, sexual orientation, gender identity or expression, military status, marital status, or disability.

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

Willow staff have credentials, experience and education that meet the requirements of their position and comply with NYSOCFS regulations. Willow strives to hire staff that reflect the diversity of those we serve. Willow has staff that are bi-lingual (including ASL) and it places a high priority on recruiting and hiring staff that are bi-lingual and culturally sensitive, either by targeted hiring of bi-lingual, bi-cultural staff or by providing appropriate cultural training. Cultural sensitivity is integral to building trust so that victims are more likely to take the steps necessary to enhance their safety. The expertise of staff from diverse backgrounds and experience is called upon to help ensure that our programming is accessible, culturally sensitive and relevant to our community. This translates into a diverse multi-skilled staff who are available to address the unique needs of all victims and their families including victims from the Deaf and LGBTQ communities. When necessary, Willow secures interpreters for non-English speakers.

All Willow facilities, including our emergency shelter, are handicap accessible and meet ADA requirements.

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

Monroe County: Non-Residential Domestic Violence Services

DO NOT PROVIDE LOCATION ADDRESS(ES)

Willow's non-residential program is located in a confidential location in Monroe County for the protection of its clients. It is in a secure location that is not accessible to the general public. Client confidentiality is an important component of Willow services to protect clients who are seeking help from further victimization and to provide a safe environment for disclosure of domestic violence incidents. Willow has specific and strict policies and procedures regarding client confidentiality.

The Court Advocacy program is on site at the Hall of Justice to assist victims in obtaining an order of protection. Prevention and educational outreach are offered in the community and in schools.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	7 days/weeks, including holidays	24 hrs/day	Provides counseling, support, advocacy, information and referral for victims of domestic violence and their families calling the 24-hour crisis hotline. The crisis hotline provides information on all Willow's services, as well as community resources and is the point of access for the Emergency shelter and the Counseling Center.	Undisclosed; confidential location	2 Full-time Hotline Case Managers, as well as full-time, part-time and per-diem Counselors
Information and Referral	7 days/week, including holidays	24 hrs/day	All staff are trained to provide information and referrals regarding domestic violence, Willow resources and community resources. Willow is a major resource to the community as a depository of information regarding community resources and services.	Undisclosed; confidential location	All Willow programs provide information and referral including the Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger and HEAL.

Advocacy	M-F, weekends as needed	8 – 5; evenings as needed	Provide advocacy on an individual case basis and at the community and system wide levels. Willow advocates provide support for victims of domestic violence in obtaining entitlement benefits, appropriate health and mental health care, orders of protection and in other legal proceedings related to abuse. Willow frequently advocates with all 17 law enforcement agencies and crime victims' assistance programs in Monroe County and with the MC District Attorney's Office for prosecution of criminal acts perpetrated against victims of abuse. Willow works with schools, employers and landlords to advocate for services needed for victims and their children. They work closely with the Monroe County Department of Human Services to assist victims in obtaining Public Assistance, Medicaid and Food Stamps as needed.	At a confidential location and in the community	All Willow programs provide advocacy including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL
Counseling	M-F Weekends as needed	8 -5; evening hrs as needed	Services include safety planning, individual counseling, support groups and topic focused groups to assist victims in recovering from trauma; information and referral, advocacy and supports to victims transitioning from emergency shelter to community living.	Undisclosed, Confidential Location at non-residential site	All Willow programs provide counseling including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL

