



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 29, 2021

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

This letter is to inform you that the Monroe County Child and Family Services Plan (CFSP) 2021 Annual Plan Update is approved effective July 29, 2021.

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

Sincerely,

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

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

cc: File



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 29, 2021

Dear Commissioner/Executive Director:

The New York State Office of Children and Family Services' Division of Child Welfare and Community Services is in receipt of the 18-month update on your Foster and Adoptive Parent Recruitment and Retention Plan for the period of January 1, 2020 through June 30, 2021.

After careful review we are approving your plan.

Periodically, please take time to review the implementation of this plan and evaluate its efficacy, as this will make your recruitment and retention efforts not only functional but also meaningful to your agency needs. We also want to remind you of the website resource, www.recruit4fostercare.org, developed by the Welfare Research Institute. The website contains information on approaches to recruitment and ways to meet common retention challenges. The AdoptUSKids website has additional information, tools, and resources, such as the FITT tool that tracks inquiries to foster home certification.

Please make your Regional Office aware if you are interested in any technical assistance from their office.

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa G. Ogundimu", followed by a horizontal line.

Lisa Ghartey Ogundimu, Esq.
Deputy Commissioner
Child Welfare and Community Services



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

June 16, 2021

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

Dear Commissioner Wright:

This letter is to inform you that the child care section found in your Child and Family Services Plan, 2021 Annual Plan Update, was approved and became effective on June 11, 2021.

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

If you have any questions about this approval or the child care section found in your district's Child and Family Services Plan, 2021 Annual Plan Update, please contact Maryellen DeCicco at (518) 408-3395, or by email at Maryellen.DeCicco@ocfs.ny.gov.

Sincerely,

A handwritten signature in cursive script, reading "Janice Molnar".

Janice M. Molnar, Ph.D.
Deputy Commissioner
Division of Child Care Services

Enc: Approved 2021 Annual Plan Update



**Office of Children
and Family Services**



**Division of Criminal
Justice Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

MICHAEL C. GREEN
Executive Deputy Commissioner

May 25, 2021

Dear Local District Commissioner or Probation Director:

This letter is to inform you that the PINS Diversion Services Section of the Monroe County Child and Family Services Plan (CFSP) has been approved jointly by the Office of Children and Family Services and the Division of Criminal Justice Services effective 5/24/21.

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

Sincerely,

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

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

Signature Page and Attestation

We hereby approve and submit the Child and Family Services Plan for Monroe County Department of Social Services and Youth Bureau 2021 Annual Plan Update.

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

Legal Assurances

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

A. General

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

B. Child Protective Services

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

C. Preventive Services for Children

1. Children and families in need of the core preventive services have these services provided to them in a timely manner. Core services include day care, homemaker, transportation, 24-hour access to emergency services, parent aide or parent training, clinical services, crisis respite care,

- services for families with AIDS/HIV+, and housing services.
2. The district maintains efforts to coordinate services with service agencies and other public and private agencies within the district that provide services to children including the use of referral procedures with these agencies and formal and informal agreements.
 3. The district has prepared plans and procedures for providing or arranging for 24-hour access to emergency services for children who are at risk of foster care as specified in 18 NYCRR 423.4. Staff is aware of such plans and procedures.

D. Youth Development

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

E. Adult Protective Services

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

F. Domestic Violence Services

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

G. Child Care

The district assures that when providing child care services under the New York State Child Care Block Grant (NYSCCBG), the Social Services Block Grant (Title XX), and other child care services funded with state or federal funds, it is in compliance with all pertinent state and federal laws, regulations, and policies, which include but are not limited to the following:

1. Providing parents or other eligible caretakers with information about the full range of providers eligible for payment with child care subsidy funds.
2. Offering child care certificates to assist parents in accessing care.
3. Informing clients of criteria to consider when selecting a child care provider.
4. Allowing parents or other eligible caretakers to select any legal, eligible child care provider (districts may disapprove providers chosen by families with a preventive or protective case under certain circumstances).
5. Establishing at least one method of paying for child care provided by caregivers who do not have

- a contract with the county.
6. Determining that legally exempt child care providers are operating in compliance with any additional state-approved local standards.
 7. Giving priority for child care subsidies to children of families with very low income, to families that have children with special needs, and to families experiencing homelessness.
 8. Guaranteeing child care services to families that have applied for or are in receipt of public assistance when such services are needed for children under 13 years of age in order to enable custodial parents or caretaker relatives to participate in activities required by a social services official including orientation, assessment, or work activities as defined in 18 NYCRR Part 385.
 9. Guaranteeing child care services to families who are in receipt of public assistance when such services are needed for children under 13 years of age in order to enable the parents or caretaker relatives to engage in work as defined by the social services district.
 10. Guaranteeing child care services to applicants for or recipients of public assistance who are employed and would otherwise be financially eligible for public assistance benefits that choose to receive child care subsidies for children under 13 years of age in lieu of public assistance benefits for such period of time as the applicants/recipients continue to be financially eligible for public assistance.
 11. Guaranteeing child care services to families transitioning from public assistance whose cases have been closed or who voluntarily close their public assistance cases, and who are no longer financially eligible for public assistance due to an increase in earned income or child support. The family must include an eligible child under the age of 13 who needs child care in order for the parent to be engaged in work, and the family's gross income must be at or below 200 percent of the state income standard. For transitional child care, the eligibility period begins with the first month in which a family becomes ineligible for public assistance or "child care in lieu of public assistance" and is limited to 12 months in duration.
 12. Informing recipients of public assistance and former public assistance recipients of the child care guarantees for eligible families.
 13. Informing families in receipt of public assistance of their responsibility to locate child care.
 14. Informing families in receipt of public assistance of the criteria the district will use to determine that a family has demonstrated an inability to obtain needed child care because of the following reasons:
 - Unavailability of appropriate child care within a reasonable distance from the individual's home or work site;
 - Unavailability or unsuitability of informal child care by a relative or under other arrangements; or
 - Appropriate and affordable regulated child care arrangements.
 15. Offering two choices of legal child care, at least one of which must be a licensed or registered provider, to recipients of public assistance who have requested assistance in locating child care for a required work activity and who have demonstrated an inability to obtain care.
 16. Informing recipients of public assistance that their public assistance benefits cannot be reduced or terminated when they demonstrate that they are unable to work due to the lack of available child care for a child under the age of 13.
 17. Advising recipients of public assistance that the time during which they are exempted from their required activity due to the lack of available child care will still count toward the families' time limit on public assistance.
 18. Providing payment for the actual cost of care (rate charged by the provider to non-subsidized families unless a lower payment rate has been established in a negotiated contract) up to the applicable market rate.
 19. Allocating NYSCCBG subsidy funds in a manner that provides eligible families equitable access to child care assistance funds.
 20. Providing child care to families who are eligible, as long as funds are available, and to other families that are eligible if funds are available and if the social services district has listed such families as eligible in the Child and Family Services Plan (CFSP).
 21. Not requiring a contract with child care providers as a condition for payment when providing child care subsidies under the NYSCCBG. The district provides parents or other eligible caretakers the option to either enroll the child with an eligible provider who has a contract with the district or to receive a child care certificate to arrange child care services with any eligible provider.
 22. Obtaining approval from the New York State Office of Children and Family Services (OCFS) as

part of the district's CFSP before imposing any additional requirements on child care providers that serve subsidized children.

H. Staffing

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

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

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

Commissioner County Department of Social Services

Name / Signature:

Thalia Wright

Date:

June 8, 2021

As the PINS Diversion Service lead, I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Monroe County 2021 Annual Plan Update.

PINS Diversion Service Lead

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

Name / Signature:

Jennifer Ball

Date:

June 2, 2021

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Monroe County Youth Bureau 2021 Annual Plan Update.

Executive Director County Youth Bureau

Name / Signature:

Brent Whitfield

Date:

June 2, 2021

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

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

Name / Signature:

Monroe County: Signature Page and Attestation

Adam J. Bello

Date:

June 8, 2021

County Overview

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

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

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

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

Monroe County is located in western upstate New York and is centered on the City of Rochester, with 19 surrounding suburban and rural towns. Based on the most recent census estimates available (2019), Monroe County is home to 741,770 people, with 205,695 (28%) of them living within the Rochester city limits. (Source: US Census Bureau) The County's population has increased by 0.9% since 2010, while the population of the City has decreased 6.6%.

The community continues to see a shift in terms of both age and race, indicating increased diversity. Minority populations have grown in Monroe County, particularly among children and youth, while the white population has declined. The Hispanic population is the fastest growing segment of Monroe County's population, having **increased** by 65% in the County and 37% in the City of Rochester since 2000. During the same time period, the Asian population has **increased** by 50% in the County and 46% in the City; the African American/Black population has **increased** by 14% in the County and 1% in the City; while the white population has **decreased** by 2% in the County and 9% in the City. As of 2019, estimates indicate that 16% of Monroe County and 40% of Rochester residents were African American. Latino residents represented 9% of the County and 18% of Rochester's population. (US Census Bureau)

The population of Monroe County is aging; Since 2000, the number of people age 60 to 84 **increased** by 41% and the number of people age 85 or older **increased** by 33%. In the City, the number of people aged 60 to 84 increased by 25%, while the number of people 85 and older **decreased** 32%. Residents age 60 or older account for 23% of Monroe's and 16% of Rochester's population. (ACTRochester.org) Older adults are the fastest growing demographic segment and the population is expected to increase in the coming years, which highlights a growing need for additional support services. County-wide, 7% of the seniors live below the poverty level and another 9% live between 100-149% of the poverty line. Slightly more than 30% have a disability of some form. Common issues associated with an aging population include transportation, housing, Medicare and social security, elder abuse, long term care, Alzheimer's and caregiving. In 2020, 1,225 calls were made to the Adult Protective Services (APS) hotline, down 14% from 2019.

Similar to other counties in the upstate region, Monroe County continues to experience declines in the numbers of children, youth and young adults. The number of children, youth and young adults (defined as those under 20 years of age) is estimated to have declined by 15% in the County and 22% in the City between 2000 and 2019. Of the 178,820 children, youth and young adults under age 20 within Monroe County, approximately 30% of them reside in the City of Rochester. (ACTRochester.org)

Academic achievement still varies between the County and the City, despite steady improvement in the City's graduation rate. While Monroe County schools perform on par with the rest of the state, with graduation rates around 85%, the graduation rate in the Rochester City School District for a 4-year cohort for the 2018-19 school year was 63%, up from 51% in 2015. (Source: ROC the Future 2020 Annual Report) Graduation rates continue to vary by race and ethnicity, although the gap is less than in prior years: County wide, 92% of white students, 71% of African American and 74% of Latinos graduated on time in 2019. (Source: ACT Rochester) Graduation rates in the City are essentially the same across white, Black and Hispanic students at 63-64%. Only Asian students in the City have a differential graduation rate of 74%. (Source: Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area, 2020)

According to the locally administrated 2019 Youth Behavior Risk Survey, 66% of Monroe County youth have experienced one or more adverse childhood experiences as defined by the Adverse Childhood Experiences Scale (ACES), while 24% experienced 3 or more. Both rates are commensurate with data obtained in the 2017 Survey. Elevated ACES scores are associated with negative outcomes on multiple measures of well-being, with negative outcomes becoming more likely as the number of ACES increases. Between 2010 and 2019, there were increased reports of youth not going to school because they felt unsafe, experiencing feelings of sadness or hopelessness, or seriously considering suicide. In the 2019 Survey, 32% of youth reported depressive symptoms while 14% seriously considered suicide. Eight percent (8%) reported having attempted suicide in the past year. Positive changes evidenced within the survey were seen as fewer students reported carrying weapons, engaging in fighting, experiencing electronic bullying, smoking, drinking, and using drugs. When a child feels valued by and within their community, the risk of considering suicide decreases by more than half, even if they have experienced 3 or more ACES. The Youth Bureau's plan to increase youths' community connectedness and involvement is aimed towards building youths' resiliency and decreasing their potential for self-harm.

Domestic violence, which is linked to elevated ACES, continues to be a concern in the community. Monroe County continues to increase community awareness around domestic violence and knowledge of available resources. According to Willow's 2019-2020 Annual Report, there were 6,863 calls to the hotline. Willow also provided shelter for 429 individuals, over 1800 counseling sessions and preventive education and training to over 5,000 participants. (Source: Willow Domestic Violence Center Annual Report)

The pandemic clearly affected child welfare activity. Based on Monroe County data, reports of suspected child abuse and neglect decreased 16% in 2020 after 4 years of stability averaging just under 9,700 reports per year. Specifically, there were 8,163 reports of suspected child abuse in 2020 compared with 9,764 reports of suspected child abuse in 2019. The lower than expected number of reports were particularly concentrated in the early months of the pandemic and are thought to be an artificial decrease brought upon by the pandemic, as children were not in places (e.g., school and community activities) where they might come before mandated reporters. Indication rates increased slightly in 2020 to 25.8% from 24% in 2019. Fewer children (292) were placed into foster care during 2020, down from 315 in 2019. This decrease continues a downward trend from a spike in 2018 and is commensurate with foster care placements in 2017 and 2016. Despite a downward trend in admissions, the number of children in foster care increased by 6% over the course of 2020. With the pandemic came court delays, which slowed the process towards permanency and created a back log of court cases. Admissions to foster care exceeded discharges, resulting in a higher number of youth in care at the end of the year. (Source: Monroe County Data and OCFS Data Warehouse)

The Coronavirus pandemic also challenged Child and Family Services to develop and enhance service delivery alternatives, as well as new ways of doing business. Mobile technology for all staff had previously been deployed, providing a seamless transition to remote work. Casework contacts continued as per regulation, utilizing CDC screening guidelines for all cases with elevated risk, meeting outside when appropriate. All staff were provided with proper PPE equipment. Similar expectations were set for all contracted Preventive agencies. Video conferencing was utilized for casework contacts where safety was not a concern (e.g., foster homes, stable relatives), for family visitation time, and to provide a higher level of support to families struggling with children's behavioral health concerns. Video conferencing also provided the opportunity for virtual support and training for foster parents and caretakers, as well as coaching and development of new employees. Telephones were provided to families who needed them, to ensure they could maintain contact with their children. Supervisors touched base with each staff person at the beginning and end of the day to review work plans and address any client related issues or concerns. Individual supervision and team meetings were held weekly via video or audio conferencing. In-person family visitation resumed in July at reduced capacity and alternate plans for visitation within the community where possible were employed. Monroe County Child and Family Services continues to review and evaluate practices generated out of necessity to determine which practices can and should continue to be utilized going forward to improve service delivery and improve outcomes.

POVERTY and RACE IN MONROE COUNTY

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

The overall poverty rate in Monroe County currently stands at 14.4%, up from 13.2% in 2013, which is slightly less than state and national levels. Poverty is particularly concentrated within the city of Rochester; as of 2016, thirty-seven (37) census tracts had poverty rates above 40%. As of the end of 2019, the overall poverty rate within the City of Rochester was 31.3%, which ranked third in poverty among the nation's 75 largest metropolitan areas. The poverty rate for children in the City was 47.7%, down from 51% in 2018. (Source: RMAPI Press Release, December 2020 www.endingpovertynow.org)

Poverty rates are significantly higher for people of color, particularly children of color. The poverty rate for African Americans in the County is 35% and 39% in the City. However, the poverty for African American *children* is 50% in the County and 56% in the City. The poverty rate for Hispanic/Latinos is 33% in the County and 43% in the City, but for Hispanic children, it is 42% and 55% respectively. By comparison, the poverty for whites in the County is 10% and 25% in the City, but for white children, it is 12% and 43% respectively. Race matters, as does where you live and where you live is frequently based on race. In all cases, children are affected by a greater rate of poverty than adults. (Sources: ACT Rochester and Hard Facts: Race & Ethnicity in the Nine County Greater Rochester Area)

Disparate rates by race and ethnicity and linked to poverty are seen in other wellness indicators. While the infant mortality rate average for 2015-2017 is 7.7 per 1000 live births, it is 12.2 in the City. Across the County, the infant mortality rate for African Americans is 15 per 1000 live births. For Hispanics it is 10 and for Whites it is 5 per 1000 live births. (Source: Monroe County Department of Health) Additionally, African American infants are nearly 2.5 times as likely as white infants to experience low birthweight. Latino infants are 1.5 times as likely to experience low birthweight as white infants. African American children in the region are 4 times as likely to be poor as white children. Latino children are 3.5 times as likely to be poor as white children. (Source: Hard Facts: Race and Ethnicity in the Nine County Greater Rochester Area – August 2017) Graduation rates by race, ethnicity and geography have been described above and reflect analogous disparities.

Median household income dropped 15% in Monroe County and 18% in the City of Rochester between 2000 and 2018. The median household income of both African Americans and Hispanics in the County is less than half that of whites. Additionally, African Americans in Monroe County earn 75% of what African Americans earn nationwide and 65% of their counterparts in New York. Latinos earn about 70% of what Latinos earn nationwide and 73% of what Latinos earn in New York State. African American and Latinos are more likely to be poor than whites throughout the lifespan. The unemployment rate (pre-COVID-19) for whites in Monroe County was 4.4% compared to 14.1% for African Americans and 11% for Hispanics. Seventy-one percent (71%) of white adults own homes in Monroe County compared with 32% of African Americans and 34% of Hispanic or Latino adults. (Source: Hard Facts: Race and Ethnicity in the Nine County Rochester Area, 2020 and ACT Rochester.)

None of the economic indicators above reflect the impact of the COVID-19 virus. It has been widely reported that these impacts have disproportionately affected African Americans and Latinos. Data from the Monroe County Public Health Department shows that through mid-July of 2020, compared with whites, African Americans experienced 4 times as many COVID-19 cases, nearly 5 times the COVID-19 hospitalization rate, and 2.3 times the COVID-19 death rate. For Latinos, the case rate compared to whites was 2.5 times higher, and the hospitalization rate was 3.3 times higher. The Latino COVID-19 death rate was not reported as the data was not considered to be stable. (Monroe County Department of Public Health)

The Monroe County Department of Human Services has historically partnered with multiple community initiatives to address the issues of poverty across the lifespan and across generations, racial and ethnic disparities, and the impact of trauma and toxic stress. There has been a move throughout the community towards collective impact and shared responsibility, with multiple initiatives to address the issues of poverty and racial disparities. State initiatives include the Rochester Anti-Poverty Task Force established in 2015, as well as the Empire State Poverty Reduction Initiative. Local initiatives include the Monroe County Paths to Empowerment program, Rochester Monroe Anti-Poverty Initiative (RMAPI); the City of Rochester's Office of Innovation and Strategic Initiatives; ROC the Future (which strives to improve the academic achievement of Rochester's children as a means by which to address poverty); Pathways to Prosperity (a link between regional economic development and anti-poverty efforts focusing on the relationship between education, employment and poverty); Connected Communities (focus on holistic revitalization of select neighborhoods); Unite Rochester; Stand Against Racism; Person2Person; and Great Schools for All. The United Way Blueprint for Change for 2016-19 focused on four (4) areas: basic needs, giving babies the best start, preparing kids for success, and supporting seniors and caregivers.

This past year, Monroe County embarked on several additional initiatives to address equity. An Office of Diversity and Inclusion has been established and the Chief Diversity Officer appointed. A Chief Community Engagement Officer has also been appointed. In June of 2020, the County partnered with the City of Rochester to launch The Commission on Racial and Structural Equity (RASE). The charge of the 21-person Commission, which included Commissioner Wright, was to inventory and assess current local laws and policies that effect structural biases, racism, and inequities, provide recommendations to enhance current local laws/policies and provide recommendations as to new local laws and policies. The Commission reviewed the following areas: Business Development, Criminal Justice, Education, Healthcare, Housing, Human/Social Services, Job Creation, Mental Health/Addiction Services and Policing. The Commission delivered their report (available at rocrase.com) on March 16, 2021, which identified six (6) over-arching themes and five (5) broad solutions. Overarching themes centered around 1) access to resources, 2) inequitable systems, 3) cultural and linguistic competency, 4) systemic disadvantage, 5) accountability, and 6) economic investment. Solutions are focused on 1) embedding services in the community, 2) ending inequitable practices, 3) increasing cultural competence, 4) ensuring accountability, and 5) expanding economic opportunity. Each Monroe County Department Head was tasked with completing and submitting a matrix as to how they intend to implement recommendations and build out equity in their areas. As one step towards addressing inequities, Monroe County recently raised the minimum wage for all County employees to \$15 an hour. The County also convened a Mental Health and Substance Abuse Task Force in September 2020 to develop and implement strategies to address gaps in behavioral health emergency and crisis response systems, particularly around better meeting the needs of BIPOC communities. The report was delivered in early 2021 with a number of recommendations, which will be addressed under the leadership of a new Community Services Director. (Source: *Monroe County Mental Health and Substance Use Disorder Task Force Report – January 4, 2021*)

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

2a. OCFS is committed to addressing disparities among all populations. There is evidence that disparities in race, ethnicity, gender identity, sexual orientation, and disability exist throughout the child welfare system. What efforts is the district taking to address those disparities? (Note: If you are interested in researching and developing additional strategies, examples of strategies are provided below.)

As can be seen from the data cited above, Monroe County Black, Indigenous and People of Color (BIPOC) residents experience disparities and inequities across the lifespan in terms of poverty and on multiple indicators of wellness. There are also inequities between City and County residents for all races and ethnicities. Children are particularly affected by disparities within our community and the results are evident in Child Welfare. Data from the annual OCFS report on DMR comparisons by county indicate higher rates of disparity for Black children than for Hispanic children. The data also indicate that disparities increase for Black children the deeper they go into the child welfare system, while this has not always been the case for Hispanic children. From 2015-2019, the disparity rate in reports to the State Central Registry

have remained somewhat consistent for Black children at around 3.8. Disparity rates in CPS indications have remained relatively consistent as well, varying from 4.1 in 2017 to 4.9 in 2019. The greatest variation regarding disparity rate is seen in admissions to foster care and youth in care as of the end of the year. Following 2015-2016, when Black youth were over 10 times more likely than white youth to be placed in foster care, the rate dropped to 4.4 in 2017 and achieved a low of 4.1 in 2019. While causation cannot be definitively established due to incomplete local data, the drop coincides with a local Blind Removal initiative that ran from late 2016 until early 2018. While the decrease was encouraging, there is still much work to do.

In addition to strategies at the County level cited above, the Monroe County Division of Child and Family Services has put the following strategies in place to address these ongoing disparities, as follows:

1) **Committee on Racial Equity (CORE):** As a result of race equity training, this internal group was established in 2012 and continues to meet on a monthly basis. Comprised of leadership, staff development, mid-level supervisors, caseworkers, case aides and a planner, CORE looks to promote racial equity through organizational self-assessment, individual self-awareness, and diversity training for existing and new staff, as well as promote equity awareness and practice change. Onboarding training now includes trainings entitled Self-awareness; Equity (previously DMR); and Diversity, Values and Decision Making, as well as implicit bias training and ongoing "hands-on" learning opportunities for reinforcement. Booster trainings to continue the learning have also been employed. Supervisors have been supplied with tools to use, as well as support in having "difficult conversations" around race and equity. The group also regularly reviews disparity related data and promoted staff participation in the local United Way's 21-day Equity Challenge. Most recently, CORE has developed in consultation with the County's Office of Diversity, and is in the process of implementing, monthly training/resource/discussion guides to be discussed within each team, the first of which will focus on the LGBTQ Community. CORE also sponsors awareness events for different groups and is looking to develop a lunch and learn series.

2) **Agency Training Initiatives:** The Child and Family Services Division participated in the *OCFS Race Equity Cultural Competency Assessment* at the beginning of 2021 to gather information about policies, practices, and organizational factors that contribute to disparity and identify gaps between intent and outcomes, with an eye towards creation of an overarching training plan, as well as other initiatives. Survey results indicated different levels of understanding among staff regarding the importance of cultural competence and race equity, as well as current race equity initiatives within the organization. The unevenness of responses hindered the ability to extract significant themes. Nonetheless, in partnership with our regional OCFS office, Monroe County is working to create a training plan to ensure agency wide awareness and understanding by establishing a shared language and knowledge baseline. An annualized cultural competence track will subsequently be developed to identify training requirements during onboarding, as well as training and expectations for each successive year of employment.

3) **Blind Removal Process:** Monroe County is highly invested in re-establishing its Blind Removal process to reduce or eliminate bias in decision-making when removal is being considered. A Blind Removal Committee was established to review data and focus group results from the previous iteration to develop new and improved processes. Planning has centered around such topics as how and when meetings are called, who participates, the use of templates to focus discussion, how decisions are made and how best to collect and analyze data. A data collection tool has been developed. Two teams have been identified for the pilot, which is expected to begin this summer. Of note, the new process was designed in collaboration with Erie County to allow for sharing of ideas regarding best practice, as well as strategies to address anticipated barriers. Blind Removals are intended to decrease the overall number of children removed from their homes, as well as build a more equitable system of care.

4) **Additional Initiatives:** Following completion of the *OCFS Race Equity Cultural Competency Assessment*, Monroe County began exploring opportunities for technical assistance through the Casey Foundation to support our learning and facilitate our progress around reducing racial and ethnic disparities. As a first step, Monroe County is partnering with OCFS to plan and implement Rapid Permanency Reviews, as recommended by the Casey Foundation. Continued support and follow-up from OCFS around training, planning and implementation of Rapid Permanency Reviews, as well as future strategies when identified would be appreciated. Under the leadership of Commissioner Wright, we will also continue to consult with the Casey Foundation to develop and implement a Train the Trainer model to address sustainability over time.

- Incorporate data and race/ethnicity equity strategies from existing online resources. Some examples include:
 - <https://www.childwelfare.gov/topics/systemwide/cultural/disproportionality/reducing/>
 - https://www.childwelfare.gov/pubpdfs/racial_disproportionality.pdf
 - <https://www.racialequitytools.org/resources/plan>
- Access trainings through regional Youth Engagement Specialist such as Working with LGBTQ+ Youth
- Create an equity committee to develop an action-oriented workplan to address racial disparities in your county
- Create listening opportunities to learn about the experiences of diverse clients to improve policy and practice

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

- ☒ Race and Ethnicity Equity
- ☐ LGBTQ Cultural Awareness and Affirmation

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

Monroe County's vision is to ensure the safety and physical and emotional well-being of children, youth, families and our older residents. The following highlights our accomplishments from recent years, as well as 2020.

