

County Child and Family Services Plan

January 1, 2012 – December 31, 2016

MONROE County

This Child and Family Services Plan contain county outcomes and strategies that respond to community needs. Specifically, the plan identifies Local Department of Social Services (districts) strategies in the areas of adoption, foster care, preventive, protective and other services for children, and protective and other services for adults. The plan also identifies Youth Bureau strategies for youth development and services for youth. In addition, it contains a description of public participation in the development of the Plan as well as estimates of expenditures and program information.

Cindy Lewis

(585) 753-6431

Contact Person

Phone

Director, Child and Family Services

cindy.lewis@dfa.state.ny.us

Title

Email

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APPENDIX A
Plan Signature Page

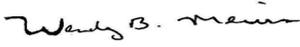
We hereby approve and submit the Child and Family Services Plan for **MONROE** County Department of Social Services and Youth Bureau for the period of January 1, 2012, through December 31, 2016. **We also attest to our commitment to maintain compliance with the Legal Assurances as outlined in Child and Family Services Plan Guidance Document.**



Commissioner **11/29/2011**
Date
County Department of Social Services



Executive Director **11/15/2011**
Date
County Youth Bureau

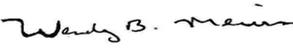


Chair **11/15/2011**
Date
County Youth Board

I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for **MONROE** County Probation Department for the period of January 1, 2012, through December 31, 2016.



Director/Commissioner **11/21/2011**
Date
County Probation Department



Chair **11/15/2011**
Date
County Youth Board

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



Chief Elected Officer **11/29/2011**
Date
(or Chairperson of the legislative body
if the county does not have Chief Elected Officer)

WAIVER

Complete and sign the following section if a waiver is being sought concerning the submission of Appendix I - Estimate of Clients to be served.

MONROE County requests a waiver to 18 NYCRR 407.5(a)(3), which requests a numerical estimate of families, children, and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix I is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the **MONROE** County Child and Family Services Planning Process.



Commissioner **11/29/11**
Date
County Department of Social Services

APPENDIX B-1

List of Required Interagency Consultation – Protective Services for Adults

In the development of the Protective Services for Adults component of the Annual Implementation Report, Section 34-a (4) and Sections 473(2) (a) and (b) of the State Social Services Law requires that districts consult with other appropriate public, private and voluntary agencies in order to ensure maximum local understanding, coordination, and cooperative action in the provision of appropriate services to protective services clients. These include, but are not limited to: aging, health, mental health, legal and law enforcement agencies. List the interagency consultation in the chart provided below:

Agency Type	Agency Name	Dates or Frequency of Meetings*
Aging	NY Connects Long-Term Care Council	As scheduled
	Hoarding Task Force	Bi-monthly
	Aging Provider Agencies	As needed
	Catholic Family Center	Quarterly
Health	Mon Co Department of Public Health	As needed
	Area Hospitals (Strong, RGH, Highland, St. Mary’s, ParkRidge)	As needed
	Home Health Care Agencies (HCR, Interim Healthcare, Lifetime Care, Visiting Nurse)	As needed
Mental Health	Monroe County Elder Fatality Review Team	Quarterly
	MCDHS - Office of Mental Health	As needed
	Area Mental Health Providers	As needed
	CCSI-SPOA (for adults)	As needed
Legal	Mon Co Law Department	Monthly
Law Enforcement	Local Law Enforcement Agencies	As needed
Other:	APS High Risk Committee	As scheduled

APPENDIX B-2

List of Required Interagency Consultation – Child Protective Services

In the development of the Child Protective Services component of the Annual Implementation Report, Section 34-a(4) and Section 423 of the State Social Services Law requires that districts consult with local law enforcement agencies, the family court, and appropriate public and voluntary agencies including the societies for the prevention of cruelty to children. The family court judge or designated representative must be involved when the family court is consulted. List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Law Enforcement	Impact Team Executive Committee	Four times per year
	Bivona Child Advocacy Center Executive Ad-Com	Quarterly
Family Court (judge or designee)	Monroe County Family Court Judges	Semi-Annually
	Family Court Planning Committee	Quarterly
	Enhanced Court Practices Collaborative	Quarterly
	Monroe County Law Dept	Monthly
PINS Diversion lead agency	Juvenile Justice Council	Monthly
	Rochester Youth Violence Partnership	Monthly
Public/Private Agencies	Children’s Mental Health Task Force	Quarterly
	Mental Health Community Board	Monthly
	Family Treatment Court Steering Committee	Bi-Monthly
	NYS Office of Children & Family Services – RRO	Monthly

*List either dates of meetings or frequency (e.g., every third Wednesday of the month)

Detailed meeting information does not need to be included in the county plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

APPENDIX B-3

List of Required Interagency Consultation – Child Welfare Services

In the development of the Preventive, Foster Care, and Adoption Services for children component of the Annual Implementation Report, Section 34-a(4) and 409-d of the State Social Services Law requires that districts consult with other government agencies, authorized agencies, and other individuals and organizations concerned with the welfare of children residing in the district. List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Government Agencies	Mon Co Probation Dept	Twice weekly
	MCDHS- Youth Bureau	Weekly
	MCDHS- Office of Mental Health	Weekly
	Monroe County Law Dept	Monthly
	MCDHS-Office for Aging	Monthly
	Family Drug Court	Weekly
	Juvenile Drug Court	at least Monthly
	NYS Office of Children & Family Services – RRO	As needed
	Coordinated Care Services Inc.	Twice weekly
	Mon Co Dept of Public Health	As needed
	NYS OCFS	As needed
Authorized Agencies	Alternatives for Battered Women	As needed
	Hillside Children’s Ctr	Weekly
	St. Joseph’s Villa	Monthly
	Ibero American Action League	As needed
	Urban League of Rochester	As needed
	Lifetime Assistance	As needed
	Catholic Family Center	Monthly
	Society for the Protection and Care of Children	Monthly
	Mt. Hope Family Center	Monthly
	United Way of Greater Rochester	Monthly
	Children Awaiting Parents	As needed

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	Lifespan	As needed
	EnCompass Resources for Learning	Quarterly
	Cayuga Home for Children	Quarterly
	University of Rochester	Quarterly
Concerned Individuals/Groups	Greater Rochester Collaborative MSW Program	Monthly
	Adoption Resource Network	As needed
	Attendees of the Public Hearing	At public hearing
	Crisis Nursery of Greater Rochester	As needed
	Children's Agenda	As needed
	Crossover Youth Practice Model Leadership Team	Monthly
	Disproportionate Minority Representation Leadership Team	Monthly

*List either dates of meetings or frequency (e.g., every third Wednesday of the month)

Detailed meeting information does not need to be included in the county plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

APPENDIX B-4

List of Required Interagency Consultation – Child Care Services

Section 34-a(4) and 409-d of the State Social Services Law requires that, in the development of the Preventive, Foster Care, and Adoption Services for children component of the Annual Implementation Report, districts must consult with other government agencies, authorized agencies, and other individuals and organizations concerned with the welfare of children residing in the district. List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Government Agencies	Rochester City School District Bureau of Early Childhood Services	Early Childhood Dev Initiative – Bi-monthly meetings
	NYS OCFS	As needed
	New York State Public Welfare Association	As needed
Other Public/Private/Voluntary Agencies	Rochester Childfirst Network	MCDHS Day Care Advisory Group – semi-annually or more frequently as needed
	United Way of Greater Rochester	MCDHS Day Care Advisory Group – semi-annually or more frequently as needed
	Rochester Area Community Foundation	MCDHS Day Care Advisory Group – semi-annually or more frequently as needed
	Representatives from center based childcare providers	MCDHS Day Care Advisory Group – semi-annually or more frequently as needed
Concerned Individuals/Groups	Early Childhood Development Initiative	Early Childhood Dev Initiative – Bi-monthly meetings
	Quality Council Advocacy Committee	Early Childhood Dev Initiative – Bi-monthly meetings
	Children’s Agenda	Early Childhood Dev Initiative – Bi-monthly meetings
	Children’s Institute	Early Childhood Dev Initiative – Bi-monthly meetings
Child Care Resource and Referral Agencies	Child Care Council	MCDHS Day Care Advisory Group – semi-annually or more frequently as needed

APPENDIX B-5*

List of Required Interagency Consultation – Runaway and Homeless Youth

List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings
Department of Social Services	MCDHS - Financial Care Path	As needed
	MCDHS - Emergency Housing Unit	Monthly
	MCDHS - Emergency Assistance/ Food Stamps	As needed
	MCDHS - Child Protective Services	As needed
	MCDHS - Office of Mental Health- SPOA	As needed
	Family Access and Connections Team	As needed
RHYA Providers	Center for Youth Services	Monthly
	Hillside Family of Agencies – Hillside Alternatives for Independent Youth/Emergency Services	Monthly
	Salvation Army – Genesis House	Monthly
	Mercy Residential Services	Monthly
Other Public, Private and/or Voluntary Agencies	Rochester-Monroe County Continuum of Care	Monthly
	Homeless Services Network	Monthly
	Rochester City School District- Homeless Education Program	Monthly
	Metro Council for Teen Potential	Monthly
	Youth Services Quality Council	Monthly
	Community Asset Partner Network	Monthly
	Empire State Coalition for Youth and Families	Annually

*This Appendix is required only if the county receives RHYA funding.

APPENDIX B-6

List of Required Interagency Consultation – Youth Development

List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Taskforce	Community Online Resource Taskforce	Bi-weekly
	Youth in Transition	Bi-weekly
	Intergenerational Fraud and Safety Summit	As needed
Coalition	Transition Mentors	Bi-monthly
	Boomer Mentors	Quarterly
	Youth Services Quality Council	Monthly
	Community Asset Partner Network	Monthly
	Greater Rochester Afterschool Alliance (GRASA)	Monthly
	Capacity Building Partnership	Monthly
	R/HY Services Providers	Monthly
	Homeless Services Network (HSN)	Monthly
	Rochester-Monroe County Continuum of Care-Community Oversight Grp	Monthly
	Juvenile Justice Council	Monthly
	System of Care Leadership Team	Monthly
Youth Board	Rochester-Monroe County Youth Board	Monthly
Parent	Better Days Ahead Family Roundtable	Monthly
	Grandparents Raising Grandkids	Annual
Youth	Youth As Resources (YAR)	Monthly

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	Youth Engaged With Service (YES)	Monthly
	Youth Voice One Vision	Monthly
	Spreading Wellness Around Town (SWAT)	Monthly
Community Providers		
Municipal Youth Board	Henrietta Youth Board	Monthly
	Greece Youth Board	Monthly

*List either dates of meetings or frequency (e.g., every third Wednesday of the month)

Detailed meeting information does not need to be included in the county plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

APPENDIX C

List of Data Sources Used In Needs Assessment

Instructions: The list below contains common data sources often used in county planning. Please check all sources your county has used in the needs assessment performed for this plan. The list is not all-inclusive – if you have other sources of data, please indicate those as well.

Source	Check all used
1. NYS Touchstones Kids County Data Book	<input checked="" type="checkbox"/>
2. Kid’s Well-being Indicators Clearinghouse	<input checked="" type="checkbox"/>
3. Monitoring and Analysis Profiles	<input type="checkbox"/>
4. Child Care Review Service	<input checked="" type="checkbox"/>
5. U.S. Census Data	<input checked="" type="checkbox"/>
6. OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>
7. OCFS CFSR Data Packets	<input checked="" type="checkbox"/>
8. Adult Services Automation Project (ASAP)	<input type="checkbox"/>
9. Quality Youth Development System (QYDS)	<input checked="" type="checkbox"/>
10. Child Trends Data Bank	<input checked="" type="checkbox"/>
11. Prevention Risk Indicator/Services Monitoring System-PRISMS (OASAS)	<input type="checkbox"/>
12. NYS Department of Health	<input checked="" type="checkbox"/>
13. Surveys	
a. Communities That Care	<input type="checkbox"/>
b. Search Institute Survey	<input checked="" type="checkbox"/>
c. TAP Survey	<input type="checkbox"/>
d. United Way (Compass Survey or other)	<input checked="" type="checkbox"/>
e. Other (specify) Mon Co 2009 Youth Risk Behavior Survey	<input checked="" type="checkbox"/>
14. YASI Data	<input type="checkbox"/>
Other Data Sources (specify)	
15. CGR Community Status Report on Children (2/2010)	<input checked="" type="checkbox"/>
16. MAPS data (2010)	<input checked="" type="checkbox"/>
17. CCSI Juvenile Justice Data	<input checked="" type="checkbox"/>

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18. Maternal/Child Health Report Card Update (February 2011)	<input checked="" type="checkbox"/>
19. US Bureau of Labor Statistics	<input checked="" type="checkbox"/>
20. ACT Rochester	<input checked="" type="checkbox"/>
21. Monroe County Office of Probation-Community Corrections	<input checked="" type="checkbox"/>

Child and Family Services Plan Program Narrative

I. Outcome Framework/Mission/Vision

1. If the district has one, please enter the district's outcome framework, mission, and/or vision. (If your district does not have this, leave this area blank.)

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.*

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

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

(Data Source: ACT Rochester unless otherwise indicated)

Demographic & Economic

Monroe County is the center of the Rochester region, accounting for 65% of its population, yet the county's population have remained essentially unchanged since 2000. According to the 2010 census data, Monroe County has 744,344 residents and Rochester has a population of 210,565 within its city limits. While Monroe County's overall population has remained relatively flat since 2000, the population of the City of Rochester has experienced a decline of 4.2% since 2000. Despite this loss, Rochester remains the third largest city in New York.

Monroe County's population is aging. The number of adults 40 to 59 years old increased by 7% from 2000 to 2006-08, making it the largest segment of the population and consistent with regional, state and national trends. During this same time period, the number of 60 to 84 year olds increased by 12%, to almost 122,000 residents. The largest proportional increase was in the number of senior residents 85 and older, which grew 25%. Although this group represents only 2% of the total county population, the increase in both the 60 to 84 and 85 and older population highlights the growing need for sufficient elder care and support services.

Similar to other counties in the upstate region, Monroe is experiencing substantial declines in its numbers of youths and younger adults. There were about 15,000 fewer persons ages 20 to 39 in the county in 2006-08 than there were in 2000, a 7% decline. The number of children and young adults under 20 years old also declined by 8% since 2000, compared to a 3% increase in the nation.

Monroe County is the most racially and ethnically diverse county in the region, though it remains about 80% white. About 78% of the region's Hispanic residents and 88% of the region's African American or black residents live in Monroe County, compared with 61% of the white population. In Monroe County from 2000 to 2006-08, the number of African American residents grew 3% and the number of Hispanic residents grew 16%. The greatest proportional increase was in residents of two or more races, which grew 36% to just over 12,000 residents. The number of Asian residents increased 12%. This may in part be due to the increase in refugees from Burma and Southeast Asia being relocated here via local refugee resettlement projects. African Americans remain the largest

minority group in Monroe County with 113,171 residents, making up 15% of the total county population in 2010.

Income levels in each county in the region, adjusted for inflation, have decreased since 2000 levels. The median household income in 2009 was about \$56,900 for the Monroe County, lower than the state but on par with the nation. The City of Rochester had both the lowest median income in 2005–2009 (\$31,040) and the largest decline (13%) since 2000. In addition, incomes vary greatly among our region's racial and ethnic groups, with African-American and Latino residents earning less and more likely to live in poverty. The unemployment rate (per 100) for individuals 16 years of age and older has been increasing from 2006 when it was 4.4% to 8.0% in 2010. According to the US Bureau of Labor Statistics, the unemployment figure for Monroe County is 7.6% (not seasonally adjusted). These decreases in the unemployment numbers may represent a “bouncing back” from the recession.

Poverty levels in the region have risen due largely to the increase in poverty centered in the City of Rochester. The poverty rate has increased 2 percentage points overall since 2000, with 12% of the region's population living in poverty. In 2010, the poverty threshold for a four–person family with two children was \$22,050. The City of Rochester has the highest poverty rate in the region at 29%, up from 26% in 2000.

Monroe County has seen a decline in the number of households of married couples with children and an increase in unmarried households with children. In 2006-08, about 19% of households in the county were composed of married couples with children living at home, compared to 22% in 2000. In the same time period, unmarried households with children grew as a share of the total, from 10% to 12%. These changes in household type are similar to the trends at both the state and nation. In Rochester, unmarried households with children (22% of total) exceeded married couples with children (10%). In the region, Rochester has the highest proportion of nonfamily households with 49% of households made up of unrelated people living together.

