



**Office of Children  
and Family Services**

KATHY HOCHUL  
Governor

SHEILA J. POOLE  
Commissioner

July 29, 2022

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) 2022 Annual Plan Update is approved effective July 29, 2022.

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

Sincerely,

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

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

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

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

cc: File



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SHEILA J. POOLE  
Commissioner



## Division of Criminal Justice Services

ROSSANA ROSADO  
Commissioner

July 27, 2022

Dear Local District Commissioner or Probation Director:

This letter is to inform you that the PINS Diversion Services Section of the Monroe County Child and Family Services Plan (CFSP) has been approved jointly by the Office of Children and Family Services and the Division of Criminal Justice Services effective June 8<sup>th</sup>, 2022.

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 2022 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:

May 31, 2022

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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 2022 Annual Plan Update.

#### **PINS Diversion Service Lead**

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

Name / Signature:

Agustin Ramos Lopez

Date:

May 31, 2022

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I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Monroe County Youth Bureau 2022 Annual Plan Update.

#### **Executive Director County Youth Bureau**

Name / Signature:

Brent Whitfield

Date:

May 31, 2022

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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:

May 31, 2022

# County Overview

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

The community continues to see a shift in terms of race and ethnicity, indicating increased diversity. From 2000 to 2020, the minority population among children and youth increased from 32% to 41% of the County's population. Among adults, the minority population increased from 19% to 26%. (Source: US Census Data via Easy Access to Juvenile Populations, Office of Juvenile Justice and Delinquency Prevention) The Hispanic population is the fastest growing segment of Monroe County's total population, having increased by 73% in the County and 43% in the City of Rochester since 2000. During the same time period, the Asian population has increased by 53% in the County and 37% in the City; the African American/Black population has increased by 11% in the County and decreased by 4% in the City; while the white population has decreased by 5% in the County and 12% in the City. (Source: US Census Bureau via ACTRochester.org) The largest minority racial and ethnic group populations in Monroe County and the City of Rochester are African American/Black and Hispanic/Latino. As of 2020, 16% of Monroe County and 39% of Rochester residents were African American/Black. Hispanic/Latino residents represented 9% of the County and 19% of Rochester's population. (Source: US Census Bureau QuickFacts)

The population of children, youth and young adults in Monroe County is declining, as their diversity is increasing. Between 2000 and 2020, Monroe County's under age 18 population decreased by 18%, or by 37,000 young people. (Source: US Census Data via Easy Access to Juvenile Populations, Office of Juvenile Justice and Delinquency Prevention) In the City, during the same period of time, the under age 18 population in the City of Rochester decreased by 25%. As of 2020, children and youth under age 18 make up 20.6% of the County's and 22.5% of the City's population. Of the 154,685 children and youth under age 18 within Monroe County, approximately 30% of them reside in the City of Rochester. (Source: US Census Data, American Community Survey 2020)

Older adults are the fastest growing age demographic and the population is expected to increase in the coming years, which highlights a growing need for additional support services. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Between 2000 and 2020, the number of people age 60 to 84 increased by 46% in Monroe County, while the number of people age 85 or older increased by 42%. In the City, the number of people aged 60 to 84 increased by 30%, while the number of people 85 and older decreased 29%. Residents age 60 or older now account for 23% of Monroe County's and 16% of Rochester's population. (Source: US Census Bureau's American Community Survey via ACTRochester.org) Common issues associated with an aging population include challenges related to transportation, housing, Medicare and social security, long term care, Alzheimer's, caregiving, and elder abuse. In 2021, 1,028 calls were made to the Adult Protective Services (APS)



hotline, down 16% from 2020. (Source: Monroe County Adult Protective Services 2021 Annual Report)

Almost 11% of Monroe County and almost 17% of Rochester's residents under the age of 65 have some form of disability. (Source: US Census Bureau Quickfacts) The percent of those living with a disability increases with age: For County residents aged 65 and over, 31% have a disability of some form, while in the City of Rochester, 38% have a disability of some form. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Ten percent (10%) of children and youth ages 4-21 in Monroe County and 13% of children and youth in the City of Rochester are classified as "a student with a disability" and access special education services in school. (Source: New York State Education Department via ACTRochester.org)