Child/Family Services

Professional Development, Training and Supervision

- **Professional Development:** Child and Family Services staff have expanded their skills through participation in at least 6 hours of training annually. Several trainings around racial equity have been offered, including Anti-Racism Training, Race and Rochester, Equity (formerly Disproportionate Minority Representation) and Responding to Child Abuse and Neglect: What's Race Got To Do With It. Other trainings included: Bridges out of Poverty; Courageous Leaders/Courageous Followers: Creating Powerful Mission-Focused Partnerships; D2L (Darkness to Light); De-Escalation Training; Supporting the Virtual Workforce; Workplace Violence; Domestic Violence; Adolescent Substance Use; Forensic Interviewing; Human Trafficking; Working with Children with Disabilities; Adolescent Substance Abuse; LGBTQ Adolescents and Families; Sex Trafficking; Critical Decision Making; Forensic Interviewing; Opiates and Child Welfare; Sex Abuse Dynamics and Intervention; Active Shooter; Motivational Interviewing; Critical Decision Making; Safe Sleeping Practices for Children and Infants; Co-Occurring Disorders; Crisis Resiliency Response Training; Narcan Training; Youth Mental Health First Aid; Dual Diagnosis; Self-Awareness; Advanced Medical Issues in CPS; Abusive Head Trauma; Nutritional Issues and Mood Disorders; Fetal Alcohol Syndrome; Involving Fathers; Working with Adolescents who Practice Non-Suicidal Self-Injury; Adult Mental Health; and Adult Psychiatric Disorders.
- **Training:** Child and Family Services staff have also participated in trainings that further their skills and knowledge specific to their roles at DHS including: Casework Documentation; CPS Foundations; CPS Bridge; CPS Response; Risk Assessment Profile (RAP); Assessing Safety; Car Seat Use; Indian Child Welfare Act; FASP; Progress Notes; Connections; Adult Abuse; Placement, Kin and Permanency; Article 81/Guardianship for APS Clients; Microsoft Office and Using COGNOS. Also offered this year were Trauma Investigations Bootcamp; CPSI Workload Management; Functional Behavioral Approach Overview (for Case Work Aides); Kinship and Guardianship: Kinship Specialist Team; Legal Training for new Caseworkers; Medicaid Overview; Overview of Financial Assistance; Review of NPC Cases; and PSA New Worker Institute.
- **Supervision:** Child and Family Services has continued to focus on enhancing the supervision and support of its staff to enhance employee retention, development, and productivity. Monroe County began implementing the KEYS supervision model in 2014-2015 with a select group of administrators, supervisors, senior caseworkers and CPS Management, after which it was expanded across the agency. Criteria for supervisory expectations were developed and then implemented via both group and individual coaching under a contract with Lead Peak Performance, which continued in 2020. Supervising and Senior Caseworkers have participated in workshops to develop leadership skills and in Leadership Development Coaching. Individual and group coaching continues. Senior staff have also participated in the New York State Children's Alliance Virtual Leadership Conference; KEYS Core; Supervising CPS; Crucial Conversations and Critical Thinking; How to Mentor Crucial Conversations and Critical Thinking; Leadership Training – Protecting and Serving Vulnerable Adults; Coaching for Performance; Conducting Performance Appraisals; Conflict Resolution; Managing Difficult Employees; Transitioning from Employee to Supervisor; The Art and Skill of Delegation; Collaboration and Leadership; The M Factor; The Young and The Rest of Us; Working With You Hurts: Avoiding Emotional Traps at Work; Coaching – The Key to Developing Workers; Finding Your Leadership Voice; and Improving Personal Productivity.

Other Successes, Achievements and Bright Spots for CFS

- The Child and Family Services Division is actively planning for and implementing strategies in preparation for The Family First Preventive Services Act, which is scheduled to take effect in New York State on October 1, 2021. Many elements contained within the legislation are aligned closely with existing Monroe County initiatives. With financial and/or technical support from the State Office of Children and Family Services and technical assistance from the Redlich Horowitz Foundation, Monroe County has established an Implementation Oversight Team and six issue-specific work groups to address various components of the legislation. Several initiatives, including a Kinship Specialist Team and a Decision-Making Team around entrance into congregate care, have been implemented and are currently being evaluated and fine-tuned.

Additional strategies are in development. Most recently, a team has begun a “deep data dive” process with several other counties with technical assistance from the Redlich Horowitz Foundation to identify additional contributing factors and potential strategies around the use of congregate care. Progress towards meeting state targets is evident through comprehensive data analysis. Please see the Family First section of this plan for more details.

- Monroe County has demonstrated an improved ability to successfully meet the needs of youth at risk of PINS (Persons in Need of Supervision) and their families without the need for court involvement or out of home placement. Over the years, there has been a focus on decreasing the number of complaints, petitions, detention admissions and placements. As of January 2020, detention is no longer an option for PINS and state funding for placements has ceased. Monroe County responded by expanding pre-diversion and diversion efforts for youth at-risk of PINS, reducing the number of youths petitioned to court and developing alternatives to and arranging for Pre-dispositional Placement. From 2015 through 2020, complaints decreased by 89%, while petitions decreased by 92%. **No** PINS youth were placed outside their home in 2020, either on a pre-dispositional order or as a court ordered disposition. The FACT (Family Access and Connection Team) program continues to develop and strengthen community partnerships as they work towards establishing a multi-disciplinary team model and Family Support Center. Respite services for youth at-risk of PINS was recently added to the cadre of available services. (Source: Monroe County Data) Please see the PINS section of this plan for more details
- Trauma Informed Practice: The Department of Human Services continues to focus on the impact of trauma on the children and families served, as well as vicarious trauma experienced by staff. All staff are mandated to attend Trauma Training to both increase understanding of the impact of trauma and how to best serve youth and families utilizing Trauma Informed Casework practices. Staff also continue to take advantage of optional training and implement the principles of trauma informed care into their daily practice. MCDHS was fortunate to receive a third round of funding from the Wilson Foundation specifically to develop a strategic plan around better integrating trauma informed principles in daily practice.
- Human Trafficking: Child and Family Services partnered with Rochester-Monroe County Youth Bureau, the Center for Youth Services, local law enforcement, judiciary, community-based agencies and others to implement the Safe Harbour program that focuses on human trafficking locally. Child and Family Services has a designated liaison to work with Safe Harbour staff. All Child and Family Services staff are mandated to attend training on human trafficking to increase understanding of presenting issues, learn how to identify possible victims, and improve knowledge of available community resources and how to access them.
- To more closely monitor the quality of investigations and permanency efforts and successfully drive change, Monroe County created two new positions in late 2018. The Director position was split into two positions: one for Child Protective Services and one for Family Services. A Deputy Commissioner for Child and Family Services was brought on board in December of 2018.
- Child/Family Services is meeting or exceeding the CFSR-Wave 7 NYS averages in five (5) of six (6) measures. For two of those measures, Monroe County exceeds the national standards as well. Child and Family Services has developed a plan for improvement in 2 identified areas which can be found in the Safety and Permanency sections of this plan.
- Despite the pandemic, Monroe County was able to recruit, hire and train 42 Caseworkers and 8 Case Aides in 2020.
- A Coaching and Development Team was implemented in 2018-2019. This team continues to provide 1:1 mentoring to all new caseworkers and recently promoted Senior Caseworkers. A Senior Onboarding Program was developed in 2020, which included creation of a “Senior Manual.” This will ensure consistency and a structured training program for all newly hired Senior Caseworkers. Current Senior Caseworkers were provided with this manual and are in the process of participating in all the required trainings.
- Several strategies to improve documentation of CPS history, timely completion of 7-day Safety Assessments and documentation of safe sleep were implemented in 2019. FASP refresher training was provided to all Investigation staff in 2019 and to all Management staff, as well as contracted Preventive programs, in 2020.
- Monroe County has instituted several review mechanisms to improve the quality of investigations, including bi-monthly closed stage reviews, monthly open stage reviews and bi-monthly CQI Continuous Quality Improvement (CQI) meetings. Through the CQI process, procedures and practices are evaluated and adjusted as necessary.

- Monroe County has engaged with an external monitor and OCFS over the past year for a more thorough analysis of CPS investigation practices and procedures. This closer look has resulted in the development of several new policies and protocols, as well as additional training and supervision initiatives. Implementation of recommendations is currently underway.
- Monroe County has a protocol in place to ensure consistent processes around permanency options when visiting potential placement resources, including provision of the *"Having a Voice and Choice"* booklet. Additional efforts are made to identify extended family and other potential supports through conversation with the youth and the relative resource, as well as review of Connections history and assistance from staff trained in Family Finding.
- Permanency Reviews are routinely held for all youth in foster care at 6 months and between the 10th and 11th month, with extra attention to large sibling groups to ensure timely resolution for potential barriers to permanency.
- Mini-CFSRs were held quarterly in 2018 and resulted in numerous improvements as demonstrated by a very successful full CFSR review in May 2019. Mini-CFSRs were again held quarterly in 2020 and are scheduled for 2021. Holding quarterly mini-CFSRs provides focus and attention across all units and allows implementation of strategies for improvement throughout the year.
- The *Fatherhood Initiative* has been active since 2012. The coordinator (1) assists caseworkers in reaching out to and engaging with fathers, (2) facilitates the 13-week *Fatherhood Connection*, a parenting and personal development program for fathers and father figures, (3) facilitates the 8-week Boys2Men program for young men, and (4) provides training to services staff in locating and engaging fathers.
- A training specific to Permanency was locally developed and delivered to all Monroe County Child and Family Services staff in 2020. Training is again slated for 2021.
- Adoption Team staff continue to work with Children Awaiting Parents (CAP) through the Heart Gallery and Hillside Family of Agencies' Wendy's Wonderful Kids initiative to conduct child specific recruitment of adoptive homes.
- With the coordinated efforts of the Adoption staff and the Permanency Unit, including timely Permanency Reviews and filing of Termination of Parental Rights Petitions, and despite limits on court availability due to COVID-19, twenty-seven (27) children were freed for adoption and thirty-one (31) children were adopted in 2020. Monroe County continued to file termination petitions throughout the pandemic as necessary and appropriate, but many were delayed in court creating a backlog of cases, which are now moving through the courts. More children have been freed in the first five (5) months of 2021 than in all of 2020.
- From January of 2015 through December of 2020, 256 children have been freed for adoption. Staff actively participate in National Adoption Day events at Monroe County Family Court every year.
- An additional 62 children achieved permanency in 2020, which is remarkable given the challenges of COVID-19, bringing the total to 170 children over the past two (2) years. In 2020, permanency was achieved for 60 children through Article 6 custody/guardianship. Two children achieved permanency through KinGap.

Preventive Services

- Monroe County annually provides preventive services through contracts with ten (10) community-based agencies to provide twenty-five (25) programs to over 1600 families and over 2900 children and youth. In 2020, 98% of all children served avoided foster care and 97.5% of all families served avoided new, indicated CPS reports.
- Additional performance measures regarding parental stress and family functioning were incorporated into all contracts in 2020. Over 80% of families reported improvement on both measures.
- Monroe County will continue to assess and evaluate community need and program efficacy, adding to existing programs and/or developing new ones as appropriate. New programs added in 2020 included YAP (Youth Advocates Program), School Based Prevention and a Spanish Speaking program through Urban League.
- Because of the pandemic, Monroe County was unable to hold community fairs to promote preventive programs and community service options as we have in the past. As an alternative, in coordination with our Equity Challenge, a Lunch and Learn with agencies providing services related to the topic of the month will be offered, followed by relevant agency materials and other

information.

- Each year, Monroe County compiles an Annual Preventive Services Report that is shared with providers, DHS and County Administration. The report outlines who is receiving service and the outcomes of those services. The report also offers an opportunity for providers to highlight their work, as well as identify issues and barriers in serving youth and families. The data system and reporting structure underwent major changes in 2019 to more accurately reflect the issues facing children and families and more accurately collect meaningful outcome measures. The results are currently being reviewed and analyzed for 2020. Outcomes have been individualized so that they can be measured in a way that is reflective of client's needs and the agency's unique programming.
- The Preventive Services Unit continues to maintain and update a data base which facilitates Preventive Services Unit's monitoring of contracts, tracking utilization and ensuring compliance with Connections requirements.
- Based on the positive results of internal mini-CFSRs, monthly mini-CFSRs of selected contracted Preventive Agencies were implemented in 2019, continued in 2020 and will continue in 2021.

Foster Care

- Enhancing the skills of foster parents to preserve placements continues to be a major focus. Foster parents are surveyed annually to identify training topics of interest. Trainings in Functional Behavioral Approach, Shared Parenting and Trauma continue to be offered, as well as trainings around such topics as Internet Safety, Life Books, Legal Issues, TPR processes, Constructive Feedback, Understanding Adolescents, Creative Arts, Bullying, Substance Abuse, Autism, Fire and Home Safety, Responsibility and Discipline, Compassion Fatigue, Boundaries, Adolescent Sexuality, Courage, Reasonable and Prudent Parenting and Self-Awareness. Trainings added in 2020 include Working with LGBTQ Youth, Identifying and Supporting Survivors of Commercial Sex Exploitation, Diversity, Values and Decision Making, Motivating and Engaging Youth, Street Smarts, Essential Communication, Limit Setting, Creating LifePaks and Cultural Competency.
- Monroe County contracted with Foster Care and Adoptive Community (FCAC) Online Training to provide additional training opportunities for foster parents to support continued knowledge and skill development. This proved to be a particularly useful educational opportunity given the COVID-19 pandemic. Data indicates that foster parents are regularly accessing a variety of modules and are pleased with the training. Access to on-line training will continue in 2021.
- Because of the pandemic, previously held events to recognize and support foster families could not be held in 2020. As an alternative, passes to Adventure Zone were supplied. We hope to be able to resume in-person recognition events in 2021.
- *Intensive Family Support*, a program to assist in stabilizing foster home placements at risk of disruption was implemented in 2014, in partnership with Hillside Family of Agencies. The program assists foster parents and birth parents to understand and manage children's "Big Behaviors" as well as develop strategies to promote positive behaviors. Monroe County provided additional funding to increase capacity for this valuable service in 2019.
- A survey for relatives caring for their own was developed and interviews held to best determine the training needs of relatives. The Division is looking to attend training in the Caring for Our Own curriculum as soon as it becomes available through New York State.
- Monroe County holds a contract with Metrix Marketing to recruit and retain foster parents. Public recruitment efforts have specifically targeted communities of color and are multi-faceted. Despite the pandemic, forty-eight Information Sessions (many virtually) were held. Over 450 people attended in 2020, 200 more than in 2019. Metrix is in the process of hiring and training two part-time community outreach workers to enhance recruitment efforts particularly within the African American community.
- A Behavioral Health Specialist was hired to better support foster parents and relatives caring for their own.
- Monroe County has contracted with SPCC (Society for the Protection and Care of Children) since 2015 to provide visitation services. SPCC has continued to offer visit coaching for parents and guardians and adapted quickly to challenges brought about because of the pandemic. Parents As Teachers (PAT) is offered to all families with children up to Kindergarten age. Therapeutic Visitation was added in 2016 and visitation expanded to include Sundays in 2018.
- Monroe County is in the process of contracting for a Foster Care Stabilization Unit, as a means by which to support children in crisis and preserve foster home placement.

Older Adults

- Special case reviews are held in situations where clients experience multiple intakes/closings or when a client is facing a particularly challenging situation to ensure thorough assessment and comprehensive planning to better address and meet needs. Special reviews are also conducted in situations where a client passes away. Legal consultations with APS staff are held monthly for all situations where guardianship or other court actions are being considered.
- Adult Protective Services (APS) leadership continues to participate in regular community meetings to assess the needs of and address the barriers in serving vulnerable adults including the Long-Term Care Council-Housing subgroup; Care for the Elderly with Mental Health Challenges; the Enhanced Multi-Disciplinary Team (EMDT), the Medical Legal Collaborative, and multi-agency case discussions for clients residing at the homeless shelter, House of Mercy.
- Monroe County Office for the Aging (MCOFA) and APS continue to advocate for the needs of older adults in public forums during meetings with community agencies, church groups, and medical programs, and leverage relationships with other county and community partners to advocate for seniors' needs.
- Adult Protective staff continue to participate in collaborative planning meetings with partner agencies serving APS clients, including: Office of the Aging, Lifespan, Catholic Family Center, Center for Youth, OPWDD, VA, House of Mercy and local hospitals.
- The Adult Protective services team was able to provide several presentations regarding their services despite the pandemic. Of note was an information exchange with the Monroe County Forensic Intervention Team (FIT), a program through the Office of Mental Health, in July 2020. As Monroe County is now equipped with licenses for zoom and other virtual platforms, presentations will be provided virtually in 2021.
- Monroe County holds several contracts to ensure access to quality services. Monroe County Office for the Aging (MCOFA) contracts with Lifespan to operate a variety of prevention and intervention programs regarding Elder Abuse. MCDHS contracts with Catholic Family Center/Balanced Care for Representative Payee (rep payee) services and case management services, as well for case management of Article 81 guardianship cases. Monroe County also has a contract with Lifespan for a nurse practitioner to provide capacity evaluations and contracts for Chore services.
- APS continues to work in partnership with MCOFA, DHS Financial Assistance Division, HEAP, Lifespan and local utility companies to address the needs of older adults by connecting them to services and working to rectify heat relates issues, including coordination to repair/replace furnaces as needed, as well as billing issues.
- The Elder Source GRAPE resource book and/or the NY connects phone number is provided to all clients and families served by APS.
- Monroe County developed its own internal APS Manual in 2020, which is available to staff electronically. The manual includes processes, protocols, information on conducting intakes, assessments, ongoing cases, legal information, family type homes and monthly reporting requirements.
- In addition to regular division trainings as noted above, APS staff attended the following trainings specifically related to service the adult population in 2020: Legal Aspects of APS: Update 2020, Narcan Virtual Training, Medicaid Overview for Caseworkers: Home Care Services and Medicaid 101, Linked vs. Companion Cases, PSA New Worker Institute: Components 3 and 5, Mood Disorders, Safetyville, The Americans with Disability Act at 30, and the NYS Adult Abuse Training Institute.

Financial Assistance Division

Domestic Violence

- APS continues to work closely with emergency service programs, committees and other government entities to advocate for the need of abused adults and to ensure access to viable emergency housing options in times of crisis, as noted above.
- MCOFA contracts with Lifespan's EAPP (Elder Abuse Prevention Program) to serve older (60+) victims of domestic violence. Approximately 250 individuals are served annually. Services now include emergency respite for adults.
- MCOFA also contracts with Lifespan for the psycho-educational group, SEAM – Stop Elder Abuse

and Mistreatment, which provides a multi-week curriculum to perpetrators of elder abuse.

- MCDHS contracts with Willow Domestic Violence Center for both housing and non-residential services for victims of domestic violence and their families. Willow has expanded their shelter capacity to 49 beds. In addition to their hotline, information and referral, advocacy, counseling and community education and outreach services, Willow also provides specialized programs, including Court Advocacy, Safety First, Project Stronger and HEAL. This year, Willow added Deaf IGNITE, a signing-centric service supporting the needs of deaf survivors of domestic and/or sexual violence. Of note, Safety First, a partnership with MCDHS, has been in existence since 2017. Two domestic violence advocates from Willow Domestic Violence Center work side-by-side with Child Protective Services Investigation staff.

Child Care

- Monroe County has fully implemented the Child Care and Attendance (CCTA) system for all TANF and Low-Income Child-Care cases.
- On a monthly basis, the Financial Assistance Coordinator and Finance Director review the list of all open child care cases, as well as those closed the previous month, to determine the county's financial ability to open new cases the following month.
- A case review process for child care cases has been implemented. Each day, 6% of cases processed the prior day are selected for case review. Supervisory staff review electronic case documents that detail areas of case processing to assess quality and consistency. Errors are returned to the worker for corrections if necessary.
- During the pandemic, Monroe County instituted waivers of parent fees and allowable absences to support both families and providers.
- Monroe County recognizes the importance of child care in post-pandemic recovery and the need to support families and children as they return to work and school. As such, we have decided to permanently adopt the expanded allowable absence policy instituted during the pandemic, as well as lower the parent fee percentage from 20% to 10%.

Rochester/Monroe County Youth Bureau

Youth Development Programming

- The Youth Bureau continues to build support for a county-wide Quality Youth Development System for youth service programs to integrate a youth development framework and effective learning environments.
- *Youth as Resources (YAR)* continues to model youth voice and youth philanthropy as a means by which to encourage active youth leadership and development in program planning, implementation and evaluation.
- The Youth Bureau continues to explore opportunities with private funders and the community at large to support and enhance youth development efforts in the community.
- In partnership with MCOFA, the Youth Bureau has continued to develop intergenerational programming and events to foster relationships between youth and older adults.
- The Youth Bureau has partnered with the Center for Youth Services on the Safe Harbour Initiative, which assists victims of sex trafficking and commercial sex exploitation, and has actively participated in the oversight committee, which includes representatives from law enforcement, CPS, community-based agencies, US Marshalls, Attorney General Office, Attorney for the Child and District Attorney's Office.
- EXPLORE MONROE, an interactive website that brings resources and community education to youth, remains in development, as work was postponed due to the pandemic. Development is expected to resume during the summer of 2021. The website is designed to be utilized by both youth and adults.
- The Youth Bureau is expanding to include direct services in 2021 through the addition of a Youth Engagement Specialist to work with youth experiencing homelessness, those in danger of or who are being sexually exploited and those aging out of foster care. An additional Youth Engagement Specialist to work with youth at the detention center has also been added, but is being funded by the Detention Center.

Runaway Homeless Youth (RHY)

- Monroe County maintains an agreement with Center for Youth Services' Center House and

Salvation Army's Genesis House to provide 24-hour access to services. Programs and county representatives continue to meet monthly to discuss needs and monitor outcomes, as well as contractual and regulatory compliance.

- Monroe County receives funding through the Department of Housing and Urban Development (HUD) to support services and case management for homeless youth (10-20) provided through MCDHS. RMCYB staff continue to participate in the review, rating, ranking and allocation process for HUD dollars each year.
- Monroe County has fully implemented a Coordinated Entry System across Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs. Individuals and families are prioritized using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT), which is an evidenced based assessment tool used to prioritize those with the highest needs and barriers to accessing and maintaining safe permanent housing.
- RMCYB staff facilitate RHY provider workgroups to identify gaps in housing and services and plan next steps to bridge these gaps, participate on the Continuum of Care (COC) Executive Board to implement strategies to achieve goals established in the CoC's strategic plan, participate in the Homeless Services Network community meetings and participate in a yearly needs assessment to help shape local priorities when making HUD NOFA funding decisions.
- The Community Homeless Coordinator participates in weekly planning meetings with Coordinated Care Services (CCSI), Catholic Family Center (CFC) and 211/City of Rochester. This Coordinated Access project was awarded Emergency Services Grant money for implementation. Efforts have continued to expand from the "front door" to emergency shelter, to case management services, to aid in securing permanent housing for those placed in an emergency shelter.
- The Community Homeless Coordinator continues to work with the Rochester City School District (RCSd) and other school districts to obtain and maintain McKinney-Vento Homeless Education Funds.
- In 2020, Center for Youth opened Arnett House, a six (6) bed TILP residence for youth ages 16–24.

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

MCDHS-LDSS

The Department of Human Services-LDSS uses three major sources of funds to support Child Welfare, Youth, Adult, and Child Care services - federal, state, and local government. In recent years both the federal and the state governments have been funding much of the services through block grants resulting in any new costs being 100% local. In light of continuing reductions in state and federal funding, Monroe County has implemented strategies to change the way services are provided, reducing costs, while maintaining the safety, security and stability for children and families. This has resulted in a reduction in the number of youths placed out of home, especially those placed in congregate care settings, as well as a reduction in lengths of stay. 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. The Department of Human Services will seek to maximize funding streams to support needed services, as well as seek out opportunities for grant funding that support pilot projects and community collaborations on new initiatives.

MCDHS -RMCYB

The core RMCYB funding source is NYS OCFS for Runaway and Homeless (RHY1 and RHY2), and Youth Development Programming (YDP). The RMCYB also receives local funds to support the Youth as Resources program (YAR). The RMCYB partners with MCOFA to assist in funding intergenerational programming. Often the RMCYB partners with other funders to support youth development programs. In prior years, RMCYB funding was approximately 99% state and 1% local. With the addition of a Youth Engagement Specialist, state funds now account for approximately 74% of the budget, with County funds comprising the other 26%, demonstrating Monroe County's commitment to youth. The RMCYB

distributes and monitors OCFS funding to municipal recreation centers and contracted non-profit organizations that focus on positive youth development.

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

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

MCDHS- LDSS

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

MCDHS-RMCYB

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

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

Monroe County has implemented a web-based contract management and tracking system called Contract HQ. This system is designed to track contractor performance on outcome objectives; per unit costs; results of in-house evaluation/tracking and program/service utilization, allowing the County to identify effective programs/services more quickly. The contract system complements the Getting to Outcomes (GTO) model tracking performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the system, facilitating oversight and monitoring of performance. These systems assist the division with identifying contractors who are not meeting expectations early enough to allow for technical assistance.

MCDHS-LDSS

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

Preventive Services: The method for monitoring preventive contracts is highly developed and includes case, program and systems monitoring. Case monitoring is conducted through progress notes and the Family Assessment and Service Plan (FASP) completed by the service providers. MCDHS preventive caseworkers/liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are being provided and the minimum number of home visits are made. Contract providers are required by Monroe County to measure family or child functioning and stress. Each agency has chosen a tool to measure these outcomes. The tool must be approved by Monroe County. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Utilization rates are expected to be maintained at 85% to 90% or above, are closely monitored

and are discussed at every bi-monthly Preventive Coordinators meeting. Providers are required to enter quarterly performance measures into ContrackHQ. The Preventive Supervisor and/or Senior Caseworker review the information in ContrackHQ for accuracy. The Preventive Administrator reviews, approves or otherwise addresses quarterly performance measures. If issues are noted, the Administrative Caseworker will meet with the provider to address performance issues and develop a plan. Overall contract performance is reviewed at least quarterly and additionally as needed. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through data that are routinely maintained on a case, program, and service basis. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process and forms the basis for the preventive program's annual report. The data is also used in budgeting/planning processes throughout the year.

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

Adult Protective Services: All contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. The Financial Management Services program at Catholic Family Services (CFS) 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 CFS track client involvement in the program and monitor timeliness of report submission. Guardianship cases involve a copy of the annual accounting, which is required by law to be submitted to NYS Supreme Court. Bi-monthly meetings are held with the Catholic Family Services Program Administrator and the Adult Protective supervisors to discuss case status, contract compliance and programming. Lifespan submits a semiannual report of each case mutually served by Adult Protective and the Elder Abuse program. The program also submits an annual statistical report of all case activity and a summary of public awareness activities in the community.

MCDHS- RMCYB

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

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

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

Relationship Between County Outcomes and Title IV-B Federal Goals

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

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

Safety / Prevention

Safety / Prevention Plan Update

1. What is your wave 7 recurrence rate?

16.7%

How is your rate trending over waves 5, 6, and 7?

Monroe County has continued to trend downward, from 18.2% in Wave 5, to 17.8% in Wave 6 to 16.7% in Wave 7.

2. What strategy did you implement as a part of your 2020 Plan Update?

A. Reduce recurrence rates through the reduction of both caseload size and staff turnover, thereby enhancing institutional knowledge and improving service delivery by:

1. Continuing to hire and onboard new caseworker trainees at multiple times throughout the year.
2. Continuing to enhance the social media marketing campaign.
3. Ongoing recruitment to area colleges.
4. Onboarding of case aides to all CPS Investigation Teams.

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

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

C. Reduce recurrence by efficiently and effectively handling local reports of suspected child abuse and neglect by:

1. Collaboratively working with OCFS to address concerns and establish best practices.
2. Performing monthly administrative audits as a quality review of in-process open stages.
3. Targeting trainings for needed areas of improvement as identified through the year through closed case audits and CQI meetings.
4. Coaching and Development of newly hired leadership.