Increasing numbers of adults and children are experiencing episodes of homelessness. For 2010, Monroe County recorded 8,904 emergency placements of individuals and families. The most common reasons for needing emergency housing is eviction by family or friends with whom they had been living with.

Awareness of the risks of Domestic Violence and knowledge of available resources is continuing. In 2010, there were 420 emergency shelter placements (includes single women and women with children) with a licensed residential domestic violence provider. This is up from the previous year's total of 330 placements. There were 4,877 calls to the domestic violence hotline in 2010 with almost 35% of them being first time callers.

Children and Youth

Child poverty levels in the City of Rochester as well as the County of Monroe are increasing. In Monroe County, 18.5% of children (birth -17) are living in poverty. Child (birth – 17) poverty is concentrated in the City of Rochester, where 41% of children were living in poverty in 2005-09. These rates represent an increase from 2000. For the 2009/2010 school year, 44.8% of the children in grades K-6 qualified for free or reduced price school lunches, which is a 5 point increase from the 2004/2005 school year.

Increasing numbers of children are living in single parent households. In 2006-08, 36% of children in Monroe County lived with one parent; this is up from 32% in 2000. For the City of Rochester, that number is 69%. Among African-American or black children, 75% live in single parent households.

The number of children under age 18 receiving Temporary Assistance has remained stable. In 2009, more than 16,000 Monroe County children under age 18 were receiving temporary assistance (TA). The percentage of children in Monroe County receiving TA is 10% which is higher than the state rate of 7% (excludes NYC). (Source: Maternal/Child Health report Card Update 2/11; NYSOTDA)

Teen pregnancy numbers continue to exceed the state rate. The rate of teen pregnancy among 15-19 year olds in 2009 was 53.4/1,000 youth. This is down from 58.2/1,000 in 2008. The rate for NYS (minus NYC) in 2009 was 37.3/1,000 youth.

The number of reports/allegations of abuse and neglect has continued to rise while the percentage of indicated reports has remained relatively stable at 23% - 25%. In Monroe County during 2010, there were 6,315 reports of child abuse or neglect involving 8,678 children. This represents a 13% increase in reports since 2006. Of the reports in 2010, 1,269 were indicated. Monroe County has a recurrence rate of 10.6%. Slightly more than 9% (592) of the reports filed in 2010 were assigned to Family Assessment Response (FAR) teams. (Source: OCFS Data Warehouse; MAPS)

Monroe County has reduced the number of youth placed in foster care annually. In 2006, 789 youth were admitted to foster care and by 2010, admissions dropped to 454. The number of youth in care as of 12/31/2010 was 543 compared to 957 in case as of 12/31/2006. Seventy-one percent of the youth admitted to care in 2010 had no preventive or CPS services prior to their admission into foster care. (Source: MAPS)

Children tested with elevated lead levels have been declining. The number of Monroe County children identified with high levels of lead in their blood declined by 80% in the last decade. Almost 90% of the lead poisoning cases identified occur within the City of Rochester. An estimated 64% of children ages one and two residing in the City were screened for lead poisoning in 2009. (Source: Maternal/Child Health report Card Update 2/11)

Graduation rates continue to be low in the City of Rochester. The regional on-time graduation rate of 76% is below the statewide rate of 80%; and the Rochester City School District, home to the largest concentration of low-income students, achieved an on-time graduation rate of only 42% for the most recently recorded year (2009). In 2009, 3.5% of the students in the Rochester region had been suspended at least once, compared to 5.2% statewide and down from 6% in 2008. The decrease is due to Rochester City School District's implementation of a new policy/practice to reduce out-of-school suspensions. Rochester City School District's suspension rate fell from 15% in 2008 to 2% in 2009.

Monroe County has seen a decline in the number of JD and PINS petitions and detention admissions. Monroe County's juvenile crime rate is down from 250 per 10,000 per capita in 2005 to 140 per 10,000 per capita in 2009. Monroe County has also seen a decline of 32% in the number of JD arrests/intakes from 2008 to 2010. Over the same time period, the number of JD youth admitted to detention declined by 12% and there were over 2,000 fewer days of care in 2010. Monroe County has also experienced a

significant decline (28%) in PINS intakes/complaints between 2008 and 2010. Similarly there was a 26% drop in the number of PINS youth admitted to non-secure detention and there were almost 1,500 fewer days of care for the same time period. (Source: Mon Co Probation)

II. Planning Process

Describe the district's planning process and how that consultation informed your district's needs assessment, priorities, and outcomes.

The Monroe County Department of Human Services unites multiple human services under one vision and one organizational structure to improve outcomes for all Monroe County children, youth, adults and families. Planning for the implementation and improvement of human services in Monroe County is an ongoing process guided by three core priorities; 1) Safety; 2) Self-Sufficiency and Healthy Development; 3) Effective and Efficient Utilization of Limited Resources. The Department of Human Services utilizes an active internal and external planning process and a commitment to community engagement to assist in the implementation of its core priorities. DHS is actively engaged in multiple efforts to support the three core priorities and key strategic initiatives. Departmental leadership participates on multiple community initiatives, coalitions and partnerships and operates a significant number of internal efforts to advance progress toward our goals. DHS and R/MCYB continually review reports/plans/data as they become available and use this information to inform both internal planning processes as well as external processes.

Non-profit organizations and governmental entities, including schools, municipalities and the County of Monroe are engaged in numerous efforts to address specific risks and problems, build skills and assets and ameliorate impact of multiple negative effects on children, youth and families. These initiatives, programs and collaboratives demonstrate a community-wide commitment to improving outcomes but in some instances the lack of integration and coordination has unintended negative impacts including duplication of effort, inefficient use of resources and conflicting understanding of evidence-based or best practices.

DHS looks for opportunities to join others to address issues in collaborative approach rather than "going it alone". Recently the Rochester Area Community Foundation and the United Way initiated a joint venture called ACT (Achieving Change Together) Rochester. The goal of ACT Rochester is to build on community strengths to help solve our critical problems through community debate, discussion and engagement based on objective, timely and independent data that can reshape our approach to community problem-solving. In addition to a wide-array of community indicators, ACT Rochester interprets the information through trend summaries, charts and graphs. DHS is a participant and sees this initiative as a catalyst to bring diverse interests and organizations together and to mobilize efforts to effect positive change.

R/MCYB

The RMCYB is in a continually evolving planning process that assesses and analyzes data and youth needs as reports/plans/data become available. Based on reviewing the 2009 At-Risk Behavior Survey, the United Way Blueprint for Change, and the GRASA report, the RMCYB plans and prioritizes the needs and services to optimally provide for Monroe County youth and their families. The RMCYB is a member of multiple groups including the Association of New York State Youth Bureaus (ANYSYB), Youth Services Quality Council (YSQC), the Community Asset Partnership Network (CAPN), NYS Youth Development Team, Greater Rochester After-School Alliance, and the Empire Coalition for Youth & Family Services. It is through these partnerships that the RMCYB advocates, collaborates and coordinates a multitude of youth service issues and initiatives. The RMCYB's priorities that stem from its' thorough and arduous planning are: stable living for runaway and homeless youth; high quality afterschool programming for county youth; a youth development workforce and youth organizations implementing evidence based practices and programs based on latest research; and to provide youth with healthy, safe, thriving environments through a coordinated and collaborative effort.

III. Self Assessment

1. Describe successes and achievements the district has experienced since the last plan update in each of the program areas listed below.

Child Protective Services	<ul style="list-style-type: none"> • Expanded Family Assessment Response (FAR) work to engage with families who are the subject of low risk CPS reports in a more effective manner • Initiated a CPSI Quality Review Process using a sampling of CPSI cases on a monthly basis • Training of caseworkers and supervisory staff on Child/Family Team model /process.
Child Preventive Services	<ul style="list-style-type: none"> • Begun developing baseline measures to be used in a pilot of performance based contracting • Meeting with funders and providers of similar services to develop joint outcomes and measures where possible • Held Annual Preventive Conference
Foster Care	<ul style="list-style-type: none"> • Completed construction of the Monroe County Visitation and Pediatrics Center which opened 11/2010 • Implemented Phase II of the Building Bridges demonstration project with three local residential foster care providers, to redesign residential care to reduce length of stay and improve outcomes for individual youth • Brought the average CPS Management caseload down to 6-8 cases per caseworker • Trained casework staff on Family Finding and Child and Family Team models. • Continued to train and coach CPSM and Visitation Center staff on Visit Coaching • Sponsored “Icebreaker” meetings of birth and foster parents when a new foster placement occurs • Worked with Starlight Pediatrics, Mt. Hope Family Center

	<p>and Children’s Institute to develop the Healthy Futures Initiative and secure funding.</p> <ul style="list-style-type: none"> • Sponsored 2 Foster Parent Recognition events • Sponsored a summer Foster Child Week at Camp Good Days/Special Times
Adoption	<ul style="list-style-type: none"> • Continued training and coaching with Kevin Campbell around “Family Finding” • Celebrated National Adoption Day • Continued to conduct child specific recruitment of adoptive homes in collaboration with Hillside and CAP. • Continued to work with “A Parent for Every Child” Advisory Board around freed children in the OMRDD, OMH and DJJOY populations.
Detention	<ul style="list-style-type: none"> • Saw a decline in both number of youth and days of care in both Secure and Non-Secure Detention in 2010 • Secured an OCFS Community Reinvestment grant, in partnership with Hillside Children’s Center, to further expand alternatives to detention continuum of services available locally for juvenile delinquents • Funded the expansion of the ATD team • Reduced the number of contracted non-secure detention beds from 20 to 12 • Implemented a respite model as an ATD for those youth who do not need to be detained but who cannot return home.
Youth Development	<ul style="list-style-type: none"> • Enhanced current partnerships to incorporate asset building language throughout the community • Continued to provide 2 asset building recognition opportunities for individuals, groups • Introduced New York State Office of Children and Family Services Quality Youth Development System to contract agencies and municipalities to integrating a youth development framework and effective learning environments for YD as identified by National Research Council, Institute for Medicine • Continued to promote and build Youth As Resources to model youth voice and youth philanthropy as a means to encourage active youth leadership in program planning, implementation, and evaluation a key component of youth development; Over 16 grants totalling almost \$15,000 • Trained 48 trainers in the Youth Work Methods Series and offered 4 sessions of the Youth Work Methods series in the community • Continued to offer the Capacity Building Partnership Professional Development youth workers and youth development programs • Participated in annual ANYSYB's Youth Forum with 6 youth in Albany to introduce youth to policy areas relating to youth and opportunities to meet with elected officials to share their ideas to ensure and model youth voice opportunities

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	<ul style="list-style-type: none"> •Continued to participate in GRASA •Participated in UW Student Readiness and Success Investment Team and coordinate monitoring and assessment of jointly funded programs where the funds act as a match to RMCYB funds •Continued to participate in the Community-School Partnership Network • Continued to explore opportunities with private funders and community to support/enhance YD efforts in the community • Continued to support Federal Safe Schools Healthy Students partnership grant with RCSD, Mon Co OMH, Probation and Rochester Police Department
Runaway & Homeless Youth	<ul style="list-style-type: none"> • Continued to work collaboratively with the Runaway and Homeless Youth Service and the MCDHS Emergency Housing Unit • Maintained the 24 hour agreement • Continued to manage and oversee funding from NYS OCFS to fund Runaway and Homeless Youth services • Continued to receive funding through the Department of Housing and Urban Development (HUD) to support services and case management services for homeless youth (10-20) provided through the MCDHS and Hillside Alternatives for Independent Youth Program • Continued participation on the Monroe County Continuum of Care (CoC) executive committee and full CoC •Participated on workgroup to design and plan a Single Point of Entry (SPOE) for Housing and Homeless Services in Monroe County • Continued participation on the Homeless Services Network (HSN) and the HSN Advocacy Committee • Continued to advocate for continuation of existing funding for runaway/homeless youth • Worked with Rochester City School District and other school districts to obtain and maintain McKinney Homeless education funds
Domestic Violence	<ul style="list-style-type: none"> • Continued to contract with Lifespan for their EAPP program • Continued to contract with ABW for variety of services including shelter, counseling, advocacy, education and crisis hotline
Adult Protective Services	<ul style="list-style-type: none"> • Trained APS staff on Family Finding model • Continued to review utility disconnect notices/cases involving elderly and impaired individuals • Continued to do fatality reviews • Increased referrals for Financial Management and Rep Payee cases to CBOs
Child Care	<ul style="list-style-type: none"> • Begun to work with the state to implement CCTA • Increased the number of youth receiving subsidized child care

2. Noting the data and trends as identified in Appendix C; and the cumulative district consultations (Appendices B-1 to B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable) in each of the following program areas:

<p>Child Protective Services</p>	<ul style="list-style-type: none"> • DHS implemented the FAR model in 2010 to respond to abuse and neglect allegations differently in a strength based and family lead model in an attempt to better serve children and families and address their needs so that subsequent allegations can be reduced or eliminated. FAR implementation has shown some promise. There were 592 FAR cases in 2010. DHS will be tracking FAR cases to see if the rate of reoccurrence of maltreatment is different from traditional CPS responded cases. DHS has expanded both the numbers of teams designated as FAR teams and will also be training all CPSI staff in FAR methodology/philosophy to inform their practice. Monroe County has experienced a 13% increase in abuse and neglect reports (5,571 in 2005 vs. 6,315 in 2010) though the indication rates continue to hover between the 23% - 25% rate. Monroe County is hopeful that with the expansion of FAR to more cases, the number of reports will start to decrease. • Thru Project Save, DHS added management caseworkers and teams to bring case loads down to 6 - 8 per caseworker to allow caseworkers to implement the Child Family Team (CFT) process with cases. Staff has been trained in the CFT process and coaching staff/resources are available to assist caseworkers as they implement the CFT model. National research shows that the outcomes are better for children and families involved in the CFT process and the LOS of youth in care as well as the duration of cases can be reduced thru the use of CFT while not increasing the risk to children's safety.
<p>Child Preventive Services</p>	<ul style="list-style-type: none"> • In 2010 contracted preventive services served 1,619 families with a total of 3,327 children. 77% of the children were children of color. The average cost per child for preventive services was \$2,035 compared to the average residential cost per child of \$124,346 per year. In 2010, 98% of the children avoided foster care placement and 96% of the families avoided a new CPS report. Preventive programs are reporting seeing more families and children with significant mental health needs who are unable to access mental health services. Programs are also reporting significant domestic violence and trauma issues seriously impacting families. Adolescents who are being served are reporting more depression and histories of trauma and neglect. Preventive programs have started to see an increase in refugee families who are being referred that present with additional barriers of language and culture. There are gaps in local resources able to serve the refugee

	<p>populations.</p>
<p>Foster Care</p>	<ul style="list-style-type: none"> • There has been a 53% reduction in the number of youth admitted to foster care between 2006 and 2010. For those youth who are admitted to foster care, DHS is committed to reducing their LOS (length of stay) in foster care. DHS has embarked on several initiatives to impact the LOS including Building Bridges, Family Finding and CFT. DHS is committed to tracking data to measure if these initiatives are impacting LOS. • There has been a marked increase (35%) in the number of children in foster care who are discharged to the custody of a relative. Due to the concerted effort within Child and Family Services staff, the total number of youth in care at the end of year (as of 12/31) has been reduced from 1,024 in 2005 to 540 as of 12/31/2010. • The number of youth who are placed with DHS as the result of a PINS matter has fluctuated over the past several years but has declined since a high of 98 in 2009. DHS will be conducting an analysis of the post discharge outcomes of the juvenile justice prevention and intervention programs to identify opportunities to adjust program models and services to support further reduction in the number of PINS placements. • As OCFS has moved to close facilities and reduce their beds, Monroe County has seen an increase in the number of JD youth placed with DHS (1 in 2008 to 26 in 2010) while at the same time reducing the number of Monroe County youth placed with OCFS (124 in 2008 to 49 in 2010). With no new funds or additional community level support from OCFS available to the local community to provide supports to these more challenging youth, there is concern that recidivism will increase putting these youth further into the system. DHS and the Juvenile Justice Council will continue to monitor the JD placements and the outcomes of those placements.
<p>Adoption</p>	<ul style="list-style-type: none"> • Monroe County has seen a decline in the number of adoptions finalized annually from a high of 89 in 2006 to 58 in 2010. • As youth age, the possibility of adoption lessens. DHS is working with Kevin Campbell to implement Family Finding to assist in identifying adult/family resources for youth. The initial results have been very promising and several youth have been connected to caring adults and family members who will be there for them. DHS is looking to expand this for freed youth as well as older adults who have lost touch with family.
<p>Detention</p>	<ul style="list-style-type: none"> • Monroe County has been involved in the ATD initiative for several years now but the rates of secure and non-secure detention and placement numbers while dropping far exceed those of comparable counties who also have