Community Education and Outreach	M-F, weekends as needed.	8-5 Evenings as needed	Educational based program works with youth/young adults to inform and promote the development of skills necessary to achieve healthy, violence-free interpersonal relationships. Programs are offered in academic settings, including elementary, junior and senior high school, and area colleges, as well as youth service providers. Companion programs are available for parents. Community Speakers Bureau: Conduct presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human service organizations, professional groups, businesses and professional training programs.	Throughout the community	1 full-time Director of Prevention Education; 1 full-time Educator, staff listed above, as well as members of Willow's Executive and Leadership Teams
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	M-F (Weekends as needed for Deaf IGNITE)	8-5 (evening hours as needed)	COURT ADVOCACY PROGRAM: (CAP): Willow advocates work with victims of domestic violence who are seeking orders of protection at the Hall of Justice. Willow provides victims with counseling, support, safety planning, court accompaniment, and information and referrals to other Willow programs as well as other community-based programs. SAFETY FIRST: Provides counseling, safety planning, advocacy and information and referrals to victims of domestic violence who are working with Monroe	CAP: Hall of Justice SAFETY FIRST: Monroe Co CPS- St. Paul Street; PROJECT STRONGER: Mt. Hope Family Center; HEAL: University of Rochester Deaf IGNITE location is undisclosed. It is provided at a confidential, non-residential site.	1 full-time CAP Coordinator; 2 full time CAP Advocates; Per diem Advocates and 1 Mobile Advocates as needed SAFETY FIRST: 2 full-time Safety First Advocates; PROJECT STRONGER: 1 full-time Mobile Advocate; HEAL: 1 full-time HEAL Advocate Deaf IGNITE: 1 full

County Child Protective Services. PROJECT STRONGER: Works with Mt. Hope Family Center staff to provide counseling to child victims of domestic violence. HEAL: Working in collaboration with the University of Rochester, the HEAL program provides support and services including obtaining virtual orders of protection for victims of domestic violence who are receiving services through Strong Memorial Hospital Deaf IGNITE: Signing -centric service supporting the needs of deaf survivors of domestic violence and/or sexual violence - for all gender identities within Monroe County.

time Manager
1 Full time
Coordinator

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

Staffing Requirements

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

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

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

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Chief Operating Officer	Oversight of Willow's non-residential and residential programs.	Masters' degree and 5 years of experience (including supervisory experience)
Director of Advocacy services	Oversight and supervision of all Willow community programs.	Masters' degree and 5 years of experience (including supervisory experience)
Manager of Counseling Services	Oversees and supervises Counseling Center, STRONGER and Hotline operations.	Masters' degree and 3 years of experience (including supervisory experience)

Counseling Center Counselors	Provides individual counseling and facilitate groups for victims of domestic violence in the community.	Masters' degree and 1 year of experience
Hotline Case Manager	Provides crisis counseling, safety planning, referrals, information and support to hotline callers.	Associates degree in Human Services and 1 year of experience
Housing Stability Case Manager	Provides case management, safety planning, referrals, information and support to survivors.	Associates degree in Human Services and 1 year of experience
Mobile Advocate	Provides advocacy, case management, support, referrals and safety planning to survivors in the community.	Bachelor's degree in Social Work or related field is required plus 1 year experience
HEAL Advocate	Provides advocacy, case management, support, referrals and safety planning to survivors on-site at URMC in collaboration with the HEAL team.	Bachelor's degree in Social Work or related field is required plus 2 years' experience
Human Trafficking Case Manager	Provides advocacy, case management, support, referrals and safety planning to survivors of human trafficking.	Bachelor's degree in Social Work or related field is required plus 1 year experience
CAP Advocate	Provides advocacy, case management, support, referrals, drafting of petitions and safety planning to survivors on-site at the Hall of Justice in collaboration with Family Court.	Associates degree in Human Services
Safety First Advocate	Provides advocacy, case management, support, referrals, safety planning and coordination in collaboration with CPS.	Bachelor's degree in Social Work or a related field and a minimum of 3 years of direct service experience
Manager of Advocacy Services	Oversees and supervises the Court Advocacy Program (CAP), Safety First, HEAL and Mobile Advocacy services.	Masters' degree and 3 years of experience (including supervisory experience)
Director of Prevention Education	Develops, organizes and facilitates prevention programs and supervises Prevention Education staff.	Bachelor's degree (Masters preferred) and 3 years of experience
Prevention Educator	The Prevention Educator is responsible for working under the supervision of the Director of Prevention Education to plan and conduct dating and domestic violence education in schools, colleges and at community-based agencies throughout Monroe County.	Bachelor's Degree in Health Education, Social Work, Human Services or related field required, or 2 years' experience

Manager of
Deaf IGNITE
Programs and
Services

Oversees and supervises Deaf IGNITE programming and services.

Bachelor's Degree in Social Work or related field is required, 2 years' experience

Deaf IGNITE
Coordinator

Provides advocacy, case management, support, referrals, safety planning and prevention education for deaf and hard of hearing survivors and the community.