3. On the 2020 Plan Update you identified one business process or practice that you believed would change as a result of your strategy. What business process or practice did you identify?

Caseworkers will be able to complete a more thorough CPS investigation including the identification of appropriate services. Linkages will be timelier in the CPS investigation stage.

4. What impact did your strategy have on this business process or practice?

During 2020, Child Protective Investigation Teams made 684 referrals to preventive agencies and 232 referrals to the Catholic Family Center Resource team for assessments. Child Protective Investigation Teams also made 215 referrals to Willow Safety 1st Program.

Sixty (60) closed CPSI case reviews were conducted in 2020. In 77% of cases reviewed, families were connected with services identified as needed.

5. What evidence (e.g., data, tracking) did you use to make this determination?

Data was extracted from the Monroe County Preventive database and from the 60 reviewed cases.

6. Will you continue to implement this strategy as designed?

☒ Yes

☐ No

7. If not, please describe the changes and/or additions:

8. What OCFS Safety Theme is your strategy most aligned with?

This may be the same theme you identified in last year's Plan Update, or a different theme based on a revised strategy.

Improve the quality of CPS investigations

Planning Team and Technical Assistance

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

Our APU committee is scheduled to meet every other month. This team includes OCFS as well as staff throughout our agency. All CFSR data is shared in Court Improvement Project meetings which includes OCFS, OMH, Public Defenders, Attorney for the Child, Conflict Defender, Family Court Judge, MCDHS attorneys and community partners.

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

None at this time.

Permanency / Prevention

Permanency / Prevention Plan Update

1. Permanency Indicator chosen in the 2018–2023 Plan:

- ☐ Permanency Indicator 1
- ☒ Permanency Indicator 2
- ☐ Permanency Indicator 3
- ☐ Permanency Indicator 4

2. What is your wave 7 permanency rate?

33%

How is your rate trending over waves 5, 6, and 7?

Wave 5 (adj) = 36%; Wave 6 = 26%; Wave 7 = 33%

3. What strategy did you implement as a part of your 2020 Plan Update?

The themes identified through Monroe County's work with Public Catalyst and outlined in the 2018-2023 five-year plan remain valid. Factors that contribute to delays towards permanency and adoption and most directly impact performance on P2 are primarily related to the filing and disposition of a TPR and the Adoption process. Monroe County remains committed to the previously identified strategies which are geared towards streamlining the TPR/Adoption process.

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

1. Focusing on the appropriateness of utilizing a suspended judgement to settle a TPR;
2. Establishing tight language at disposition to ensure clients are clear as to requirements to achieve reunification when a Suspended Judgement is ordered;
3. Reducing the need to file violations of disposition or move to reunification more efficiently.

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

1. Conducting Permanency Reviews at the 6 and 10-11-month marks;
2. Tracking large sibling groups;
3. Holding mini-CFSR reviews on 2 Preventive and 2 Foster Care cases on a quarterly basis.

Casework Administrators continue to be involved in all decisions regarding any proposed Suspended Judgements to both evaluate the appropriateness of a Suspended Judgement and ensure tight language at dispositions. When a violation is needed for Suspended Judgment, the Permanency Team assists the active management team in drafting Affidavits to provide clear, concise information to the Law Department so that a violation petition can be drafted more expeditiously.

Permanency Reviews are held for all youth in foster care at 6 and between 10 and 11 months. The

purpose of the first review is to monitor progress on the part of the client and ensure that all state requirements are being met. The purpose of the second review is to inform permanency decisions. Extra attention is given to large sibling groups which may pose more challenges.

Mini-CFSRs were held quarterly in 2020 and are again scheduled for 2021. Monroe County Permanency Administrators and the Family Services Director reviewed 5 cases per quarter for a total of 20 cases in 2020. Additional Quality Control reviews are conducted by our OCFS partners to ensure our results are valid.

Monthly mini-CFSRs of selected contracted Preventive Agencies were added in 2019 and continued in 2020. This process has required the agency partners to learn to assess their work utilizing a modified CFSR tool focused primarily on Preventive Cases. The Preventive Services Administrator for Monroe County conducts quality reviews of program assessments and addresses concerns and improvements directly with agencies. In 2020, forty-four (44) cases were reviewed across five (5) programs, with demonstrable progress noted. Monthly mini-CFSRs with Preventive programs will continue in 2021.

Something not specifically identified in the 2018-2023 plan, but believed to be important nonetheless, was the roll out of a locally developed Permanency training for all Monroe County Child and Family Services staff led by Casework Administrators. Eighty-five percent (85%) of CFS staff were trained through a series of sessions in 2020. A series of in-house Permanency Trainings are again scheduled for 2021, beginning 4/28/21.

4. On the 2020 Plan Update you identified one business process or practice that you believed would change as a result of your strategy. What business process or practice did you identify?

The identified business process was that of Continuous Quality Improvement. Prior to implementation of Plan strategies, Monroe County did not engage in internal CFSR reviews and permanency reviews were held less frequently.

5. What impact did your strategy have on this business process or practice?

The strategies above have been implemented into our standard business processes, which ensures ongoing quality review and monitoring. The results of our internal reviews are shared within our CQI group related to the Annual Plan Update. This group meets 4-6 times per year and includes staff from all levels, as well as our OCFS partners. The results of the Preventive Mini-CFSRs are shared with program/agencies partners. Additionally, throughout 2020, quarterly Preventive Coalition meetings and bi-monthly Preventive Coordinator meetings were held with agency partners, with a strong focus on CFSR requirements, as well as Monroe County expectations regarding performance and outcomes.

6. What evidence (e.g., data, tracking) did you use to make this determination?

Monroe County tracks all CFSR outcomes and shares results directly with teams and community agency partners. The Permanency Unit tracks data related to TPR filings (see sample data below) and outcomes, suspended judgements, time to permanency, and outcomes and efficiencies by Courtroom, as timelines to achieve permanency vary across the seven (7) Family Court judges.

Year	TPR Filed within 15 months	TPR Filed within 18 months
2017	44%	71%
2018	43%	72%

2019	59%	86%
2020**	78%	94%

**Monroe County continued to submit petitions to Family Court for filing as above, however the Court paused on any actual filings until late June/early July of 2020.

7. Will you continue to implement this strategy as designed?

- ☒ Yes
- ☐ No

8. If not, please describe the changes and/or additions:

Monroe County recognizes the demonstrated value in the current strategies and is committed to their ongoing use. Despite the world-wide COVID-19 pandemic, Monroe County remained diligent in the timely submissions of petitions. The ongoing availability of substance abuse and mental health services in the community allowed our work to continue to move forward. Virtual Family Visiting Time was quickly implemented in March 2020 and continued through June, when in-person visitation resumed. However, delays and postponements in Monroe County Family Court created a significant backlog of cases. Presently, there are over 70 pending TPR petitions with children awaiting permanency.

Monroe County Family Court will begin piloting a Trial Assistance Court in May 2020. It is expected that we will agree to an unusually high number of suspended judgements in an effort to obtain a finding of Permanent Neglect and create a solid dispositional plan which will provide potential for moving towards permanency more quickly than may occur while awaiting resolution.

9. What Permanency Theme is your strategy most aligned with?

This may be the same theme you identified in last year's Plan Update, or a different theme based on a revised strategy.

Streamline the TPR and/or adoption process

Planning Team and Technical Assistance

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

Yes. The Annual Plan Update work group meets 4-6 times a year and consists of the Deputy Commissioner, both Directors, Casework Administrators, Staff Development, Planners, Casework Staff and Regional OCFS representatives.

The Court Improvement Collaborative meets 6 times a year and consists of the Deputy Commissioner of Child and Family Services, the Director of Family Services, Public Defender's Office, Conflict Defender's Office, Legal Aid Society Attorney for the Child, a Family Court Judge and Clerk, Mt. Hope Family Center, Society for the Protection and Care of Children, CASA, Office of Mental Health, and OCFS.

Our Internal Continuous Quality Improvement work group also expanded in 2020 to incorporate permanency and CFSR efforts, in addition to the original focus on safety and the OMA. Monroe County also holds Leadership meetings 3-4 times each month.

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

Monroe County requested that OCFS provide Safety and Father Engagement Trainings to preventive agencies this past year to improve their practices in these areas. Monroe County requests ongoing Fatherhood Engagement training for Child and Family Services staff, as well as preventive agency partners. A safety and risk training targeted specifically to preventive services programs, rather than Child Protective Services, would be very useful.

Permanency / Family First

Prevention Services

The Preventive Services data, published by OCFS is needed to complete the data questions, below. This "2019 Bright Spots: Preventive Chapter" data is accessible at:
<https://ocfs.ny.gov/reports/sppd/2019-Bright-Spots-Preventive-Chapter.pdf>

Preventive Services Authorizations

What proportion of the county's children are authorized to receive preventive services?

1. What is the 2018 and 2019 Rate of Preventive Services Authorizations per 1,000 children in Monroe County? (p. 6-7 of Preventive Chapter data packet)

	2018 Rate of Preventive Services Authorizations	2019 Rate of Preventive Services Authorizations
LDSS	11.84	10.36
New York State	11.53	10.78
Rest of State	8.54	8.2

2. Is your Rate of Authorizations higher or lower than ROS?

- ☒ Higher
☐ Lower

3. Did your District's preventive services authorizations increase or decrease between 2018 and 2019?

- ☐ Increase
☒ Decrease

Preventive Services Impact:

1. What percent of children with a preventive services authorization entered foster care within 365 days of authorization? (p. 16 of Preventive Chapter data packet)

	# of 2018 Preventive Services Authorizations	# of Children who Entered FC within 365 days of Preventive Services Authorizations	% of Children who Entered FC within 365 days
LDSS	1869	106	5.7%
New York State	28,171	2,674	5.5%
Rest of State	20,234	1,784	8.8%

2. How does your District compare to the ROS rate? Is your percentage higher or lower?

- ☐ Higher
- ☒ Lower

Underlying Factors: Why is your percent higher/lower than ROS?

In my county, the percent of children who entered foster care within 365 days of Authorized Preventive Services is rate is **Lower** than Rest of State, and we believe this is because:

Monroe County believes that our percent of children who entered foster care within 365 days of authorization is lower than the rest of state because of our referral and intake processes, the vast array of services available to meet varying needs, the contracting and monitoring procedures to ensure prompt, quality services and relevant contract measures, the availability of Evidenced Based programming and the quality of our relationship with provider agencies. The rate cited above is higher than our internally monitored rate, which is 2%. However, that rate is computed based on the calendar year in which they are served, not necessarily 365 days after authorization and excludes children who are already in care.

While the 2019 Bright Spots Data Package indicates MCDHS preventive authorizations decreased from 2018 to 2019, the rate of authorizations still exceeds that of Rest of State. It is also important to note that preventive service authorizations decreased statewide in 2019. Overall, Monroe County's rate as specified in "Bright Spots" is believed to be an underestimate of actual authorizations, as the data specifically excludes cases coded as foster care, non-LDSS custody and protective. In 2019, fifteen (15) preventive services in Monroe County also served children in placement and/or families coded as protective to assist with healing from trauma and to hasten a return home. Monroe County also authorizes preventive services for children placed on 1017 orders, to maintain Kin placements and prevent the need for foster care.

Monroe County has a specific business process for referrals for contracted preventive services. Referrals can be made by Child and Family service workers, probation officers, Family Access and Connection Team (FACT) workers, community members, or service providers. Families can also refer themselves for preventive services. The referral source speaks with the family prior to making a referral to discuss the family's interest and ensure that the family is in agreement with the proposed voluntary services. Family members are active participants in identifying the service needs of their own family. Service planning is unique to each family and highlights strengths as well as identifies areas of need. Service planning is a dynamic process and can be modified based on changing circumstances within a family. Requests for preventive services made by Child and Family Services workers are prioritized above community referrals and self-referrals. Priority for crisis and generalist services are based on risk. The referral form outlines family information and history, risk factors (aligned with ACEs), case situation, strengths, and needs. Child and Family Services workers adhere to best practice principles, which include early provision of preventive services. CPS cases with moderate to high risk ratings are routinely offered preventive services. Specific focus on moderate risk cases is based on the County's work with Public Catalyst, which demonstrated that preventive services are effective in reducing CFSR measures around recurrence and maltreatment.

While an inquiry regarding preventive services can be made any business day of the week, program availability is sent to all staff twice a week, continually informing them as to program openings and

keeping the option of preventive services in the forefront. Specific programs may have waiting lists. Once a spot is secured, the referral source completes and submits a written referral to the MCDHS preventive unit within seven (7) business days. Crisis referrals are expected within 1 business day. Once a complete referral is received, case set up is conducted and the referral packet is provided to the agency delivering the services within 3 business days. Referrals for crisis programs are expedited to the agency. CFS staff may be asked by the contract agency to assist in meeting with the family, including a request for a warm hand off, joint home visit or joint phone call.

Monroe County maintains strong relationships with contracted providers to ensure the services remains aligned with the County's vision and practice. Agencies provide direct program supervision, while Monroe County provides oversight via bi-monthly monitoring to ensure quality of service, as well as compliance with CFSR requirements. Utilization trends and outcomes are regularly monitored to ensure the service array is meeting the needs of families.

Most families receiving preventive services are faced with complex and multi-faceted social, economic, behavioral health and/or interpersonal difficulties. In 2019, 73% of families reported parenting challenges and 50% of families reported caregiver mental health challenges. To meet these needs, Monroe County holds contracts with ten (10) different agencies for twenty-six (26) programs. Programs include generalist programs (including a Spanish speaking program and another targeted to the urban population), family trauma intervention, sex abuse counseling, Cognitive Behavior Therapy (CBT), Child-Parent Psychotherapy, aftercare, Juvenile Reporting Center (JRC), teenage parenting and support, Incredible Years parenting classes, Promoting Alternative Thinking Strategies (PATHS) afterschool program, school based programs, Family Finding, Family Preservation, intensive family support, transitional services, Functional Family Therapy (FFT), Multi-Systemic Therapy (MST), Inter-Personal Therapy (IPT), services for people with disabilities and Youth Advocate Program (YAP). Agency providers are flexible and willing to meet with the child/family during times convenient to them.

All contracted preventive programs employ evidence-based programs and/or components, as well as evidenced based tools to assess need and demonstrate progress. Utilized tools include, but are not limited to, CANS, Parent Stress Index, North Carolina Family Assessment Scale, Perceived Stress Scale, Child Post-Traumatic Stress Scale, Child Sexual Behavioral Inventory, and Protective Factor Instrument. In addition to individual measures that are specific to their targeted services, all contracted preventive programs are required to measure parental stress and family functioning, avoidance of foster care placements and avoidance of new substantiated CPS reports. In 2020, over 80% of the over 1600 families served demonstrated improvement in family functioning and decreased stress; 98% of 2,900 children receiving preventive services avoided foster care placement, while 97.5% of families avoided a new, indicated CPS report within the year.

There are often several underlying factors. To determine potential underlying factors, consider the following questions:

Business Process Related:

- What is the "warm hand-off" process from CPS to Preventive Services?
- Is the documented process followed? If no, why; what are the barriers?

Service Planning:

- Do case planning activities involve all relevant family members, including both parents/caregivers, when applicable?
- Is the FASP individualized to family member's strengths, needs and risks; is it updated with new and emerging information, and regularly reviewed with case planner/supervisor?

Service Availability:

- Do available services align with the needs of the children, youth, and families in authorized preventive services? What are the predominant service needs for families? Which agencies align with those needs?

- Are there waiting lists for certain services? If so, how long is the typical wait?
- Are services accessible and provide hours when working parents/caregivers are available?

Service Effectiveness:

- When children, youth, and families access services, what is their level of engagement in those services? (This may be evidenced by the number/percent who leave before the completion of services.)
- What number/percent of families achieve their individualized plan goals?
- If so, which service and/or service providers are more effective?
- What metrics does the LDSS use to monitor service delivery/evaluation effectiveness of services provided?

Please list the primary factors (practice, process, policy) that potentially impact the effectiveness of preventive services to: a) Avert an impairment or disruption of a family which will or could result in the placement of a child in foster care or b) Reduce the likelihood that a child who has been discharged from foster care would return to such care. c) reduce the likelihood that a child who has been discharged from foster care would return to such care. (New York State Social Services Law (SSL §409))

Potential underlying factors (barriers) that we believe negatively impact the effectiveness of Preventive Services:

1. Staff turnover/retention at contracted agencies and within MCDHS can affect both the timeliness of referrals as well as the quality of fit. Given the large number of contracted services, it takes time for new staff to fully understand the entire array of available services. Additionally, vacancies impact the availability of staff to perform a warm hand-off to the agencies as frequently as may be desired.
2. Service planning within some contracted agencies is not as comprehensive as desired. Some programs struggle to fully integrate their expanded role, which includes ensuring all CFSR standards are met, into their program model.
3. As some contracted services employ specific evidenced based therapy models for individuals, they may view their role more as that of primary therapist, when case management services are needed for the entire family.

Potential underlying factors (bright spots) that we believe support the effectiveness of Prevention Services:

1. Monroe County has a vast array of preventive services, all of which are either evidence based or incorporate evidence-based components, to meet the various needs of children, youth and families.
2. Monroe County has excellent collaborative partnerships with voluntary agency service providers.
3. Monroe County has made a specific effort to target cases with a moderate risk score (in addition to high RAP scores), looking to have an impact on decreasing recurrence and lessening risk.

Strategies and Measures

Strategy for Increasing Effectiveness of Prevention Services	What underlying factor(s) is this strategy intended to impact?	What do you expect will improve as a result of the successful implementation of this strategy?	How will you know your strategy had an impact?	What will you track or document to evaluate your strategy's impact?
Continue monitoring of cases to ensure contracted programs are assessing and addressing the needs of everyone in the household.	Service planning	Item 13 on the CFSR: Involvement of children and family in case planning.	MCDHS will continue to conduct monthly mini audits with preventive contracted programs.	MCDHS will track results of the mini audits and request action plans when improvement is needed.

Congregate Care: 2020 Strategy Progress

OCFS' congregate care foster care target: By 9/30/21, no more than 12% of youth in foster care will be placed in congregate care settings (agency-operated group homes, group homes, group residence, or residential treatment centers).

Track Progress

What was the Congregate Care Target set by Monroe County in your 2020 County Plan?

Reduce Congregate care in Monroe County from 19% (as of December 31, 2018) to 12% by September 30, 2021.

What is the current Congregate Care Rate for Monroe County?

As of 3/31/21, the rate of children placed in congregate care rate was 12.9%. However, 1.3% of our total children in care are placed as Juvenile Delinquents in congregate care, primarily in OCFS custody at private agencies, by the courts. Without this specific subset of youth, Monroe County's rate of youth in congregate care is 11.6%.

(OCFS provides quarterly updates that reflect placement type for each LDSS)

Implement Strategies

What strategies did you plan to implement in your 2020 County Plan for meeting your Congregate Care Target?

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

Monroe County chose to focus on four (4) interconnected strategies to meet the congregate care target set forth by New York State.

1. Ensure that only the highest needs youth are placed into congregate care.
2. Increase the number of foster homes.
3. Monitor TFC utilization and explore modifying contracts to better meet the need.
4. Increase ability of foster parents to manage challenging behaviors.

Did you do what you planned?

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

1. Monroe County has worked to reduce reliance on congregate care for at least the past ten (10) years, beginning with an emphasis on youth placed on PINS and JD orders. That work has continued, expanded and intensified over the past several years, with a renewed emphasis on the foster care population to reduce the need for congregate care placement, while ensuring that only children with the highest levels of need are placed in congregate care. Under the direction of the County's Family First Core Implementation Team, a Congregate Care Review Team was established. With the assistance of the Data Team, the team examined various demographic data points such as age, gender, race and ethnicity, as well as the child's history and behavioral challenges. Other factors such as length of stay, the judge ordering the congregate care placement and whether that order was consistent with the department's recommendation, the location of the placement and the frequency and quality of visitation were also considered. The Congregate Care Review Team then began reviewing current protocol and practices involving placement decisions with an eye towards development of a comprehensive planning and review process to assess and address the needs of our most challenging youth. Planning resulted in practice change recommendations, particularly around the creation of a Decision-Making Team, as well as expanded data collection processes to better measure outcomes. Once vetted with leadership, all staff were trained in the new protocol. Full implementation of the DMT team began in December 2020.

All youth for whom a higher level of care is being considered must be presented to the Decision-Making Team. The meeting is a collaborative process that includes internal Monroe County partners as well as external partners working with the youth and family, with the goal of brainstorming available options and services to stabilize the youth and prevent a move to a higher level of care. Should the team recommend a higher level of care, the least restrictive level is also considered. All recommendations for a higher level of care require administrative approval.

2. In keeping with Monroe County's current Foster Care Recruitment and Retention Plan, several strategies were deployed around recruitment and retention of both foster and kin homes. Multi-faceted public recruitment campaigns specifically targeting communities of color and those willing to foster teens have been employed, as well as mentorship programs for new foster parents. Homefinding continues to identify and engage certified homes with gaps in placements greater than 6 months. While recruitment efforts were impacted by the pandemic, Monroe County quickly pivoted the delivery of information sessions and MAPP certification trainings to a virtual format to continue the recruitment and certification processes. The foster parent recruitment contract has been expanded for 2021 to include a community based, boots on the ground recruitment strategy to complement existing recruitment strategies.

3. The Family Services team meets regularly with TFC providers to discuss utilization and to clarify the County's needs for therapeutic care. Contracted TFC providers continue to recruit for new TFC homes as current bed utilization is at capacity. As Monroe County continues to recruit for new foster homes as described above, there are also three (3) voluntary agencies in the community recruiting for new foster homes, resulting in an ongoing shortage of foster homes, especially therapeutic foster homes. Children coming into care often present with significant behavioral issues paired with significant trauma histories and they may struggle with the intimacy of a family setting. As such, an RFP for a stabilization unit was released, responses have been received, and a decision is pending. The underlying rationale for this unit is that when a youth is stabilized and their needs are assessed and services begun prior to entering a foster family home, the youth will be better prepared to succeed within the home.

4. Monroe County continues to focus on the needs of our foster families. Many of the youth being considered for congregate care demonstrated significant mental health and behavioral issues beyond what parents or caretakers could effectively manage. As a result, foster parents may struggle with feeling unsafe in their home. In response, Monroe County added a Behavioral Health Specialist to work with staff and support each youth, as well as the people caring for them, to help stabilize placement. Preventive Services were expanded in 2020 to include YAP (Youth Advocates Program) specifically to address the needs of teens. The YAP model is an intensive, needs-led, wraparound, focused support to children, young people and families who are struggling with a range of issues in their lives. Monroe County also contracted with the Foster and Adoptive Community Inc for online foster parent training

options, which includes several modules specific to parenting teens and children with mental health and behavioral challenges. Caregivers can choose training workshops of unique interest to them and the child for whom they are caring. This online option allows a caregiver the flexibility to access educational opportunities at a time convenient for them. Other support options for foster parents include a Foster Parent Support Group available through a community agency, as well as an internal foster parent support meeting and foster parent mentors. A Foster Parent Advisory Board to identify and address concerns, as well as enhance recruitment and retention efforts, is in development and will be established later this year.

Measure Impact

What did you anticipate would happen as a direct result of implementing your strategy as planned?

*Although decreasing the congregate care utilization is the ultimate end outcome, we are looking for the change that will happen as a result of the implementation of your strategy. For example, if your strategy is to change your business process related to placing children in congregate care, the **intermediate outcome** would be more children will be placed in other placement types. This would eventually result in a lower congregate care placement rate.*

Monroe County expected that:

1. The percentage of youth in congregate care would decrease.
2. Our efforts to increase supports to foster families would result in a greater number of "family" placement options.
3. By providing flexible and unique online training options, as well as the support of a Community Behavioral Health Specialist, foster parents would feel better equipped to meet the challenges of youth in their care.

Did the strategy have the anticipated impact?

Yes or no, please describe.

1. Yes, the percentage of youth in Congregate Care decreased from 19% at the beginning of 2019 to the current 12.9%. The DMT started in December 2020 and is operating as planned. Through March of 2021, twenty-eight (28) youth have been reviewed by the DMT. Twelve (12) youth (43%) were referred for a higher level of care, meaning that more than 50% of the youth referred to DMT were NOT referred for a higher level of care. Fourteen (14) youth (50%) had the same level of care recommended, but with additional services and supports. Two (2) youth were recommended to return home with supports in place. Despite the decline of the percentage of children in congregate care, high-need, cross systems youth continue to pose a challenge as their needs are hard to meet in traditional child welfare programs. Specialized OMH or OPWDD services are needed to meet the unique and individualized needs of the youth.
2. According to the 2019 Foster Home Data Packet provided by OCFS, Monroe County opened more homes (91) than it closed (80), resulting in 11 more foster homes at years end, reversing the trend from 2018. These gains were offset by the pandemic however, as the number of children in care increased 6% in 2020 as the courts slowed down and fewer children were discharged. For example, Family Court halted hearings related to Termination of Parent Rights hearings creating a barrier to permanency and discharge from foster care. In 2019, sixteen (16) more youth were admitted than discharged. By comparison, even though fewer children were admitted to care overall, sixty-seven (67) more youth were admitted than discharged in 2020.
3. Analyses of on-line training utilization indicates that foster parents are consistently accessing these trainings. Foster Parents are reporting that they find the trainings, as well as the support of the Behavioral Health Specialist to be helpful.

Congregate Care: Adjust/Refine Strategies, if Necessary

Strategy for Meeting Congregate Care Target	What underlying factor(s) is this strategy intended to impact?	What do you expect will improve as a result of the successful implementation of this strategy?	How will you know your strategy had an impact on the intermediate outcome(s)?	What will you track or document to evaluate your strategy's impact?
Ensure that only the highest needs youth are placed into congregate care	Some youth by nature of their challenges are unable to be safely maintained and/or receive the care that they require in a foster home setting.	More children will be successfully be maintained in foster home settings	Rate of children in Congregate Care rate will remain low	Family First Outcome Monitoring Report Decision Making Team Data
Increase the number of foster homes.	Insufficient number of foster homes, particularly for teens, and challenging behavior presented by current youth.	More foster home options for youth	More available placement options with increased resources to best meet a child's needs in the community.	Local Foster Home recruitment and retention data and OCFS Foster Home Data Packet when available.
Monitor utilization of Therapeutic Foster Care.	Insufficient TFC capacity to meet local need.	More therapeutic options for you with significant mental health needs and behavioral health challenges.	More available placement options with increased resources to best meet a child's needs in the community.	TFC and Stabilization Unit utilization data.
Increase ability of foster parents to manage challenging behavior.	Significant underlying mental health and behavioral challenges for many youth in care.	Improved ability of foster parents to safely and effectively manage moderately challenging behavior.	Foster parents will continue to access and report satisfaction with the Behavioral Health Specialist and online training modules	Number of youth requiring a step up to congregate care DMT data

Kinship Foster Care: 2020 Strategy Progress

OCFS' kinship foster care target: By 9/30/21, at least 50% of youth in foster care will be placed in kinship

foster homes.

Track Progress

What was the Kinship Foster Care Target established in your 2020 County Plan?