	<p>been involved in ATD work. Expanding effective ATD options/resources available to both PINS and JD youth to further reduce the number of arrested youth who are detained in both secure and non-secure detention and those placed is imperative. Monroe County has developed an RAI (Risk Assessment Instrument) to be used with juveniles charged with crimes however there have been delays in implementing it at the “front door” of detention. Through the expansion of the ATD Team and a recent grant secured by Monroe County Probation, the RAI will be implemented in the field where it will have an immediate impact on the numbers of youth detained in secure detention. Target implementation is 2012. Also in 2012, Monroe County will work with Vera and OCFS as part of their research study as they develop an empirically validated RAI to be used statewide.</p> <ul style="list-style-type: none"> • While statistics show that the overall juvenile delinquent numbers are decreasing, the numbers as they relate to youth of color are still unacceptably high. Monroe County’s juvenile crime rate is down from 250 per 10,000 per capita in 2005 to 140 per 10,000 per capita in 2009. Approximately 81% of the youth arrested in Monroe County were African American/black and 12 % were Latino/Hispanic. Black and Hispanic youth are over represented in the juvenile justice system. DMC/DMR Coordinator is working with key stakeholder and youth and families to develop a community plan to begin to address disproportionality. • There is a need to expand the use of research based models that are effective in reducing youth’s penetration into the juvenile justice system. • One of the biggest factors in the number of youth detained is the number of detention beds and types of beds available. Monroe County will explore further the levels of bed needs and their profiles. Monroe County will look to expand the use of respite and other services as an ATD.
<p>Youth Development</p>	<ul style="list-style-type: none"> • There is an ongoing need to provide professional development learning opportunities for youth workers and their organizations in effective program practices and characteristics. There is also a need to work jointly/collaboratively with other funders and planners to address issues and areas that impact outcomes for youth. Due to lack of funding, less than 10% of county youth are involved with positive youth development programs. • There continues to be a need to increase support to youth living in high poverty. The child poverty rate in the seven-county Rochester region has increased yet remains lower than the state and nation. Monroe, Wayne, and Orleans counties have the highest percentage of children living in poverty (16%-18%). • More than 40% of Rochester's children live in poverty,

	<p>and more than two-thirds of children in the city live in single-parent households.</p> <ul style="list-style-type: none"> • From 2005 to 2009, rates have increased or remained the same for all assets. In 2009, youth most frequently reported receiving support from their family and having supportive adults in their lives, at 84% and 83%, respectively. Sixty-four percent of surveyed youth reported receiving encouragement at school, on par with 2007 levels, and 81% reported that their family has clear rules.
Runaway & Homeless Youth	<ul style="list-style-type: none"> • Funding for Runaway and Homeless Youth Programs in NY State / Monroe County has decreased a total of 62.41% since fiscal year 2008. This reduction in funding has stressed the RHY providers in our community, making it challenging to provide services to this high needs population. Despite this challenge providers and MCDHS have maintained a high level of quality services. There continues to be a need for funding both prevention services and temporary emergency housing specifically for youth in our community. • In 2010 there were 890 unduplicated youth that received emergency shelter that were processed through the Department of Human Services Emergency Housing Unit <ul style="list-style-type: none"> - 458 (51%) were placed in the Youth Shelter System - 354(40%) were placed in the Adult Shelter System - 78 (9%)were placed in hotels (the Cadillac or the East End) - 96% Success rate - when placed in <u>Youth Shelter Facilities</u> 443 youth exited into safe, permanent housing
Domestic Violence	<ul style="list-style-type: none"> • Calls to the domestic violence hotline have been decreasing annually. In 2006 there were 6,254 calls. In 2010, there were 4,877 callers (28% less calls). The percentage of callers that are 1st time callers remain constant at around 34%.
Adult Protective Services	<ul style="list-style-type: none"> • There has been a decrease in cases referred to Lifespan EAPP program since 2007. In 2010, Monroe County referred about 200 cases of suspected elder abuse to Lifespan for investigation and further action (in 2006 there were 300 cases). Almost 80% of these involve a close family member as the alleged perpetrator. • Adult Protective has experienced a 16% increase in the total number of clients they are serving annually. Adult guardianships have increased 38% since 2006. Financial management cases have declined slightly due to partnership with community based programs that are providing this service to older individuals. • APS has started to see a leveling off of utility referrals/disconnect cases after several years of rapid increase in these calls for assistance.

Child Care

- Approximately 72% of the Monroe County families do not have a “stay at home” parent. There is a growing need for a range of quality child care options and Pre-K programs. Many programs are not available for the hours that some families need or are located in areas that families cannot get to without cars, etc.
- In Monroe County, 13,482 children ages 0-5 in Monroe County are living below 165% of the poverty level (County eligibility level). In 2009, child care subsidies were provided to 4,500 children 0-5. There is a need for additional funds to subsidize more children in quality child care programs.

IV. Priority Program Areas

From the Self Assessment in Section III, please identify the program areas that the district has determined to be priorities.

Analysis of the information reviewed for this plan as well as information gleaned from the many interagency consultations noted in Appendices B-1 through B-6, clearly demonstrates that Family Development, Youth Development and Community Development continue to be areas of key concern. Growing reports of child abuse and neglect and continued poor outcomes for children, youth and families around safety, self-sufficiency and health development continued to reinforce Monroe County’s Core Priorities:

- Safety- Protection and Support of Monroe County’s most Vulnerable Children and Adults

Safety and protection for Monroe County’s children, youth and families is a critical value and priority. Children and youth who live in safe and healthy environments are more likely to thrive and less likely to be placed in an out-of-home setting.

- Self-sufficiency and Healthy Development

Healthy communities are comprised of children, youth, adults and families at their highest level of self-sufficiency and development. MCDHS seeks to assist individuals and families in achieving and maximizing their capacities and potential through coordinated, comprehensive and results oriented services and supports.

- Effective and Efficient Utilization of Limited Resources

A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Focused resources must be effective, evidence-based and if possible, coordinated with a continuum of services to eliminate or reduce duplication and increase efficiency.

The Outcomes and Strategies identified in the next section demonstrate how Monroe County will continue to move forward to address its’ core priorities within the ten areas identified by OCFS.

V. Outcomes

1. Outcomes are based on the district’s performance as identified through the data and trends noted in the Self Assessment. Outcomes should be expressed as desired changes within each program area to address the underlying conditions or factors as noted in the district’s self assessment. The outcomes must also be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. If the county receives RHYA funding, outcomes and strategies must be included and should address the coordination of available resources for runaway and homeless youth. Districts may incorporate outcomes from their Child and Family Services Review Program Improvement Plans. Districts are required to address at least two of the following State-determined adult service goals.

- a. Impaired adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- b. To 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.
- c. To utilize multi-disciplinary community resources to improve assessments as well as develop service plans which reduce risk and protect adults.
- d. To provide protective services in the least restrictive manner, respecting the adult’s rights to self-determination and decision-making.

List the district’s outcomes for each program area below:

Child Protective Services	<ul style="list-style-type: none"> 1. Improve the quality of CPS investigations 2. Increase the number of families engaged in the FAR process 3. Increase the number of families engaged in the Child and Family Team (CFT) process
Child Preventive Services	<ul style="list-style-type: none"> 4. Implement performance based contracting for preventive funded services
Foster Care	<ul style="list-style-type: none"> 5. Increase the number of families engaged with the Child and Family Team Process 6. Reduce the number of 3 or more moves of youth in foster care
Adoption	<ul style="list-style-type: none"> 7. Increase the number of freed youth who have identified adoptive resources
Detention	<ul style="list-style-type: none"> 8. Reduce the number of 1-4 day admissions to Secure and Non-Secure Detention
Youth Development	<ul style="list-style-type: none"> 9. To increase youth development opportunities throughout Monroe County thru the implementation and expansion of the Asset Approach 10. To increase the knowledge and skills of youth service providers staff and programs to implement evidence-based/research-based practices and programs in youth development

	<ul style="list-style-type: none"> 11. To fund effective, high quality youth development programming for youth in the community 12. To increase quality and effectiveness of collaborative efforts in the community where the R/MCYB partners with other organizations
Runaway & Homeless Youth	<ul style="list-style-type: none"> 13. To increase access to stable, long-term living conditions for Runaway and Homeless youth 14. To continue, and strengthen prevention and support services to RH/at risk youth to help them address the root causes of their homelessness 15. To collect and collate data, create materials, facilitate meetings with elected officials and seek out and apply for existing and new funding opportunities to increase overall funding for R/HY providers in Monroe County
Domestic Violence	<ul style="list-style-type: none"> 16. Abused, neglected or exploited adults will be identified and served confidentially in their own homes
Adult Protective Services	<ul style="list-style-type: none"> 17. Increase the ability of exploited and vulnerable adults to live safely in the least restrictive setting
Child Care	<ul style="list-style-type: none"> 18. Low income families achieve stability and continuity of child care within funding resources available

2. Identify quantifiable indicators (measures) of the desired changes in order to track progress.

Child Protective Services	<ul style="list-style-type: none"> 1. Improve quality review score to 93% by 12/2016 (a 15% increase) 2. By 12/2016, 25% of CPSI cases will be served as FAR cases <ul style="list-style-type: none"> - 60% of FAR families will complete services via the FAR process - 75% of the FAR families completing services will assess the services provided as helpful - No more than 15% of the FAR families who complete, will have a subsequent CPSI indication within 2 years 3. By 12/2016, 75% of all CPSM cases will utilize the CFT model <ul style="list-style-type: none"> - 80% of CPSM families completing services will assess the CFT model /process as helpful - No more than 20% of the CPSM cases that close will have a subsequent CPSI allegation within 2 years.
Child Preventive Services	<ul style="list-style-type: none"> 4. 25% of preventive funded services will have performance based contracts by 12/2016.
Foster Care	<ul style="list-style-type: none"> 5. By 12/2016, 75% of families with a child(ren) in foster care will be involved in CFT process

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	<p>By 12/2016, no more than 15% of children will re-enter foster care within 1 year of their exit</p> <p>90% of youth discharged will be discharged to family or will be discharged with a permanent connection to an adult.</p> <p>6. No more than 15% of youth in foster care will have 3 or more moves during their foster care stay</p>
Adoption	7. By 12/2016, 85% of freed youth will have at least one potential resource identified and engaged
Detention	<p>8. Reduce the number of youth detained in Secure Detention who are charged as juvenile delinquents and who score low and mid risk on the RAI by 50%.</p> <p>Reduce the overall number of PINS youth being detained annually by 20%</p>
Youth Development	<p>9. 80% of the planned positive youth development and asset building activities/events will meet participation targets</p> <p>85% of participants will report increasing their understanding of the 40 developmental assets</p> <p>10. 80% of participants and programs will report increased knowledge and skills as measured by appropriate tools specific to the opportunity presented</p> <p>11. 85% of youth development providers will meet their specified program outcomes based on the measures indicated in their contracts.</p> <p>12. 85% of collaboratives will be introduced to or operate from a common youth development framework to maximize services and coordination of needs/issues of youth</p>
Runaway & Homeless Youth	<p>13. 85% of youth receiving emergency shelter through RHYA funded providers will leave the shelter for a long term stable living environment</p> <p>14. 85% of youth receiving emergency shelter and / or support services through RHYA funded providers will access the appropriate services to address the underlying causes of their homelessness</p> <p>15. 100% of RHY providers will receive funding increases for shelters and support services</p>
Domestic Violence	16. 80% of individuals contacting Lifespan, ABW or DHS regarding concerns about abuse and neglect of adults will be referred for further intervention.

Adult Protective Services	17. By 12/2016, 90% of APS cases will be found to be in compliance with all state regulations and corresponding timeframes
Child Care	18. Increase the number of child care subsidy cases closed for financial ineligibility reasons and/or aging out by 5%.

VI. Strategies to Achieve Outcomes

- 1. Describe strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and a designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS- administered funding supports achievement of outcomes. Strategies must be related to the achievement of outcomes. If the county receives RHYA state aid, the strategies must provide for the coordination of all available county resources for those populations.**

Child Protective Services	<ol style="list-style-type: none"> 1. Continue CPSI Quality Review Process with a sampling of CPSI cases on a monthly basis. (CPSI Admins; CPSI Supervisors) Ongoing <ul style="list-style-type: none"> - Continue to provide feedback to CPSI Supervisors and Sr CW about the Quality Review measurements and work with the CPSI supervisory staff to address areas needing improvement. (CPSI Admins; CPSI Supervisors) Ongoing - Provide training to CPSI staff on topics that are pertinent to good quality investigations of suspected child abuse and neglect. Staff will be mandated to have at least 6 hours of additional training per year. (Staff Development) Ongoing 2. Provide training and coaching of staff on the FAR model (FAR Supervisors; Admin) Ongoing <ul style="list-style-type: none"> - Develop local capacity for mentoring and coaching of FAR caseworkers. (Staff Development) by 1/2016 - Provide FAR training to all CPSI staff to expand the department’s ability to deliver CPSI services via the FAR model within the current footprint of staffing. (C/FS Admin) by 12/2016 - Provide training to CPSI-FAR staff (and any new CWs) on topics that are pertinent to FAR work. Staff will be mandated to have at least 6 hours of additional training per year. (Staff Development) Ongoing 3. Establish two DHS C/FS supervisory positions to coordinate and deliver ongoing training to staff in CFT facilitation and coaching (C/FS Director) 1/2012 <ul style="list-style-type: none"> - Conduct an analysis of outcomes for CFT cases and for cases not using the CFT process. (C/FS Administration) 2012 - All CPS Management Supervisors will be trained as CFT coaches. (DHS Trainers; C/FS Administration) 1/2013 - All DHS caseworkers will be training in the CFT process.
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	<p>(DHS Trainers) Ongoing</p> <ul style="list-style-type: none"> - Provide training to Management casework staff on best practices and relevant interventions. Staff will be mandated to have at least 6 hours of additional training per year. (Staff Development) Ongoing
<p>Child Preventive Services</p>	<p>4. Update the preventive data base (DHS IS; Preventive Services Supervisor) 1/2012 – 12/2012</p> <ul style="list-style-type: none"> - Review data on program performance (Preventive Services; DHS C/FS Administration) Ongoing - Establish a baseline measure for select programs to pilot a performance based contract model in 2013 (DHS C/FS, County Contract Office) 2012 - Prepare a report summarizing outcomes for those programs/services piloting performance measures. (Preventive Services) 6/2014 - Develop a plan for expanding performance based contracting to other preventive services. (Preventive Services; County contracts, C/F Services Administration) 1/2015 <p>Define/refine measures of outcome performance for preventive programs (Preventive Services Unit; County Contract Unit, provider agencies) 2015-2016</p>
<p>Foster Care</p>	<p>5. Continue training and coaching of Management caseworkers and Visitation Center staff on Visit Coaching to improve the quality of visits between the parent and child . (Staff Development) Ongoing</p> <ul style="list-style-type: none"> - Continue training, coaching and mentoring of Management casework staff in the Child and Family Team (CFT) model. (Staff Development) Ongoing - Provide training to all foster parents and birth parents using the “Shared Parenting” curriculum (Homefinding Team) 2012 onwards - Hold birth parent and foster parent “Icebreaker” meetings when new family foster care placement occurs. (Homefinding staff, CPSM CW) Ongoing - Train Homefinding staff on FBA (Functional Behavioral Approach) so they can train foster parents on FBA. (Staff Development; Homefinding) 2012 - Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice with ongoing consultation from Kevin Campbell. (C/FS Administration) Ongoing - Implement the Healthy Futures Initiative, a collaboration with Children’s Institute, Starlight Pediatrics, Mt. Hope Family Center and DHS (C/FS Administration) by 12/2016 <p>Provide training to Management casework staff on best practices and relevant interventions. Staff will be mandated to have at least 6 hours of additional training per year. (Staff Development) Ongoing</p>