Academic achievement continues to vary between the County and the City and by race and ethnicity, despite steady improvement in the City's overall graduation rate. While Monroe County schools perform on par with the rest of the state with graduation rates at 88%, the graduation rate in the Rochester City School District (RCSD) for a 4-year cohort during the 2020-21 school year was 71%, up from 51% in 2015. (Source: New York State Education Data site: data.nysed.gov) Graduation rates continue to vary by race and ethnicity, although the gap is less than in prior years. Countywide, 91% of Asian students, 94% of white students, 80% of African American/Black students and 76% of Hispanic/Latino students graduated on time in 2021. Graduation rates for students in Rochester for 2021 are as follows: 81% of Asian students, 73% of white and African American/Black students, and 66% of Latino students graduated on time. (Source: New York State Education Department via ACTRochester.org)

According to the most recent locally administrated (2019) Youth Risk Behavior Survey (YRBS), 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 three (3) or more ACES, both commensurate with 2017 results. Approximately 44% of the LGBTQ+ population, (identified as 14% of survey respondents), reported three (3) or more ACES compared to 20% of non-LGBTQ respondents. 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. LGBTQ+ respondents were more likely to report experiencing general mental health challenges, were more likely to consider and attempt suicide, and were more likely to report being a victim of violence than youth who reported they were heterosexual and cisgender (non-LGBTQ). Positive changes evidenced within the survey included: 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. (Source: 2019 Youth Risk Behavior Survey data from the Monroe County Department of Public Health) It should be noted that this survey was administered prior to the pandemic and should be interpreted within that context. Plans to administer the 2021 survey last Spring were pushed back to the Fall of 2021. While 2021 survey has now been administered, some additional data is needed before full analysis can be conducted. Results are expected in June of 2022. The Youth Bureau's plan to increase youths' community connectedness and involvement is aimed towards building youths' resiliency and decreasing their potential for self-harm continues to be relevant.

LGBTQ identities are an important facet of diversity within our community, and should be included in our planning, however local data is limited. As noted above, approximately 14% of students completing the Youth Risk Behavior Survey in 2019 identified as LGBTQ+. According to a report by the UCLA School of Law based on Gallup Poll data, the city of Rochester has an estimated 4.3% LGBT adult population. (Source: Monroe County Office of Mental Health Data by Gender/Sexual Orientation and UCLA School of Law, Williams Institute, LGBT Adults in Large US Metropolitan Areas, 2021.)

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 Domestic Violence Center's 2020 Annual Report, there were 7,880 calls to the domestic violence hotline, up 18% from 2019. Willow also provided shelter for 372 individuals, over 1950 counseling sessions, and preventive education to over 1,800 participants. (Source:

## Domestic Violence Report to the Rochester Community: 2020, Willow Domestic Violence Center)

The pandemic clearly affected child welfare activity. Reports of suspected child abuse and neglect were stable over a four year period (2016-2019) prior to the pandemic, at approximately 9700 per year. In 2020, reports decreased by 16% (8,163 reports), and in 2021, reports increased by 11% (9,105 reports), but did not return to previous levels. The lower-than-expected number of reports in 2020 were particularly concentrated in the early months of the pandemic and are thought to be caused by isolation related to the pandemic, as children were not in places (e.g., school and community activities) where they might come into contact with mandated reporters. The increase, but not a return to previous levels in 2021 may be attributable to the variable and/or partial re-opening of schools and activities. Indication rates increased to 27% in 2021, up from 25.8% in 2020 and 24% in 2019. Despite a higher indication rate, the number of children placed in foster care trended downward, from 315 in 2019 to 292 in 2020, to 254 in 2021, the lowest in over 20 years. In 2020, the pandemic brought court delays which slowed the process toward permanency, and the number of youth in foster care at year's end increased by 6% (total number 461). As the courts began to open up in 2021, and fewer children were placed in care, the overall number of children in care began to decline. At year's end 426 children remained in foster care). (Source: Monroe County Data and OCFS Monitoring and Analysis Profiles 2021)