Bachelor's Degree in Social Work or related field is required, 1 year experience

PINS Pre-dispositional Placement Services

No updates required for the 2023 Annual Plan Update

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

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

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

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

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

T and U Visa Reporting

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

9. RECORD KEEPING AND REPORTING REQUIREMENTS:

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

Please provide the information requested below:

1. In 2022, how many T visa applications were received?
0
2. In 2022, how many T visa certifications were issued?
0
3. In 2022, how many U visa applications were received?
0
4. In 2022, how many U visa certifications were issued?
0

Title XX Program Services Matrix

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

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

Each district must update its WMS Title XX Matrix as necessary and submit it to the state for review. Districts are not able to alter state-mandated fields. The updates are done by a district worker who has been assigned security function 180 by the district's LAN administrator. If your district needs assistance with making the changes in WMS or the process of assigning a 180 security function to a district employee please contact ocfs.sm.wms@ocfs.ny.gov.

[Instructions to complete the Program Matrix](#) are available to assist you.

Are there changes to the services your county intends to provide during the 2023 Child and Family Services Planning cycle?

- Yes
- No

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

List of Data Sources

The list below contains common data sources often used in county planning. Please check all sources your county used in developing this plan. The list is not all-inclusive; if you have other sources of data, please indicate those as well.

Data Source	Safety	Permanency	Youth & Young Adult	Adult Services
KWIC (Kid's Well-being Indicators Clearinghouse)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Census Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Trends Data Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Information System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS OCFS Data				
MAPS (Monitoring and Analysis Profiles)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QYDS (Quality Youth Development System)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Family Services Plan Child Level Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OCFS Race/Ethnicity Disparity Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Preventive Services Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Bright Spots Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Family First Data Packets (Congregate Care Bubble Charts and Foster Home Data Packets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Juvenile Detention Automated System (JDAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Detention Risk Assessment Instrument System (DRAIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCFS Agency Online Profile (OAOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YASI data (Youth Assessment & Screening Instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Harbour: NY program data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Services Automation Project (ASAP.Net)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Protective Services (APS.Net)—NYC only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Surveys				
County Search Institute Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities That Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAP Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way (Compass Survey or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Other Data Sources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specify Any Other Data Sources:	<ul style="list-style-type: none"> 1. Monroe County Preventive database 2. Performance Improvement Plan data 		<ul style="list-style-type: none"> Youth Risk Behavior Survey 	<ul style="list-style-type: none"> 1. 2010 NYS Study of Prevalence of Elder Abuse 2. <i>Age Wave: Changing demographic landscape of America and greater Rochester</i>, Lifespan of Greater Rochester, Inc. 3. Age Friendly Liveable Community Plan

Required Interagency Consultations

407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Agency Type	Safety	Permanency	Youth and Young Adult	Adult Services
Health ⁴		Starlight Pediatrics		Monroe County Department of Public Health
Mental Health ⁴	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health
Youth Bureau ³			Rochester Monroe County Youth Bureau (RMCYB)	
Department of Probation ³		Monroe County Department of Probation-Community Corrections	Monroe County Department of Probation - Community Corrections	Monroe County Office of Probation
Societies for the Prevention of Cruelty to Children ¹	Society for the Protection and Care of Children	Society for the Protection and Care of Children		
Law Enforcement ^{1,2,4}	Rochester Police Department, Monroe County Sheriff's Department, New York State Troopers	Monroe County Sheriff's Department, Rochester Police Department	Juvenile Justice Committee	Rochester Police Department (E-MDT)
Aging ⁴			Monroe County Office for the Aging	Monroe County Office of the Aging

Legal ^{1,4}	Monroe County Law Department, Children's Services Unit	Monroe County Law Department, Children's Services Unit		Greater Rochester Medical-Legal Collaborative
Family Court (judge or designee) ¹	Monroe County Family Court	Monroe County Family Court		
Local Advisory Council ^{1,2,3}	Monroe County Planning Committee	Monroe County Planning Committee	Rochester Monroe County Youth Board	
Other Relevant Government Agencies	NYS OCFS	NYS OCFS		
Child Care Resource and Referral Agencies		Western NY Child Care Council		
RHYA Providers ³	Center For Youth	Center for Youth	Center for Youth Services	
Other Public / Private / Voluntary Agencies ^{1,4}	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University of Rochester, Lifetime Assistance, Urban League, Willow, Catholic Family Center	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University Of Rochester, Lifetime Assistance, Urban League, YAP, LOSATS, Catholic Family Center, Pathways		Lifespan
Other (#1)		OPWDD		Catholic Charities Family and Community Services
Other (#2)				