	<p>6. Provide training to all foster parents and birth parents using the “Shared Parenting” curriculum (Homefinding Team) 2012</p> <ul style="list-style-type: none"> - Hold birth parent and foster parent “Icebreaker” meetings when new family foster care placement occurs. (Homefinding staff, CPSM CW) 2012 - Train Homefinding staff on FBA (Functional Behavioral Approach) so they can train foster parents on FBA. (Staff Development; Homefinding) 2012 - Continue training, coaching and mentoring of Management casework staff in the Child and Family Team (CFT) model. (Staff Development) Ongoing - Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice with Kevin Campbell. (C/F S Administration) Ongoing - Implement the Healthy Futures Initiative, a collaboration with Children’s Institute, Starlight Pediatrics, Mt. Hope Family Center and DHS (C/FS Administration) by 12/2016 - Provide training to Foster Parents and MCDHS staff on Matt Peirce/Functional Behavioral Approach (Homefinding; Staff Development) 2012 - Collect and analyze data on reasons foster homes close. Develop/refine “retention efforts” strategies to increase support to valued foster families considering closing. (Homefinding ; FCI; C/FS Admins) 6/2012 - Increase support & training for foster families (Homefinding) Ongoing - Develop a Foster Parent Advisory Board (Homefinding) Ongoing - Survey Foster parents to identify what they would like to have training on. (Homefinding) Ongoing - Hold two annual foster parent recognition events (C/FS Admin; Homefinding) Annually
<p>Adoption</p>	<p>7. Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice with Kevin Campbell. (C/FS Admin) 2012</p> <ul style="list-style-type: none"> - Identify and train a small team of staff to serve as Family Finding Resource/Support Team who will work with MCDHS CWs to conduct searches utilizing various computer systems and programs, to identify possible family members/adults supports for youth. (C/FS Admin; Staff Development) by 12/2012 - Continue to support CAP activities (C/F Services) Ongoing - Work with CAP and Hillside Children’s Center through their Wendy’s Wonderful Kids grant to do child specific recruitment of adoptive homes. (C/F Services) Ongoing

	<ul style="list-style-type: none"> - Train additional MCDHS staff in adoption and permanency work to facilitate permanency for freed children and youth. (Staff Development) Ongoing - Work with “A Parent for Every Child” Advisory Board and grant staff to identify potential resource families for selected Monroe County freed youth in the OMRDD, OMH and DJJOY populations. (C/F Services Admin) Ongoing
<p>Detention</p>	<p>8.Maintain the Alternatives to Detention (ATD) Team to complete screening on all youth arrested by police on JD matters and/or youth who have a pending PINS petition as well as supervise youth assigned to an ATD resource and make reports to the court. (Probation; DHS) Ongoing</p> <ul style="list-style-type: none"> - Implement the RAI in the field 24/7 to inform the police decisions to detain a youth (Probation; Law Enforcement Council; ATD Steering Committee; DHS) Effective 1/2012 - Continue to facilitate meetings of the ATD Steering Committee to oversee the implementation of the system of ATD resources and to track utilization and outcomes. (DHS; Probation) Ongoing - Support the development and continuation of alternatives to detention programs such as HCC’s RIY program. (DHS; Probation; ATD Steering Committee) Ongoing - Continue to seek outside funding to expand the array of alternatives to detention resources/programs. (DHS; Probation) Ongoing - Maintain a system of diversion alternatives from pre-filing to post adjudication for PINS and JD youth that reduces the reliance on detention (C/FS Admin; Preventive Services; Probation) Ongoing - Continue collaborative work with Probation, OCFS, Casey Family Programs and DCJS to address DMR/DMC in Monroe County. (C/FS Admin; Probation) Ongoing - Continue to track juvenile justice system data including ATD related data and report quarterly to the ATD Steering Committee (DHS) Ongoing
<p>Youth Development</p>	<p>9. Increase partnerships to incorporate asset building language throughout the community as well as continue to explore asset based community development (ABCD) approach to increase natural supports for youth and families (Bob Zinck, Megan Wilson, Chris Dandino, Gabe Perez, Kathy Rivera & Mike Barry) Ongoing</p> <ul style="list-style-type: none"> - Conduct annual Asset Awards (Bob Zinck, Megan Wilson, Gabe Perez, & Mike Barry) Ongoing <p>10.Continue the Youth Work Method series through train the trainer sessions (Chris Dandino) 2012-2014</p> <ul style="list-style-type: none"> - Continue Capacity Building core foundation learning series (Chris Dandino) Ongoing <p>11.Continue supporting OCFS QYDS implementation (Bob Zinck, Garth Freeman, Megan Wilson, Kathy</p>

	<p>Rivera, John Hopf and Marie Siracuse) Ongoing</p> <p>12. Seek opportunities to partner with other funders and planners on systemic change efforts that can improve outcomes for youth in our community as funds continue to decrease. (Bob Zinck, Megan Wilson, Chris Dandino, Gabe Perez, Kathy Rivera & Mike Barry) Ongoing</p> <ul style="list-style-type: none"> - Continue to partner with MCOFA to develop intergenerational opportunities and partnerships for youth and seniors (Bob Zinck, Megan Wilson, Chris Dandino, Gabe Perez & Mike Barry) Ongoing - Participate in Mentoring Roundtables (Bob Zinck, Megan Wilson & Mike Barry) Ongoing - Participate in Youth in Transition Initiative for youth returning to RCSD from residential placements, both short-term and long-term. (Bob Zinck & Chris Dandino) Ongoing - Continue to participate in the Greater Rochester After School Alliance to improve quality of afterschool programs (Chris Dandino) Ongoing - Continue collaborative partnerships on behalf of youth development and improving systemic issues and systems for youth (Bob Zinck, Megan Wilson, Chris Dandino, Gabe Perez, Kathy Rivera & Mike Barry) Ongoing
<p>Runaway & Homeless Youth</p>	<p>13. Continue to work collaboratively with the Runaway and Homeless Youth Service providers, MCDHS and other community agencies through the Runaway and Homeless Youth Providers meetings and sub-committee meetings. (Garth Freeman) Ongoing</p> <ul style="list-style-type: none"> - Continue implementation of the 24 hour agreement (Garth Freeman) Ongoing - Maintain and manage funding through the Department of Housing and Urban Development (HUD). (Garth Freeman) Ongoing - Continue participation on the Monroe County Continuum of Care (CoC) including participation on the Executive Committee (Garth Freeman) Ongoing <p>14. Continue participation on CoC workgroup to design and plan a Single Point of Entry (SPOE) for housing and homeless individuals (Garth Freeman) Ongoing</p> <ul style="list-style-type: none"> - Continue participation on the Homeless Services Network (HSN) and HSN Advocacy Committee (Garth Freeman) Ongoing <p>15. Continue to monitor programs, collect and aggregate data and create materials to assess, support and maximize the work of R/HY programs. (Garth Freeman) Ongoing</p> <ul style="list-style-type: none"> - Continue to research funding opportunities and strategies and apply for funding for R/HY programs (Garth Freeman) Ongoing
<p>Domestic Violence</p>	<p>16. Explore opportunities to contract for high risk emergency housing slots and services for adults unable to remain independent due to emergency situations (APS)</p>

	<p>Administrator) 2013</p> <ul style="list-style-type: none"> - Review cases that have had 3 or more Intake Closings within 18 months to determine if a more in-depth assessment of the situation should occur. (APS Supervisors) Ongoing - Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with the most appropriate service (APS) Ongoing - Continue to contract with Lifespan EAPP program (Liz Sloma; APS Supervisor) Ongoing - Continue to contract with ABW for crisis hotline, court advocacy, shelter and counseling. (Liz Sloma; APS Supervisor) Ongoing <p>Continue to support Lifespan’s psycho-education group for perpetrators of elder abuse. (Liz Sloma; APS Supervisor) Ongoing</p>
<p>Adult Protective Services</p>	<p>17.Provide training to APS staff on topics such as cultural awareness/understanding, assessment, engagement skills with hard to serve clients, emerging community resources and services, etc. (Staff Development) Ongoing</p> <ul style="list-style-type: none"> - Implement Family Finding with those adults who are not connected to existing family members and who are willing to work with APS staff to seek out family members or other supportive adults. (APS Admin; APS Supervisors; APS CW; Family Finding Resource Team) 1/2013 - Re-establish the multi-disciplinary High-Risk Committee to discuss clients who are living in high risk situations in the community and develop plans to reduce risk and stabilize the individuals using a multi-system approach. (APS Admin) 1/2012 - Maintain financial management services and rep payee resources through contracts with community agencies/organizations such as CFC as well as through the County to enable at-risk adults to stabilize housing and reduce need for emergency related services. (APS Administrator; APS Supervisors) Ongoing - Explore opportunities to contract for high risk emergency housing slots and services for adults unable to remain independent due to an emergency situation. (APS Administration) 2013 - Review cases that have had 3 or more Intake Closings within 18 months to determine if a more in-depth assessment of the situation should occur. (APS Supervisors) Ongoing - Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with the most appropriate service (APS) Ongoing - Review data on utility disconnect notices/cases involving elderly or impaired adults to identify individuals with

	<p>frequent notices of disconnect. Work with MCDHS Financial Care Path, HEAP, OFA, Lifespan and local utility companies to identify and address underlying problems to reduce the likelihood of continuing disconnect threats/notices. (APS, FCP, OFA) Ongoing</p> <ul style="list-style-type: none"> - Review files of deaths of APS clients who die in their home (non dormitory settings) to identify opportunities for practice/policy changes and areas for improvement in delivery of services and training to APS staff. (APS Administrator) Ongoing - Strengthen the working relationship between APS and the DHS Home Support Unit so as to fully utilize available services which will assist in maintaining clients in the community for longer periods of time. (APS Supervisors; Home Support Unit Supervisor) Ongoing
<p>Child Care</p>	<p>18. Monitor case closing ratio on a monthly basis (Nancy Forgue) Ongoing</p> <ul style="list-style-type: none"> - Review child care fair hearing outcomes. Utilize hearing results to adjust policy/practices as appropriate. (Nancy Forgue) Ongoing - Roll out the implementation of CCTA (Bob Franklin, Nancy Forgue) by 12/2016

VII. Plan Monitoring

- 1. Describe the methods and the processes that will be used by the district to verify and monitor the implementation of the Child and Family Services Plan and the achievement of outcomes.**

The MCDHS Planning Unit will be responsible for the monitoring and implementation of the Child & Family Services Plan in collaboration the R/MCYB and MCDHS Administration.

R/MCYB staff will report to R/MCYB administration their achievements related to the outcomes identified in the plan and identify any modifications needed to the outcomes as written. Reports will also be given to the R/MC Youth Board.

VIII. Financing Process

1. Describe the financing for the district’s services.
 - a. Include general information about the types if 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. For 2010, the total cost of these services was \$141 million with \$59 million reimbursed by the federal government, \$38 million by state government

and \$44 million from the county government. In recent years both the Federal and the State governments have been funding much of the services through block grants which has the effect of making any new costs 100% local and discourages the development of new programs. In light of continuing reductions in state and federal funding, Monroe County has implemented strategies to change the way services are provided thereby reducing costs but still maintaining the safety, security and stability for children and families. An example of this is local efforts that have resulted in the reduction in the number of youth placed out of home as well as reducing lengths of stay for those youth placed out of their home. Monroe County will continue to work with the Office of Children and Family Services and the New York Public Welfare Association to develop a funding structure that will allow counties to respond to increased/emerging needs and encourage increased investment in preventive services. Within DHS, the three divisions will look for opportunities to blend funding streams to support critical services and staff. DHS continues to look for opportunities to apply for grant funds to support its' pilot projects as well as a collaborative partner with other community entities to support new community initiatives.

MCDHS -R/MCYB

The core RMCYB funding source is NYS OFS for Runaway and Homeless, SDDP, and YDDP/YI funding streams. The RMCYB also receives federal HUD funds for homeless youth services, and the Rochester Area Community Foundation funds to support YAR and Capacity Building Project. The RMCYB also partners with MCOFA to assist funding with intergenerational programming. The RMCYB's selection and investment in programs and strategic initiatives requires that resources be prioritized within three core priority areas: Child & Family Safety, Self-Sufficiency and Healthy Development, Effective and Efficient Utilization of Limited Resources. The RMCYB's recognizes that funds allocated to support a youth development program often make up a portion of the funds required to implement a program and that other funders are partners in this funding investment. Thus it is essential in resource allocation decisions to maximize input and feedback from all parties involved in the program investment. The current program budget of the RMCYB is 98% state funds and 2.% county funds. The OCFS funding formula for YDDP/YI has gone from a high of \$6.50 per youth to \$2.53 per youth. It has not been possible to maintain previous service levels. The RMCYB also oversees funding to municipal youth bureaus. Decreases in state and county funds, as well as special member items requires that the RMCYB seek funding partnerships and other funds to support program models that are effective and can serve the many youth that could benefit from programming.

- b. 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 has implemented a web based contract management and tracking system called Contract HQ. This system is designed to track contractor performance on their outcome objectives as well as calculate per unit costs; results of in-house evaluation/tracking; program/service utilization; etc. Monroe County feels that this new contracting process is enabling the county to identify effective programs/services

quicker. This new contract system complements the GTO model and tracks performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the contract shell. This will facilitate oversight and monitoring of contract performance to ensure that funds are being wisely spent. It will also be able to assist the county to identify those contractors who are not meeting expectations early enough to allow county staff to follow-up with the vendor and provide assistance to enable them to meet the contract expectations.

Monroe County has a policy to use either Requests for Proposals or Requests for Qualifications process when either funds become available and there is a desire to purchase new services or when there is an interest in possibly changing vendors. RFP/RFQs are advertised on the County's website and clear guidelines for applying are posted. All proposals are reviewed utilizing a clear set of criteria and a defined review process. MCDHS – LDSS and R/MCYB 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” and 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-R/MCYB

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 not conducted in isolation but as cooperative ventures.

As noted previously, the R/MCYB utilizes a Request for Proposals for Youth Bureau funds through the County Purchasing. Selection decisions are made by R/MCYB staff, Youth Board members, the Commissioner of Human Services with involvement of other relevant parties in the process including other funders, youth and family consumers, or other appropriate representatives as related to the nature of the investment opportunity (i.e., investments to support success in school may include school representatives or investments to improve neighborhoods may include neighborhood association representatives). Final approval is with the Monroe County Legislature.

- 2. Describe how purchase service contracts will be monitored.**
 - a. 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.

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 purchase services: Preventive Services, Foster Care and Adult Protective Services.

Preventive Services: The method for monitoring preventive contracts is highly developed and includes case monitoring, program monitoring and systems monitoring. Case monitoring is done primarily on the basis of FASPs forms completed by the contract agencies. MCDHS preventive caseworkers review all FASPs to insure that the risk of placement is clear, goals are measurable and achievable, needed services are being provided, the minimum number of home visits were made, etc. Contract agencies, funders and DHS staff worked together and developed a common tool, Family Assessment Functioning, to measure “improve family functioning”. The form is being implemented throughout all the preventive contract programs and is used to identify critical areas in casework and to aid in creating more focused service plans that address presenting issues and reduce risk factors for the youth and family. Each contract is assigned a monitor 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 closely monitored, as a general rule are expected to be maintained at a 90% or above, and are discussed at every bi-monthly Coordinators Meetings. Overall contract performance is reviewed yearly at contract renewal time or on an *as needed basis* as problems arise. 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. These data are incorporated into the contract monitoring process but also form the basis for the preventive program’s annual report and are 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 insure that regulatory standards are met in addition to insuring that the clients’ needs are met. Case monitoring is done through the regular review of FASPs, through regular attendance at service plan conferences, and through attendance at court hearings. While these activities allow us to make some inferences about how well particular programs are performing, they do not provide the level of information that a defined contract monitoring system can provide. Data provided by NYS (CCRS, MAPS) is helpful in monitoring the total foster care system, but needs to be much more accessible for us to do additional analysis if it is to be used for contract monitoring or to ask more sophisticated systems related questions.