Increase kinship care from 3% (on December 31, 2018) to 15% by September 30, 2021

(OCFS provides quarterly updates that reflect placement type for each LDSS)

Implement Strategies

What strategy did you plan to implement in your 2020 County Plan for meeting your Kinship Target?

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

Monroe County's initial stated goal was to increase kinship foster care from 3% (on December 31, 2018) to 30% by September 30, 2021, but that was modified to 15% in the 2020 Annual Plan Update, based upon data analysis and review of associated processes. As of the end of March 2021, nearly 8% of our children placed in foster care are placed in approved relative homes.

Since the development of the 2020 Annual Plan Update, New York State has expanded the definition of Kin, resulting in the revised 50% target. Monroe County's current performance on this target is 21%. The new goal, with this revised target in mind, is at least 25% of youth in foster care (where 1017 placements are not considered) will be placed in Kinship foster homes by September 30, 2021.

When considering all children requiring out of home placement in Monroe County however, approximately 40% (over 300) are placed with relatives under 1017 court orders. As Monroe County's practice is to provide these kin a full range of services and supports, incentives to undergo the process of becoming an approved relative home are limited.

Strategies from the 2020 Annual Plan Update include:

1. In situations where imminent risk is present, kinship placement will be explored and promoted as the first and best option for children and families.
2. Establish a Kinship Specialist Team.
3. Explore alternate training curriculums that may best meet the unique needs of kin.
4. Engage relative resources who currently have custody under 1017 orders in discussion about becoming an approved relative home.

Did you do what you planned?

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

Monroe County has long held the belief that children do best when with family, as evidenced by the number of children placed with kin on 1017 orders. Connections with family are critical to healthy child development and a sense of belonging. Family First legislation further supports and builds upon a family first culture within child welfare.

Monroe County established a Family First Core Implementation team and six (6) unique workgroups addressing varying aspects of Family First implementation. Three of these teams (Kinship Specialist, Kinship Support and Training and 1017) were specifically charged with activities related to increasing the percentage of children placed with certified kin. The Kinship Specialist Team developed and implemented a process of review and specialized services for kin who were considering caring for their own at the time of initial placement. The Kinship Specialist Team began as a pilot with two (2) teams and reached full implementation in September 2020. This team becomes involved in the planning process at the front door when emotions are heightened, and families are overwhelmed. A KST team member meets with the identified resource separate from the ongoing investigation worker, with the goal of providing information and support around the placement. The KST worker is a kinship expert who takes the time to engage in an open, clear, and knowledgeable discussion with potential kin. A

resource packet providing written information around all permanency options was designed and is now regularly distributed. KST also works to resolve initial placement challenges including assistance in securing basic needs, ensuring the child's safety and supporting the stability of the placement. As of the end of March 2021, 127 children and 75 families have been served by the KST.

The Kinship Support and Training Team was charged with exploring alternate curriculums that might better meet the unique needs of kin providing care. Caring for Our Own was identified as a potential curriculum, but we have been unable to further delve into its applicability for our identified population, as it was not offered in 2019 and was cancelled in 2020 due to COVID-19. When this training becomes available, Monroe County trainers will participate, with the goal of customizing training for our population. In the meantime, impromptu classes and other flexible approaches are offered as needed to help relatives achieve certification if that is their desire.

The 1017 Team was charged with exploring the current population of children and families under said court order to assess needs and potential barriers to permanency. As a result, strategies to support achievement of permanency have been expanded for children who are in 1017 placements. Strategies include providing education and support to caretakers about permanency options, supporting them in choosing a permanency path, facilitating the process of obtaining Article 6 custody or to become an approved relative foster home and moving towards adoption or KinGap when reunification is not possible. Towards this end, a specialty position has been created within the Permanency Unit which will focus on permanency for youth placed in kin settings.

In keeping with Monroe County's long held beliefs that children do best when with family and that every young person benefits from having a lifelong connection, the Family Finding preventive contract has recently been expanded, with a focus on newly placed children. These services will specifically work to locate and engage identified resources for youth who are without. Once identified, resources will have access to a Generalist preventive program so that kin who are willing and ready to accept care of their own receive supportive in-home services to achieve placement stability and long-term success.

Measure Impact

What did you anticipate would happen as a direct result of implementing your strategy as planned?

*Although increasing the kinship rate is the ultimate end outcome, we are looking for the change that will happen as a result of the implementation of your strategy. For example, if your strategy is to change your business process related to placing children in kinship care, the **intermediate outcome** may be the identification of more kinship resources. This would eventually result in a higher kinship care placement rate.*

With the three-pronged approach of the Kinship Specialist Team, specialized training curriculums for kin and a focus on permanency for children placed on 1017 orders, Monroe County anticipated an increase in the number and percentage of children placed with kin and relative resources becoming foster parents.

Did the strategy have the anticipated impact?

Yes or no, please describe.

The number of children placed in approved relative homes increased **169%** between December 31, 2018 and the end of March 2021. When considering the expanded definition of kin and the revised target, 21% of youth currently placed in foster care are in kinship homes. When considering all children placed outside their home, including those placed under 1017 court orders, 53% are placed with kin.

Kinship Foster Care: Adjust/Refine Strategies, if Necessary

Strategy for Meeting Kinship Care Target	What underlying factor(s) is this strategy intended to impact?	What do you expect will improve as a result of the successful implementation of this strategy?	How will you know your strategy had an impact on the intermediate outcome(s)?	What will you track or document to evaluate your strategy's impact?
Families will receive the services of a Kinship Specialist when removal is being considered.	Families are in a time of crisis around the time of removal and may not fully understand their options.	Identified kin resources will be provided information and support, as well as assistance with basic needs to care for the child(ren), leading to stabilization and informed decision making.	An increase in the number of children placed in kin homes.	Youth in Care by Facility Type Report
Explore alternate training curriculums that may best meet the unique needs of kin.	Kin caregivers have additional training needs, some of which are connected to fractured family relationships.	Kin will be better equipped to manage family dynamics and feel more supported in their role as a resource for the child(ren).	An increase in the number of relatives who become certified as approved relative homes.	An increase in the number of relatives who become certified as approved relative homes.
Re-Engage kin who currently have custody under 1017 orders in discussion about permanency options.	Monroe County provides supports and services to 1017 placements commensurate with those provided to certified homes.	Kin will have the information and support necessary to make informed decisions regarding permanency.	More kin with children placed on 1017 orders will decide upon a path towards permanency.	Internal outcome report will be created.

Technical Assistance

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

None at this time.

Foster/Adoptive Parent Recruitment and Retention Plan, 18 Month Update

This template is designed to guide:

1. A review of the progress your organization has made during the first 18 months of your current Recruitment and Retention Plan, and
2. The development of strategies that will be implemented or continued to support the achievement of your kinship and non-kinship foster and foster/adoptive home recruitment and retention goals.

Throughout the development of this section of the County Plan, we encourage you to analyze the implementation and effectiveness of the strategies that were included in the three-year plan, and determine which strategies should be continued, as well as which ones can be laid aside in lieu of a different strategy. If your county or agency's recruitment needs or priorities have changed since preparing your original plan, please show any revised strategies and/or targets in this update.

While preparing this update, consider whether your county or agency's available foster homes align with the needs and demographics of the children entering foster care (particularly age, race and ethnicity, and placement of siblings together). A sufficient number of available foster homes for older youth and those who may transition from congregate care will support a successful implementation of the Family First Preventive Services Act.

Revitalizing recruitment and retention of kinship, foster, and adoptive parents can be found at <https://ocfs.ny.gov/programs/fostercare/recruitment/strategies.html>.

In the forms below, please enter information for kinship and non-kinship foster homes, including the targets from your original your Recruitment and Retention Plan, the status of the implementation to date, updated strategies you plan to implement in the remaining 18 months of the Recruitment and Retention Plan, and how you will measure the impact/effectiveness of those strategies.

Please be sure to include strategies that address both recruitment and retention of foster and foster adoptive homes.

Kinship Foster Homes Recruitment and Retention

A kinship foster home is any foster home where the foster parents have a kinship relationship with the foster children. The home may be a certified foster home, a foster/adoptive home, or an approved relative foster home.

Kinship Foster Care Target	Target % to be Achieved in 18 Months	Current Performance	Target % to be Achieved in 3 Years
NYS target: At least 50% of children in foster care will be placed in kinship foster care.	%	21 %	25 %

Discuss your strategies from your most recent recruitment and retention plan to recruit and retain *kinship* foster homes.

*At the time the 3-year plan was developed, the OCFS target for children placed in kinship homes was

30%, but the definition of kinship homes was limited to approved relative homes. Monroe County's target for 18 months was 7% and we surpassed that, as we currently have 8% of children in foster care in approved relative homes. Our target for 3 years was 12% in approved relative homes.

There was no 18-month target for children in Kinship care as it is currently defined at the time of the initial plan. Currently, 21% of Monroe County's children in foster care are with Kin under the expanded definition. The 3-year goal is 25%, which is a 19% increase over current performance. It is important to note however, that when children removed from their home and placed with relatives under court order (1017 placements) are considered, 53% of Monroe's children placed by the court are placed with Kin. It is also important to note that in Monroe County, 1017 placements families receive the same services provided to foster parents.

Previously identified kinship strategies include:

1. Monroe County intends to add a kinship foster parent to our mentorship program. This would ensure that the support the kinship provider received was relevant to their family situation.
2. Monroe County has hired a Behavioral Health Specialist for our Homefinding Unit which will increase the amount of hands on support a kinship foster parent receives in their actual home.
3. Monroe County will explore and expand our mass media promotions to specifically recruit kinship foster homes. This includes commercials and social media advertising.

Discuss your approach to identifying and engaging potential kinship permanency resources, and if those strategies positively impacted achieving your target.

- 1) A kinship foster parent has been added to the mentorship program as planned and more are being recruited, as this is an important component to supporting kinship foster parents.
- 2) A Behavioral Health Specialist was assigned to the Homefinding Unit. This position provided in-home and virtual support to all foster parents, including Kin Homes, based upon foster home need. Efficacy was somewhat limited due to COVID restrictions which reduced the ability to provide in-home support.
- 3) Monroe County expanded media promotion of fostering overall. Focus was not specifically on Kin as recruiting publicly for kinship foster homes is challenging when considering messaging regarding future potential abuse and/or neglect in one's family. Instead, the focused recruitment of Kin foster homes was accomplished through direct family engagement of kin for youth requiring out of home placement through referral to and engagement with a specialized, in-house Kinship Team.

In June of 2020, Monroe County launched a newly developed strategy: a Kinship Specialist Team. This team works closely with identified kin when out of home placement is imminent or has just occurred. Team members engage quickly with potential kin caregivers and trouble shoot potential barriers, provide education as to caregiving options and resources and provide general support wherever needed. Should a kin caregiver be interested in becoming an approved relative or foster home, a referral is made to the Homefinding unit for next steps.

All three original strategies, as well as the addition of the Kinship Specialist Team and the incredible efforts of our Homefinding Unit, have allowed us to exceed our target regarding Approved Relative Homes. However, given the high number (40%) of children placed with Kin on 1017 orders who receive services commensurate with those received by foster homes, it is unlikely that Monroe will be able to meet a 50% in KIN Foster Care goal. These families are already caring for their own under court order and receiving services to successfully maintain those placements without becoming certified foster homes. Should these out-of-home, court ordered Kin placements be considered as Kinship care, Monroe has already surpassed the state target.

Will you continue with your current Kinship Foster Homes strategies?

☒ Yes

☐ No

If not, what changes or enhancements will you make in your strategies to reach your three-year goal?

Monroe has added the Kinship Specialty Team as a strategy for the Recruitment and Retention of Kin homes.

Non-Kin Foster Homes Recruitment and Retention

Enter your Non-Kin Foster Home needs, current performance, and targets from your original Recruitment and Retention Plan.

Summary of Needed Foster Homes	Target # or % to be Achieved in 18 Months	Current Performance	Target # or % to be Achieved in 3 Years
Needed Foster Homes by Age			
More teen foster homes/adoptive families	17%	37%	20%
Needed Foster Homes by Race / Ethnicity			
More African American foster homes	24%	35%	29%
Needed Foster Homes by Capacity to Foster Sibling Groups			
Increase intact sibling sets of 3 in foster care	40%	41%	50%

Discuss your strategies from your most recent recruitment and retention plan to recruit and retain *non-kinship* foster homes.

Previously identified strategies to meet the targets stated above include:

1. Homefinders will continue to identify foster homes who have not accepted a placement in over six months and attempt to reengage these foster parents.
2. Monroe County will continue to provide foster parents with a mentor who can help support them through child placements.
3. Monroe County is hiring a Behavioral Health Specialist for the Homefinding unit. This person will provide support to foster families who currently take teens, as well as work with foster parents who have hesitations in caring for teens.
4. Monroe County will explore and expand our mass media promotions to specifically reach families who may want to foster a teen. This includes commercials and social media.
5. Monroe County will continue to expand our mentor program specifically identifying foster parents who have had success parenting teens.
6. Monroe County will explore and expand our mass media promotions to specifically recruit African American and Hispanic foster homes. This includes commercials and social media advertising.
7. Monroe County will use guerilla marketing to target minority families at the Rochester Public Market

& ethnic festivals and continue to hold information sessions at churches and within faith communities in diverse neighborhoods. Targeted recruitment materials such as bookmarks, pens, and clips will be distributed.

8. Monroe County will continue to utilize a bilingual caseworker to conduct MAPP training, support, and recertify Hispanic families.

Discuss your approach to identifying and engaging potential non-kinship permanency resources, and if those strategies positively impacted achieving your target.

1. Homefinding continues to identify and engage foster homes who have a gap in placements of 6 months or more. Because of the global pandemic, a number of foster homes have chosen to stop taking placements or to close their homes due to health and safety risks to their own families.

2. Foster parent mentoring has continued. Foster parents report feeling supported by their mentors. A goal for 2021-22 is to add 5 additional foster parent mentors.

3. Monroe County hired a Behavioral Health Specialist (BHS) to specifically support foster homes. In-home support was compromised due to COVID, however support was provided virtually to families struggling with youth behavior in both individual and group formats. The BHS supports the Foster Parent's developing knowledge of underlying needs that drive behavior, helps Foster Parents to understand the impact of trauma and how it manifests in behavior, and works with the foster parent to develop additional strategies to manage behavior in the home.

4. Mentors who accept teen placements have been identified. This has not yet led to success in placing teens with more foster parents.

5. Public recruitment campaigns have specifically targeted communities of color and are multi-faceted:

- Before COVID eliminated in-person information sessions, approximately 50% of all information sessions were provided in predominately Black and Hispanic neighborhoods in the City of Rochester.
- Digital advertising features African-American and Hispanic foster parents.
- Where possible, television advertisements are targeted towards African American and Hispanic homes.
- The focus of both television and digital ads are former foster children, both of whom are African-American.

According to the 2019 Foster Home Data Packet provided by OCFS, Monroe County opened more homes (91) than it closed (80). This significantly reduces a trend from the prior year, when 76 homes were opened and 95 were closed.

For 2020, Monroe County scheduled forty-eight (48) Information Sessions. Two sessions in March were canceled due to COVID. A total of 878 people registered for sessions and 459 attended (52% attendance rate), compared to 2019, when 580 people registered and 258 attended (44% attendance rate). Approximately 36% of attendees were Black, 4.5% were Hispanic, 2% were Asian/Pacific Islander and 57% were white. The percentage of Black attendees is consistent from year to year and with the increased numbers of attendees overall, indicates that more Black families attended information sessions than in 2019. Note that race and ethnicity is observed, so percentages are an estimate.

Will you continue with your current Non-Kinship Foster Homes strategies?

- ☒ Yes
- ☐ No

If not, what changes or enhancements will you make in your strategies to reach your three-year goal?

Two new strategies will be added in 2021.

1. Monroe County is in the process of establishing a Foster Parent Advisory Board. It will be co-chaired by two foster parents with coordination support from Metrix Marketing, our contracted Foster Care Recruitment and Retention provider.
2. As part of the Recruitment contract, Metrix will hire and train two part-time community outreach workers who will focus on building and developing relationships with the African American community in Rochester and in Monroe County. Efforts will be made to recruit existing Monroe Foster Parents to these paid positions if they meet the eligibility requirements.

Community Partnerships

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

Please review your original Recruitment and Retention plan that describes how you have engaged, or plan to engage, your community partners in your recruitment efforts, and what new partners will you seek to engage.

Describe the progress made in the past 18 months in enhancing community partnerships:

Over this last year, Monroe County has developed a strong relationship with Ashley Cross of Care Portal. We have linked Metrix Marketing with Ms. Cross and her husband who is a pastor. Both have provided care to youth in the past in Oklahoma. Utilizing that knowledge and their community and faith-based relationships, the hope is that this introduction will lead to new opportunities for Foster Parent recruitment among faith-based organizations and in communities of color.

Partnership with Ms. Cross also led to development of programming and supports for foster care youth that not only benefitted the youth but supported foster parents by providing a break at a time when few opportunities were available for youth. A group of hard-to-place teens were provided the opportunity to engage in a 2-week long internship where they learned design and marketing and developed a pair of sneakers, which they were then able to keep. Care Portal also supported a connection for our youth with Youth for Christ church. During the summer of 2020, when there were few options for teens, we had access to a building that provided a gym, a game room, a computer lounge, and space for other recreation activities. Stemming from the success of the summer opportunity, Monroe County partnered with EnCompass Resources for Learning to create a remote learning program for teens who struggled behaviorally and weren't succeeding with remote learning. EnCompass utilized the church space to create learning, recreation, and skill building supports.

Leadership staff, from the Homefinding Team through the Family Services Director, take every opportunity to speak publicly about the need for foster parents through professional and personal connections.

Technical Assistance

Describe any technical assistance needed:

None at this time.

Youth and Young Adult

Youth and Young Adult Plan Update

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

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

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

Touchstones

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

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

The Touchstones framework is organized by six major life areas:

- Economic Security

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

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

Positive Youth Development

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

Quality youth development programs should include the following features:

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

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

1. What strategy or strategies did your county plan to implement in your 2020 Annual Update—Youth and Young Adults County Plan section?

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

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

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

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

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

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

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

As a result of restrictions brought about by the COVID-19 pandemic, as well as a change in leadership within the Rochester Monroe County Youth Bureau, opportunities to implement the strategies as designed were somewhat limited in 2020. Despite these challenges, the Youth Bureau found ways to re-imagine outreach efforts and events that would normally take place in-person at schools and within the community. By creatively modifying the way in which outreach and events occur, the Youth Bureau was able to expand their outreach to youth who had not previously engaged. The RMCYB was also able to build and expand valuable partnerships with community organizations in new and different ways.

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

The COVID-19 pandemic caused the community to shut down in March 2020. The Rochester Monroe County Youth Bureau operated under the leadership of the Deputy Commissioner of Child and Family Services, serving as the Acting Director, until the new Executive Director came on board in September 2020.

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

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

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

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

In 2020, despite the pandemic and change in leadership, Monroe County both maintained its existing relationships and created new ones. The Youth Bureau partnered with organizations who provide volunteer opportunities for Monroe County youth to learn new skills, engage in community and social activities and/or gain meaningful employment. The "Go For the Gold" program, through the Consumer Credit Counseling Services of Rochester, served over 300 youth

during the pandemic. The RMCYB continued to meet with community partners and engage with the broader community, albeit in a virtual manner. The Fall Clean-Up event, where youth connect with and serve seniors through inter-generational programming, was held following the careful creation of COVID protocols. The 2020 Monroe County Toy Giveaway provided additional volunteer opportunities for youth, as well as direct outreach to some of our most vulnerable youth and families who were struggling during what was an unprecedented holiday season. The Rochester Division of Youth and Recreation, along with the Department of Human Services Financial Assistance Division, assisted the RMCYB with hosting the enormous event at two recreation centers. Volunteers also delivered gifts to families who did not have access to transportation or were unable to travel.

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

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

The Rochester Monroe County Youth Bureau has traditionally been a planning, funding, and coordinating agency dedicated to developing, implementing, and evaluating a comprehensive system of services for youth in the Rochester and Monroe County communities. While that work will continue, the RMCYB will also now provide direct youth services, supports and community engagement utilizing a data informed, systems of care framework that focuses on authentic youth engagement and continuous quality improvement. This framework will be youth-centered, youth and family driven, community based and culturally competent. The Youth Bureau will coordinate and promote intentional and innovative strategies that address the multiple factors which increase the risk of negative behaviors, as well as promote positive youth development through the strengthening of protective factors. We seek to address not only the diverse needs of youth and their families in Monroe County, but also provide and support services that will help close economic and opportunity gaps for the County's most vulnerable youth. Towards this end, the RMCYB has hired two Youth Engagement Specialists who will work directly with Monroe County's youth in the detention center, those experiencing homelessness, those in danger of or who are being sexually exploited and those aging out of foster care. These Youth Engagement Specialists will be an important asset to promote positive youth development and better outcomes with some of our most vulnerable youth by enhancing their strengths, fostering positive relationships, engaging them in their communities and otherwise providing opportunities for growth.

Planning Team and Technical Assistance

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

The current planning team is comprised of Brent Whitfield, Executive Director, Youth Bureau, Hali Radecker, YAR Program Coordinator and Steven Newcomb, MPA Acting Director, Office of the Aging. All three members are new to the planning team as a result of personnel changes. The planning team will be expanded in 2021. It is expected that these team members will be part of strategy identification and implementation going forward.

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

as specific as possible.

None at this time.

Runaway and Homeless Youth Services

Person Submitting Report

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

Name:

Rebecca Miglioratti

Title:

Community Homeless Coordinator

Agency:

Monroe County Department of Human Services

Email Address:

Rebecca.miglioratti@dfa.state.ny.us

Phone:

585-753-5732

Services & Needs

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

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

Include, at minimum, the following characteristics:

i. Age

Point in Time data indicates 115 youth and children (under 18) and 47 young adults (ages 18 to 24) on the day of collection. Admissions to Salvation Army and Center for Youth total 217 for 2020. Across time, approximately 2% of youth served are aged 16, 4% are age 17, 27% are age 18, 34% are age 19 and 33% are age 20.

Runaway youth (ages 11-17) accounted for 75% (n=87) of PINS Diversion cases in 2020 and 93% (n=26) of PINS petitions to Family Court. NOTE: 46% of PINS Runaway petitions (n=12) filed in 2020 were for youth in DHS care and custody who had run away from foster care or facility placement.

ii. Gender identity / expression

Male, Female, Transgender are served. Females represent approximately 59% of the RHY population and approximately 67% of the PINS runaway population. Data indicates few transgender youth, but this is felt to be an underrepresentation.

iii. Sexual orientation

Straight, Lesbian, Gay, Bisexual, Questioning: Asexual = <1%, Lesbian = <1% Pansexual = <1%, Gay = 1%, Bisexual = 2%, Straight = 95%

iv. Race / ethnicity

All races and ethnicities are served.

Over 53% are Black/African American, while 7% are Black/Hispanic. White only youth account for 12% of the population, while white Hispanic youth account for 10%. 17% identify as multi-racial. Native American and Asian youth each account for less than 1% of the population.

In the PINS Runaway Diversion population, the disparity is greater; approximately 63% are Black/African American and 8% are white. 26% identify as Hispanic.

v. Child welfare involvement or history

It is estimated that at least half of youth served have active or had historical involvement with Child Welfare. This is likely an underestimate, as youth may choose not to disclose past history. As noted above, 12 youth in MCDHS care and custody had run away from foster care or facility placement and could not be found, generating a PINS petition and warrant request.

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

Youth come for services from a variety of places: 47% come from home and another 14% are with relatives. Twenty percent of youth are living with a friend. Eight percent (8%) come from a mental health or behavioral health facility and 2% come from the hospital. Seven percent (7%) come from adult shelters, 9% from the streets and 2% from Jail. Less than 1% are living independently or come from an RHY TILP.

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

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

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

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

Family Counseling and reunification is the primary goal for youth in Monroe County as most often youth run away or become homeless due to strained relationships with family. In 2020 the CFY Hotline answered 1,976 calls. Of those calls 624 youth (32%) reported abuse/neglect/maltreatment from parent/guardian and/or conflict with parent(s)/parental figure/guardian/family.

Housing was identified as a significant need for 50% of the youth calling the crisis hotline. While numbers in emergency shelter have decreased since COVID, the need for permanent and transitional options remain in high demand. Independent apartments have become difficult to find due to lack of turnover from the eviction moratorium and strained landlord relationships related to the moratorium/nonpayment. Landlords are opting to leave their units empty versus taking risk on renting units without the ability to evict someone for nonpayment.

A growing number of RHY are presenting with mental health and/or substance use disorders intensifying the need for crisis services and housing, TILP, permanent supportive housing and aftercare services. Center for Youth has recently established a Mental Health Task Force to begin to address this need.

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

Do not copy and paste a resource list here.

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

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

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

- **CFY Center House** – 13 bed co-ed shelter serving youth ages 12-18
- **CFY New Beginnings House** – Transitional housing for 6 boys age 18-21 finishing HS, VOCED, preparing for GED, and/or seeking employment.
- **CFY TILP** – Maternity Group Home serving 8 female youth ages 16-21 with up to 8 dependent children and individual apartments in a single building for up to 15 male or female youth.
- **CFY Host Home Program** – 2 homes able to serve 1 M or F youth at a time.
- **Salvation Army Genesis House** – 14 bed co-ed shelter serving youth age 16-20.

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

FACT (Family Access & Connection Team)/Probation Diversion: FACT is a cross systems (Human Services, Office of Mental Health and Probation) approach to serving the Pre-PINS population. As Monroe County has effectively addressed the other PINS categories (Ungovernable and Truancy), many of the remaining youth served by FACT are runaways. A specific protocol for runaway youth has been developed as a result. When a parent calls to report a runaway, they are immediately connected with a probation officer who contacts known associates, undertakes an extensive social media search and goes into the community, actively searching for the youth. Upon locating the youth, the youth and family work with a facilitator to get needed services into place to address the problems leading to the youth running away. FACT is in the process of establishing a multi-disciplinary team to better serve our runaway youth and their families, thereby reducing the need for court intervention. Services such as mental health, substance abuse treatment, mediation and conflict coaching, Functional Family Therapy and Multisystemic Therapy and assistance accessing shelters or safe alternate living situations are available within the program.

4. Describe *how* the resources listed in question #3 are coordinated. Include the following in your description:

i. Your plan to address service gaps in 2021.

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

In 2021, the RMCYB staff will continue to facilitate RHY provider workgroups to identify gaps in housing and services for RHY and plan next steps to bridge these gaps.

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

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

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

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

ii. Any new services or expansion of services planned in 2021.

Center for Youth will be applying for HHS TLP funding for 2 of the apartments at the New Beginnings House. If awarded, the number of RHY TLP beds for youth ages 16-17 would increase by 4.

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

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

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

Please see uploaded documents in the Plan Document Area.