The Coronavirus pandemic challenged Child and Family Services to develop and enhance service delivery alternatives, as well as new ways of doing business. Mobile technology for all staff had previously been deployed, providing a seamless transition to remote work. Casework contacts continued as per regulation, utilizing CDC screening guidelines for all cases with elevated risk, and meeting outside when appropriate. All staff were provided with proper PPE equipment. Similar expectations were set for all contracted Preventive agencies. Video conferencing was utilized for casework contacts where safety was not a concern (e.g., foster homes, stable relatives), for family visitation time, and to provide a higher level of support to families struggling with children's behavioral health concerns. Video conferencing also provided the opportunity for virtual support and training for foster parents and caretakers, as well as coaching and development of new employees. Telephones were provided to families who needed them, to ensure they could maintain contact with their children. Supervisors touched base with each staff person at the beginning and end of the day to review work plans and address any client-related issues or concerns. Individual supervision and team meetings were held weekly via video or audio conferencing. In-person family visitation was paused for a short time due to safety concerns, came back at reduced capacity in July 2020, and was back at full capacity for all of 2021. 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 13.9%, up from 13.2% in 2013, and is higher than state (12.7%) and national levels (11.4%). Poverty is particularly concentrated within the city of Rochester with the overall poverty rate in 2020 reaching 30.4%. (Source: US Census Bureau Quickfacts) According to Census data, the City of Rochester ranked third in poverty among the nation's 75 largest metropolitan areas. (Source: RMAPI Press Release, December 2020 [www.endingpovertynow.org](http://www.endingpovertynow.org))

Poverty varies by age, with higher concentrations in the young and older populations of Monroe County and in the City of Rochester. Countywide, nearly 17% of seniors (age 65 and over) live below

150% of the Official Poverty Measure, while in the City of Rochester 33% of those 65 and over do. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Similarly, 21% of children and youth (under 18) in the County live in poverty, while 48% of those under age 18 living in the City of Rochester do. (Source: US Census Bureau Geographic Profiles: Rochester, Monroe County) According to local news, when comparing mid-to-large-size cities based on 2020 US Census data, Rochester ranks second in the nation for percentage of children in poverty. (Sources: RochesterFirst.com article 3/29/2022: *Nearly Half of All Children in Rochester Live in Poverty, Second-Highest Rate in the Nation*)

Poverty rates are significantly higher for people of color, particularly children of color. The poverty rate in 2020 for African American/Black people in the County was 32% and 36% in the City. However, the poverty rate for African American *children* is 47% in the County and 53% in the City. The poverty rate for Hispanic/Latino people is 31% in the County and 40% in the City, but for Hispanic *children*, it is 38% and 50% respectively. By comparison, the poverty rate for white people in the County is 9% and 23% in the City, but for white *children*, it is 12% and 42% respectively. (Source: US Census Bureau's American Community Survey via ACTRochester.org) Race matters, as does where you live, and where you live is frequently based on race. In all cases, children are affected by 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 geography, race and ethnicity, and age and linked to poverty are also seen in other wellness indicators. While the infant mortality rate average for 2017-2019 was 7.4 per 1000 live births in the County, it was 13 per 1000 in the City. (Source: NYS Department of Health via ACTRochester.org) Across the County in 2016-2018, the infant mortality rate for African Americans was 15 per 1000 live births, for Hispanics it was 9 and for whites it was 5 per 1000 live births. (Source: Monroe County Department of Public Health via ACTRochester.org) African American infants are nearly 2.5 times as likely as white infants to experience low birthweight, while Latino infants are twice as likely. (Source: Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area, 2020) Graduation rates by race, ethnicity, and geography have been described above and reflect analogous disparities.

Measures of economic security also show differences based on geography, race, and ethnicity. Median household income dropped almost 11% in Monroe County and 11.2% in the City of Rochester between 2000 and 2020. (Source: US Census Bureau's American Community Survey via ACTRochester.org) The median household income of both African Americans and Hispanics in the County is less than half that of whites. African Americans in Monroe County earn 75% of what African Americans earn nationwide and 65% of what their counterparts earn across New York State. Latinos earn about 66% of what Latinos earn nationwide and 70% of what Latinos earn in New York State. (Source: Hard Facts: Race and Ethnicity in the Nine County Rochester Area, 2020) The unemployment rate in 2020 for whites in Monroe County was 4.1% compared to 10.2% for African Americans and 10.5% for Hispanics. Seventy-one percent (71%) of white adults own homes in Monroe County compared with 32% of African Americans and 35% of Hispanic or Latino adults. (Source: US Census Bureau's American Community Survey via ACTRochester.org)