Adult Protective Services: Adult Protective Services in Monroe County has two major contracts with local agencies, Family Service of Rochester (FSR)/Catholic Family Center for financial management services and Lifespan for elder abuse services. Family Services provides rep payee, guardianship, financial counseling, and

Power of Attorney services for up to 275 Adult Protective clients. Lifespan runs the ElderAbuse Prevention Program (EAPP), which provides public education and publicity around elder abuse and intervenes in cases of maltreatment of the elderly. In both cases the programs' contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. In the case of the Financial Management Services program at FSR, FSR submits financial ledger sheets for clients in the program on a monthly basis. Summaries of casework activity are also submitted on a monthly basis. Databases maintained at DHS and at FSR track client involvement in the program and monitor timeliness of report submission. In guardianship cases, a copy of the annual accounting, which is required by law to be submitted to NYS Supreme Court, is also sent. Bimonthly meetings with the FSR program administrator and the Adult Protective supervisors are held to discuss case problems, contract compliance and ongoing program issues. Lifespan submits a semiannual report of each case mutually serviced 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.

MSDHS- R/MCYB

The R/MCYB's monitoring and evaluation system ensures contract compliance and high quality youth programs that support positive youth outcomes. The primary goal of the R/MCYB's monitoring and evaluation system is to assure that the investments made contribute to successfully impacting outcomes for youth and families. The three cornerstones to the investment decision process: alignment, program model effective characteristics, and performance form the basis for the program review. The R/MCYB incorporates five (5) components to fulfill its oversight responsibilities with direct contract agencies: (1) self-report, requiring agency submittal of information; (2) on-site monitoring; (3) assessment and evaluation; (4) financial systems review; and (5) expenditure review. At minimum, site visits occur once per year. The R/MCYB use results from the monitoring processes in planning and funding decisions in a variety of ways including: redesigning of program components and methodology due to identification of needs or issues not responsive to program model or effective in producing outcomes for participants; increases or decreases in funding based on changes in alignment, priority or performance; defunding vendors not in compliance with contract standards; identifying roles for the R/MCYB and Board to take on specific issues; addressing training and technical assistance needs of line staff as well as supervisory/management staff; discussions with joint investment partners regarding implications for changes or modifications. When programs/services are jointly funded, collaboration occurs with other joint funders on program assessment performance findings and joint actions to address issues, redirect resources to higher priority and/or enhance/expand to high performing and high priority programs to ensure a continuum of effective, quality services and programs

The R/MCYB also fulfills its oversight responsibilities with municipalities via (1) self report; (2) specific review of contract objectives; (3) expenditure and financial systems review and (4) technical assistance/consultation. Site visits occur once per three year cycle, or as needed, to provide technical assistance or observe programming.

APPENDIX D

Relationship Between County Outcomes and Title IV-B Federal Goals

List each district outcome that supports or relates to achievement of the federal goals identified below. Many of your outcomes are listed under your Child and Family Services Review PIP, and should be included here.

Title IV-B of the Social Security Act, Subpart I

Goal 1: Families, including nuclear, extended, and adoptive families, will be strengthened and supported in raising and nurturing their children; in maintaining their children’s connections to their heritage; and in planning their children’s future.

Outcomes:

1, 2, 3, 4, 5, 6, 7, 13, 14

Goal 2: Children who are removed from their birth families will be afforded stability, continuity, and an environment that supports all aspects of their development.

Outcomes:

1, 2, 3, 4, 5, 6, 7, 18

Goal 3: Victims of family violence, both child and adult, will be afforded the safety and support necessary to achieve self-sufficiency (adult) and/or to promote their continued growth and development (child).

Outcomes:

1, 2, 3, 4, 5, 6, 7, 8, 13, 16, 17

Goal 4: Adolescents in foster care and pregnant, parenting, and at-risk teens in receipt of public assistance will develop the social, educational, and vocational skills necessary for self-sufficiency.

Outcomes:

2, 3, 5, 6, 7, 9, 10, 11, 12, 13, 14, 18

Goal 5: Native American families, including nuclear, extended, and adoptive families, will be strengthened and supported in raising and nurturing their children; in maintaining their children’s connections to their heritage; and in planning their children’s future.

Outcomes:

3, 4, 5, 6, 7

APPENDIX E
Public Hearing Requirements

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

Date Public Hearing held: 11/14/2011 (at least 15 days prior to submittal of Plan)

Date Public Notice published: 10/28/11, 10/31/2011 and 11/1/2011 (at least 15 days in advance of Public Hearing)

Name of Newspaper: The Daily Record

Number of Attendees: Though a notice for the Public Hearing was posted in both The Daily Record and on the County of Monroe's website, no one attended the public hearing. Also, no written comments about the proposed 2012-2016 Child and Family Services Plan were received by MCDHS.

Areas represented at the Public Hearing:

- | | | |
|--------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Health | <input type="checkbox"/> Legal | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Aging | <input type="checkbox"/> General Public | |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Issues identified at the Public Hearing:

APPENDIX F
Program Matrix

Each district will enter their Program Information into the Welfare Management System (WMS). Instructions for completing this process are located in the Plan Guidance Document. Answer the questions below related to the information you entered into the WMS system.

1. Are there changes to the services your county intends to provide during the County Planning cycle?

No Yes

2. If there are changes to the services, please indicate what those changes are.

APPENDIX G
Technical Assistance Needs

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

APPENDIX H

Memorandum of Understanding
Between the District Attorney's Office and Child Protective Services

Chapter 156 of the Laws of 2000 (the Abandoned Infant Protection Act) went into effect in July 2000, and was **amended effective August 30, 2010**. This law is intended to prevent infants from being abandoned in an unsafe manner that could result in physical harm to them. Please send an electronic copy of your signed MOU with your County Plan 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.

- Copy of active MOU is being sent with the County Plan.
- Active MOU is not attached, but a narrative summary is provided below.

Narrative Summary:

INVESTIGATION OF CHILD ABUSE AND MALTREATMENT

The IMPACT Team is a collaborative effort of the Rochester Police Department, Monroe County Sheriff's Office, Monroe County Department of Human Services, Monroe County District attorney's Office, Monroe County Attorney's Office, rape Crisis Services of Planned Parenthood, Rochester City school district, Bivona Child advocacy Center, and the Golisano Children's Hospital at Strong REACH Program. The goal is to provide the most comprehensive and effective investigation of child physical and sexual abuse, while minimizing additional trauma to the child.

The areas covered by the MOU include structure, objectives, case assignments, joint CPS/law enforcement response protocols, emergency removals, medical examinations, physical and evidentiary evidence, interviewing, resource sharing, record keeping and supervision/oversight of the collaborative team. The MOU has been agreed to by all parties. It is reviewed annually by the participating agencies.

ABANDON SAFE CHILD ACT

Monroe County defined the local process for complying with the Abandoned Infant Protection Act through a MOU between the Monroe County District Attorney's Office and the Monroe County Department of Human Services. The MOU builds upon the procedures and protocols outlined in the Monroe County IMPACT Team Guidelines for Child Abuse Investigations. The MOU was revised to be in compliance with changes to the law that occurred in August 2010. The MOU is reviewed annually by the participating agencies.

APPENDIX I
2012 Estimates of Persons to Be Served

Required only if the district does not seek a waiver, as noted on Appendix A

Type of Care/Service	Total*	Children	Adults
Adoption			
Child Care			
Domestic Violence			
Family Planning			
Preventive Child Mandated			
Preventive Child Non-Mandated			
Child Protective Services			
Child Protective Services Investigation			
Unmarried Parents			
Preventive – Adults			
Protective Services Adults – Services			
Protective Services Adults – Investigation			
Social Group Services Senior Citizens			
Education			
Employment			
Health Related			
Home Management			
Homemaker			
Housekeeper/Chore			
Housing Improvement			
Information and Referral			
Transportation			

*Total equals children plus adults

County Child and Family Services Plan

Type of Care/Service — Foster Care	Total	Non JD/PINS Child	OCFS JD/PINS Child	DSS JD/PINS Child
Institutions				
Group Homes/Residences				
Agency Operated Boarding Homes				
Family Foster Care				
Unduplicated Count of All Children in Care				

Type of Care/Service – Adult	Total	Adults
Residential Placement Services		

APPENDIX J-1

Non-Residential Domestic Violence Services (Complete a Copy for Each Program)

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.

County: **MONROE**

Phone Number: (585) 753-6775

County Contact Person: Liz Sloma

E-mail Address: elizabeth.sloma@dfa.state.ny.us

SECTION A

Program Closure

Complete this section if an approved non-residential domestic violence program “closed” during the previous year.

Name of program:

Date closed:

Reason for closing:

SECTION B

Complete this section for each 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 DV program.

Agency Name: **Lifespan**

Business Address: 1900 Clinton Avenue South, Rochester, NY 14618

Contact Person: Paul L. Caccamise

Telephone Number: (585) 244- 8400

E-mail Address: pcaccamise@lifespan-roch.org

Program Requirements

- 1. Seventy percent of the clientele served must consist of victims of domestic violence and their children. This program is intended to be a separate and distinct program offering specialized services for victims of domestic violence. Describe how the program is separate and distinct and how it fits into the overall agency.**

Lifespan’s Elder Abuse Prevention Program (EAPP) 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 or neglected by trusted third parties including family

members. Each year the program investigates about 200 cases of elder abuse in Monroe County. Approximately 80% of perpetrators each year are close family members.

- 2. Services must be provided regardless of financial eligibility; services must be provided in a manner that addresses special needs, including physically handicapped, hearing impaired, and non-English speaking; and services must address the ethnic compositions of the community served. Describe the eligibility criteria for clients of the non-residential domestic violence program and how special needs populations are accommodated.**

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. Service are provided in the client homes for the most part. EAPP has one social worker who speaks Spanish; Lifespan has other bilingual staff that can be called into cases for clients whose primary language is not English. Lifespan also has a contract with Language Intelligence to provide translation service in other languages. Lifespan also operates an ASL Interpreting Services program and provides ASL interpreting services for deaf clients when needed.

- 3. There must be evidence that the program is needed, based on the number of persons to be served and evidence that the indicators used are realistic. Provide an estimate of the number of victims of domestic violence needing non-residential services and description of the indicator/data used to determine that estimate.**

Need is based on the number of elder abuse cases served by EAPP on an annual basis in which the perpetrator is a close family member including husband, wife, partner, adult son or daughter, brother, sister, son-in-law or daughter-in-law or grandchild. Each year EAPP receives over 200 new cases of elder abuse from Monroe County; typically, in over 160 of these cases the perpetrator is a family member.

- 4. Where are the non-residential domestic violence services provided? Describe the type of location (e.g.at the business office, at the school, etc.). The specific should not be included and should not be identifiable from the information provided.**

Almost all EAPP services are provided in the client's home. EAPP staff sometimes also accompanies clients to Family Court or criminal court.

- 5. Explain how the location(s) where the non-residential domestic violence services are provided to ensure the safety of the persons receiving services and the confidentiality of their identities. Do not provide the location addresses.**

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.

6. All of the core services listed in 18 NYCRR 462.4 must be provided directly by the program, as defined in the regulations, and must be provided in a timely manner. For each of the core services listed below, include:

a. Days and hours the service is available

Office Hours: 8:30 am - 4:30 pm M-F; 24 hrs/7 days through I & R through Eldersource

b. How the service is provided

EAPP provides services through telephone contacts with clients and their caregivers and through home visits.

c. Where the service is provided, when the service is provided at a location other than the program location (i.e., accompanying the client to court)

Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other appointments.

d. Details specific to this program other than program location.

EAPP also offers a unique psycho-educational group program for perpetrators of elder abuse (the SEAM program).

Telephone Hotline Assistance

Include hotline operation hours and detail the methods currently being used for the operation of the hotline service (e.g. coverage, staff responsibility, any technology used).

EAPP can be accessed by social work staff from 8:30 am – 4:30 pm M-F. Clients and referral sources may also access the program by calling Eldersource at a 24 hour access phone number. Through a contract with ABVI, afterhours calls are taken by LifeLine. Referrals are then transmitted to EAPP staff via the PeerPlace aging services database.

Information and referral

I & R is provided by EAPP social work staff, by Eldersource telephone specialist and by LifeLine telephone specialist.

Advocacy

Describe all types offered, including accompaniment.

EAPP social workers advocate for clients and support clients in self advocacy in a number of areas: advocacy in the criminal justice system including accompaniment to file Orders of Protection and to court hearings, advocacy in the healthcare system, advocacy with financial institutions and with creditors.

Counseling

Describe all types offered, including individual and group.

EAPP social workers counsel clients individually; EAP also offers a unique psycho-educational group program for perpetrators of elder abuse (the Stop Elder Abuse and Mistreatment or SEAM program).

Community Education and Outreach

Describe methods used, target audience, and messages conveyed. If there is more than one domestic violence provider in the community, describe how the outreach activities are coordinated.

EAPP staff offer presentations for the public and training for professionals on elder abuse to thousands of individuals in Monroe County as well as other locations in NYS each year. In 2010, EAPP reached over 2,000 individuals in this way. EAPP also offers information on elder abuse via the local media, e.g., on local radio talk shows and through articles in print publications in Monroe County. EAPP is also a member of the Monroe County Domestic Violence Council.

Optional Services (e.g., support groups, children's services, translation services, etc.)

The SEAM Program is an optional service; it is one of the few programs for perpetrators of elder abuse in the nation.

7. Each program must employ both a qualified 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 title, responsibilities and qualifications.

- Do not give names
- Resumes are not required

Title: Lifespan VP for Program

Responsibilities:

Program oversight/strategic planning/offers training in elder abuse/conducts research in elder abuse

Qualifications:

LMSW, 26 years of experience in adult protective and elder abuse

Title: EAPP Program Director

Responsibilities:

Program management/ clinical supervision/ program monitoring/ budget preparation/ offers training in elder abuse/ conducts research in elder abuse

Qualifications:

LMSW, 22 years in elder abuse services

Title: **EAPP Social Workers (4.5 FTEs)**

Responsibilities:

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

Qualifications:

MSW or BSW and experience working with older adults

APPENDIX J-2

Non-Residential Domestic Violence Services (Complete a Copy for Each Program)

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.

County: **MONROE**

Phone Number: (585) 753-6775

County Contact Person: Liz Sloma

E-mail Address: elizabeth.sloma@dfa.state.ny.us

SECTION A

Program Closure

Complete this section if an approved non-residential domestic violence program “closed” during the previous year.

Name of program:

Date closed:

Reason for closing:

SECTION B

Complete this section for each 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 DV program.

Agency Name: **Alternatives for Battered Women**

Business Address: PO Box 39601 Rochester, NY 14604

Contact Person: Catherine Mazzotta, Executive Director

Telephone Number: (585) 232- 5200

E-mail Address: CathyM@abwrochester.org

Program Requirements

- 1. Seventy percent of the clientele served must consist of victims of domestic violence and their children. This program is intended to be a separate and distinct program offering specialized services for victims of domestic violence. Describe how the program is separate and distinct and how it fits into the overall agency.**

Alternatives for Battered Women (ABW) 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 (38-bed emergency domestic violence shelter for victims of DV and their children), ABW also offers non-residential DV services that help 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 benefits. In fact, most of the clients using Non-residential services reside in the local community.

Non-Residential Services Include:

- 24-HOUR CRISIS HOTLINE - providing access to the shelter, information and referral and counseling. Victims of domestic violence, concerned family members, friends, and community professionals utilize ABW's Crisis Hotline.
- WALK-IN COUNSELING - short-term individual counseling is available for extremely urgent situations.
- CHILDREN'S SERVICES- group services for children whose mother's are participating in community support groups.
- TRANSITIONAL SUPPORT SERVICES - small groups, topic focused groups, open community support groups advocacy and individual consultation is available to victims of domestic violence residing in the community who are coping with the effects of an abusive relationship on themselves and their lives.
- COURT ADVOCACY PROGRAM - ABW advocates are stationed at the Domestic Violence Intensive Intervention Court and the Integrated Domestic Violence Court located at the Hall of Justice. This program assists victims who are petitioning this part of Family Court for an Order of Protection and provide support in both IDV and DVIIC Courts. This is a collaborative program with Legal Aid Society of Rochester. Clients can obtain court accompaniment, civil legal services for obtaining orders of protection and ongoing support and advocacy throughout the Court process.
- DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAM: a preventive, educational program for youth and those that work with youth in academic and community based settings throughout Monroe County.
- COMMUNITY SPEAKER'S BUREAU - individualized presentations about domestic violence and agency services to professional and community groups.