Additionally, specific to youth who are missing or have runaway, parents/guardians may contact the Family Access and Connection Team (FACT) for assistance. FACT Information Line staff gather basic information from the family and forward it to one of the two Probation Officers or the Senior PO assigned to FACT, who will search for the missing youth. Probation makes an exhaustive search:

checking social media, following up leads from family, friends and school. When a youth is located, she/he may be assigned to a FACT Facilitator for further assessment and service. On the rare occasion where a youth cannot be located, the PO will work with the family to prepare affidavits and file paperwork in Monroe County Family Court to request a warrant. If/When the youth is brought in on the warrant, the ATD Team will talk with the youth and family about service needs, options and next steps and will assess the situation for alternatives to Pre-Dispositional Placement, making referrals as appropriate.

Municipal RHY Service Planning Process

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

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

The RMCYB consults with the RHY/Community Homeless Coordinator, RHY certified and non-certified providers and the Continuum of Care stakeholders group.

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

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

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

RMCYB identified the needs of the RHY population through review of quarterly reports provided by certified RHY providers, attending monthly Homeless Services Network (HSN serves as the stakeholder body to the CoC), community meetings, CoC monthly board meetings, the Safe Harbour Taskforce and monthly Coordinated Entry Workgroups.

Monroe County's most recent "point in time" data collection report has been uploaded to the plan.

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

- ☒ Yes
☐ No

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

Municipal Information

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

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

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

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

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

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

- ☐ 18 months
- ☒ 24 months
- ☐ Not applicable

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

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

- ☐ Yes
- ☒ No
- ☐ Not applicable

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

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

- ☒ Yes
- ☐ No

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

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

Name	Agency or Organization	Title	Email	Phone
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Rebecca Miglioratti	Department of Human Services	Community Homeless Coordinator	Rebecca.Miglioratti@dfa.state.ny.us	585-753-5732
Brent Whitfield	Department of Human Services	Executive Director, Youth Bureau	BrentWhitfield@monroecounty.gov	585-753-6461

RHY Service Coordinator

1) Designation and duties of the municipal RHY services coordinator

Coordinator's Name:

Rebecca Miglioratti

Agency or Organization:

Monroe County

Unit, division, bureau, or office in which the position is located:

Department of Human Services and Youth Bureau

Percentage of time spent on RHY service coordinator duties (% FTE):

60%

☐ The municipal RHY service coordinator is also the municipal youth bureau director.

☒ A copy of job description / responsibilities as maintained by the employer has been uploaded to this plan.

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

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

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

RHY programs are monitored on an annual basis by OCFS Regional Staff and MCDHS Community

Homeless Coordinator. All active youth files and a sampling of closed files are reviewed to ensure youth needs are being met including educational services and transportation to and from educational programs.

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

The Salvation Army Genesis House

Address		Program Director	Operating Certificate Number
35 Ardmore St Rochester, NY 14611		Christina Barnwell 585-253-2660 Christina.Barnwell@USE.Salvation	2171
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:			16 through 20
Maximum length of stay offered to runaway youth by the program:			60-120
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
14	14	14	14

The Center for Youth Center House

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

Maximum length of stay offered to runaway youth by the program:		60-120	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
13	13	13	13

The Center for Youth Host Homes

Address		Program Director		Operating Certificate Number	
905 Monroe Avenue Rochester, NY 14620		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net		D-18-96-2-01	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (0-21)	
Maximum length of stay offered to runaway youth by the program:				60-120	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	Target population	All persons
4	5	4	5	4	5

Transitional Independent Living Programs (Supported and Group Residences)

The Center for Youth Chrysalis House

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

Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
8	16	8	16

CFY TILP Devonshire Ct. #2

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

CFY TILP Devonshire Ct #10

Address	Program Director	Operating Certificate Number	
150 Devonshire Ct. #10 Rochester, NY 14619	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2354	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

CFY TILP Devonshire Court #1

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

CFY TILP Devonshire Ct #4

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

CFY TILP Devonshire Ct #5

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

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

CFY TILP Devonshire Ct #6

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

CFY TILP Devonshire Ct #7

Address		Program Director	Operating Certificate Number
150 Devonshire Ct. #7 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2359
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:			Other (16-20)
Maximum length of stay offered to youth by the program:			24 months
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

CFY TILP Devonshire Ct #8

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

CFY TILP Devonshire Ct #11

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

CFY TILP Devonshire Ct #12

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

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

CFY TILP Devonshire Ct #14

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

CFY TILP Devonshire Ct #9

Address		Program Director	Operating Certificate Number
150 Devonshire Ct. #9 Rochester, NY 14619		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	2377
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:			Other (16-21)
Maximum length of stay offered to youth by the program:			24 months
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

CFY TILP Arnett House

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

Non-Residential Programs

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

Program Name:

Prevention, Education &
Counseling Services YDP

Program Address:

905 Monroe Avenue

Program Contact Name:

Center for Youth Services
Valerie Douglas

Program Contact Phone Number:

585-271-7670

Program Contact Email:

vdouglas@centerforyouth.net

Hours of accessibility to RHY population:

24/7

Target Population (age and other relevant demographics):

Monroe County Youth ages 12-21

Non-residential RHY Services Provided:

The Center Satellite services project brings comprehensive youth prevention and counseling services to

Monroe County: Runaway and Homeless Youth Services

Monroe County. Prevention/education, counseling intervention, access to runaway/homeless youth housing and follow-up services are available through The Center's Office locations and throughout the county.

OCFS Support

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

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

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

RHY providers expressed that it would be helpful to have OCFS direct regional trainers expand their focus to include RHY and homeless young adults. This would require OCFS trainers to become more knowledgeable about the population and the providers in their area. Many of the trainings provided by OCFS in our region target foster care and child welfare staff and programming. Additionally, OCFS's youth advisory board is for foster care youth only, not RHY. It would be wonderful if they created avenues for RHY and homeless young adults to directly provide feedback and input on services.

PINS Diversion Services

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

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

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

Please note that many sections of the PINS Diversion Services Plan have been pulled forward from the 2020 submitted and approved PINS Diversion Services Plan for your convenience. This does require you to amend information that is no longer applicable and/or updated for 2021.

Designation of Lead Agency

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

Select the Lead Agency for PINS Diversion Services:

☒ Probation

☐ LDSS

☐ This is a change in Lead Agency for 2021.

Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
Residential Respite (required)	
Providers: Center for Youth Services - Center House; Salvation Army - Genesis House; Hillside - ERB	<input checked="" type="checkbox"/> There is a service gap in this service If there is a gap: Reason for Gap: Currently utilize the R/HY system for respite on an as needed/as available basis. Those beds are often full resulting in a gap in respite options.
Geographic Area: County	

<p>Limitations:</p> <p>Salvation Army-Genesis House only accepts ages 16 and up.</p>	<p>Dates of Gap: Ongoing</p> <p>Plan for Addressing Gap:</p> <p>Respite services were added to the STSJP plan and approved for the 2019-2020 plan year. Prior to the development of an RFP, community stakeholders from across the region were invited to an agency forum to discuss potential programming options, address agency concerns, brainstorm creative ideas and potential braided funding options and better understand programmatic and regulatory limitations. Based on input received at the forum, an RFP was developed and released in 2020. Only one response was recieved and the proposal was cost prohibitive for the amount of service provided. A second RFP was released in 2021 and two responses have been received. The selection committee is scheduled to meet mid-May 2021 to review those proposals.</p> <p>Funds have been requested and approved for Respite in the Raise the Age (RTA) Fiscal Plan. PINS youth may benefit from the increased availability of Respite beds in the community that would otherwise be used by RTA JD/AO youth.</p> <p>The System of Care Leadership Team, in collaboration with the new FACT Program Director, will continue to explore options for meeting this need. (Please see Desired Change #3)</p>
<p>Crisis Intervention—24 hours per day</p>	
<p>Providers:</p> <p>URMC Mobile Crisis Team; RPD FACIT (Family Crisis Intervention Team); Forensic Intervention Team (FIT); Person in Crisis Team (PIC)</p> <p>Geographic Area:</p> <p>County (URMC), (FIT); City of Rochester (FACIT), (PIC)</p> <p>Limitations:</p> <p>These services are available community wide to all residents. Sometimes Law Enforcement Agencies have to make the initial response (depending on how a call is dispatched). FACIT and PIC are available only to City of Rochester residents.</p>	<p><input type="checkbox"/> There is a service gap in this service</p>
<p>Diversion Services / Other Alternatives to pre-dispositional placement (required)</p>	

<p>Providers: Family Access and Connection Team; Probation- Diversion, ATD Team, Electronic Monitoring; Juvenile Justice Mental Health - CCSI; Educational Liasion - RCSD; Villa of Hope- Juvenile Reporting Center; Cayuga Centers - MST & FFT, Center for Dispute Settlement, Center for Youth Services; Restorative Circles, Community Programs and Resources</p> <p>Geographic Area: County-wide</p> <p>Limitations: ATD & EM are only available during court pendency.</p>	<input type="checkbox"/> There is a service gap in this service
Conducts sexual exploitation screening and assessment (required)	
<p>Providers: Family Access & Connection Team</p> <p>Geographic Area: All of Monroe County</p> <p>Limitations: This screening has been and will continue to be conducted at FACT in accordance with OCFS mandates.</p>	<input type="checkbox"/> There is a service gap in this service
Alternative Dispute Resolution Services (optional)	
<p>Providers: Center for Dispute Settlement; Partners in Restorative Initiatives (PIRI)</p> <p>Geographic Area: Monroe County</p> <p>Limitations: Mediation was added to the STSJP plan in 2019-2020 and expanded for the 2020-2021 plan year. Mediation services have formally been secured through an RFP,</p>	<input type="checkbox"/> There is a service gap in this service

utilizing STSJP funding, with the Center for Dispute Settlement. The contract has been expanded to include Prevention, Diversion and After Care in addition to PINS Early Intervention.

Other Services—including those to prevent and intervene with youth exhibiting runaway behaviors

Identify and Describe Service Category:

Runaway and Stay Away Youth

Providers:

Monroe County Department of Probation -Probation Outreach Team

Geographic Area:

Monroe County

☒ There is a service gap in this service

If there is a gap:

Reason for Gap:

Need a broader service array to address runaway behavior.

Dates of Gap:

Ongoing

Plan for Addressing Gap:

Despite very robust and active Probation Outreach, Monroe County struggles to adequately address the complex, hi-risk behaviors exhibited by youth who repeatedly runaway. Locating them is the first step, but engaging them is more challenging, given their behavioral responses to stress, conflict and self-examination. Please see Desired Change #1 for additional information on addressing this gap.

Other Services—including those to prevent and intervene with youth who are truant

Identify and Describe Service Category:

Behavioral Health Services
Availability and Access.

Providers:

Strong Behavioral Health, Genesee Mental Health, Villa of Hope, Liberty Resources

Geographic Area:

Monroe County

☒ There is a service gap in this service

If there is a gap:

Reason for Gap:

Community based mental health services that youth can get to may not have immediate openings.

Dates of Gap:

Ongoing

Plan for Addressing Gap:

FACT and Probation currently utilize MAYSI-2 on-site or in the community for screening Mental Health, Substance Abuse and Trauma Exposure and JJMHCs assist in linkages as needed.

Monroe County developed a new position and hired a Program Director to lead the County in the creation of a Multi-Disciplinary Team to provide services to youth at risk of PINS, as well as those alleged to be and adjudicated as PINS. It is through this framework that delays and other barriers in obtaining prompt, quality mental health and substance abuse services/treatment are being addressed. Referral tracking and outcome measure expectations will be outlined in all MOUs developed with SA/MH

providers. The possibility of partnerships with agencies that can provide onsite screening and intakes is under consideration.

PINS Diversion Services Procedures

Please provide a description of the following procedures, including any collaborative team processes.

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

PINS Diversion Services Protocol	Responsible Agency(ies)
a. Determines the need for residential respite services and need for alternatives to pre-dispositional placement	
<p>Describe how provided:</p> <p>The 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 will explore with the youth and family other options, including Hillside Respite and the Youth Shelter system.</p> <p>For 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 pre-dispositional placement and provide recommendations to the court as to viable alternatives.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT
b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)	
<p>Describe how provided:</p> <p>The FACT Information number is the first contact point. FACT staff triage the call, after identifying the needs of the caller and youth. If needed, the FACT Facilitator will link the youth and family to mobile or other crisis services for follow-up and to ensure that the crisis is being addressed. Office-hour availability has been expanded and our Family Partner positions can engage in safety planning with families. During non-office hours, the message on the FACT information line will direct people to contact the police (911) in an emergency, or to contact 311 for FIT/PIC, and/or Hillside Services Integration in order to speak with someone immediately, or to leave a detailed message. Callers who leave messages are contacted the next business day. Monroe County is in the process of creating and implementing an online referral form that may have the ability to connect with other community service providers.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT
c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations	
<p>Describe how provided:</p> <p>Describe how provided:</p> <p>During both the initial contact and the face-to-face conference, FACT staff who respond to a family's initial inquiry will identify the concerns of the youth and family,</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT

determine the services and systems with which the youth and family have been involved and the outcomes of that involvement, explain various options, and discuss possible outcomes. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have successfully made that connection.

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

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

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

Name of assessment instrument used:

- ☒ YASI
☐ YLSI
☒ Other
MAYSI-2

- ☒ Probation
☒ LDSS
☒ Other
FACT

Describe how provided:

The FACT Facilitator or PO with whom the family/parent has initial contact will assess the situation, identify any crisis needs, make any necessary referrals/ linkages, and schedule a face-to-face conference with all parties. Monroe County continues to use the YASI as the core screening and assessment instrument. All youth and families attending a face-to-face conference will have a YASI Assessment completed. Youth will also be offered the MAYSI-2 at Intake as a screen for mental health, substance abuse, and trauma. Results of the assessments will be used to assist FACT and/or Probation, the youth and the family in identifying needs and to develop a plan to address those needs in the community. If the MAYSI-2 identifies issues that need further assessment, the FACT facilitator will arrange for the additional assessments upon Supervisory consultation.

e. Conducts sexual exploitation screening and assessment

<p>Name of screening instrument used:</p> <p><input checked="" type="checkbox"/> Rapid Indicator Tool</p> <p><input checked="" type="checkbox"/> Child Sex Trafficking Indicators Tool</p> <p><input type="checkbox"/> Other</p> <p>Describe how the screening instrument is administered and what training has been provided:</p> <p>Both tools are administered and completed in accordance with OCFS standards as outlined in 15-OCFS-ADM-16. The Senior Probation Officer assigned to FACT acts as the sex trafficking liaison and has regular contact with the Safe Harbour Program.</p>	<p><input checked="" type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> LDSS</p> <p><input checked="" type="checkbox"/> Other FACT</p>
<p>f. Works with youth and family to develop case plan</p>	
<p>Describe how developed:</p> <p>A FACT Facilitator will be assigned to the case and will work with the youth and family throughout services unless a geographic or school-based assignment is deemed appropriate and is preferable to the youth and family or the youth/family has previously engaged with another facilitator and would like to work with him/her again.</p>	<p><input checked="" type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> LDSS</p> <p><input checked="" type="checkbox"/> Other FACT</p>
<p>g. Determines service providers and makes referrals</p>	
<p>Describe how provided:</p> <p>The FACT Facilitator utilizes results from the YASI and MAYSI-2, as well as information obtained in interviews and collateral contacts, to develop a case plan with the youth and family that identifies needs and outlines potential services and/or resources to address those needs. The plan is reviewed regularly and updated as needed.</p> <p>If the plan is to refer a youth and family to a community-based program for services, the FACT Facilitator will assist with the referral and in making the connection. The FACT Facilitator also follows-up with the family as well as the referral agency to ensure that the youth and/or family are connected. If the connection does not occur or is not successful, the FACT Facilitator will meet with the youth and family to reassess the situation and discuss other options.</p> <p>Through the development of community partnerships and in keeping with the goals of the Multi-disciplinary Team model, space for partners will be made available on-site so that youth and families can access various services in one place.</p> <p>If a youth and family are being referred to a preventive program (i.e., MST, FFT, JRC), the FACT Facilitator or Probation Officer will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FACT Facilitator will remain open with the case and provides ongoing support and maintains contact with the youth and family at least until linkage is made.</p> <p>If a youth continues to struggle and the need for formal diversion services exists, the FACT Facilitator may, with the agreement/support of the family, and Supervisory and Probation Review Committee (PRC) agreement, transfer the case to Probation Intake for Diversion services. The FACT Facilitator will communicate with Probation in advance of transferring a youth.</p> <p>For youth referred to Probation Intake for Diversion services, the Probation Officer, upon completion of the YASI Full Screen, will develop a diversion plan jointly with the parent/guardian and the youth which outlines needs, services/programs referred to,</p>	<p><input checked="" type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> LDSS</p> <p><input checked="" type="checkbox"/> Other FACT</p>

behavioral expectations, and frequency of communication and follow-up between Probation, the youth and family. The case plan is continually re-assessed and updated with the youth and family as new information becomes available. At the time the plan is developed, families are given information about other programs and services that they might access to address their needs.	
h. Makes case closing determination	
Describe how provided: When the family and youth feel successful in managing the identified issues, or otherwise no longer wants services from FACT, the FACT Facilitator will seek supervisory consult to assist in determining that closure is appropriate. A closing summary is prepared and a closing letter is sent to the youth and family.	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT

PINS Diversion Services Plan

A. Planning Activities

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

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

Monroe County Probation, DHS and MCOMH have continued to work closely to address the needs of the PINS population. Collaborative oversight has been in place since Monroe County re-designed the PINS system in January 2007. This collaborative oversight, together with the use of real time data and information to guide decision making, has assisted in the early identification of issues and planful adjustments to the PINS system to ensure that it continues to respond to the needs of youth and families. In planning to meet the mandates put forth by the soon to be enacted Family First Prevention Services Act, Monroe County has continued to look towards long term sustainable solutions for families struggling with issues related to PINS types of behaviors. Monroe County hired a FACT Multi-Disciplinary Team Program Director to lead the efforts in developing a Family Resource Center that would become a “one stop” triage location for families (including foster families) who are experiencing a variety of issues with youth in their care.

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

- System of Care (SOC) Leadership Team includes representatives from probation, DHS and OMH. The Team meets to review data as well as identify service or system issues and develop strategies to address identified issues.
- Reform: Monroe County has a long history of locally driven reform efforts, even prior to the advent of JDAI in 2014 when the county was selected by Annie E. Casey and NYS OCFS as one of six pilot sites for the Juvenile Detention Alternatives Initiative (JDAI). As JDAI work was broadened to encompass the NYS Partnership for Youth Justice’s Vision grid, Monroe County developed a local collaborative team to continue to lead Juvenile Justice reform. Known as JART (Juvenile Alternatives & Reform Team), the team reports on a quarterly basis to the Juvenile Justice

Council, tracking system utilization and trends, helping to roll out state and regional juvenile justice initiatives, and identifying system gaps and developing strategies to address them. Workgroups are in place to implement and monitor Raise the Age, address Equity across the JJ system, roll out reform at the Juvenile Detention Center and support the various PINS reform efforts.

- Trauma Informed Practice: Monroe County Department of Human Services- Child and Family Services Division has identified the need for and made a commitment to having all staff participate in a 2-day Trauma Informed Child Welfare Practice Training to help staff begin to use a trauma focused lens in their work with children and families. FACT staff are mandated to participate in this training. Monroe County Probation encourages all Family Services POs to participate in training on implementing trauma informed care and decision making and to utilize a trauma informed lens in their practice. This past year, the Monroe County Office of Probation-Community Corrections took advantage of an opportunity offered by the Finger Lakes Regional Youth Justice Team. The Probation Department took part in the TRUST tool survey, which assesses an organization's level of trauma informed practices. The Department will then receive targeted areas of training based on needs identified in the survey tool at no cost.
- PINS Truancy: Staff from Probation and FACT meet with the RCSD quarterly to discuss issues of truancy. In addition, both FACT Facilitators and Probation Officers are active members on the RCSD Attendance Team. Probation actively participates in the RCSD Attendance Stakeholders meetings.
- RCSD: RCSD Education Liaison convenes a quarterly meeting with Probation's court based Supervisor and the Juvenile Justice Planner to review information/data on youth served/referred to the Education Liaison, case outcomes, unmet needs and gaps in services. The program provides 2 services: (1) develop an education plan to support the youth while placed pre-dispositionally and to facilitate youth's successful re-entrance into school following such placement and share with court and Probation, and (2) provide consultation on education issues and access to services/programs to Probation Officers.
- JRC: Villa of Hope holds a quarterly meeting with Probation, DHS Preventive Services and the Juvenile Justice Planner to discuss program utilization, address issues/concerns and design program modifications to ensure that youth are successful in the program and that eligible youth are referred. As a partner with this endeavor, Probation facilitates Evidenced Based CBI groups including Girls Circle and Boys Council at the JRC.

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

List stakeholder and service agency involvement in strategic needs assessment and planning:

Monroe County Probation, MCDHS – Child and Family Services Division, Monroe County Office of Mental Health, Monroe County Family Court, Hillside Children's Center, Villa of Hope, ACT Rochester, Center for Dispute Settlement, Monroe County Legal Aid Society -Attorney for the Child, FACT (Family Access and Connection Team), Rochester City School District, Rochester Police Department, Monroe County Sheriff's Department, Cayuga Centers, Monroe County Youth Bureau, Monroe County Administration

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for calendar year 2020. Specifically, please provide the following as whole numbers (not %):

Number of PINS Diversion Services cases carried over from previous year:

32

Number of Total PINS Diversion Services referrals:

116

Monroe County: PINS Diversion Services

Number of PINS Diversion Services referrals filed by parents:

102

Number of PINS Diversion Services referrals by schools:

2

Number of PINS Diversion Services referrals by police:

0

Number of PINS Diversion Services referrals by victim:

0

Number of PINS Diversion Services referrals other sources:

12

Please identify other sources:

MCDHS

Number of Total PINS Diversion Services cases closed:

129

Number of PINS Diversion Services cases closed as Successfully Diverted:

101

Number of PINS Diversion Services cases closed as Unsuccessful and Referred to Petition:

28

Number of PINS Diversion cases closed for other reasons (include Withdrawn and Terminated with Bar to Petition):

0

Number of PINS Diversion Services cases that remained open at end of calendar year:

19

C. Data Collection

How was data collected?

1. Data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including 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 and/or the issue is referred to JART to address issues identified via this review. The PINS data breakdown listed in B above, was provided by Monroe County Probation.
2. The Alternative Program Review Committee (APR) has established a centralized data base that is used to discuss individual youth. (This committee reviews all youth for whom Probation is considering recommending placement, or where Family Court is requesting out of home placement, to look for alternative community-based options)
3. DHS tracks monthly numbers and maintains a system indicator/reporting tool that captures and reports PINS and JD intakes, petitions, pre-dispositional placements, and use of alternative programs.

4. Through additional one-time funding through STSJP, the program has developed its own data base which allows for more accurate and timely data and serves as a more streamlined, customized record keeping system. This system, "Salesforce", has been utilized for approximately one year. Stakeholders meet regularly to ensure the system is updated and adjusted to deliver accurate and meaningful data.

D. Pre-PINS Diversion Efforts

Youth with PINS behavior and their families are engaged in services and supports in an attempt to address the presenting issues, as an alternative to proceeding with a PINS complaint.

Is your county providing any pre-PINS diversion services or supports?

☒ Yes

☐ No

If "Yes" please list and describe the service and the location:

FACT (Family Access and Connections Team) is the initial contact point. FACT staff work with youth and families to identify the issues and resolve them using community-based resources. If the issues are unable to be resolved, then the case can be sent to Probation for diversion services. Please see the full continuum of Pre-PINS/PINS above.

Number of youth who received Pre-PINS services in calendar year 2020:

472

E. Needs Analysis

Include a summary of the data and the analysis used to determine the needs of the PINS Diversion Services population.

*List data sources (e.g., Communities That Care, youth assessment and screening instrument aggregate reports, PINS/complaint [source or type] information, status at closing, cases referred for petition, etc.). Specify whether the findings relate to county, city, town, neighborhood, school or other specific groups within the PINS Diversion Services population. Describe any conclusions drawn or changes made to strategies to address the needs of this population. Data collected through the needs assessment process can be useful in selecting outcomes in the next section. **Include how the local assessment may have shifted related to the PINS reform legislation of 2019.***

Monroe County has been working diligently over the last several years with a renewed focus on serving youth and families in the community, as well as decreasing the numbers of PINS complaints, petitions, and pre and post dispositional placements: From 2015 through 2020, complaints decreased by 89%, while petitions decreased by 92%. **No** youth were placed outside their home in 2020, either on a pre-dispositional order or as a court ordered disposition.

PINS Intakes

In 2017, funding for FACT (Family Access and Connections Team) shifted to preventive dollars which required that the program utilize the Connections system for case management. Previously, FACT had used the Probation Caseload Explorer system which resulted in all FACT cases being opened in CE. As of August 2017, FACT ceased using the CE system for opening cases which was followed by a reduction in PINS Intake numbers. While the decrease in PINS complaints was certainly accelerated by the shift to preventive dollars and coding/system changes, the adoption of a more preventive philosophy within FACT, whereby provided services are focused on addressing youth and family needs in a more reparative, strength-based way has taken root and resulted in better outcomes. With the addition of a Program Director, the development of a Multi-disciplinary team and well-defined graduated incentives and interventions, continued progress is being realized. Most recently, FACT funding was changed to STSJP funding for the 2019-2020 program year to allow the program to expand more fully into the realms of prevention and early intervention while decreasing the time spent on documentation to further reduce the number of PINS complaints and petitions.

PINS PETITIONS

Probation has implemented several strategies to reduce the number of PINS cases petitioned to MCFC. In 2018, two (2) Intake (Diversion) Probation Officer positions were re-located to the FACT Program, with the intent of providing additional graduated interventions prior to having a case petitioned, while reducing exposure to the JD population. A Probation Review Committee (PRC) has been implemented to review PINS cases where a petition to MCFC is being considered to ensure all community options have been exhausted prior to petition. The group no longer meets weekly, as so few youth reach the point that such a review is needed.

Probation has adopted different response strategies to varying complaint types. For example, Probation has worked directly with RCSD to reduce the number of PINS-T cases being filed. In 2020, only two (2) truancy-only complaints were opened in Diversion; neither of them proceeded to petition. Similarly, the renewed focus on youth and families building on strengths to repair relationships has led to a reduction of Ungovernable complaints. In 2020, only fifteen (15) ungovernable complaints were received and just two (2) proceeded to petition. Similar to last year, ninety-three percent (93%) of all petitions were for runaway youth.

Runaway youth present a special challenge for Diversion, despite a rigorous Probation protocol to find and engage them in services. Currently when FACT receives a report of a runaway youth, the matter is immediately assigned to one of two specially designated probation officers or the Senior Probation Officer. The search begins immediately and includes numerous electronic and social media searches, as well as initial calls to the family and/or guardians. Probation Officers actively search for youth in the community, tracking down leads and exploring connections that might lead to the youth whereabouts. When youth are located, they are stabilized and linked to a safe residence. In depth work begins with a thorough assessment of the youth and family's strengths, needs, mental health and substance use and goals for the youth and family are developed and referrals are made as appropriate. If a youth is unable to be located, Probation Officers work with the family to file the necessary paperwork with MCFC to secure a PINS warrant for runaway. When a youth who is in the care/custody of DHS AWOLs from care, the DHS Caseworker will meet with ATD staff to prepare necessary paperwork and with the Law Department to file the necessary court papers to secure a warrant. Approximately 36% of PINS petitions filed in 2020 were filed by the Department of Human Services (up from 29% in 2019) in connection with warrant requests for youth in DHS care and custody who were AWOL from their foster homes or facilities. Because of the complex issues and multiple risk factors presented by runaway youth, strategies with youth who both runaway and stay-away will be emphasized in the coming year, as seen in Desired Change 1 below.