None of the economic indicators above reflect the full impact of the coronavirus. In July 2020, it was widely reported that African Americans and Latinos were disproportionately affected by COVID-19. As of July 2020, African Americans/Blacks experienced 4 times as many COVID-19 cases, had nearly 5 times the hospitalization rate and 2.3 times the death rate compared with whites. The rate of COVID-19 cases for Latinos was 2.5 times higher than whites, while the rate of hospitalization was 3.3 times as high. (Data regarding Latino deaths was not reported at that time as it was not considered stable.) (Source: Monroe County Department of Public Health) Continued disparities within the community have proven more challenging to measure because race and ethnicity data were not gathered as accurately during the COVID-19 surge in November 2020 through January 2021, however, it is widely believed that these disparities have continued. (Source: Rochester Emerging Infections Program, Center for Community Health & Prevention, University of Rochester Medical Center, and Monroe County Department of Public Health) According to the Rochester Beacon, theories about what led to the disparities for Black and Latino/Hispanic people versus white people included: mistrust of medical providers due to historical mistreatment; overrepresentation in frontline occupations; increased likelihood of living in crowded circumstances where the virus can spread more easily; decreased likelihood of having the ability to afford treatment; and increased likelihood of chronic conditions that can increase the chance of severe illness or death from the COVID-19 virus. (Source: Rochester Beacon, July 1, 2021: *The Pandemic's Racial Disparities*)

## ACTION

It is through the lens of the above information that Monroe County plans for services and supports to meet the needs of the community. 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, but are not limited to, the Rochester Monroe Anti-Poverty Initiative (RMAPI – focuses on accessibility and affordability of basic needs and workforce development); ROC the Future (strives to improve the academic achievement of Rochester's children as a means by which to address poverty); Pathways to Prosperity (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); Stand Against Racism Conference (YWCA's effort to provide education about racism and bring the community together to promote racial equity); The Children's Agenda (advocacy group focusing on early childhood, education, health and well-being, poverty, and racial equity); ACT Rochester (promotes use of timely and accurate data to learn, connect, and act for positive changes in the Monroe County region); and Great Schools for All (a coalition advocating for guaranteed access to excellent public education by promoting integration of low- and high-poverty areas). Four specific programs from the City of Rochester to increase income and create future opportunities are in development or underway: the Guaranteed Basic Income pilot starting in late 2022, Just Law program (teaches 6th-9th graders in Rochester City School District [RCSD] about the legal system, the importance of school attendance, and developing strong writing skills), Pillars of Hope (local African American and Hispanic volunteers serve as role models for RCSD school students), and Career Pathways to Public Safety program (encourages RCSD 11th and 12th graders to pursue careers in public safety, including firefighting, law enforcement, emergency communications, and emergency medical technician).

In June of 2020, the County partnered with the City of Rochester to launch The Commission on Racial and Structural Equity (RASE) (<https://rocrase.com/>). The report resulted in recommendations around six (6) over-arching themes and five (5) broad solutions. Dr. Seanelle Hawkins, CEO of the Urban League of Greater Rochester, has been appointed to lead the community-wide implementation of RASE recommendations, as well as guide the efforts of Cedar Grove Institute for Sustainable Communities, a nationally recognized social science firm that provides guidance in the growth of diverse, prosperous and self-reliant communities. An Implementation Council is in development.

Over the last two years, Monroe County has embarked on several initiatives to address equity. In 2020, Monroe County raised the minimum wage for all County employees to \$15 an hour. An Office of Diversity, Equity, and Inclusion (DEI) was established and the Chief Diversity Officer appointed. Efforts and activities of the DEI office include: Language Access and Diversity Action planning across the County's departments; education about culture, inclusiveness, and belonging for County employees; community engagement about DEI; and communication and education about local, state, and federal laws associated with DEI. Monroe County has developed a local Minority and Women-owned business Certification program through the Office of DEI and has set utilization goals for most county contracts at 12% for Minority Business Enterprises and 3% for Women Owned Businesses. The DEI office has been exploring other projects to dismantle inequitable systems and create access and opportunity for all.