2. Services must be provided regardless of financial eligibility; services must be provided in a manner that addresses special needs, including physically handicapped, hearing impaired, and non-English speaking; and services must address the ethnic compositions of the community served. Describe the eligibility criteria for clients of the non-residential domestic violence program and how special needs populations are accommodated.

ABW is open to all residents in Monroe County who disclose as victims of domestic abuse and/or family members of victims of domestic violence. ABW also serves victims of domestic violence who come from other NY Counties and States. All services are provided without regard to income. Staff and volunteers are trained to work with a wide variety of individuals and families. ABW has bilingual staff and volunteers available for all programs. Staff and volunteers participate in cultural diversity training. The agency has also made itself accessible to the hearing impaired community through establishing a designated TTY line and contracts ASL interpreters for services. ABW was part of a state wide task force in developing and implementing training for victims of domestic violence

who are disabled including training for advocates of domestic violence serving the deaf, hard of hearing and latency deaf community. The facility is handicap accessible as well.

3. There must be evidence that the program is needed, based on the number of persons to be served and evidence that the indicators used are realistic. Provide an estimate of the number of victims of domestic violence needing non-residential services and description of the indicator/data used to determine that estimate.

- Shelter/Hotline:
4,877 callers; 1,682 were first-time callers
420 women and children received shelter
- Prevention-Education:
605 presentations took place reaching 14,409 students (representing high schools, junior high schools, alternative high schools, colleges, adult ed programs, and youth groups).
- Speakers Bureau:
123 presentations were conducted by staff and volunteers to raise community awareness and reach out to victims. Presentations were made to community groups, human services organizations, and businesses reaching 3,111 individuals.
- Transitional Support Services:
215 unduplicated clients received individual counseling
518 unduplicated clients attended community support groups, topic-focused groups and DV education groups
- Court Advocacy Programs:
1,804 victims received services through the Court Advocacy Program

4. Where are the non-residential domestic violence services provided? Describe the type of location (e.g.at the business office, at the school, etc.). The specific should not be included and should not be identifiable from the information provided.

Services offered by the Transitional Support Services, and Children's Services are provided in a confidential secured building. The Court Advocacy Program is on site at the Hall of Justice to assist victims in obtaining an order of protection. The Prevention and Educational outreach is offered in the community and in schools.

5. Explain how the location(s) where the non-residential domestic violence services are provided to ensure the safety of the persons receiving services and the confidentiality of their identities. Do not provide the location addresses.

The ABW 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 are not accessible to the general public. Client confidentiality is an important component of ABW services to protect clients who are seeking help from further victimization and to provide a safe environment for disclosure of domestic violence incidents. ABW has specific and strict policies and procedures regarding the means by which any client of ABW's confidentiality is to be protected.

6. All of the core services listed in 18 NYCRR 462.4 must be provided directly by the program, as defined in the regulations, and must be provided in a timely manner. For each of the core services listed below, include:

e. Days and hours the service is available

See below by program type

f. How the service is provided

See below by program type

g. Where the service is provided, when the service is provided at a location other than the program location (i.e., accompanying the client to court)

See below by program type

h. Details specific to this program other than program location.

See below by program type

Telephone Hotline Assistance

Include hotline operation hours and detail the methods currently being used for the operation of the hotline service (e.g. coverage, staff responsibility, any technology used).

24 hour crisis hotline: operates 24/7 and provides counseling, support, advocacy, information and referral for victims of domestic violence and their families. The crisis hotline provides information on all of ABW's services as well as community resources and is the point of access for the emergency shelter. There are 13 full-time counselors and 16 per diem counselors who receive a 3 week intensive training and regular supervision. Educational degrees vary from Associate of Arts to Masters' degrees. ABW makes use of trained volunteers for the hotline as well. Additionally the crisis hotline has a designated TTY line for the deaf, hard of hearing and latency deaf population.

Information and referral

All staff are trained to provide information and referrals about domestic violence, ABW resources as well as community resources. This is done via phone or in person and is available 24 hours a day. ABW is a major resource to the community as a depository of information regarding community resources and services.

Advocacy

Describe all types offered, including accompaniment.

In general, all of ABW's staff provide advocacy on the individual case bases and at the community and system wide level. ABW advocates to 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. ABW 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.

ABW 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.

ABW is an active leading member of the Rochester and Monroe County Domestic Violence Consortium. This group is made up of service providers, law enforcement, legal community, medical professionals, schools and a variety of other professionals who work with the DV community. The consortium meets monthly and advocates throughout the community as well as at the State and Federal level for programs, services and legislation that addresses the needs of victims of domestic violence.

Court Advocacy Program

The Court Advocate Program advocates are located in the Integrated Domestic Violence court and the Domestic Violence Intensive Intervention Court of Family Court. These advocates provide counseling, advocacy and referral to legal and community resources for victims and their children. Additionally ABW advocates accompany victims to court and provide support throughout their court processes. This project includes a joint program between ABW and Legal Aid Society of Rochester so those victims seeking orders of protection to enhance their safety can obtain legal representation. This program operates in the Hall of Justice during regular business hours, Monday through Friday.

Counseling

Describe all types offered, including individual and group.

Transitional Support Services

Individual counseling, support groups and topic-focused groups to assist victims in recovering from trauma obtaining information on domestic violence, its impact on children and developing safety and service plans. These are offered in the non-residential site during regularly scheduled hours or as needed.

Community Education and Outreach

Describe methods used, target audience, and messages conveyed. If there is more than one domestic violence provider in the community, describe how the outreach activities are coordinated.

ABW and LifeSpan are the only certified Non-residential service providers in Monroe County, New York. ABW and LifeSpan have a long history of collaboration. LifeSpan works exclusively with Elder Abuse which focuses on the senior and caretakers of seniors. ABW and LifeSpan provide services jointly to clients and ABW refers clients to LifeSpan, who need the specialized services provided by LifeSpan's Elder Abuse program. ABW has also provided services to clients referred by Lifespan.

Domestic Violence Prevention Education Program (DVPEP)

Educational based programs work with youth to inform and promote the development of skills necessary to achieve healthy, violence-free interpersonal relationships. This program is offered in academic settings, including junior, senior high schools, area colleges and training programs as well as community based youth service providers and

faith communities. Companion presentations are provided to parents of youth participating in the DVPEP.

Community Speaker's Bureau

Provides presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human services organizations, professional groups businesses and professional training programs.

Services provided by the Speakers' Bureau and Domestic Violence Prevention Education Program are normally delivered Monday through Friday during daytime business hours. However educational programs are also offered in the evening and on weekends

Optional Services (e.g., support groups, children's services, translation services, etc.)

Children's Services

Supportive counseling sessions, play groups and structured activities for children who have been exposed to domestic violence. These are offered in the non-residential program during regular and evening business hours. Other hours are available on an as needed basis. These are offered in the Residential Program 7 days a week.

7. Each program must employ both a qualified 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 title, responsibilities and qualifications.

- **Do not** give names
- Resumes **are not** required

Title: **Executive Director**

Responsibilities:

Oversight of Alternatives for Battered Women

Qualifications:

MSW, LCSW

Title: **Assistant Executive Director**

Responsibilities:

Oversight of ABW's non-residential and residential programs

Qualifications:

MPA

Title: **Shelter Director**

Responsibilities:

Oversight for all staff and programming for ABW's crisis hotline and non-residential children's services.

Qualifications:

BSW

Title: **DV Prevention Education Coordinator**

Responsibilities:

Develop, organize, implement and provide education prevention programming for youth.

Qualifications:

Domestic Violence Counselor RCADV Certification

Title: **Transitional Support Services (TSS) Coordinator**

Responsibilities:

Oversee all aspects of the TSS program, provide individual, group and advocacy services.

Qualifications:

MS Counseling

Title: **Court Advocacy Program (CAP) Coordinator**

Responsibilities:

Oversee all aspects of the CAP program

Qualifications:

BS

APPENDIX K
Child Care Administration

Describe how your local district is organized to administer the child care program, including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of child care for:

Public Assistance Families: **MCDHS Division of Financial Assistance**

Transitioning Families: **MCDHS Division of Financial Assistance**

Income Eligible Families: **MDHS Division of Financial Assistance**

Title XX: **MCDHS Division of Child & Family Services**

2. Provide the following information on the use of New York State Child Care Block Grant (NYSCCBG) Funds.

FFY 2009-2010 Rollover funds (available from the NYSCCBG ceiling report in the claiming system):	\$0.00
Estimate FFY 2010-11 Rollover Funds	\$0.00
Estimate of Flexible Funds for Families (FFS) for child care subsidies.....	\$0.00
NYSCBG Allocation 2011-12	\$35,160,270.00
Estimate of Local Share	\$0.00
Total Estimated NYSCCCBG Amount	\$35,160,270.00
a. Subsidy	\$33,560,964.00
b. Other program costs excluding subsidy	\$0.00
c. Administrative costs	\$1,599,306.00

Does your district have a contract or formal agreement with another organization to perform any of the following functions? **NO**

Function	Organization	Amount of Contract
<input type="checkbox"/> Eligibility screening		
<input type="checkbox"/> Determining if legally-exempt providers meet State-approved additional standards		
<input type="checkbox"/> Assistance in locating care		
<input type="checkbox"/> Child Care Information Systems		
<input type="checkbox"/> Other		

APPENDIX L

Other Eligible Families if Funds are Available (Required)

Listed below are the optional categories of eligible families that your district can include as part of its County Plan. Select any categories your county wants to serve using the NYSCCBG funds and describe any limitations associated with the category.

Optional Categories	Option	Limitations
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. PA families or families with income up to 200% of the State Income Standard when the caretaker is: <ul style="list-style-type: none"> <li data-bbox="240 730 860 806">a) participating in an approved substance abuse treatment program <li data-bbox="240 949 406 982">b) homeless <li data-bbox="240 1129 662 1163">c) a victim of domestic violence <li data-bbox="240 1310 834 1344">d) in an emergency situation of short duration 	<ul style="list-style-type: none"> <li data-bbox="922 730 1013 806"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 949 1013 1024"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 1129 1013 1205"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 1310 1013 1386"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <li data-bbox="1101 730 1435 898"> Authorization limited to LDSS mandated A/SA treatment in order to comply with OTDA program regulations. <li data-bbox="1101 949 1435 1079"> Authorization limited to LDSS mandated activities in order to comply with OTDA program regulations. <li data-bbox="1101 1129 1435 1260"> Authorization limited to LDSS mandated activities in order to comply with OTDA program regulations. <li data-bbox="1101 1310 1435 1507"> Authorization limited to requests submitted in writing and administrative approval. LDSS remains sole authority on granting approval on a case-by-case basis.
3. Families with an open child protective services case when child care is needed to protect the child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Families with income up to 200% of the State Income Standard when child care services are needed because the child’s caretaker: <ul style="list-style-type: none"> <li data-bbox="240 1730 776 1764">a) is physically or mentally incapacitated 	<ul style="list-style-type: none"> <li data-bbox="922 1730 1013 1806"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	Authorization is limited to families with written documents from the family’s treating physician/mental health professional indicating the reason for the

Optional Categories	Option	Limitations
b) has family duties away from home	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	incapacity, its expected duration, and that the applicant is unable to provide care.
5. Families with income up to 200% of the State Income Standard when child care services are needed for the child’s caretaker to actively seek employment for a period up to six months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization is limited to families already in receipt of a low-income daycare subsidy; coverage can continue for up to thirty (30) days to seek new employment.
6. PA families where a sanctioned parent is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Families with income up to 200% of the State Income Standard when child care services are needed for the child’s caretaker to participate in: <ul style="list-style-type: none"> <li data-bbox="240 1003 906 1157">a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district <li data-bbox="240 1157 906 1367">b) an education program that prepares an individual to obtain a NYS High School equivalency diploma <li data-bbox="240 1367 906 1577">c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level <li data-bbox="240 1577 906 1787">d) a program providing literacy training designed to help individuals improve their ability to read and write <li data-bbox="240 1787 906 1917">e) English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English 	<ul style="list-style-type: none"> <li data-bbox="922 1003 1084 1157"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 1157 1084 1367"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 1367 1084 1577"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 1577 1084 1787"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <li data-bbox="922 1787 1084 1917"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <li data-bbox="1101 1003 1459 1157">Authorization is limited to student caretakers who maintain 85% attendance rate in school <li data-bbox="1101 1157 1459 1367">Authorization is limited to student caretakers who maintain 85% attendance rate; GED program must be in addition to 17.5 hours of weekly employment. <li data-bbox="1101 1367 1459 1577">Authorization is limited to student caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment. <li data-bbox="1101 1577 1459 1787">Authorization is limited to student caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment. <li data-bbox="1101 1787 1459 1917">Authorization is limited to student caretakers who maintain 85% attendance

Optional Categories	Option	Limitations
language for individuals whose primary language is other than English		rate; program must be in addition to 17.5 hours of weekly employment.
f) a two-year full-time degree granting program at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate degree or certificate of completion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization is limited to student caretakers who maintain a minimum 2.0 GPA; program must be in addition to 17.5 hours of weekly employment.
g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization for program must be in addition to 17.5 hours of weekly employment.
h) a prevocational skill training program such as a basic education and literacy training program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization for program must be in addition to 17.5 hours of weekly employment.
i) a demonstration project designed for vocational training or other project approved by the Department of Labor Note: The parent/caretaker must complete the select programs listed under number seven within 30 consecutive calendar months. The parent/caretaker cannot enroll in more than one program.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization for program must be in addition to 17.5 hours of weekly employment.
8. PA recipients and low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associate's degree or certificate of completion and that is reasonably expected to lead to an improvement in the parent/caretaker's earning capacity) as long as the parent(s) or caretaker is also working at least 17½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. PA recipients and low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associate's degree or a certificate of completion that is reasonably expected to lead to an	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization is limited to student caretakers who maintain a minimum 2.0 GPA; a Liberal Arts major is excluded; participation in a college 2+2 program is excluded because it is

Optional Categories	Option	Limitations
<p>improvement in the parent/caretaker’s earning capacity as long as the parent(s) or caretaker is also working at least 17½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>		<p>reasonably expected to lead to enrollment in a four-year college/university program.</p>
<p>10. PA recipients and low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program leading to a bachelor’s degree and that is reasonably expected to lead to an improvement in the parent/caretaker’s earning capacity as long as the parent(s) or caretaker is also working at least 17½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>11. Families with incomes up to the 200% of the State Income Standard when child care services are needed for the child’s caretaker to participate in a program to train workers in an employment field that currently is or is likely to be in demand in the future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program, provided that child care services are only used for the portion of the day the caretaker is able to document is directly related to the caretaker engaging in such a program.</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

APPENDIX M

Reasonable Distance, Very

Low Income, Family Share, Case Closing and Openings, Recertification Period, Fraud and Abuse Control Activities (Required)

Reasonable Distance

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

The following defines “reasonable distance”: Within one hour travel time from daycare site to work site or work site to daycare site.

Describe any steps/consultations made to arrive at your definition: This has been the established/approved DHS policy.

Very Low Income

Define “very low income” as it is used in determining priorities for child care benefits.

“Very Low Income” is defined as **165%** of the State Income Standard.

Family Share

“Family share” is the weekly amount paid towards the costs of the child care services by the child’s parent or caretaker. In establishing family share, your district must select a percentage from 10% to 35% to use in calculating the family share and justify this percentage decision. The weekly family share of child care costs is calculated by applying the family share percentage against the amount of the family’s annual gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by the county **35%**.

Describe the district’s justification for the family share percentage selected: %

Note: The percentage selected here must match the percentage selected in Title XX Program Matrix in WMS.

Case Closings

The district must describe below how priority is given to federally mandated priorities and describe local priorities. If all NYSCCBG funds are committed, the district will discontinue funding to those families that have lower priorities in order to serve families with higher priorities. Describe below how districts will select cases to be closed in the event that there are insufficient or no funds available.

1. Identification of local priorities in addition to the required federal priorities (select one).

The district has identified local priorities in addition to the required federal priorities (Complete Section 2)

The district has not identified local priorities in addition to the required federal priorities (Complete Section 3).

2. Describe how priority is given to federally mandated priorities and describe local priorities. If all NYSCCBG funds are committed, the district will discontinue funding to those families that have lower priorities in order to serve families with higher priorities.