PINS Pre-Dispositional Placement

Monroe County provides a number of interventions for petitioned youth to avoid further penetration into the system, particularly around the need for pre-dispositional placement through the ATD team. The Team serves both JD and PINS youth, providing evening and weekend field work home visits, curfew checks, school checks, and referrals to and linkages with community-based services as needed. There is no limit on the number of youth served by this team. Several practice changes and strategies have been implemented to support youth and families without the need for pre-dispositional placement, as follows:

- **Immediate Probation Response (IPR):** When a youth/family fail to appear (FTA) for court, in lieu of a FTA warrant, the Monroe County Family Court Judge can make a referral to the ATD Team. An ATD Officer will immediately attempt to locate the youth/family and if successful, inform them when/where to appear and provide any assistance necessary to facilitate their appearance in Court.
- **TeleTask Services:** Prior to all scheduled Court dates, the ATD team will notify the client by way of an electronic notification system of their next upcoming Court appearance via text and phone.
- **PINS Pre-Dispositional Services (PDS):** All PINS petitions are reviewed by the JJMHC to screen for mental health needs and if so, will reach out to families and offer assistance/support. An assigned ATD Probation Officer will contact the family, identify any concerns, make appropriate referrals, and notify family of upcoming Court dates.
- **Electronic Monitoring:** The Team provides assessment, recommendations and reports to the Court regarding the use of Electronic/GPS monitoring as an alternative to Pre-Dispositional

Placement.

- **Resource Cabinet:** The Team has established a clothing cabinet with school uniforms, book bags with school supplies, alarm clocks, duffel bags, hygiene bags etc. to address needs of youth and encourage/support them.

Clearly, the combined effects of Monroe County's array of programming have been effective, as not a single PINS youth has been pre-dispositionally placed, nor have they been placed out of the home upon disposition.

F. Desired Changes

List desired changes in community, family, or individual behaviors or conditions in terms that are specific, measurable, achievable, realistic, and timely. Identify the intended outcomes to be achieved for the PINS Diversion Services population. Outcomes should be derived from the aggregate needs, and could include specific populations (e.g., truants, ungovernable youth, females, males, special education youth); specific PINS Diversion Services processes (e.g., pre-PINS collaborative work, improved service timelines, improved services, focus on evidence based interventions); or aggregate data based outcomes (e.g., reduced number of PINS referred to petition, reduced parental PINS, reduced school PINS, or reduction in specific YASI risk assessment scores). It is important to note that the outcomes in this section are **only** for the **PINS Diversion Services population and/or process**.

For each outcome:

1. Identify the specific raw number or percentage change indicator sought for that outcome.
2. Identify quantifiable and verifiable outcomes of the desired change in conditions or behaviors for the PINS Diversion Services population.
3. Describe the strategies to be implemented to achieve the identified indicator and outcome. Each strategy should include the timeframe for completion, and a designation of who is responsible for implementation.

Desired Change	Numerical or Percentage Change Sought	Identify Outcome (for PINS Diversion Services population)	Strategy / Plan to achieve (who, what, and when)
Change #1			
More successfully provide supports and services to runaway youth without the need for court intervention.	No more than 50% of runaway referrals will result in a petition to court.	More runaway youth will be safely maintained in the community	<p>Probation will continue to aggressively search for missing youth per current practice</p> <p>Provide thorough assessment of strengths & needs for runaway youth.</p> <p>Develop different strategies for youth who "stay away" versus "run away."</p> <p>Senior PO at FACT has been named liaison to the local human trafficking task force (local and Federal Law Enforcement and Safe Harbour staff).</p>

Change #2			
Increase the number of PINS youth screened at FACT to identify those who have co-occurring conditions to develop effective cross system treatment plans.	65%	65% of new referrals (other than runaways who cannot be located) will complete a MAYSI-2 within 1 month and be linked to services when appropriate/desired.	<p>Continue to offer MAYSI-2 to youth coming to FACT (FACT, Probation) Ongoing</p> <p>Track results of MAYSI-2 screens & outcomes of linkages/referrals to other service providers. (FACT, Probation, OMH) Ongoing</p> <p>JJMHC/Engagement Specialist will review MAYSI-2 screens and collaborate with FACT staff on making referrals/linkages (CCSI MHJJC)</p> <p>Report outcomes to Leadership Team (FACT, Probation, OMH)</p>
Change #3			
Increase the availability of respite/alternate housing options for PINS youth.	An additional option for alternative housing and/or respite will be developed and implemented.	More Youth will have access to safe, short-term housing.	<p>Continued community planning resulted in a second RFP for Respite being released in 2021 and two (2) responses have been received. The plan is for Respite through a County contract to be in place once a vendor is selected and a contract is executed.</p> <p>Continue to plan/budget for Respite funds through STSJP</p> <p>Probation to continue to explore Respite for older youth</p>

G. Technical Assistance / Other PINS Related Information for OCFS and DCJS

Describe any technical assistance and/or training requested to implement this plan. Please be as specific as possible.

Training or Technical Assistance on best practices in the areas of runaway, stay-aways and sex trafficked youth would be welcome.

Describe any technical assistance needs related to improving equity / addressing disparities in PINS Diversion Services. Please be as specific as possible.

None at this time.

Also, describe any additional information you wish to bring to the attention of OCFS and DCJS regarding **PINS Diversion Services**.

Monroe County would like to continue its previously designated 4th Desired Change.

Desired Change 4: Establish a Multi-Disciplinary Team with multiple system partners to co-locate and provide needed services to PINS youth, as well as community youth/families in need of services.

Numerical or Percentage Change Sought: Develop at least 5 Collaborative Agreements with Community partners.

Identify Outcome (for PINS Diversion Services population):Youth and families will have faster and easier access to needed services which all ascribe to the same shared values.

Strategy / Plan to achieve (who, what, and when):

Program Director has been hired and is working to develop relationships with community partners.

FACT Re-design Team to continue to meet on a regular basis.

Seek legal consultation where necessary.

Develop MOU's.

Provide space on site for service partners

H. PINS Diversion Services Plan County Contact

Please provide the name, title and email address of the county contact for the PINS Diversion Services plan.

Name:

Kristine Durante

Title:

Assistant Chief Probation officer, Monroe County Family Services Division

Email Address:

kdurante@monroecounty.gov

Adult Services

Please select one of the APS goals you chose to address in your 2018–2023 Child and Family Services Plan address the following questions for it:

Select one of the goals from your 2018–2023 Plan:

- ☒ **Goal 1:** Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- ☐ **Goal 2:** APS will pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.
- ☐ **Goal 3:** APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.
- ☐ **Goal 4:** APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- ☐ **Goal 5:** Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Identify the strategy(s) you proposed for year one (can be copied from your CFSP submission):

- A. Increase outreach and awareness of the Adult Protective Services Criteria and referral process to reduce inappropriate referrals by:
 - 1. Reviewing existing presentation information, formulating a new comprehensive presentation relevant to community needs regarding APS guidelines and criteria and develop a pre- and post- survey to assess participants' understanding of presented material;
 - 2. Conducting quarterly presentations for key stakeholders.
- B. Continue to partner and collaborate with local organizations to serve vulnerable and aging adults with appropriate services by:
 - 1. Providing clients/family members with information regarding available community services prior to or at the time of case closing;
 - 2. Continuing to participate in collaborative and planning meetings with key partners/stakeholders regarding open cases;
 - 3. Co-managing selected cases with Lifespan's Elder Abuse Prevention program to reach optimal outcomes and reduce risk to older adult clients.
- C. Provide training to APS staff on topics relevant to the population for a minimum of 6 hours per staff per year, by:
 - 1. Utilizing Staff Development to find and promote beneficial trainings;
 - 2. Staff sharing materials and key information learned at trainings at team meetings;
 - 3. Inviting community partners and service providers to share information and resources at APS team meetings;
 - 4. Develop our APS supervisory staff in the area of leadership (added in 2019).

Have you implemented the strategy(s) you proposed for year one? If not, why not?

The presence of COVID-19 in the community limited the number of community presentations that could be provided. Despite these limitations, APS held an information exchange with the Forensic Intervention Team (FIT), a program through the Office of Mental Health, in July 2020. APS presented

the Gatekeeper PowerPoint to the FIT team staff, and the FIT team then presented their program to APS Caseworkers. As Monroe County is now equipped with licenses for zoom and other virtual platforms, we are prepared to provide presentations through video conferences in 2021. Several presentations are already planned.

The provision of the Elder Source GRAPE resource book and/or the NY Connects phone number to clients and families has been fully integrated into APS Caseworker practice. Adult Protective staff continue to participate in collaborative meetings and other planning opportunities with partner agencies to ensure that APS clients in need of services are referred to and linked with the most appropriate program. Some of those agencies include: Office of the Aging, Lifespan, Catholic Family Center, Center for Youth, OPWDD, VA, and local hospitals.

APS staff attended the following trainings in 2020:

- Legal Updates for CPS and Child Welfare
- Legal Aspects of APS: Update 2020
- Proposed Changes to Connections, BICS and the Automated Claiming System
- Kinship Specialist Team Training
- Narcan Virtual Training
- Uploading Photos and Documents in Connections
- Up-Boarding Leadership Academy: Human Resource Management for Supervisors
- Medicaid Overview for Caseworkers: Home Care Services
- Medical Overview for Caseworkers: Medicaid 101
- Linked vs. Companion Cases
- PSA New Worker Institute: Components 3 and 5
- Placement, Kin and Permanency Training
- Advanced Medical Issues: Mood Disorders
- Safetyville
- The Americans with Disability Act at 30: Why it is Important, particularly in 2020
- NYS Adult Abuse Training Institute
- Human Trafficking/Commercial Sexual Exploitation of Children: An Overview
- Preventing Sex Trafficking and Strengthening Families Act Presentation

*Note that some of the trainings above are CPS related, as Caseworkers transferred from CPS to APS during the year.

The APS Administrator, Supervisor and Senior Caseworkers have been attending individual and group supervisor coaching and development sessions with Lead Peak Performance, with whom Monroe County has a contract for leadership development.

Monroe County developed its own internal APS Manual in 2020, which is available to staff electronically. The information in the manual includes processes, protocols, information on conducting intakes, assessments, ongoing cases, legal information, family type homes and monthly reporting.

Were the activities associated with your strategy(s) successful (so far)?

Thus far, the strategies selected have been useful and successful. Caseworkers are consistently providing information to clients by distributing the Elder Source GRAPE booklet or NY Connects phone number to individuals determined to have service needs. The GRAPE booklet is being updated in collaboration with the Office of the Aging, and an online version is available to clients and family members. Caseworkers are documenting the provision of these resources in their progress notes more regularly. APS workers continue to collaborate and plan with other adult serving agencies on open cases appropriate for services and with identified needs. MCDHS contracts with Catholic Family Center/Balanced Care for Representative Payee (rep payee) services and Case Management services, as well as Catholic Family Center for case management of Article 81 guardianship cases. Monroe County also has a contract with Lifespan for a nurse practitioner to provide capacity evaluations. APS workers are engaging in professional development trainings and opportunities, with a more focused emphasis on providing trainings applicable to the work of APS.

How do you know? How did you measure your success and was there an Administrative review by the

Director of Services, Deputy Commissioner or the Commissioner?

The Administrator of Adult Services reviewed a sampling of cases throughout the year (24 total). Results showed that in 2020, a GRAPE resource book and/or the NY Connects phone number were provided, and/or the client was set up with services when a need existed in 96% of cases. The review also noted that Caseworkers regularly plan and communicate with service providers, including but not limited to hospitals, OPWDD, home health aides, Lifespan, Center for Youth, and mental health and substance abuse agencies. Overall, the reviews were positive, demonstrating quality work being conducted by our APS staff.

While fewer presentations than desired were held in 2020, the presentation provided to ten (10) members of the Forensic Interview Team (FIT) through the Office of Mental Health was critical, as the FIT team responds with police to clients in mental health crisis. The Rochester community has been invested in finding alternate services and ways to work with clients, particularly Black, Indigenous and People of Color (BIPOC) individuals, who are in an acute mental health crisis. The education provided to the FIT team around APS criteria and interventions has assisted their staff in identifying situations in which APS should be contacted.

MCDHS continues to contract with Catholic Family Center (CFC) and Lifespan for services. The contracts are monitored, and performance measures are reviewed quarterly. Catholic Family Center provides monthly reports for every case where CFC is the Case Manager. In 2020, five cases were co-managed between DHS and Lifespan. Capacity evaluations were conducted for 19 individuals. CFC/Balanced Care managed 78 rep payee cases under our contract. CFC also case managed 76 of our Article 81 Guardianship cases, 10 of which were new in 2020.

Staff trainings are tracked by the DHS Staff Development Team. Staff completed 90% of their training hours in 2020. Additionally, the APS Administrator, Casework Supervisor and Senior Caseworkers have attended 6-8 individual and group coaching sessions with Lead Peak Performance.

At this point, do you believe that a strategy needs to change? Is there an obstacle which is interfering with your activities / strategy(s)?

Monroe County does not believe that any strategies need to be changed at this time. The work with Lead Peak Performance was added in the 2019 Plan Update and continues through 2021. COVID presented a challenge to community presentations, however now that licenses have been secured for Zoom and Web Ex and professionals have become accustomed to conferences and trainings online, this should not pose a barrier in 2021. Fewer trainings were offered by the state in 2020 when COVID first started. Once the state converted some of the face to face trainings to virtual, staff were able to register.

What will you do instead?

All current strategies will remain in place.

☐ A new Goal will need to be selected

Please select one of the APS goals you chose to address in your 2018–2023 Child and Family Services Plan address the following questions for it:

Select one of the goals from your 2018–2023 Plan:

- ☐ **Goal 1:** Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- ☐ **Goal 2:** APS will pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.

● **Goal 3:** APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.

○ **Goal 4:** APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.

○ **Goal 5:** Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Identify the strategy(s) you proposed for year one (can be copied from your CFSP submission):

A. Enhance quality review of APS cases to ensure appropriate service delivery, linkage to resources and planning by:

1. Continuing to participate in the "No Wrong Door Team;"
2. Reviewing cases that have had 3 or more intake closings within 12 months to determine if a more in-depth assessment should occur;
3. Conducting Administrative and/or Supervisory review of files of APS clients who die in their home (non-dormitory settings), to identify opportunities for practice/policy changes and improved service delivery and/or training;
4. Continuing involvement with Lifespan's Enhanced Multi-Disciplinary Team (EMDT) focusing on financial exploitation;
5. Continuing to meet monthly with the County Law Department regarding client specific issues;
6. Holding monthly "Difficult Case Review" meetings to enhance peer critical thinking skills and staff awareness/use of community resources and inform training needs.

B. Increase information and resources and then create intervention and recurrence strategies to address hoarding by:

1. Developing a shared definition of hoarding between APS, NY Connects and the Monroe County Hoarding Task Force and collaborating around how to track cases and collect/report data;
2. Completing a hoarding risk assessment at the 72-hour mark for clients exhibiting hoarding or hoarding-like behaviors;
3. Continuing to attend and actively participate in the Monroe County Hoarding Task Force;
4. Continuing to work with the Monroe County Hoarding Task Force to identify potential strategies and interventions and further develop and/or implement them as appropriate;
5. Researching effective strategies and interventions used elsewhere that could be adopted locally to address hoarding behavior.

Please Note:

- Strategies B3 & B4 were discontinued in 2019.
- Strategy "B" was expanded to read "Increase information and resources and then create intervention and recurrence strategies to address housing concerns." (instead of hoarding) in 2020.
- "Participating in local collaborative work groups that are further assessing housing concerns in the greater Rochester Region, identifying barriers, and strategizing around interventions towards improvement" was added as a 4th strategy to B in 2020.

Have you implemented the strategy(s) you proposed for year one? If not, why not?

APS has implemented several of the strategies identified in our plan. A representative from APS continues to attend the No Wrong Door Team, where a portion of the meeting is dedicated to discussing high risk cases. APS also continues to participate regularly in the EMDT, which is held twice a month. Monroe County has made it a regular practice to dive deeper into cases where a referral has been received three or more times on an individual within a year. This has helped ensure a more comprehensive review, as APS history is more thoroughly explored. Every case file concerning a

deceased client is reviewed by the Administrative Caseworker. Legal consultations with APS staff are held monthly for all situations where guardianship or other court actions are being considered. "Difficult Case Reviews" have also been held regularly, although reduction of on-site staff due to COVID protocols forced an occasional postponement. Once resumed, reviews were conducted by splitting the team into smaller groups.

Administrative Caseworker Lynn White participated in community workgroups related to housing concerns, including the Long-Term Care Council-Housing subgroup; Care for the Elderly with Mental Health challenges; and multi-agency case discussions for clients residing at the homeless shelter, House of Mercy. Nonprofit agency Common Ground has launched a commission and project entitled SAGE II. SAGE II is an expansion of work done several years ago, from a project called SAGE. The focus of SAGE II is to pull together key stakeholders in the region to identify and address housing concerns using quantitative and qualitative data. Monroe County APS and the Long-Term Care Council-Housing group have contributed information to the SAGE commission. The work of the groups and the SAGE II commission will be used to advocate for our region's housing needs with lawmakers and funders. The information will also contribute to the Livable Communities initiative in Monroe County.

Were the activities associated with your strategy(s) successful (so far)?

MCDHS strategies have contributed to the provision of quality work with vulnerable adults. The "Difficult Case Reviews," participation at the EMDT, further assessment of cases referred more than three times in a year, and work within the No Wrong Door meetings have assisted workers in using a team approach to problem solve, think critically, and collaboratively strategize for improved service provision and ultimately, better outcomes.

APS has remained committed to addressing housing concerns in our community. The APS Administrator, Lynn White, attends various housing workgroups, has analyzed APS data related to hoarding and housing concerns and shared this data with stakeholders in the community. APS contracts for heavy chore and light chore services, assisting clients with health and safety hazards in their home. The heavy/light chore services have prevented clients from being evicted, allowing clients to remain in their residence, whenever possible.

How do you know? How did you measure your success and was there an Administrative review by the Director of Services, Deputy Commissioner or the Commissioner?

Minutes are kept as a part of the No Wrong Door team, Long-Term Care Council-Housing group, Care for the Elderly with Mental Health Challenges, and case discussions with the House of Mercy. The EMDT remains very active in Monroe County and APS staff attend regularly. Internal monthly reports track the number of hoarding cases received by APS. With technical assistance provided by OCFS, we were able to obtain a report detailing the reasons cases were classified as having "poor housing conditions." The contract for heavy/light chore services was renewed in 2020. The Administrative Caseworker for APS logs and tracks all cases where the client has passed away. Death reviews were conducted on 25 cases in 2020 with no significant concerns. It was noted there were several deaths of clients from COVID who resided in nursing homes.

At this point, do you believe that a strategy needs to change? Is there an obstacle which is interfering with your activities / strategy(s)?

We believe the strategies can remain the same.

What will you do instead?

N/A



A new Goal will need to be selected

Child Care

The Child Care section of the plan is effective on the date that it is approved by OCFS. The approval date for the Child Care section of the plan can be found on [the OCFS website](#).

Appendix K: Child Care Administration

Describe how your 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:

a. Public Assistance Families:	MCDHS Division of Financial Assistance
b. Transitioning Families:	MCDHS Division of Financial Assistance
c. Income Eligible Families:	MCDHS Division of Financial Assistance
d. Title XX:	MCDHS Division of Child and Family Services

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

Item	Amount
a. FFY 2019-2020 Rollover funds: <i>(available from the NYSCCBG ceiling report in the claiming system)</i>	\$2,794,453
b. Estimate FFY 2020-2021 Rollover Funds:	\$9,971,520
c. Estimate of Flexible Funds for Family Services transferred to the NYSCCBG:	\$0
d. NYSCCBG Allocation 2021:	\$39,124,256
e. Estimate of Local Share:	\$4,221,021
Total Estimated NYSCCBG Amount:	\$37,662,030
f. Subsidy:	\$36,027,431
g. Other program costs excluding subsidy:	\$0
h. Administrative costs:	\$1,634,599

3. Does your district have a contract or formal agreement with another organization to perform any of the following functions using the NYSCCBG?

Function	Organization	Amount of Contract
<input checked="" type="checkbox"/> a. Subsidy eligibility screening	Workforce Development Corporation	0.00
<input type="checkbox"/> b. Determining if legally-exempt providers meet OCFS-approved additional local standards <i>(must be noted in Appendix Q with the corresponding additional standard)</i>		
<input checked="" type="checkbox"/> c. Assistance in locating care	TBA	Not to exceed \$125,000
<input type="checkbox"/> d. Child care information systems		
<input type="checkbox"/> e. Payment processing		
<input type="checkbox"/> f. Other <i>Please specify function:</i>		

Appendix L: Other Eligible Families if Funds are Available

Listed below are the optional categories of eligible families that your district can include as part of its County Plan. Select any categories your district 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 checked="" type="radio"/> Yes <input type="radio"/> No	
2. PA families or families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the caretaker is:		
a) participating in an approved substance abuse treatment program	<input checked="" type="radio"/> Yes <input type="radio"/> No	
b) homeless	<input checked="" type="radio"/> Yes <input type="radio"/> No	
c) a victim of domestic violence and participating in an approved activity	<input checked="" type="radio"/> Yes <input type="radio"/> No	
d) in an emergency situation of short duration	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization limited to requests submitted in writing and subject to administrative 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="radio"/> Yes <input type="radio"/> No	

4. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the child's caretaker:		
a) is physically or mentally incapacitated	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to families with written documents from the family's treating physician/mental health professional indicating the reason for the incapacity, its expected duration, and that the applicant is unable to provide care.
b) has family duties away from home	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5. Families with incomes 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. Child care services will be available only for the portion of the day the family can document is directly related to the caretaker engaging in such activities.	<input checked="" type="radio"/> Yes <input type="radio"/> 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 or caretaker relative is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
7. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in:		
a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate in high school.
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers who maintain 85% attendance rate; GED program must be in addition to 17.5 hours of weekly employment.
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	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.

d) a program providing literacy training designed to help individuals improve their ability to read and write	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.
e) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers who maintain 85% attendance 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's degree or certificate of completion	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization for program must be in addition to 17.5 hours of weekly employment.
Note: The caretaker must complete the selected programs listed within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.		
8. PA recipients or 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 caretaker's earning capacity) if the caretaker is also working at least 17½ hours per week and earning wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law. The caretaker must demonstrate his or her ability to successfully complete the course of study.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
9. PA recipients or 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 improvement in the caretaker's earning	<input checked="" type="radio"/> Yes <input type="radio"/> No	

capacity if the caretaker is also working at least 17½ hours per week and earning wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law. The caretaker must demonstrate his or her ability to successfully complete the course of study.		
10. PA recipients or 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 caretaker's earning capacity if the caretaker is also working at least 17½ hours per week and earning wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law. The caretaker must demonstrate his or her ability to successfully complete the course of study.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Appendix M #1: Reasonable Distance, Recertification Period, Family Share, Very Low Income, Federal and Local Priorities

I. Reasonable Distance for Public Assistance Recipients to Travel to Child Care and Work

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

1. The following defines "reasonable distance":

Within one-hour travel time from daycare site to work site or work site to daycare site.

2. Describe any steps/consultations made to arrive at your definition:

This has been the established/approved DHS policy.

II. Recertification Period

The district's recertification period for low income child care cases is every:

- ☐ Six months
- ☒ Twelve months

III. Family Share

"Family Share" is the weekly amount paid towards the costs of the child care services by the child's parent or caretaker. Your district must select a family share percentage from 10% to 35% to use in calculating the amount of family share. 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.

Note: The family share percentage selected here must match the percentage entered in the Program Matrix in the Welfare Management System (WMS) and the Child Care Time and Attendance (CCTA) system.

Family Share Percentage selected by the district:

10%

Additional Description of this Family Share Percentage:

Note: The family share percentage selected here must match the percentage entered in the Program Matrix in the Welfare Management System (WMS).

IV. Very Low Income

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

"Very Low Income" is defined as **200%** of the State Income Standard.

V. Federal and Local Priorities

1. The district must rank the federally mandated priorities. Cases that are ranked 1 have the highest priority for receiving child care assistance. These rankings apply to case closings and case openings.

a. Very low income as defined in Section IV:

- ☒ Rank 1
- ☐ Rank 2
- ☐ Rank 3

b. Families with incomes up to 200% of the State Income Standard that have a child with special needs and a need for child care:

- ☐ Rank 1
- ☐ Rank 2
- ☒ Rank 3

c. Families with incomes up to 200% of the State Income Standard that are experiencing homelessness:

- ☐ Rank 1

☒ Rank 2

☐ Rank 3

2. Does the district have local priorities?

☐ Yes

☒ No

If yes, list them below and rank beginning with Rank 4.

Appendix M #2: Case Openings, Case Closings, and Waiting List

I. Case Openings When Funds Are Limited

If a social services district does not have sufficient funds to provide child care services to all families who are applying, the district may decide to open certain categories of families as funds become available. The district must open federal priorities first. If the district identified local priorities, they must be opened next. **After the federal and local priorities**, identify the basis upon which the district will open cases if funds become available. Select one of the options listed below and describe the process for opening.

- ☒ 1. Open cases based on **FIRST COME, FIRST SERVED**.
- ☐ 2. Open cases based on **INCOME**.
- ☐ 3. Open cases based on **CATEGORY OF FAMILY**.
- ☐ 4. Open cases based on **INCOME AND CATEGORY OF FAMILY**.
- ☐ 5. Open cases based on **OTHER CRITERIA**.

II. Case Closings When Sufficient Funds Are Not Available

If a social services district does not have sufficient funds to continue to provide child care assistance to all families in its current caseload, the district may decide to discontinue child care assistance to certain categories of families. The district must close federal priorities last. If the district identified local priorities, they must be closed next to last. **After the federal and local priorities**, describe the basis upon which the district will close cases if sufficient funds are not available.

If no priorities are established beyond the federally mandated priorities and all funds are committed, case closings for families that are not eligible under a child care guarantee and are not under a federally mandated priority must be based on the length of time they have received services (must choose #1 below).

Select one of the options listed below and describe the process for closing.

- ☐ 1. Close cases based on **AMOUNT OF TIME** receiving child care services.

- ☐ 2. Close cases based on **INCOME**.
- ☐ 3. Close cases based on **CATEGORY OF FAMILY**.
- ☐ 4. Close cases based on **INCOME AND CATEGORY OF FAMILY**.
- ☒ 5. Close cases based on **OTHER CRITERIA**.

Describe the criteria the district will use to select cases to be closed:

The district chooses not to close cases due to insufficient NY State Child Care Block Grant (NYSCCBG) funds. In the event of insufficient NYSCCBG funds, the district will use local funds.