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 meeting the needs of BIPOC communities. Recommendations continue to be addressed under the leadership of the Community Services Director. (Source: *Monroe County Mental Health and Substance Use Disorder Task Force Report – January 4, 2021*)

Beginning in 2021, Monroe County Department of Human Services engaged in a 3-year project with the United Way of Greater Rochester and the Finger Lakes' Systems Integration Project to re-design the way services are delivered through the Community Integration Initiative. Input from staff, providers, those we serve and the community at large will be sought and considered as prototypes and pilots are

developed to create more accessible services and to increase overall health and wellbeing.

The Monroe County Department of Human Services has been 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. The Department of Human Services is committed not only to collaboration, but also to connectivity, innovation, and a shared sense of purpose with community partners to achieve collective impact. Working together, through close analysis of the above information, ongoing communication and mutually reinforcing activities, we can best mobilize resources, increase equity, achieve safety and permanency, and improve well-being.

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

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

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

Monroe County's 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 Disproportionate Minority Representation (DMR) comparisons by county indicate higher rates of disparity at child welfare system points 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. Between 2015-2020, the disparity rate in reports to the State Central Registry (SCR) remained somewhat consistent for Black children at around 3.8. Disparity rates in Child Protective Services (CPS) indications have remained relatively consistent as well, varying from 4.1 in 2017 to 4.9 in 2019, with a disparity rate of 4.6 in 2020. Following 2015-2016, when Black youth were more than 10 times as likely than white youth to be placed in foster care, the rate dropped to 4.4 in 2017 and achieved and maintained a low of 4.1 in 2019 and 2020. While causation cannot be definitively established due to incomplete local data, the drop in 2017 coincides with a local Blind Removal initiative that ran from late 2016 until early 2018. The Blind Removal process was re-initiated in the fall of 2021 with the goal of continuing to decrease worker implicit bias when considering foster care placements by ensuring that placement decisions are made based on safety. (For more information about blind removal, please see number three in this section.) The full complement of 2021 DMR data from OCFS is pending.

The following efforts are underway by Monroe County to address racial and ethnic disparities:

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, in consultation with the County’s Office of Diversity, developed and launched six monthly training/ resource/ discussion guides to be reviewed and discussed within each team. Topics included: LGBTQ+ Equity and Inclusion in Child Welfare, Talking about Race and Ethnic Identity, ACES, Poverty and Race, Indian Child Welfare Act and an Equity Challenge Summary. CORE also sponsors awareness events for different groups and is looking to develop a lunch and learn series.

2. **Training:** The Child and Family Services Division participated in the OCFS Race Equity Cultural Competency Assessment at the beginning of 2021 to gather information about policies, practices, and organizational factors that contribute to disparity and identify gaps between intent and outcomes, with an eye towards creation of an overarching training plan, as well as other initiatives. 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 has created 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. In 2021, Child and Family Services identified 15 Racial Equity and Cultural Competence (RECC) Champions who completed the 14-hour Supporting Race Equity and Cultural Competency Train the Trainer. Implicit Bias training was delivered to Child and Family Services as a component of the Blind Removal onboarding process. The Implicit Bias training supports the ability to: define implicit bias, explain who has implicit bias, describe the reason implicit bias occurs, state the influence implicit bias has on our perceptions, decision-making and interactions with others, summarize the impact of implicit bias on clients and co-workers, and practice strategies to minimize implicit bias.
3. **Blind Removal Process:** Monroe County re-established its Blind Removal Process in the Fall of 2021 to reduce or eliminate bias in decision-making when removal to foster care is being considered. The Blind Removal Committee, established in late 2020, reviewed data and focus group results from the previous iteration of the Blind Removal Process in 2016-2018 to develop new and improved processes regarding meeting structure, record-keeping, and data collection and analysis. Two teams were originally identified for the pilot and more teams are onboarded every month, with training in implicit bias and an orientation to the process. 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. **Preventive Services Racial Equity:** DHS is working internally and with provider agencies to diversify staff to better reflect the racial and ethnic backgrounds of youth and families served.
5. **Foster Parents and Foster Children/Youth:** Efforts to reduce disparities and better support youth in foster care involve recruitment of more diverse foster parents. Monroe County works with Metrix to actively recruit foster parents, focusing on urban communities and the Black and Latino populations. Specific populations are targeted via media. Working with the faith community to support recruitment is also underway.
6. **Rapid Permanency Review:** Following completion of the OCFS Race Equity Cultural Competency Assessment, Monroe County partnered with OCFS to plan and implement Rapid Permanency Reviews in the Fall of 2021. Continued support and follow-up from OCFS around implementation of Rapid Permanency Reviews and other future strategies as identified would be appreciated.