Describe in the space below how the district will select cases to be closed in the event that there are insufficient or no funds available.

a. The district will select cases to be closed based ONLY on income.

No.

Yes. Check 1 or 2 below.

1) The district will close cases from the highest income to lowest income.

2) The district will close cases based on income bands. Describe the income bands, beginning at 200% of the State Income Standard and ending at 100% of the State Income Standard:

Monroe County Defines low-income as 165% of the state income standard

Band 1: 195% up to 200% of SIS

Band 2: 190% up to 195% of SIS

Band 3: 185% up to 190% of SIS

Band 4: 180% up to 185% of SIS

Band 5: 175% up to 180% of SIS

Band 6: 170% up to 175% of SIS

Band 7: 165% up to 170% of SIS

Band 8: 160% up to 165% of SIS

Band 9: 155% up to 160% of SIS

Band10: 150% up to 155% of SIS

Band 11: 145% up to 150% of SIS

Band 12: 140% up to 145% of SIS

Band 13: 130% up to 140% of SIS

Band 14: 120% up to 130% of SIS

Band 15: 110% up to 120% of SIS

Band 16: 100% up to 110% of SIS

b. The district will select cases to be closed based ONLY on categories of families.

No.

Yes. List the categories in the order that they will be closed, including the optional categories selected in Appendix L:

c. The district will select cases to be closed based on a combination of income and family category.

No.

Yes. List the categories and income groupings in the order that they will be closed:

d. The district will select cases to be closed on a basis other than the options listed above.

No.

Yes. Describe how the district will select cases to be closed in the event that there are insufficient funds to maintain the district's current case load:

e. The last cases to be closed will be those that fall under federal priorities. Identify how your district will prioritize federal priorities. Cases that are ranked 1 will be closed last.

Very low income Rank 1 Rank 2

Families that have a child with special needs Rank 1 Rank 2

3. If all NYSCCBG funds are committed, case closings for families that are not eligible under a child care guarantee and are not a federally mandated priority must be based on the length of time in receipt of services. The length of time used to close cases may be based either on the shortest or longest time the family has received child care services, but must be consistent for all families.

a. Identify how the district will prioritize federal priorities. Cases that are ranked 1 will be closed last.

Very low income Rank 1 Rank 2

Families that have a child with special needs Rank 1 Rank 2

The district will close cases based on the federal priorities and the amount of time the family has been receiving child care services.

Shortest time receiving child care services

Longest time receiving child care services

b. The district will establish a waiting list for families whose cases were closed because our county did not have sufficient funds to maintain our current caseload.

No.

Yes. Describe how these cases will be selected to be reopened if funds become available:

Case Openings

Describe below how priority is given to federally mandated priorities and how the district will select cases to be opened in the event that insufficient funds are available.

1. The first cases to be opened will be those that fall under the federal priorities.

Identify how your district will prioritize federal priorities. Cases that are ranked 1 will be opened first.

Very low income Rank 1 Rank 2

Families that have a child with special needs Rank 1 Rank 2

2. The district will select cases to be opened based ONLY on income.

No.

Yes. Check 1 or 2 below.

- 1) The district will close cases from the highest income to lowest income.
- 2) The district will open cases based on income bands. Describe the income bands, beginning at 100% of the State Income Standard and ending at 200% of the State Income Standard:

If Monroe County LDSS previously closed cases due to insufficient funding, and new funds subsequently become available, Monroe County will begin authorizing/opening new subsidy cases based on the reverse order of the income bands detailed in Case Closing - Section 2 (a) (i.e. open new cases starting at Band 16 first and proceeding to Band 1 depending on available funds). Families who may have had their cases closed due to insufficient funding will need to re-apply should new funds subsequently become available.

3. The district will select cases to be opened based ONLY on category.

No.

Yes. List the categories in the order that they will be opened, including the optional categories selected in Appendix L:

4. The district will select cases to be opened based on a combination of income and category of family.

No.

Yes. List the categories and income groupings in the order that they will be opened:

5. The district selects cases to be opened on a basis other than the options listed above.

No.

Yes. Describe how the district will select cases to be opened in the event that there are not sufficient funds to open all eligible families:

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

No.

Yes. Describe how these cases will be selected to be opened when funds become available:

The district's recertification period is every six months twelve months

Fraud and Abuse Control Activities

Describe below the criteria the district will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy payment in addition to procedures for referring such applications to the district's front-end detection system.

The LDSS will follow its daycare FEDS procedure (daycare section) as currently approved or as subsequently amended and approved.

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

The LDSS will investigate all cases involving: referrals received by the LDSS fraud hotline; absent parents; parents employed by temp agency or working varying hours; self-employed parents; parents out of compliance with OTDA/OCFS/LDSS program mandates.

The LDSS reviews all attendance sheets submitted and investigates anomalies in provider/parent signatures, parent fees and dates attended vs. dates authorized.

Describe the sampling methodology used to determine which providers of subsidized child care services will be reviewed for the purpose of comparing the child care provider's attendance forms for children receiving subsidized child care services with any Child and Adult Care Food Program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

As resources allow, 5% of the CACFP participants with subsidized children will be randomly selected for review on a quarterly basis. The review will be collaboratively conducted by LDSS and CACFP staff.

All referrals received by the LDSS fraud hotline and from the local Child Care Resource & Referral agency will be investigated.

For CACFP and non-CACFP providers, the LDSS will utilize the Child Care Time & Attendance (CCTA) system to identify providers who may be billing the LDSS for care provided outside their licensed/statutory authority (i.e, over-capacity, non-traditional hours, etc).

During the course of any fraud investigation (provider fraud or parent fraud) the LDSS may make announced or un-announced site visits during a provider's licensed care hours. For legally-exempt providers, announced or un-announced site visits will occur during the hours they are authorized to provide care.

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APPENDIX N
District Options (Required)

Districts have some flexibility to administer their child care subsidy programs to meet local needs. Check which options that your district wishes to include in your county plan. Complete the attached appendices for any area(s) checked.

1. The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
2. The district is using Title XX funds for the provision of child care services (complete Appendix P).
3. The district has chosen to establish additional local standards for child care providers (complete Appendix Q).
4. The district has chosen to make payments to child care providers for absences (complete Appendix R).
5. The district has chosen to make payments to child care providers for program closures (complete Appendix S).
6. The district has chosen to pay for transportation to and from a child care provider (complete Appendix T).
7. The district has chosen to pay up to 15% higher than the applicable market rates for regulated child care services that have been accredited by a nationally recognized child care organization (complete Appendix T).
8. The district has chosen to pay up to 15% higher than the applicable market rates for non-traditional hours (complete Appendix T).
9. The district has chosen to pay up to 75% of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 hours of training, which has been verified by the Legally-Exempt Caregiver Enrollment Agency (complete Appendix T).
10. The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).
11. The district has chosen to make payments to child care providers who provide child care services, which exceed 24 consecutive hours (complete Appendix U).
12. The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U)
13. The district is seeking a waiver from one or more regulatory provisions. Such waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix U).
14. The district has chosen to pay for breaks in activity for low income families (non public assistance families). Complete Appendix U.

15. The district has chosen to use local equivalent forms such as, but not limited to, child care application, client notification, and/or enrollment forms (attach copies of the local equivalent forms your district uses).

Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.

APPENDIX O
Funding Set-Asides (Optional)

Total NYSCCBG Block Grant Amount, Including Local Funds

Category:	\$

Total Set-Asides.....\$

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

Category:
Description:

Category:
Description:

Category:
Description:

Category:
Description:

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

Category:	\$
Category:	\$
Category:	\$

Total Set-Asides (Title XX).....\$

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

Category:

Description:

Category:

Description:

Category:

Description:

Category:

Description:

APPENDIX P
Title XX Child Care (Optional)

Enter projected total Title XX expenditures for the plan's duration:\$ **25,000,000.00**

Indicate the financial eligibility limits (percentage of State Income Standard) your district will apply based on family size. Maximum reimbursable limits are 275% for a family of one or two, 255% for a family of three, and 225% for a family of four or more. Districts that are utilizing Title XX funds *only* for child protective and/or preventive child care services must not enter financial eligibility limits as these services are offered without regard to income.

Family Size: (2) % (3) % (4) %

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

- Title XX: employment education/training
 seeking employment illness/incapacity
 homelessness domestic violence
 emergency situation of short duration
 participating in an approved substance abuse treatment program

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

- Yes No

(See Technical Assistance #1 for information on limiting eligibility.)

If yes, describe eligibility criteria:

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

- Yes No

If yes, describe which families will receive priority:

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

- Yes No

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

- Yes No

APPENDIX Q

Additional Local Standards for Child Care Providers (Optional)

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

1. Check or describe in the space provided below the additional local standards that will be required of child care providers/programs.

- Verification that the provider has given the parent/caretaker complete and accurate information regarding any report of child abuse or maltreatment in which they are named as an indicated subject
- Local criminal background check
- Requirement that providers that care for subsidized children for 30 or more hours a week participate in the Child and Adult Food Care Program (CACFP)
- Site visits by the local district
- Other (please describe):

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

- Legally-exempt family child care program. Check all that apply.
 - Provider Provider's Employee Provider's Volunteer

- Provider's household member age 18 or older

- Legally-exempt in-home child care program. Check all that apply.
 - Provider Provider's Employee Provider's Volunteer

- Legally-exempt group providers not operating under the auspices of another government agency. Check all that apply.
 - Provider Provider's Employee Provider's Volunteer

- Legally-exempt group providers operating under the auspices of another government or tribal agency. Check all that apply.
 - Provider Provider's Employee Provider's Volunteer

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

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

Contracted agency

Provide the name of the agency and contact person:

4. Are there any costs associated with the additional standard?

Yes No

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

5. Describe the steps for evaluating whether the additional local standard has been met.

6. Indicate how frequently reviews of the additional standard will be conducted. Check all that apply.

Legally-Exempt Programs:

Initial enrollment During the 12-month enrollment period
 Re-enrollment Other

7. In the space below, described the procedures the district will use to notify the Legally-Exempt Caregiver Enrollment Agency (EA) as to whether the legally-exempt provider is in compliance with the additional local standards. Districts must notify the EA within 25 days from the date they received the referral from the EA. (Districts need to describe this procedure only if the additional local standard is applied to legally-exempt child care providers.)

8. Describe the justification for the additional standard in the space below.

APPENDIX R

Payment to Child Care Providers for Absences (Optional)

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

- Day Care Center Legally-Exempt Group
 Group Family Day Care School Age Child Care
 Family Day Care

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

- Yes No

Base period (check one) 3 months 6 months

Number of absences allowed during base period:

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a month	0	4	4
Base period	0	24	24

List reasons for absences for which the district will allow payment:

Payment will only be allowed for open Child & Family Services cases (LDSS case prefix SO) in which the child is to appear in court or keep appointments related to the provision of preventive, FC, adoption or child protective services, or other needs as identified in the child's service plan.

List any limitations on the above providers' eligibility for payment for absences:

Note: Legally-exempt family child care and in-home child care providers are **not** eligible to receive payment for absences.

APPENDIX S

Payment to Child Care Providers for Program Closures (Optional)

The following providers are eligible for payment for program closures:

- Day Care Center Legally-Exempt Group
- Group Family Day Care School Age Child Care
- Family Day Care

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

- Yes No

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

List the allowable program closures for which the county will provide payment.

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

APPENDIX T

Transportation, Differential Payment Rates, Enhanced Market Rate for Legally-Exempt and In-Home Providers, and Sleep (Optional)

Transportation

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

Differential Payment Rates

Indicate the percentage above the market rate your county has chosen.

- Accredited programs may receive a differential payment up to **10%** above market rate.
- Care during non-traditional hours may be paid up to % above market rate.
- Limitations to the above differentials:

Currently recognized accrediting organizations are: NAEYC, NECPA, ACA and Pathways

Payments may not exceed 15% above market rate. However, if your district wishes to establish a payment rate that is more than 15% above the applicable market rate, describe below why the 15% maximum is insufficient to provide access within the district to accredited programs and/or care provided during non-traditional hours.

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

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 annually completed 10 or more hours of training and the training has been verified by the legally-exempt caregiver enrollment agency.

- No.
- Yes. Our market rate will not exceed 75% of the child care market rate established for registered family day care.

Sleep

The following describes the standards that will be used in evaluating whether or not to pay for child care services while a parent or caretaker that works a second or third shift sleeps, as well as any limitations pertaining to payment:

Childcare to allow a parent to sleep may be paid with Administrative approval and supporting documentation under the following circumstances: special circumstances include parents working night shift requiring sleep during the day and the child(ren) are below school-age or the care is during school breaks.

Indicate the number of hours allowed by your district (maximum number of hours allowed is eight). 6 hours

APPENDIX U

Child Care Exceeding 24 Hours, Child Care Services Unit, Waivers,
and Breaks in Activities (Optional)

Child Care Exceeding 24 Hours

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 county will pay for child care exceeding 24 hours.

- On a short-term or emergency basis
- The caretaker’s approved activity necessitates care for 24 hours on a limited basis

Describe any limitations for payment of child care services that exceed 24 consecutive hours.

Child Care Services Unit (CCSU)

Indicate below if your county will include 18-, 19-, or 20-year-olds in the CCSU, which is used in determining family size and countable family income.

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

- 18-year-olds
- 19-year-olds
- 20-year-olds

OR

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 or not 18-, 19-, or 20-year olds are included in the CCSU.

Financial criteria only, when inclusion of the 18/19 year old makes the household eligible for assistance.

Waivers

Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Describe and justify why your county is requesting a waiver.

Breaks in Activities

Districts may pay for child care services for low income families during breaks in activities either for a period not to exceed two weeks or for a period not to exceed four weeks when child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period. Indicate below if your county will make such payments (check one).

- Two weeks
- Four weeks

Districts may provide child care services while the caretaker is waiting to enter an approved activity or employment or on a break between approved activities. The following low income families are eligible for child care services during a break in activities (check any that are eligible):