1. Must be consulted when developing Safety / Prevention section of the Plan.
2. Must be consulted when developing the Permanency / Prevention section of the plan.
3. Must be consulted when developing the Youth and Young Adult section of the plan
4. Must be consulted when developing Adult Services section of the Plan.



trust. healing. justice.

2023

Memorandum of Understanding (MOU)


Multidisciplinary Team (Partner Agencies)


The Multidisciplinary Team (MDT) is a multi-agency collaborative effort coordinated, integrated, and facilitated by Bivona Child Advocacy Center. The involved collaborative agencies are: Bivona Child Advocacy Center, Brighton Police Department, Brockport Police Department, Catholic Charities Family and Community Services, East Rochester Police Department, Fairport Police Department, Gates Police Department, Greece Police Department, Irondequoit Police Department, Monroe County Department of Human Services-Child Protective Services, Monroe County District Attorney's Office, Monroe County Law Department, Monroe County Office of Probation-Community Corrections, Monroe County Sheriff's Office, New York State Police, Ogden Police Department, RESTORE Sexual Assault Services of Planned Parenthood of Central Western New York, REACH Program of Golisano Children's Hospital at University of Rochester, Rochester Regional Health, Rochester Police Department, Society for the Protection and Care of Children (SPCC), Villa of Hope and the Webster Police Department. Bivona integrates the experience, resources, and abilities of the above agencies to provide the most comprehensive and effective interventions in cases involving child sexual and physical abuse, and child witnesses to violent crimes, all while minimizing additional trauma to the child. Professionals in the community now recognize this collaborative effort as the standard of care and the best practice for such child abuse interventions.

The *Multidisciplinary Team Child Abuse Guidelines* were developed with the intent to strengthen, formalize, and coordinate a strategic and multidisciplinary planned approach for child victims and their families. These guidelines describe responsibilities and establish strategies for intake, coordination, investigation, treatment, and follow-up services for cases of child sexual and physical abuse, and for children who witness violent crimes in Monroe and surrounding counties.

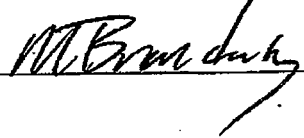
In signing this Memorandum of Understanding (MOU), each collaborating partner agency agrees to participate on the MDT adhering to the *Multidisciplinary Team Child Abuse Guidelines*, to the best of their abilities. This MOU commits the individual partner agencies, signed below, to shared referral, intake and interviewing procedures; collaborative decision-making; and coordinated case planning and service delivery. It is further agreed that this MOU will be in effect for one year, and that the *Multidisciplinary Team Child Abuse Guidelines* and resource commitments of each collaborating agency will be reviewed annually.


Bivona Child Advocacy Center
Dr. Daniele Lyman-Torres, President & CEO 

Brighton Police Department
David Catholdi, Chief of Police 


Brockport Police Department
Mark Cuzzupoli, Chief of Police 

Catholic Charities Family and Community Services
Lori VanAuken, President & CEO 

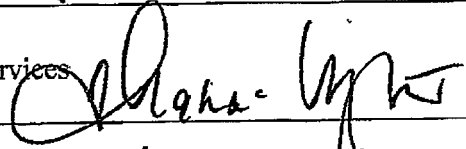
East Rochester Police Department
Michael Brandenburg, Chief of Police 

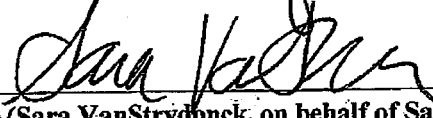
Fairport Police Department
Matt Barnes, Chief of Police 

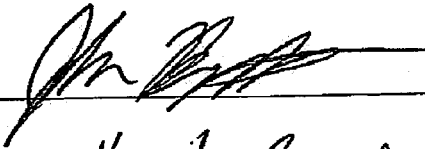
Gates Police Department
Robert Long, Chief of Police 