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

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

As noted above in the section about Monroe County's demographics, data about LGBTQ people and people with disabilities at the County-level is limited. State and National level data indicates poorer health and/or mental health outcomes and lower income levels for these groups versus non-LGBTQ and non-disabled people. More specific County-level data is needed to fully assess these group's needs in relationship to services. Anecdotally, Child and Family Services leadership are seeing more youth who identify as LGBTQ.

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

1. **Training:** In addition to the work of CORE around LGBTQ training as part of the "Equity Challenge," two additional trainings have occurred. Prior to the pandemic, Child and Family Services staff and foster parents received training from a local LGBTQ support organization, Trillium, regarding awareness and support of youth who identify as part of the LGBTQ community. Planning is taking place to resume this training in 2022. In addition, Child and Family Services has shared OCFS' information about SOGIE Data Collection with staff and continues to encourage opportunities for training to increase staff's knowledge about LGBTQ children, youth, and parents.
2. **Foster Parents and Foster Children/Youth:** Efforts to reduce disparities and better support youth in foster care involve recruitment of more foster parents who are part of the LGBTQ community and promoting events for LGBTQ youth participation. Currently there is a cohort of LGBTQ foster parents and Monroe County continues to provide outreach by having foster parent recruitment tables at LGBTQ pride events. A Senior Caseworker promotes LGBTQ community events and support groups to caseworker staff and foster parents who encourage youth to participate. Anecdotally, Monroe County foster care has seen an increase in transgender youth and currently works with several youth in active transition.
3. **Preventive Services LGBTQ Equity:** DHS is working internally and with provider agencies to diversify staff to better reflect gender identity and sexual orientation of youth and families served. Anecdotally, Preventive Services in Monroe County has seen an increase of youth who identify as gay, lesbian, or transgender and would like to increase specialized services to LGBTQ youth.

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

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

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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 2021, as well as recent years.

## **Child/Family Services**

### ***Professional Development, Training and Supervision***

- **Professional Development:** Child and Family Services staff have expanded their skills through participation in at least 6 hours of training annually. Several trainings around racial equity have been offered, including Affirming Diversity, Implicit Bias, Equity (formerly Disproportionate Minority Representation), Coping with a Pandemic and Change Conditions; Cultural Competency, Blind Removal, and Supporting & Promoting Race Equity and Cultural Competence in the Child Welfare System. Other trainings included: Abusive Head Trauma; ACEs and Trauma-Informed Practice; Adolescent Substance Use; Chronic Neglect; Co-Occurring Disorders; Critical Decision Making; De-Escalation Training; Domestic Violence; Dual Diagnosis; Fetal Alcohol Syndrome; Forensic Interviewing; Human Trafficking; Interviewing Children with Disabilities; Involving Fathers; Medical Issues; Mental Health; Narcan Training; Nutritional Issues and Mood Disorders; Opiates and Child Welfare; Overview of Trauma; Safe Sleeping Practices for Children and Infants; Self-Awareness; Sex Abuse Dynamics and Intervention; Sex Trafficking; Supporting Normative Experiences: Applying RPPS for Foster Parents and Caseworkers Working with Adolescents who Practice Non-Suicidal Self-Injury; Working with Children with Autism; and Youth Mental Health First Aid
- **Training:** Child and Family Services staff have also participated in trainings that further their skills and knowledge specific to their roles at DHS including: Adult Abuse; Assessing Safety; Bivona Training for new Caseworkers; Car Seat Use; Casework Documentation; Change in the Standard of Evidence for Child Protective Services Investigation Determination; Connections; CPS Bridge; CPS Foundations; CPS Response; Family First Prevention Services Act; FASP; Kinship Champions; Kinship Guardianship; Legal Aspects of Adult Protective Services: Update 2021; Legal Training for new Caseworkers; Legal Updates for CPS and Child Welfare; Mandated Reporter; Medicaid Overview; Microsoft Office; Overview of Financial Assistance; Placement, Kin and Permanency; Progress Notes; PSA New Worker Institute; and Safety and Risk Assessment.
- **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 2021. Administration, Supervisors, and Senior Caseworkers have participated in workshops to develop leadership skills and in Leadership Development Coaching. Individual and group coaching continues. Senior staff have also been offered the following training opportunities: The Art and Skill of Delegation; Avoiding Emotional Traps at Work; Coaching – The Key to Developing Workers; Coaching for Performance; Collaboration and Leadership; Conducting Performance Appraisals; Conflict Resolution; Directors of Service Leadership Training; Finding Your Leadership Voice; Fundamentals of Supervision; Improving Performance Through Feedback; Improving Personal Productivity; KEYS Core The M Factor; Managing Difficult Employees; Supervising CPS; Transitioning from Employee to Supervisor; Walking the Tightrope: Managing Difficult Conversations in the Workplace; Working With You Hurts: and The Young and The Rest of Us.