- Entering an activity
- Waiting for employment
- On a break between activities

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
<p>1. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)</p>	<p><input type="checkbox"/> Probation <input type="checkbox"/> LDSS <input checked="" type="checkbox"/> Both <input type="checkbox"/> Other (name)</p>	<p>The FACT Information number is the first contact point. FACT staff will respond to callers by triaging the call, identifying the needs of the caller and youth. If the situation is one that requires services from a mobile or crisis service, the FACT Facilitator will link the youth and family to that system and follow-up to ensure that the crisis is being addressed. During non office hours, a message will be on the FACT information line directing people to contact the police (911) in an emergency, or to contact 211 and/or Hillside Services Integration in order to speak with someone immediately, or to leave detailed message including reason for the call and best method/time to reach the caller. Callers who leave messages are contacted the next business day.</p>
<p>2. Determines the need for residential respite services and need for alternatives to detention</p>	<p><input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) FACT</p>	<p>When a youth comes to the PINS system in need of alternative or respite housing, the FACT Facilitator attempts to utilize family and friends as the first source of housing options. When those are exhausted or not available/viable, FACT Facilitators explore the needs of the youth (housing as well as other needs) and try to match the youth to one of the following housing options.</p> <p>For those PINS youth who come to the attention of MCFC, the ATD Team 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 detention and prepare a recommendation to the court for viable alternatives. Monroe County has contracted for foster home beds to be used in lieu of detention for PINS youth who are unable to return home and who have no other viable housing option.</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
<p>3. Serves as intake agency – accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations</p>	<p><input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) FACT</p>	<p>Youth who are exhibiting PINS like behaviors (at-risk) will be considered eligible for PINS services. During both the initial contact and the face-to-face conference, FACT staff who respond to the initial PINS inquiry will identify the concerns of the youth and family, list the services and systems the youth and family have been involved with and the outcomes of that involvement, and explain the PINS system and the outcomes they can expect. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have made that connection.</p> <p>All PINS eligible youth and families, as defined above will be determined to be “suitable” for FACT. Per statute, there are no exceptions. Before any consideration for PINS petition filing, an assessment and determination will be made that there is no substantial likelihood that the youth and his or her family will benefit from further diversion services.</p> <p>If a youth has had previous contact with the PINS system, the assigned FACT Facilitator will review all available records. The FACT Facilitator will discuss with the youth and family what resources were helpful and the expectations they have of the PINS process. FACT will not exclude a youth from diversion services who has received diversion services in the past unless the youth refuses to participate in diversion services.</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
		<p>If a youth is currently missing/AWOL, the FACT facilitator will gather information from the family and forward it to one of the two POs assigned to FACT who will go out and search for the missing youth. If a youth is located, they will be brought to FACT to meet with the FACT facilitator. If a youth is not able to be located, the POs will work with the family to prepare affidavits and file paperwork in MCFC to request a warrant. If the youth is then picked up on the warrant, the ATD Team will talk with the youth and family about options including returning the case to FACT to work with them.</p>
<p>4. Conducts assessment of needs, strengths, and risk for continuing with PIN behavior Name of assessment instrument used: YASI</p>	<p><input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) FACT GMH Clinic Plus ParkRidge</p>	<p>The FACT Facilitator who has the initial contact with the family/parent will assess the situation, identify any crisis needs, make any necessary referrals/linkages, and schedule a face-to-face conference with all the parties. Monroe County continues to use the YASI as the core screening and assessment instrument. All youth and families that come in for a face-to-face conference will have a YASI Assessment completed. In addition, FACT has on-site substance abuse assessments available. Genesee Mental Health provides the Clinic Plus program, through which a mental health clinician is on-site at FACT to complete mental health screens on youth and refer them on for more comprehensive mental health assessments as needed. This information can further assist FACT, the youth and the family in identifying needs and develop a plan to address his/her needs in the community.</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
<p>5. Works with youth and family to develop case plan</p>	<p><input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) FACT</p>	<p>The FACT Facilitator (who has the initial contact) will be assigned to the case (generally) and will stay with the youth and family through diversion 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 him/her again.</p>
<p>6. Determines service providers and makes referrals</p>	<p><input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) FACT</p>	<p>The FACT Facilitator upon completion of the YASI Full Screen (for medium and high risk) 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 FACT, the youth and family. The case plan is continually re-assessed with the youth and family, as new information becomes available and updated. 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> <p>If the FACT Facilitator decides to <u>refer a youth and family for services to a community-based program</u>, the FACT Facilitator will assist the family in making the connection or linkage. The FACT Facilitator follows-up with the family as well as the referral agency to ensure that the youth and/or family are connected to services. If the connection does not occur or is not successful, the FACT Facilitator will meet with the youth and family to reassess the needs and discuss other options.</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
		<p>If a youth and family are being referred to a <u>formal diversion program</u> or a <u>preventive program</u>, the FACT Facilitator will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FACT Facilitator will remain open with the case and provide case management services.</p> <p>If the youth and family are being referred to either <u>the MST or FFT programs</u>, the FACT Facilitator will close the case in FACT and transfer it to Probation. Juvenile Intake for monitoring and support of the family. If the youth and family are being referred to Juvenile Intake for referral to MST/FFT and monitoring and support to the family.</p>
<p>7. Makes case closing determination</p>	<p><input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) FACT</p>	<p>FACT utilizes four (4) categories for case closings: Not Pursued, Adjusted, TW/O Adjustment (Terminated without Adjustment) or Transfer to Intake. When it is determined that a case is ready to be closed, the FACT Facilitator will discuss the particulars with his/her supervisor and determine that no other services are needed, or the family no longer wants services from FACT. A closing summary is prepared as well as a closing letter that is sent to the youth and family.</p>

4. PINS Diversion Services Plan

a. Development of PINS Diversion Services Plan and MOU

- i. Planning activities – Briefly describe all PINS Diversion Services Planning activities the county has engaged in related to this current plan.

Monroe County Probation and DHS have continued to work closely to address the needs of the PINS population. Since the implementation of its re-designed PINS system in January 2007, there has been continued collaborative oversight of the system. This collaborative oversight as well as using real time data and information to inform decision making has assisted in the early identification of issues and planfull adjustments to the PINS system to ensure that it continues to respond to the needs of youth and families.

Several planning/assessment efforts are continuing in 2012 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 Leadership Team includes representatives from Probation, DHS, OMH, City Recreation, RCSD, law enforcement and others. The Team meets to review data as well as identify service or system issues and develop strategies to address identified issues.
- Alternatives to Detention Initiative: Probation and DHS co-chair of the ATD Steering Committee. The ATD Steering Committee is focusing on detention use for PINS and JD youth and developing a continuum of effective alternatives to detention to reduce number of youth admitted to detention as well as reducing overall days of care.
- RCSD Safe School Initiative: Within this larger initiative there is a sub group working on transitional and support services for youth (PINS and JD) placed in detention and returning to the community as well as youth (PINS and JD) transitioning from residential placement. It is targeted to develop a plan by the end of 2011 outlining how to address the needs of justice involved youth.
- DMC: In Spring of 2010, Monroe County Office of Probation and Community Corrections secured funding via a DCJS grant for a Disproportionate Minority Contact (DMC) Coordinator (Senior Probation Officer) to work with system stakeholders to identify and begin to address disproportionate representation of youth of color in the juvenile justice system.
- DMR Institutional Analysis: In spring of 2011, the Department of Human Services worked with the Center for Social Policy, the Casey Family of Agencies and OCFS in an institutional analysis of DMR in the foster care system. DHS invited Probation to participate in the project oversight committee as well as to have the DMC/DMR Coordinator who is a Sr. PO participate on the evaluation team. Monroe County believes that this model may be useful in analysis in the future of DMC/DMR issues in the PINS and JD populations.
- Crossover Youth Project: Monroe County was chosen in Spring of 2010 to be one of 11 sites nationwide to work with Georgetown University and Casey Family Programs on youth who "crossover" from the Child Welfare system into the Juvenile Justice System. Cindy Lewis, Director of Child and Family Services/MCDHS, Robert Burns, Chief Probation Officer and Judge Dandrea Ruhlmann, MCFC are the project leaders for the Crossover Youth Project in Monroe County. The goal of the practice model is to encourage collaborative planning between DHS, Probation and MCFC. Initially this model only involved JD youth who were also active in the CW system. In November of 2011, Monroe County began to implement this model with PINS youth who are active in the CW system. The project will track youth for up to 1 year after being identified and

comparing their outcomes to a control group. Monroe County expects a final report in 12/12.

ii. List stakeholder and service agency involvement in planning.

Monroe County Probation
MCDHS – Child & Family Services Division
Monroe County Office of Mental Health
Monroe County Family Court
Hillside Children’s Center
St. Joseph’s Villa
ACT Rochester
Monroe County Legal Aid Society – Attorney for the Child
Catholic Family Center
FACT (Family Access and Connection Team)
Pathways to Peace
Rochester City School District
Rochester Police Department
Rochester/Monroe County Youth Bureau

b. Please define the PINS Diversion population in your county. Specifically, please provide the following:

- i. Number of PINS Diversion referrals filed by parents: **844**
- ii. Number of PINS Diversion referrals by schools: **476**
- iii. Number of PINS Diversion referrals other sources: **18**
- iv. Number of PINS Diversion cases closed as Successfully Diverted: **649**
- v. Number of PINS Diversion cases closed as Unsuccessful and Referred to Petition: **241**

5. Identify any **aggregate** needs assessment conclusions and/or priorities regarding the PINS Diversion Population that have been developed as part of the planning process.

Needs assessment activities are on-going and inform the decisions that are being made in the PINS system. Monroe County approaches needs assessment of PINS youth in several ways:

- Data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including detention, Probation, DHS, OCFS, and Family Court. The data obtained and any issues of concern are discussed. If warranted, subcommittees or work groups are formed to address issues identified via this review.
- The Alternative Program Review Committee (APR) (committee reviews all youth where Probation is considering recommending placement or where Family Court is requesting out of home placement to look for alternative community based options) has established a centralized data base that is used to discuss individual youth.

- The Non-Secure Detention Review Committee (comprised of DHS, Probation, and Hillside Non-Secure Detention) meets weekly to review all youth in Non-Secure Detention to look for opportunities to move youth faster through the system and reduce LOS (length of stay). The committee identifies systemic issues as well as department issues and raises concerns to Administration.
- DHS tracks monthly numbers of PINS and JD youth and reports them on a Department Report Card.
- ATD Steering Committee has developed a system indicator/reporting tool that captures and reports quarterly PINS and JD intakes, petitions, detention admissions and ATD admissions. This data is further broken down by race. The ATD Steering Committee uses this information to oversee the use of alternatives to detention and identify problem areas or concerns for further review and discussion.
- Both the Implementation Team and the Guiding Coalition for the Crossover Youth Project review information/data on youth involved in the program as well as discuss issues and barriers identified in the course of delivering services to the identified youth in an effort to develop changes in practice that may impede youth’s success. The Crossover Youth program was opened to PINS youth starting in November 2010.
- Probations’ DMC Project is looking at data as well as speaking with youth and families throughout the community on the issue of disproportionality of African-American and Latino/Hispanic youth in the juvenile justice system. An outcome of this project will be the development of a plan to reduce disproportionality in the local juvenile justice system.

In light of the above, Monroe County has identified three primary areas of concern:

PINS COMPLAINTS, PETITIONS AND PLACEMENTS

Monroe County continually reviews and discusses local data in an effort to monitor the PINS system. Since the inception of FACT, the number of PINS complaints and petitions has declined. Monroe County saw a decrease in placements in 2007 and 2008 however in 2009 there was 50% increase in the number of PINS placements. In 2010, Monroe County saw the placement number again declined by about 20% however they are still higher than in both 2007 and 2008. Continued tracking of these and other data points will occur in 2012 as well as discussions with key stakeholders about the data and what it tells us relative to how the system is operating.

	2006	2007	2008	2009	2010
PINS Complaints	2,079	2,130	1,716	1,351	1,376
PINS Petitions	766	257	286	238	240
PINS Placements	91	68	61	97	77

Source: Mon Co Probation; MCFC

The majority of PINS (intake) youth consistently come from 6 zip codes within the City of Rochester: 14621, 14611, 14605, 14609, 14606 and 14613. Three of these zip codes (14621,

14609 and 14611) account for about 35% of all PINS complaints filed. These neighborhoods are some of the most challenged neighborhoods in the City of Rochester. The residents in these neighborhoods are predominately African-American/black and Latina/Latino. Ethnicity data for PINS youth is not complete in that race was not noted for 29% of the PINS intakes. For those PINS intakes in 2009 where race was noted, 69% were youth of color. Ethnicity data on PINS youth for 2009 is even less reliable as ethnicity was reported as unknown for 58% of the PINS intakes. Family Court does not maintain race or ethnicity data on youth who are the subject of either PINS or JD petitions.

NON-SECURE DETENTION (NSD)

PINS youth should only be detained if there is no substantial likelihood a youth will benefit from diversion services or all alternatives to detention services have been exhausted. If the youth is over 16, the judge must determine that special conditions exist and warrant detention. However, in Monroe County some youth are still being detained for reasons other than what the law allows for, such as truancy, failure to follow through with recommended services, and parental refusal to take them home.

Monroe County’s Non-Secure Detention (NSD) Program experienced significant increases in admissions between 2004 (913) and 2006 (971 intakes). Implementation of FACT in 2007 had significant impact on Non-Secure Detention admissions which dropped to 873 and 9,263 bed days that year. The downward trend has continued since 2007. In 2010, NSD admitted 469 youth and reported 6,021 days of care. Since 2006, Monroe County has periodically reduced the number of contracted Non-Secure Detention beds from a high of 42 beds to the current 12 beds, which took effect on June 1, 2011. Annually, persons of color represented 73% of the Non-Secure admissions and Hispanic youth represented 14% of the Non-Secure population.

	2006	2007	2008	2009	2010
Admissions	876	873	737	621	545
Days of Care	13,182	9,263	7,617	6,334	6,021

Source: MCDHS, HCC, NYSJDAS

Monroe County continues to lag behind its urban counterparts across the state in reducing the number of PINS youth being detained. Onondaga County (to the east of Monroe) has reduced their PINS non-secure detention population from 272 in 2004 to 31 in 2010. Monroe County is looking at what other counties are doing that have resulted in their successful reduction in their detained PINS population while not increasing juvenile arrests or entries into out-of-home placements via other system doors (e.g., SED/CSE).

Monroe County has focused a significant portion of their planning efforts in the last year on reducing the use of and reliance on non-secure detention for PINS youth. Monroe County has employed a four prong approach to reduce the numbers of youth being detained: (1) reduce the number of contracted non-secure detention beds, (2) refocusing an ATD program to serve only PINS youth, (3) Probation’s ATD Team will review all new PINS petitions for

appropriateness for an alternative to detention resource rather than non-secure detention, and (4) development with a not-for-profit agency, a foster home bed program as an alternative to detention for PINS youth.

OUT OF HOME RESIDENTIAL PLACEMENTS

Overall, the number of PINS youth placed with Monroe County DHS has been declining since 2006. This is, in part, due to a concerted interagency effort to carefully review every youth who has the potential of being residentially placed and to offer community-based alternatives. Despite these decreases, Monroe County still exceeds almost all other large counties in the number of PINS youth placed out of home in congregate care. Monroe County will continue to review data and look for opportunities to reduce reliance on out-of-home placement.

	2006	2007	2008	2009	2010
PINS Placements	91	68	61	97	78

Source: MCDHS

EFFECTIVENESS OF DIVERSION PROGRAM AND SERVICES

In 2010, Monroe County looked at the post discharge outcomes of youth involved in juvenile justice programs funded via Preventive Funds. Evaluations of 5 programs were conducted looking at 2005, 2006 and 2007 discharges and tracking youth up to 18 months post-discharge to measure if they re-entered the juvenile justice system or the adult justice system. The reports were shared with the programs and used by DHS Administration to inform contracting and funding decisions. DHS Administration is committed to continually looking at outcomes for youth who are referred to the juvenile justice programs. In 2010, the juvenile justice programs served a combine total of 383 youth. DHS will again engage in an evaluation of post discharge outcomes (up to 18 months post) for the juvenile justice funded programs for the 2008 and 2009 program years. These evaluations will occur in Fall 2011 and will inform funding and program decisions for 2012. Post discharge evaluation for 2010 case closings will be conducted in Summer 2012 to allow for all cases to meet the 18 month mark.

6. Please identify the intended outcomes to be achieved for the PINS Diversion population. For each outcome:
 - a. In the first column, identify quantifiable and verifiable outcomes of the desired change in conditions or behaviors for the PINS Diversion population.
 - b. In the second column, identify the specific raw number or percentage change indicator sought for that outcome.

- c. In the third column, **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.

Outcome (For PINS Diversion Population)	Indicator (Expressed as a raw number or % change)	Strategy/Plan to achieve (Who, what, and when)
Increase the number of PINS cases closed as adjusted	Increase by 20%	<ul style="list-style-type: none"> - Analyze outcomes of Preventive funded juvenile justice programs for 2008, 2009 and 2010 at the 3, 6, 12 and 18 month post discharge markers. Adjust program models/services as necessary (DHS, Probation) 2012 & 2013 - Collect and report data quarterly on reasons for case closing (Probation) Ongoing - Provide ongoing in-service training opportunities to FACT and Probation staff on emerging community resources (Probation, DHS, CCSI, OMH) Ongoing
Reduce the LOS of PINS youth in Non-Secure Detention	Decrease days of care by 10%	<ul style="list-style-type: none"> - Provide “respite” options as an alternative to detention for PINS cases (DHS) Ongoing - Assign all new PINS cases to ATD Officer to work with the family and youth to identify options to detention (Probation) effective 1/2012 - Continue weekly meetings of Probation, DHS & Hillside’s Non-Secure Detention (NSD) to case conference all youth in NSD to look for opportunities to move youth out of NSD (Probation, DHS, Hillside) Ongoing
Reduce the number of PINS cases going through the Family Court System	60% of new PINS cases will not result in out of home placement by 12/2016	<ul style="list-style-type: none"> - Provide case management supervision and services to all new PINS cases via the ATD team (Probation)

50% reduction in warrants issued for FTA in PINS matters

effective 1/2012

- Work with MCFC to increase the number of court ordered diversions **(Probation, DHS, MCFC, JJ Council) Ongoing**
- ATD team will interview all PINS youth and families prior to their first appearance to develop with them a plan and formulate a recommendation for MCFC **(Probation) Ongoing**
- Utilize community based services to address needs and assist in monitoring youth while court case is pending **(Probation) Ongoing**
- Report data quarterly to the ATD Steering Committee **(Probation, DHS, Hillside NSD, MCFC) Ongoing**