III. Waiting List

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

- ☒ No
- ☐ Yes

Appendix M #3: Fraud and Abuse Control Activities and Inspections

I. Fraud and Abuse Control Activities

1. 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 payments in addition to procedures for referring such applications to the district's front-end detection system.

Monroe County utilizes three methodologies for identifying and investigating fraud: Front End Detection System (FEDS), Back End Detection System (BEDS) and Child Care Program Integrity (CCPI).

CCPI

Monroe County intends to utilize the Child Care Program Integrity matrix to more effectively identify and focus its investigational efforts on cases with a higher likelihood of fraud.

FEDS

FEDS referrals on Child Care cases are determined at all eligibility interviews using the Electronic Investigation System and the Child Care/Day Care Indicators as approved in the FEDS Plan.

Monroe County's Child Care Indicators:

Child Care Indicators for Provider Daycare:

- Hours of Care do not match hours approved/hours parent(s) are working
- Inconsistencies on Child Care Request form
- Provider may be working during hours claimed for children
- Inconsistencies in Household members (application) vs CCFS listed members

- Provider is parent of the child's Absent Parent

Child Care Indicators for Clients

- No absent parent information, or Application/information has inconsistencies regarding absent parent.
- Self-employed without adequate business records to support financial assertions
- Work hours do not match Child Care hours
- Prior History of constant denials, case closings, fraud, overpayments
- New In-Home care case
- Questionable paperwork submitted
- Non-Legal Union (NLU) not on application, but on TA or SNAP case Application inconsistent with prior case information
- Documents provided are inconsistent with Applicant information
- P.O. Box used as primary mailing address without reasonable explanation
- Working off-the-books (currently or previously)

Income Eligible Child Care eligibility staff will screen new applications for assistance as they are received. A Senior Eligibility Evaluator will complete a Child Care FEDS referral for all applications having an approved indicator. Child Care FEDS referrals will be sent to and processed by the Monroe County Special Investigations Unit Investigators. Collateral contacts may be made, DMV Searches, City Tax Assessment, County Clerk Search, Department of Labor Search, U.S. Postal check, landlord, employer, a review of case file, a home visit, and related items as necessary depending on the Child Care Indicators. The application process will not be interrupted while waiting for the results of an investigation.

BEDS

In addition to the Front-End Detection investigations, Monroe County employs a Back-End Detection System (BEDS) for investigative activity as well. There are a growing number of children being cared for by legally exempt providers in the child's home for whom the local Child Care Council does not have authority or oversight to investigate fraud. As such, Monroe County DHS will investigate cases identified through a number of sources to be at high risk of fraud. 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. The OCFS licensor or the Child Care Council staff often assist the LDSS throughout the investigation.

2. 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 district cannot use criteria such as the age of provider, the gender of provider, a post office box address, or evidence that the child lives in the same residence as the provider as indicators in drawing the sample.

As a BEDS activity, Monroe County will generate a monthly report and conduct an investigation of new day care authorizations where the day care is being provided in the legal residence of the child. For those cases reviewed within the first 90 days of day care authorization, Monroe County investigators will conduct a site visit at addresses where the day care is being provided in the legal residence of the child to verify that the care is being provided and confirm the provider identity.

In addition to the FEDS, BEDS and CCPI investigations, the LDSS will investigate, on a case by case basis, the following issues:

- referrals received through the LDSS fraud hotline
- referrals from OCFS
- referrals from Child Care Council
- referrals from internal daycare payables – over-capacity, non-traditional hours, over-capacity, non-traditional hours, anomalies in provider/client signatures, parent-fees and dates attended vs. dates authorized
- absent parents
- parents employed by a temp agency or working varying hours
- self-employed parents

- parents out of compliance with OTDA/OCFS/LDSS program mandates

3. 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.

When Monroe County is investigating a case of suspected child care fraud, the investigators will reach out to the OCFS licensor or the Child Care Council to ensure that any Child and Adult Care Food Program inspection forms match MCDHS Child Care Time & Attendance (CCTA) records. Specifically, the MCDHS Investigator will email the Child Care Council or the OCFS licensor to inquire if the subject of the fraud investigation is enrolled in and receiving services via the Child and Adult Care Food Program. If they are, they will ask for copies of the inspection forms that correspond to the time period under investigation and review them to ensure that information is consistent. If discrepancies between the Child and Adult Care Food Program inspection forms and the CCTA records are discovered, the Investigator will notify either the OCFS licensor or Child Care Council and share any pertinent information. Investigation of any discrepancies involving the Child and Adult Care Food Program records is the responsibility of OCFS licensor or the Child Care Council.

II. Inspections of Child Care Provider Records and Premises

The district may choose to make announced or unannounced inspections of the records and premises of any provider/program that provides child care for subsidized children to determine if the child care provider is in compliance with applicable laws and regulations and any additional requirements imposed on such a provider by the social services district per 18 NYCRR §415.4(h)(3).

The district has the right to make inspections *prior to subsidized children receiving care* of any child care provider, including care in a home, to determine whether the child care provider is in compliance with applicable laws and regulations and any additional requirements imposed on such a provider by the district.

The district must report violations of regulations as follows:

1. Violations by a licensed or registered child care provider must be reported to the applicable Office of Children and Families (OCFS) Regional Office.
2. Violations by an enrolled or enrolling legally-exempt child care provider must be reported to the applicable Enrollment Agency.

Does the district choose to make inspections of such child care providers/programs?

- ☐ No.
- ☒ Yes. Provide the details of your inspections plan below.

Check the organization that will be responsible for conducting inspections:

- ☒ Local social services staff

Provide the name of the unit and contact person:

Allan jarvie, Special Investigations Unit

- ☐ Contracted Agency *(must correspond to Appendix K, Question 3f)*

Provide the name of the agency and contact person:

The following types of subsidized child care providers/programs are subject to this requirement:

☒ **Legally-Exempt Child Care**

- ☒ In-Home
- ☒ Family Child Care
- ☒ Group programs not operating under the auspices of another government agency
- ☒ Group programs operating under the auspices of another government agency

☒ **Licensed or Registered Child Care**

- ☒ Family Day Care
- ☒ Registered School-Age Child Care
- ☒ Group Family Day Care
- ☒ Day Care Centers
- ☒ Small Day Care Centers

Appendix N: District Options

Districts have some flexibility to administer their child care subsidy programs to meet local needs. Districts must complete Question I below. Note that all districts must complete the differential payment rate table in Appendix T.

I. The district selects:

- ☐ None of the options below
- ☒ One or more of the options below

II. Districts must check the options that will be included in the district's county plan and complete the appropriate appendix for any option checked below.

- ☐ 1. The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
- ☒ 2. The district has chosen to use 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 a differential rate for licensed or registered child care providers that have been accredited by a nationally recognized child care organization (complete Appendix T).
- ☐ 8. The district has chosen to pay a differential rate above the required 5% minimum differential rate for child care services during non-traditional hours (complete Appendix T).
- ☐ 9. The district has chosen to pay a differential rate for **licensed/registered** child care providers caring for children experiencing homelessness above the 5% required minimum differential rate (complete Appendix T).
- ☐ 10. The district has chosen to pay a differential rate for **legally-exempt** child care providers caring for children experiencing homelessness (complete Appendix T).
- ☐ 11. The district has chosen to pay a differential rate in excess of the 25% maximum differential rate for child care providers that qualify for multiple differential rates to allow sufficient access to child care providers or services within the district (complete Appendix T).
- ☒ 12. 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).
- ☐ 13. The district has chosen to pay an enhanced market rate for eligible legally-exempt group child care programs that meet required health and/or training requirements (complete Appendix T).
- ☒ 14. The district has chosen to expand eligibility for child care assistance beyond the requirements of SSL 410-w(9), in order to allow a parent or caretaker who works non-traditional hours to sleep (complete Appendix T).
- ☒ 15. The district has chosen to make payments to child care providers who provide child care services exceeding 24 consecutive hours (complete Appendix U).
- ☒ 16. The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U).
- ☒ 17. The district requests a waiver from one or more regulatory provisions. Waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix U).
- ☒ 18. The district has chosen to pay for breaks in activity for low income families (non-public assistance families) (complete Appendix U).
- ☒ 19. The district has chosen to use local equivalent(s) of OCFS required form(s). Prior to using a local equivalent form the district must obtain OCFS, Division of Child Care Services (DCCS) written approval. **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.**

List below the names and upload copies of the local equivalent form(s) that the district would like to use.

The Monroe County Department of Human Services Notification to Legally Exempt Caregiver Enrollment Agency.

- ☒ 20. The district elects to use the OCFS-6025, Application for Child Care Assistance. The local

district may add the district name and contact information to the form.

Appendix O: Funding Set-Asides

I. Total NYSCCBG Block Grant Amount, Including Local Funds

Category	Amount
	\$
	\$
	\$
	\$
	\$
Total Set-Asides (NYSCCBG):	\$

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

Category:

Description:

Category:

Description:

Category:

Description:

Category:

Description:

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

Category	Amount
	\$
	\$
	\$
Total Set-Asides (Title XX):	\$

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

Category:

Description:

Category:

Description:

Category:

Description:

Appendix P: Title XX Child Care

1. Enter the projected total of Title XX expenditures for the plan's duration: **\$4,036,206**

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**Eligibility Limit****Two People**

%

Three People

%

Four People

%

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

- ☐ Employment
- ☐ Seeking employment
- ☐ Homelessness
- ☐ Education / training
- ☐ Illness / incapacity
- ☐ Domestic violence
- ☐ Emergency situation of short duration
- ☐ Participating in an approved substance abuse treatment program

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

- ☐ Yes
- ☒ No

If yes, describe eligibility criteria:

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

- ☐ Yes
- ☒ No

If yes, describe which families will receive priority:

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

- ☒ Yes
- ☐ No

6. 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

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

The district must coordinate with the local Enrollment Agency, including, but not limited to:

- Informing the Enrollment Agency of the intent to request an additional standard.
- Developing the stepwise process referenced in Question 5.
- Ensuring that no significant burden of work shall be incurred by the Enrollment Agency as a result of the additional local standard, unless such work is addressed in a separate contract or a formal agreement is in place, which are referenced in Question 3.
- Sharing any consent/release form that may be required.
- Keeping the Enrollment Agency informed of the approval status.

1. Select the additional local standard that will be required of child care providers/programs.

☐ Verification, using the district's local records, that the provider has given the caretaker complete and accurate information regarding any report of child abuse or maltreatment in which he or she is named as an indicated subject

☐ Local criminal background check

☐ Require providers caring for subsidized children for 30 or more hours a week participate in the Child and Adult Care Food Program (CACFP).

Note that districts are required to notify the Enrollment Agency, using the OCFS-2114, District Notification to Legally-Exempt Caregiver Enrollment Agency, of all providers on the referral list for whom the requirement is "not applicable."

☐ Site visits by the district

☒ Other

Please describe:

Child Care sites must be in compliance with local city or municipal health & safety codes.

2. Check below the type of child care program to which the additional local 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 relative-only family child care program

☐ Provider

☐ Provider's employee

- ☐ Provider's volunteer
- ☐ Provider's household member age 18 or older

☒ Legally-exempt relative-only in-home child care program

- ☐ Provider
- ☐ Provider's employee
- ☐ Provider's volunteer

☒ Legally-exempt family child care program

- ☐ Provider
- ☐ Provider's employee
- ☐ Provider's volunteer
- ☐ Provider's household member age 18 or older

☒ Legally-exempt in-home child care program

- ☐ Provider
- ☐ Provider's employee
- ☐ Provider's volunteer

☐ Legally-exempt group program

- ☐ Director
- ☐ Employee
- ☐ Volunteer

2a. Exceptions: There may be instances when the district may be unable to enact the additional standard, such as, the applicable person may reside outside of the district's jurisdiction, or the site of care may not be located within the district. In such cases, the district may create an exception to the applicability stated above.

Note: The Child Care Facility System cannot track such exceptions and, therefore, the district remains responsible for notifying the applicable Enrollment Agency, using the OCFS-2114, District Notification to Legally-Exempt Caregiver Enrollment Agency, that an additional standard is "not applicable" to the specific provider/person named on the referral list.

Place a check mark below to show any exception to the applicability of this Local Additional Standard to programs or roles previously identified.

☐ a. The district will not apply this additional local standard when the applicable person **resides** outside of the subsidy-paying district.

☒ b. The district will not apply this additional local standard when the **program's site of care is located outside** of the subsidy-paying district.

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:

Allan Jarvie, Special Investigations Unit

☐ Contracted agency (must correspond to Appendix K, Question 3b)

Provide the name of the agency and contact person:

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

4. Are there any fees or other costs associated with the additional local standard?

☐ Yes

☒ No

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

5. Describe, in chronological order, the steps for conducting the additional local standard. Include how the district will retrieve referrals from CCFS, communicate with providers and other applicable persons, determine compliance with the additional local standard, inform the Enrollment Agency whether the additional local standard has been "met," "not met" or is "not applicable" and monitor its timeliness. Include all agencies involved and their roles. Note that the district's procedures must be in accordance with 12-OCFS-LCM-01.

Monroe County will apply the same health and safety standards to legally- exempt (L-E) family and L-E in-home child care program sites as are applied to housing units for public assistance recipients in accordance with Social Service Law 143-B, in determining whether violations may pose a health or safety risk to children. Attached is a listing of property violations determined by the Monroe County Department of Public Health that pose significant risk of health or safety concerns. Monroe County will, for each location where subsidized L-E family and L-E in-home childcare is provided within the county, determine, to the extent possible, whether there are open property code violations for the site. Monroe County will process the Child Care Facility System (CCFS) referrals for this additional standard at the time of the initial enrollment and at re-enrollment. Additionally, Monroe County will investigate a L-E family or L-E in-home child care site from any hotline, whistleblower, complaint, or other outside tips or concerns regarding open health or safety violations.

a. SIU Investigator receives the e-notice referral and cross references the address, which has been added to CCFS by the Enrollment Agency (EA), with a health and safety violation report received from the City of Rochester on a monthly basis. Should the site be outside the city limits, the investigator will contact the appropriate municipality to determine if there are any health and safety violations consistent with the list provided by the Monroe County Health Department (attached).

b. When there is a current, open health and safety code violation(s) for an enrolled or enrolling providers of L-E family and L-E in-home child care site, a Monroe County Special Investigations Unit (SIU) Investigator will immediately send a letter to the family and contact the L-E in-home child care provider in person or by mail to discuss and evaluate the open code violation/s. All correspondence has contact information for the SIU Investigator and the City Inspector. At all steps of this process, the investigator will check the L-E family and L-E in-home provider's status in CCFS to determine if the provider has withdrawn their application or has been denied. If the L-E family or L-E in-home provider has not withdrawn or been denied, the district will follow up with the City or municipality on a weekly basis to see if open health and safety code violations have been resolved. The SIU Investigator will send a notification to the EA within 25 days and may

monitor the case for up to another 20 days with periodic checks of the City Violations system for certain cases where extra time is needed to correct the violation and/or allow the City Inspector time to clear the violations.

The district will notify the EA as to whether the standard is "*Met*," "*Not Met*" or "*Not Applicable*," utilizing an electronic worksheet approved by NYS OCFS (5-23-2017) in collaboration with the Child Care Council, Inc. (Enrollment Agency).

- "*Met*" indicates that either a) there were no open health and safety code violations; b) any open health and safety code violations have been resolved; or c) violations are in the process of being corrected. Notice of "*met*" will be provided to the EA within 25 days. For c), the situation will be monitored for up to an additional 20 days and if violations are not corrected, notice will be sent to the EA that the standard has not been met.
- "*Not Met*" indicates the site has open health and safety violation that may pose a health and safety risk for children receiving care and that the L-E family or L-E in-home child care provider has made no efforts towards clearing the violations or even with efforts to do so, was unsuccessful in doing so, or the municipality determined that the property was uninhabitable and issued a vacate order. Notification of "*Not Met*" will be provided to the EA within 25 days of referral, or, in cases that were initially "*Met*" because the provider was working to resolve the issue but was ultimately unable to do so, within 45 days of referral. (Note: The time frame may be extended in situations where the provider is working to correct the violations but may need extra time to do so.) The violation/s does not affect the parent's eligibility; they do not need to re-apply. Monroe County will inform parents via a letter sent within 5 days that they need to find a new child care provider and the reason(s) why. Parents are expected to submit a new child care request within 10 days. At that time, the District will end payment to the provider while the parent remains eligible.
- The additional standard is considered "*Not Applicable*" if the site is outside of Monroe County. Notification to the EA will be with 25 days of the CCFS e-notice referral.

Please Note: Monroe County will process complaints/concerns received outside of the enrollment/re-enrollment period in the same manner. All complaints received will be cross-checked with the City Health and Safety Code Violation report. Contact will be made with the provider and the parent in the manner cited above. The time frames and criteria for "*Met*," "*Not Met*" and "*Not Applicable*" still apply.

6. Indicate how frequently the additional local standard will be applied.

1. The Standard will be applied (check all that apply):

- ☒ At initial enrollment and re-opening
- ☒ At each re-enrollment
- ☐ During the enrollment **review** period

7. Describe the justification for the additional local standard in the space below.

Monroe County Department of Human Services has partnered with the City of Rochester and the Lead-Free Coalition of Rochester and Monroe County to identify best practices in mitigating health and safety risks for children in our community, particularly children living in poverty. This additional standard will assist providers, parents and the community in minimizing environmental health and safety hazards to children receiving care in L-E family and L-E in-home child care sites.

Please see uploaded list of Health & Safety Violation Codes.

Appendix R: Payment to Child Care Providers for Absences

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

- ☐ Yes
☒ No

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

- ☒ Day care center
☒ Group family day care
☒ Family day care
☐ Legally-exempt group
☒ School-age child care

3. Base Period:

- ☐ 3 months
☒ 6 months

4. Number of absences allowed per child during base period:

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a Month	3		3
Base Period	18		18

Note: The number of absences per month and base period selected here must match the attendance group numbers entered in CCTA.

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

Payment will be allowed for all routine absences.

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

Payment will only be made if the child care program is open and the parent is scheduled to work or attend an approved activity.

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

1. The following providers are eligible for payment for program closures:

- ☒ Day care center
- ☐ Group family day care
- ☐ Family day care
- ☐ Legally-exempt group
- ☐ School-age child care

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

- ☒ Yes
- ☐ No

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

5

4. List the allowable program closures for which the district will provide payment.

Monroe County will only pay temporary program closures for reasons specified in the contract.

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

Appendix T: Transportation, Differential Payment Rates, Enhanced Market Rate for Legally-Exempt Providers, Legally-Exempt Programs, and Sleep

1. Are there circumstances where the district will reimburse for transportation?

- ☒ No
- ☐ Yes

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

II. Differential Payment Rates

1. Districts must complete the Differential Payment Rate Percent (%) column in the table below for each of the four (4) differential payment rate categories. For the two (2) categories that require a state minimum five percent (5%) differential payment rate, the district must enter "5%" or, if it chooses, a higher rate up to 15%.

The other two (2) differential payment rate categories in the table below are optional. If the district chooses not to set differential payment rates, the district must enter zero. If the district chooses to set a differential payment rate, enter the appropriate percentage up to 15 percent (15%). Note that if the district selects a differential payment rate for nationally accredited programs, then that rate must be in the range of five percent (5%) to 15 percent (15%).

Differential Payment Rate Category	Differential Payment Rate Percent	Instructions
Homelessness: Licensed and Registered Providers State required minimum of 5%	5%	Enter a percentage (%): 5% to 15%. <i>(Must enter at least 5%)</i>
Homelessness: Legally-Exempt Providers	0%	Enter 0% or a percentage (%) up to 15%.
Non-traditional Hours: All Providers State required minimum of 5%	5%	Enter a percentage (%): 5% to 15%. <i>(Must enter at least 5%)</i>
Nationally Accredited Programs: Licensed and Registered Providers <i>Legally-exempt child care providers are not eligible for a differential payment rate for accreditation.</i>	10%	Enter 0% or a percentage (%) from 5% to 15%.

2. Generally, differential payment rates may not exceed 25% above the applicable market rate or actual cost of care. However, a district may request a waiver from the Office to establish a payment rate that is in excess of 25% above the applicable market rate upon showing that the 25% maximum is insufficient to provide access within the district to child care providers or services that offer care addressing more than one of the differential payment rate categories. However, if your district wants to establish a payment rate that is more than 25% above the applicable market rate, describe below why the 25% maximum is insufficient to provide access to such child care providers or services.

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

1. The enhanced market rate for legally-exempt family and legally-exempt in-home child care providers who have completed 10 or more hours of training annually is a 70% differential applied to the market rates established for registered family day care. Indicate if the district is electing to establish a payment rate that is in excess of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 or more hours of training annually and the training has been verified by the legally-exempt caregiver enrollment agency.

☐ No

☒ Yes

2. If yes, indicate the percent (71%–75%), not to exceed 75% of the child care market rate established for registered family day care.

75%

IV. Enhanced Market Rates for Legally-Exempt Group Child Care Programs

Answer both questions:

1. Indicate if the district is electing to establish an enhanced market rate for child care services provided by legally-exempt group child care programs that have prepared an approved health care plan and have at least one caregiver in each classroom with age appropriate cardiopulmonary resuscitation (CPR) certification and the enhanced requirements have been verified by the enrollment agency.

☒ No

☐ Yes

If yes, indicate the percent (76%–81%), not to exceed 81% of the applicable market rate for day care centers.

%

2. Indicate if the district is electing to establish an enhanced market rate for child care services provided by legally-exempt group child care programs when, in addition to the training required in 18 NYCRR §415.4(f), the caregiver has completed an approved course and a minimum of 15 hours of approved training annually and each employee with a caregiving role completes a minimum of 5 hours of approved training annually and the enhanced requirements have been verified by the enrollment agency.

☒ No

☐ Yes

If yes, indicate the percent (76%–81%), not to exceed 81% of the applicable market rate for day care centers.

%

If a district chooses to establish both legally-exempt group child care enhanced rates and a program is eligible for both enhanced rates, then the enhanced market rate must be based on the percentages selected for each individual market rate, up to a maximum of 87%.

V. Sleep

In accordance with SSL 410-w(9), up to eight hours of additional child care assistance must be authorized for all eligible children in a family, as needed, in order to allow a parent or caretaker to sleep, if the parent or caretaker works non-traditional hours, is eligible for and provided with child care assistance, and has a child under the age of six and not in school for a full day.

If the district chooses to expand eligibility for child care assistance beyond the requirements of SSL 410-w(9), in order to allow a parent or caretaker who works non-traditional hours to sleep, please describe below:

In addition to the above, Monroe County will authorize up to 8 hours of child care assistance, as needed, to allow a parent or caretaker to sleep, if the parent or caretaker works non-traditional hours, is eligible for and provided child care assistance, and needs child care assistance for children up to and including the age of twelve who are enrolled in school for a full day, during school breaks and over the summer.

Appendix U: Child Care Exceeding 24 Hours, Child Care Services Unit, Waivers, and Breaks in Activities

I. Child Care Exceeding 24 Hours

1. Child care services may exceed 24 consecutive hours when such services are provided on a short-term emergency basis or in other situations where the caretaker's approved activity necessitates care for 24 hours on a limited basis. Check below under what circumstances the district will pay for child care exceeding 24 hours.

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

2. Describe any limitations on the payment of child care services that exceed 24 consecutive hours.

Childcare services exceeding 24 hours may be paid with Administrative approval and supporting documentation.

II. Child Care Services Unit (CCSU)

1. Indicate below if your district will include 18-, 19-, or 20-year-olds in the CCSU for determining family size and countable family income.

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

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

OR

b. The district will only include the following in the CCSU when it will benefit the family (check all that apply)

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

2. 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 18/19/20 year-old makes the household eligible for assistance.

III. Waivers

Monroe County: Child Care

1. Districts have the authority to request a waiver of any regulatory provision that is non-statutory. The waiver must be approved by OCFS before it can be implemented. Describe and justify why your district is requesting a waiver.

Monroe County requests a waiver of the regulatory provision 415.1(o) -- defining engaged in work as 20 hours per week on average, effective 9/25/19. Monroe County has fewer than 100 cases where the individual is engaged in less than 20 hours per week of work but needs child care to maintain this part-time employment. With our current funding levels, we don't want to initiate any limitations that would reduce our block grant spending. Also, with the community focus on child care, as well as our local ESPRI (Empire State Poverty Reduction Initiative) focus on poverty reduction, we believe this waiver would allow individuals to move towards self-sufficiency even as they are not yet engaged in work at least 20 hours per week.

IV. Breaks in Activities

1. 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. If your district will pay for breaks in activities, indicate below for how long of a break that the district will pay for (check one):

- ☐ Two weeks
- ☒ Four weeks
- ☐ The district will not pay for breaks in activities

2. 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 all that are eligible):

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

Non-Residential Domestic Violence Services

In accordance with the Domestic Violence Prevention Act and subsequent budget provisions, districts are required to provide non-residential services to victims of domestic violence, either directly or through a purchase of service agreement. Whether provided directly or through a purchase of service, **each program** must be approved through the Child and Family Services Plan process.

Non-residential domestic violence programs **must** comply with 18 NYCRR Part 462.

Please provide the information required below.

Indicate if Plan has Changed

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

☐ I have read and acknowledge that there are no changes to the previously approved domestic violence non-residential plan.

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

☒ Changes have been made to this plan.
Please update as needed.

County Contact Person

County Contact Person:

Denise Read

Phone Number:

(585) 753-6173

E-Mail address:

Denise.Read@dfa.state.ny.us

Program Closure

Program Name:

Date Closed:

Reason for Closing:

Program Information

Complete this section for every program that provides non-residential domestic violence services in the district.

*To promote accuracy through the review and approval process, OCFS **recommends** that this section be completed by the non-residential domestic violence program.*

Agency Name:

Lifespan of Greater Rochester Inc.

Program Name (if different):

Upstate Elder Abuse Center-Elder Abuse Prevention Program

Business Address:

1900 Clinton Avenue South, Rochester, NY 14618

Contact Person:

Paul L. Caccamise

Telephone number:

(585) 244-8400 x115

E-mail Address:

pcaccamise@lifespan-roch.org

Program Requirements

This program is intended to be a separate and distinct program specializing in services for victims of domestic violence. 70% of the clientele served must consist of victims of domestic violence and their children.

All questions must be answered

Describe how the program is separate and distinct and how it fits into the overall agency?

Elder Abuse Prevention Program (EAPP), a program within the Upstate Elder Abuse Center at Lifespan of Greater Rochester, was initiated in 1987 and has operated continuously since then. The program is one of 30 programs serving older adults and their caregivers at Lifespan. EAPP provides investigation and casework intervention in cases of older adults abused, neglected or financially exploited by trusted third parties including family members. Each year the program investigates over 230 cases of elder abuse in Monroe County. Approximately 80% of perpetrators each year are close family members.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

All clients in the EAPP program are served without regard to income. Eligibility is determined by allegations of abuse or neglect and the willingness of the client to cooperate with EAPP staff.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Services are provided in the client homes for the most part. Lifespan has bilingual staff who can be called into cases for clients whose primary language is not English. Lifespan also has contracts with professional interpreting services to provide interpreting services in other languages. Lifespan also has a contract with the Center for Disability Rights for ASL Interpreting Services for Deaf clients when needed. For clients who come to Lifespan offices for interviews, meeting or for workshops, Lifespan conference rooms are equipped with assistive listening hearing loops to provide communication access for persons who use hearing aids with T-coils.