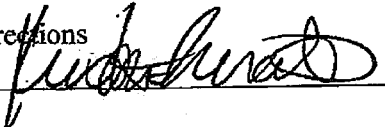
Greece Police Department
Michael Wood, Chief of Police 

Irondequoit Police Department
Scott Peters, Chief of Police 

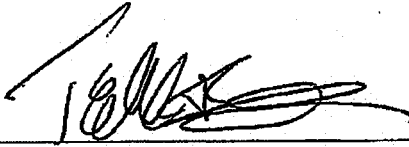
Monroe County Department of Human Services
Thalia Wright, Commissioner 

Monroe County District Attorney's Office
Sandra Doorley, District Attorney 
(Sara VanStrydonck, on behalf of Sandra Doorley)

Monroe County Law Department
John Bringewatt, County Attorney 

Monroe County Office of Probation-Community Corrections
Kristine Durante, Chief Probation Officer 

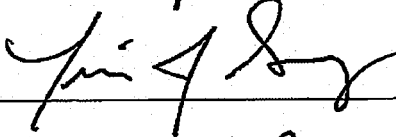
Monroe County Sheriff's Office
Todd Baxter, Sheriff



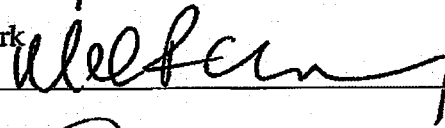
New York State Police
Brian Ratajczak, Major



Ogden Police Department
Travis Gray, Chief of Police

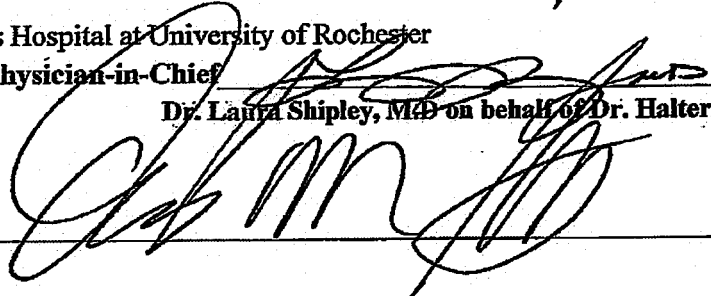


Planned Parenthood of Central Western New York
Michelle Casey, President & CEO

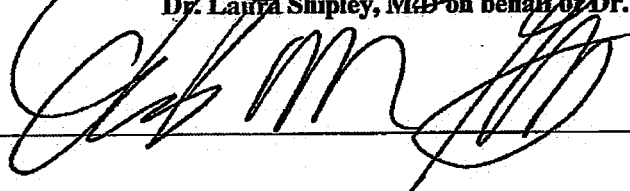


REACH Program, Golisano Children's Hospital at University of Rochester
Dr. Jill Halterman, Interim Physician-in-Chief

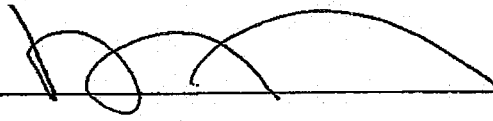
Dr. Laura Shipley, MD on behalf of Dr. Halterman



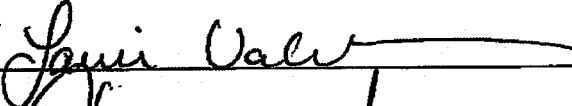
Rochester Police Department
David Smith, Chief of Police



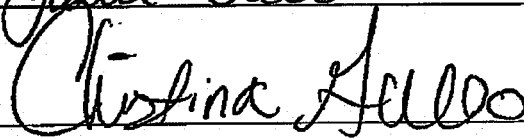
Rochester Regional Health
Hugh R. Thomas, President,
Administrative Operations



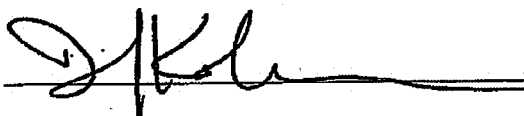
Society for the Protection and Care of Children
Laurie Valentine, President & CEO



Villa of Hope
Christina Gullo, President & CEO



Webster Police Department
Dennis Kohlmeier, Chief of Police



Date completed 4/12/2023