Explain how the location(s) where the non-residential domestic violence services are provided ensures the safety and confidentiality of the persons receiving services and their identities.

DO NOT PROVIDE LOCATION ADDRESS(ES)

Services are provided in client homes. EAPP staff maintains strict confidentiality about client information and case circumstances to maintain the safety and dignity of the client and to prevent re-victimization. Access to information about EAPP clients in the county-wide aging services database, PeerPlace, is restricted.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	M-F	8:30 - 4:30	EAPP provides services through telephone contacts with clients and their caregivers and through home visits.	Lifespan	6.0 FTE Social Workers
Information and Referral	7 days/week	24hrs/day	Information & Referral through Eldersource	Afterhours calls are taken by Lifeline. Referrals are then transmitted to EAPP staff via the PeerPlace aging services database.	6.0 FTE Social Workers
Advocacy	M-F	8:30 - 4:30	EAPP social workers advocate for clients and support clients in self-advocacy in a number of areas: the criminal justice system including accompaniment to file Orders of Protection and to court hearings, the	Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other	6.0 FTE Social Workers

healthcare system, and with financial institutions and with creditors.

appointments

Counseling	M-F	8:30 - 4:30	EAPP social workers counsel clients individually; EAPP also offers a unique psycho-educational group program for perpetrators of elder abuse (the Stop Elder Abuse and Mistreatment or SEAM program)	Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other appointments.	6.0 FTE Social Workers
Community Education and Outreach	M-F	8:30 am - 4:30 pm; some evenings available	EAPP staff offer presentations for public and training for professionals on elder abuse to thousands of individuals in Monroe County as well as other locations in NYS annually. EAPP offers information on elder abuse via the local media, e.g., on local radio and articles in print publications in Monroe County.	Trainings and presentations are given in the community throughout Monroe County.	Lifespan VP for Program; EAPP Program Director; EAPP staff
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	As scheduled	As scheduled	Lifespan's Upstate Elder Abuse Center also sponsors an Enhanced Multidisciplinary Team (E-MDT) in Monroe County. Complex cases on elder abuse can be brought to the team for review by professionals from a variety of disciplines including APS, Office for the Aging, law enforcement, DA's Office with the support of specialty services such as a forensic accountant, civil legal services and a geriatric mental health specialist.	Lifespan	

All core services listed are a requirement listed in 18 NYCRR 462.4 and must be provided directly by the program in a timely manner as defined in the regulation.

Staffing Requirements

Each program must employ **both** a qualified program director **and** a sufficient number of staff who are responsible for providing core and optional services.

List each of the staff/volunteer **positions** responsible for providing non-residential services including the **title, responsibilities, and qualifications for each position**.*

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Lifespan VP for Program	Program oversight/strategic planning/conducts training in elder abuse/conducts research on elder abuse	LMSW; 34 years of experience in Adult Protective and Elder Abuse: 17+ years as administrator for non-residential DV program. A minimum of 1 year of experience as a supervisor is required.
EAPP Program Director	Program management/clinical supervision/program monitoring/budget preparation/offer training in elder abuse/conducts research in elder abuse	LMSW; 30 years in Elder Abuse services; over 20 years as director (supervisor) of non-residential DV program. A minimum of 1 year of experience as a supervisor is required.
EAPP Social Workers (6.0 FTEs) (Includes LMSW Program Director)	Investigation of elder abuse cases/counsels victims of elder abuse/ works with law enforcement and other community agencies to intervene in cases of elder abuse and set up safety plans for victims/offer training in elder abuse	MSW or BSW and experience working with older adults; 5 staff have a minimum of one year of experience as service providers in Lifespan's non-residential DV program (Elder Abuse Prevention Program)

Agency Name:

Willow Domestic Violence Center

Program Name (if different):

Business Address:

PO Box 39601, Rochester, NY 14604

Contact Person:

Meaghan de Chateaufvieux, MA

Monroe County: Non-Residential Domestic Violence Services

President and Chief Executive Officer

Telephone number:

(585) 232-5200 Ext. 223

E-mail Address:

MeaghanD@WillowCenterNY.org

Program Requirements

This program is intended to be a separate and distinct program specializing in services for victims of domestic violence. 70% of the clientele served must consist of victims of domestic violence and their children.

All questions must be answered

Describe how the program is separate and distinct and how it fits into the overall agency?

Willow Domestic Violence Center (formerly Alternatives for Battered Women) is a not-for-profit agency serving victims of domestic violence in Rochester and Monroe County, New York. In addition to providing Residential Domestic Violence Services (a 49-bed emergency domestic violence shelter for victims of DV and their children), Willow also offers non-residential domestic violence services that provide a full continuum of support for victims of domestic violence and their children. Participants in this program do not need to be housed in the emergency shelter to access these services. In fact, most of the clients using Non-residential services reside in the local community.

Non-Residential Services Include:

- 24-HOUR CRISIS HOTLINE - Provides information, referrals and counseling as well as access to the shelter and non-residential programs. Victims of domestic violence, concerned family members, friends, and community professionals utilize Willow's Crisis Hotline.
- INDIVIDUAL COUNSELING – Short term one on one individual counseling.
- SUPPORT GROUPS - Topic focused groups and open community support groups, for victims of domestic violence residing in the community who are coping with the effects of an abusive relationship.
- CHILDREN'S SERVICES- Services for children whose parent (mother or father) is participating in individual counseling or community support groups.
- COURT ADVOCACY PROGRAM – Willow advocates are stationed at the Monroe County Hall of Justice. This program assists victims who are petitioning Family Court for an Order of Protection and provides support in both IDV and DVIIC Courts. This is a collaborative program with Legal Aid Society of Rochester. Clients seeking an order of protection can obtain counseling, information, referrals and court accompaniment from Willow as well as civil legal services from Legal Aid.
- MOBILE ADVOCACY – Mobile Advocates work with victims of domestic violence and community partners at various locations throughout the county. Advocates provide counseling, safety planning, advocacy and information and referrals to victims, at a safe location, and at a point in time that is critical to their well-being.
- DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAM: A preventive, educational program for youth and adults in both academic and community-based settings throughout Monroe County.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program?

Willow programs, which are confidential and free of charge, are open to all victims of domestic violence in Monroe County regardless of race, creed, color, national origin, sexual orientation, gender identity or

expression, military status, marital status, or disability.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Willow staff have credentials, experience and education that meet the requirements of their position and comply with NYSOCFS regulations. Willow strives to hire staff that reflect the diversity of those we serve. Willow has staff that are bi-lingual (including ASL) and it places a high priority on recruiting and hiring staff that are bi-lingual and culturally sensitive, either by targeted hiring of bi-lingual, bi-cultural staff or by providing appropriate cultural training. Cultural sensitivity is integral to building trust so that victims are more likely to take the steps necessary to enhance their safety. The expertise of staff from diverse backgrounds and experience is called upon to help ensure that our programming is accessible, culturally sensitive and relevant to our community. This translates into a diverse multi-skilled staff who are available to address the unique needs of all victims and their families including victims from the Deaf and LGBTQ communities. When necessary, Willow secures interpreters for non-English speakers.

All Willow facilities, including our emergency shelter, are handicap accessible and meet ADA requirements.

Explain how the location(s) where the non-residential domestic violence services are provided ensures the safety and confidentiality of the persons receiving services and their identities.

DO NOT PROVIDE LOCATION ADDRESS(ES)

Willow's non-residential program is located in a confidential location in Monroe County for the protection of its clients. It is in a secure location that is not accessible to the general public. Client confidentiality is an important component of Willow services to protect clients who are seeking help from further victimization and to provide a safe environment for disclosure of domestic violence incidents. Willow has specific and strict policies and procedures regarding client confidentiality.

The Court Advocacy program is on site at the Hall of Justice to assist victims in obtaining an order of protection. Prevention and educational outreach are offered in the community and in schools.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	7 days/weeks, including holidays	24 hrs/day	Provides counseling, support, advocacy, information and referral for victims of domestic violence and their families calling the 24-hour crisis hotline. The crisis hotline provides information on all Willow's services, as well as community resources and is the point of access for the Emergency shelter and the Counseling Center.	Undisclosed; confidential location	2 Full-time Hotline Case Managers, as well as full-time, part-time and per-diem Counselors

Information and Referral	7 days/week, including holidays	24 hrs/day	All staff are trained to provide information and referrals regarding domestic violence, Willow resources and community resources. Willow is a major resource to the community as a depository of information regarding community resources and services.	Undisclosed; confidential location	All Willow programs provide information and referral including the Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger and HEAL.
Advocacy	M-F, weekends as needed	8 – 5; evenings as needed	Provide advocacy on an individual case basis and at the community and system wide levels. Willow advocates provide support for victims of domestic violence in obtaining entitlement benefits, appropriate health and mental health care, orders of protection and in other legal proceedings related to abuse. Willow frequently advocates with all 17 law enforcement agencies and crime victims' assistance programs in Monroe County and with the MC District Attorney's Office for prosecution of criminal acts perpetrated against victims of abuse. Willow works with schools, employers and landlords to advocate for services needed for victims and their children. They work closely	At a confidential location and in the community	All Willow programs provide advocacy including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL

with the Monroe County Department of Human Services to assist victims in obtaining Public Assistance, Medicaid and Food Stamps as needed.

Counseling	M-F Weekends as needed	8 -5; evening hrs as needed	Services include safety planning, individual counseling, support groups and topic focused groups to assist victims in recovering from trauma; information and referral, advocacy and supports to victims transitioning from emergency shelter to community living.	Undisclosed, Confidential Location at non-residential site	All Willow programs provide counseling including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL
Community Education and Outreach	M-F, weekends as needed.	8-5 Evenings as needed	Educational based program works with youth/young adults to inform and promote the development of skills necessary to achieve healthy, violence-free interpersonal relationships. Programs are offered in academic settings, including elementary, junior and senior high school, and area colleges, as well as youth service providers. Companion programs are available for parents. Community Speakers Bureau: Conduct presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human service	Throughout the community	1 full-time Director of Prevention Education; 1 full-time Educator, staff listed above, as well as members of Willow's Executive and Leadership Teams

organizations, professional groups, businesses and professional training programs.

<p>Optional Services (e.g., Support Groups, children's services, translation services, etc.)</p>	<p>M-F (Weekends as needed for Deaf IGNITE)</p>	<p>8-5 (evening hours as needed)</p>	<p>COURT ADVOCACY PROGRAM: (CAP): Willow advocates work with victims of domestic violence who are seeking orders of protection at the Hall of Justice. Willow provides victims with counseling, support, safety planning, court accompaniment, and information and referrals to other Willow programs as well as other community-based programs. SAFETY FIRST: Provides counseling, safety planning, advocacy and information and referrals to victims of domestic violence who are working with Monroe County Child Protective Services. PROJECT STRONGER: Works with Mt. Hope Family Center staff to provide counseling to child victims of domestic violence. HEAL: Working in collaboration with the University of Rochester, the HEAL program provides support and services including obtaining virtual orders of protection for victims of domestic violence who are receiving services through Strong Memorial Hospital Deaf IGNITE:</p>	<p>CAP: Hall of Justice SAFETY FIRST: Monroe Co CPS- St. Paul Street; PROJECT STRONGER: Mt. Hope Family Center; HEAL: University of Rochester Deaf IGNITE location is undisclosed. It is provided at a confidential, non-residential site.</p>	<p>1 full-time CAP Coordinator; 2 full time CAP Advocates; Per diem Advocates and 1 Mobile Advocates as needed SAFETY FIRST: 2 full-time Safety First Advocates; PROJECT STRONGER: 1 full-time Mobile Advocate; HEAL: 1 full-time HEAL Advocate Deaf IGNITE: 1 full time Manager 1 Full time Coordinator</p>
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Signing -centric service supporting the needs of deaf survivors of domestic violence and/or sexual violence - for all gender identities within Monroe County.

All core services listed are a requirement listed in 18 NYCRR 462.4 and must be provided directly by the program in a timely manner as defined in the regulation.

Staffing Requirements

Each program must employ **both** a qualified program director **and** a sufficient number of staff who are responsible for providing core and optional services.

List each of the staff/volunteer **positions** responsible for providing non-residential services including the **title, responsibilities, and qualifications for each position***.

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Chief Operating Officer	Oversight of Willow's non-residential and residential programs.	Masters' degree and 5 years of experience (including supervisory experience)
Director of Advocacy services	Oversight and supervision of all Willow community programs.	Masters' degree and 5 years of experience (including supervisory experience)
Manager of Counseling Services	Oversees and supervises Counseling Center, STRONGER and Hotline operations.	Masters' degree and 3 years of experience (including supervisory experience)
Counseling Center Counselors	Provides individual counseling and facilitate groups for victims of domestic violence in the community.	Masters' degree and 1 year of experience
Hotline Case Manager	Provides crisis counseling, safety planning, referrals, information and support to hotline callers.	Associates degree in Human Services and 1 year of experience
Housing Stability Case Manager	Provides case management, safety planning, referrals, information and support to survivors.	Associates degree in Human Services and 1 year of experience
Mobile Advocate	Provides advocacy, case management, support, referrals and safety planning to survivors in the community.	Bachelor's degree in Social Work or related field is required plus 1 year experience

HEAL Advocate	Provides advocacy, case management, support, referrals and safety planning to survivors on-site at URMH in collaboration with the HEAL team.	Bachelor's degree in Social Work or related field is required plus 2 years' experience
Human Trafficking Case Manager	Provides advocacy, case management, support, referrals and safety planning to survivors of human trafficking.	Bachelor's degree in Social Work or related field is required plus 1 year experience
CAP Advocate	Provides advocacy, case management, support, referrals, drafting of petitions and safety planning to survivors on-site at the Hall of Justice in collaboration with Family Court.	Associates degree in Human Services
Safety First Advocate	Provides advocacy, case management, support, referrals, safety planning and coordination in collaboration with CPS.	Bachelor's degree in Social Work or a related field and a minimum of 3 years of direct service experience
Manager of Advocacy Services	Oversees and supervises the Court Advocacy Program (CAP), Safety First, HEAL and Mobile Advocacy services.	Masters' degree and 3 years of experience (including supervisory experience)
Director of Prevention Education	Develops, organizes and facilitates prevention programs and supervises Prevention Education staff.	Bachelor's degree (Masters preferred) and 3 years of experience
Prevention Educator	The Prevention Educator is responsible for working under the supervision of the Director of Prevention Education to plan and conduct dating and domestic violence education in schools, colleges and at community-based agencies throughout Monroe County.	Bachelor's Degree in Health Education, Social Work, Human Services or related field required, or 2 years' experience
Manager of Deaf IGNITE Programs and Services	Oversees and supervises Deaf IGNITE programming and services.	Bachelor's Degree in Social Work or related field is required, 2 years' experience
Deaf IGNITE Coordinator	Provides advocacy, case management, support, referrals, safety planning and prevention education for deaf and hard of hearing survivors and the community.	Bachelor's Degree in Social Work or related field is required, 1 year experience

PINS Pre-dispositional Placement Services

As outlined in 20-OCFS-ADM-22, [Persons in Need of Supervision Reform Changes](#), Local Department of Social Services are to have a plan to provide PINS pre-dispositional care and maintenance services as ordered by family court.

Pre-dispositional placements can only occur in the following settings:

- Foster care settings, certified or licensed by the New York State Office of Children and Family Services (OCFS) or another authorized agency, such as: foster boarding home, group home and residential treatment center.
- A short-term safe house as defined in Social Services Law 447-a for youth who have been determined by the court to be sexually exploited. Placement in a runaway and homeless youth program may not be ordered by the court without the consent of the respondent youth, as these settings are voluntary.

Please indicate below whether the LDSS has the availability of PINS pre-dispositional care and maintenance services:

- ☒ LDSS has a plan to provide PINS pre-dispositional care and maintenance Services as ordered by family court.
- ☐ LDSS **does not** have a plan to provide PINS pre-dispositional care and maintenance services as ordered by family court.

If these services are not currently available, what steps is the LDSS currently undertaking to resolve this gap in service?

T and U Visa Reporting

18-OCFS-LCM-15, dated August 14, 2018, provided "Protocols for Signing Forms for Non-Immigrant Clients Applying for U Visas and T Visas." This LCM lays out the record keeping and reporting requirements:

9. RECORD KEEPING AND REPORTING REQUIREMENTS:

LDSSs must maintain information on the number of requests received for U visa certifications and T visa endorsements, including the number of requests granted for each type of visa. LDSSs are required to submit this information to OCFS on an annual basis as part of the county Child and Family Services Annual Plan update process.

Please provide the information requested below:

1. In 2020, how many T visa applications were received?
0
2. In 2020, how many T visa certifications were issued?
0
3. In 2020, how many U visa applications were received?
0
4. In 2020, how many U visa certifications were issued?
0

Title XX Program Services Matrix

Districts are required to enter Program Matrix information into the Welfare Management System (WMS). Please note below if changes have been made to the matrix since your last annual plan, and what those changes are.

WMS allows local districts to update their Title XX Matrix by using the **Title XX Menu**. The matrix is the basis for the authorization/payment of Title XX services and for child care assistance funded under the New York State Child Care Block Grant for each local district. State income standards are established using the Federal Poverty Levels (FPL), which are updated periodically by the U.S. Department of Health and Human Services. When new FPLs are set, the state updates the WMS Title XX Services Matrix and the Title XX Matrix Update process is initiated.

Each district must update its WMS Title XX Matrix as necessary and submit it to the state for review. Districts are not able to alter state-mandated fields. The updates are done by a district worker who has been assigned security function 180 by the district's LAN administrator. If your district needs assistance with making the changes in WMS or the process of assigning a 180 security function to a district employee please contact ocfs.sm.wms@ocfs.ny.gov.

The following resource is available to assist with updating the Title XX Matrix in WMS:

- [Click Here for Instructions to Complete the Program Matrix](#)
-

Are there changes to the services your county intends to provide during the 2021 Child and Family Services Planning cycle?

- ☐ Yes
- ☒ No

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

List of Data Sources

The list below contains common data sources often used in county planning. Please check all sources your county used in developing this plan. The list is not all-inclusive; if you have other sources of data, please indicate those as well.

Data Source	Safety	Permanency	Youth & Young Adult	Adult Services
KWIC (Kid's Well-being Indicators Clearinghouse)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Census Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Trends Data Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Information System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS OCFS Data				
MAPS (Monitoring and Analysis Profiles)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QYDS (Quality Youth Development System)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Family Services Plan Child Level Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OCFS Race/Ethnicity Disparity Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Preventive Services Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Bright Spots Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Family First Data Packets (Congregate Care Bubble Charts and Foster Home Data Packets)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Juvenile Detention Automated System (JDAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCFS Detention Risk Assessment Instrument System (DRAIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Agency Online Profile (OAOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YASI data (Youth Assessment & Screening Instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Harbour: NY program data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Services Automation Project (ASAP.Net)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Protective Services (APS.Net)—NYC only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Surveys				
County Search Institute Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities That Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAP Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way (Compass Survey or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Other Data Sources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specify Any Other Data Sources:	1. Monroe County Preventive database 2. Performance Improvement Plan data		Youth Risk Behavior Survey	1. 2010 NYS Study of Prevalence of Elder Abuse 2. <i>Age Wave: Changing demographic landscape of America and greater Rochester</i> , Lifespan of Greater Rochester, Inc.

Required Interagency Consultations

407(g)(3) As required by sections 423.3(a) and 473.2(b) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

Please list below all agencies that participated in the development of this section of the plan.

Agency Type	Safety	Permanency	Youth and Young Adult	Adult Services
Health ⁴		Starlight Pediatrics		Monroe County Department of Public Health
Mental Health ⁴	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health
Youth Bureau ³			Rochester Monroe County Youth Bureau (RMCYB)	
Department of Probation ³		Monroe County Department of Probation-Community Corrections	Monroe County Department of Probation - Community Corrections	
Societies for the Prevention of Cruelty to Children ¹	Society for the Protection and Care of Children	Society for the Protection and Care of Children		
Law Enforcement ^{1,2,4}	Rochester Police Department, Monroe County Sheriff's Department, New York State Troopers	Monroe County Sheriff's Department, Rochester Police Department	Juvenile Justice Committee	Rochester Police Department (E-MDT)
Aging ⁴			Monroe County Office for the Aging	Monroe County Office of the Aging

Legal ^{1,4}	Monroe County Law Department, Children's Services Unit	Monroe County Law Department, Children's Services Unit		Greater Rochester Medical-Legal Collaborative
Family Court (judge or designee) ¹	Monroe County Family Court	Monroe County Family Court		
Local Advisory Council ^{1,2,3}	Monroe County Planning Committee	Monroe County Planning Committee	Rochester Monroe County Youth Board	
Other Relevant Government Agencies	NYS OCFS	NYS OCFS		
Child Care Resource and Referral Agencies		Western NY Child Care Council		
RHYA Providers ³	Center For Youth	Center for Youth	Center for Youth Services; Salvation Army-Genesis House	
Other Public / Private / Voluntary Agencies ^{1,4}	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University of Rochester, Lifetime Assistance, Urban League, Willow, Catholic Family Center	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University Of Rochester, Lifetime Assistance, Urban League, YAP, LOSATS, Catholic Family Center, Pathways		Lifespan
Other (#1)		OPWDD		Catholic Family Center
Other (#2)				

1. Must be consulted when developing Safety / Prevention section of the Plan.

2. Must be consulted when developing the Permanency / Prevention section of the plan.

3. Must be consulted when developing the Youth and Young Adult section of the plan

4. Must be consulted when developing Adult Services section of the Plan.



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2020

Memorandum of Understanding (MOU)

Multidisciplinary Team (Partner Agencies)

The Multidisciplinary Team (MDT) is a multi-agency collaborative effort coordinated, integrated and facilitated by Bivona Child Advocacy Center. The involved collaborative agencies are: Bivona Child Advocacy Center, Brighton Police Department, Brockport Police Department, Catholic Family Center, East Rochester Police Department, Fairport Police Department, Gates Police Department, Greece Police Department, Irondequoit Police Department, Linden Oaks Specialized Assessment and Treatment Services, Monroe County Department of Human Services-Child Protective Services, Monroe County District Attorney's Office, Monroe County Law Department, Monroe County Office of Probation-Community Corrections, Monroe County Sheriff's Office, New York State Police, Ogden Police Department, RESTORE Sexual Assault Services of Planned Parenthood of Central Western New York, REACH Program of Golisano Children's Hospital at University of Rochester, Rochester Regional Health, Rochester Police Department, Society for the Protection and Care of Children (SPCC), Villa of Hope and the Webster Police Department. Bivona integrates the experience, resources and abilities of the above agencies to provide the most comprehensive and effective interventions in cases involving child sexual and physical abuse, and child witnesses to violent crimes, all while minimizing additional trauma to the child. Professionals in the community now recognize this collaborative effort as the standard of care and the best practice for such child abuse interventions.

The *Multidisciplinary Team Child Abuse Guidelines* were developed with the intent to strengthen, formalize, and coordinate a strategic and multidisciplinary planned approach for child victims and their families. These guidelines describe responsibilities and establish strategies for intake, coordination, investigation, treatment and follow-up services for cases of child sexual and physical abuse, and for children who witness violent crimes in Monroe and surrounding counties.

In signing this Memorandum of Understanding (MOU), each collaborating partner agency agrees to participate on the MDT adhering to the *Multidisciplinary Team Child Abuse Guidelines*, to the best of their abilities. This MOU commits the individual partner agencies, signed below, to shared referral, intake and interviewing procedures; collaborative decision-making; and coordinated case planning and service delivery. It is further agreed that this MOU will be in effect for one year, and that the *Multidisciplinary Team Child Abuse Guidelines* and resource commitments of each collaborating agency will be reviewed annually.

Bivona Child Advocacy Center
Deborah Rosen, Executive Director

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Deb Rosen
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Brighton Police Department
David Catholdi, Chief of Police

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David Catholdi
D1F374C0CD27496...

Brockport Police Department
Mark Cuzzupoli, Chief of Police

DocuSigned by:
Mark Cuzzupoli
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Catholic Family Center
Marlene Bessette, President & CEO

DocuSigned by:
Marlene Bessette
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East Rochester Police Department
Steven Clancy, Chief of Police

DocuSigned by:
Steven Clancy
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Fairport Police Department
Sam Farina, Chief of Police

DocuSigned by:
Sam Farina
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Gates Police Department
James Vanbrederode, Chief of Police

DocuSigned by:
Jim Vanbrederode
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Greece Police Department
Patrick Phelan, Chief of Police

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Patrick Phelan
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Irondequoit Police Department
Alan Laird, Interim Chief of Police

DocuSigned by:
Alan Laird
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Linden Oaks Specialized Assessment and Treatment Services
Thomas Neilans, PhD, Partner

Monroe County Department of Human Services
Thalia Wright, Commissioner

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Thalia Wright
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Monroe County District Attorney's Office
Sandra Doorley, District Attorney

DocuSigned by:
Sandra Doorley
E09193EC229C4C9...

Monroe County Law Department
John Bringewatt, County Attorney

DocuSigned by:
John Bringewatt
2CF8BF5E4237453...

Monroe County Office of Probation-Community Corrections
Jennifer E. Ball, Interim Chief Probation Officer

DocuSigned by:

Jennifer Ball
A3895EECC20945B...

Monroe County Sheriff's Office
Todd Baxter, Sheriff

DocuSigned by:

Todd Baxter
85B5D4B9A0D74AA...

New York State Police
Eric Laughton, Major

DocuSigned by:

Eric Laughton
85329910EEB54C1...

Ogden Police Department
Christopher Mears, Chief of Police

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Christopher Mears
B652D42FF2E14EA...

Planned Parenthood of Central Western New York
Michelle Casey, President & CEO

DocuSigned by:

Michelle Casey
9384A18093BC4CF...

REACH Program, Golisano Children's Hospital at University of Rochester
Patrick Brophy, MD, MHCDS, Physician in Chief

DocuSigned by:

Patrick Brophy
ACCF9DFD512140E...

Rochester Police Department
LaRon Singletary, Chief of Police

DocuSigned by:

LaRon D. Singletary
0B3880F51FDE4B2...

Rochester Regional Health
**Hugh R. Thomas, Executive Vice President,
Chief Administrative Officer**

DocuSigned by:

Hugh Thomas
3DE7247FFFDB405...

Society for the Protection and Care of Children
Lisa Butt, President & CEO

DocuSigned by:

Lisa Butt
E9678ABBAF594AA...

Villa of Hope
Christina Gullo, President/CEO

DocuSigned by:

Christina Gullo
90DE4CBA9A16493...

Webster Police Department
Joseph Rieger, Chief of Police

DocuSigned by:

Joseph Rieger
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Date completed

5-18-20

Bivona Child Advocacy Center

Deborah Rosen, Executive Director_____

Brighton Police Department

David Catholdi, Chief of Police_____

Brockport Police Department

Mark Cuzzupoli, Chief of Police_____

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Thomas H. Neilans, PhD

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5-18-20