### ***Other Successes, Achievements and Bright Spots for CFS***

- The Child and Family Services Division worked to implement the Family First Preventive Services Act, which took effect in New York State on October 1, 2021. Many elements contained within the legislation were aligned closely with existing Monroe County initiatives. With financial support and/or technical assistance from the New York State Office of Children and Family Services and the Redlich Horowitz Foundation, Monroe County established an Implementation Oversight Team and six issue-specific work groups to address various components of the legislation. Several initiatives, including a Kinship Specialist Team and a Decision-Making Team around entrance into congregate care, were implemented. Of note is the significant reduction in the use of Congregate Care. Since beginning the effort in the summer of 2018, use of congregate care in Monroe County has decreased 58%, from 116 to 49 as of the end of 2021. Currently only 9% of the children in foster care are in congregate care, down from 24% in the summer of 2018. Children placed with approved relatives also increased dramatically through the work of our



Kinship Specialist team and our Homefinding team. In the summer of 2018, just 16 or 3% of Monroe County's foster care population were placed with approved relatives. As of the end of 2021, 44 children (close to 9%) are placed with approved relatives, an increase of 175%.

- 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 2016 through 2021, complaints decreased 88%, while petitions decreased 95%. No PINS youth were placed outside their home since the law went into effect, 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 continuum of available services and the team is looking at enhancements to the allowable length of stay as well as infusing more family support into the program. (Source: Monroe County Probation 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 and personal trauma experienced by staff. All staff are mandated to attend Trauma Training to both increase understanding of the impact of trauma and how to best serve youth and families utilizing Trauma Informed Casework practices. Staff also continue to take advantage of optional training and implement the principles of trauma informed care into their daily practice. 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. In 2021, a Quality Assurance Coordinator was added.
- Child/Family Services is meeting or exceeding the CFSR-Wave 8 NYS averages in all six (6) measures. For one measure, Monroe County also exceeds the national average. 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 33 Caseworkers and 5 Case Aides in 2021.
- A Coaching and Development Team was implemented in 2018-2019. This team continues to provide 1:1 mentoring to all new Caseworkers. Mentoring was also being provided to recently promoted Senior Caseworkers, however turnover in staffing has put that on hold. A Senior Onboarding Program was developed in 2020, which included creation of a "Senior Manual." This has ensured consistency and a structured training program for all newly hired Senior Caseworkers, as well as those who have been Senior Caseworkers for some time.
- Several strategies to improve documentation of CPS history, timely completion of 7-day Safety Assessments and documentation of safe sleep were implemented in 2019 and continue to date.
- Monroe County has instituted several review mechanisms to improve the quality of investigations, including bi-monthly closed stage reviews, monthly open stage reviews and bi-monthly CQI Continuous Quality Improvement (CQI) meetings. Through the CQI process, procedures and practices are evaluated and adjusted as necessary.
- Monroe County has a protocol in place to ensure consistent processes around permanency

options when visiting potential placement resources, including provision of the *"Having a Voice and Choice"* booklet. Additional efforts are made to identify extended family and other potential supports through conversation with the youth and the relative resource, as well as review of Connections history and assistance from staff trained in Family Finding.

- Permanency Reviews are routinely held for all youth in foster care at 6 months and between the 10th and 11th month, with extra attention to large sibling groups to ensure timely resolution for potential barriers to permanency.
- Mini-CFSRs were held quarterly in 2018 and resulted in numerous improvements as demonstrated by a very successful full CFSR review in May 2019. Mini-CFSRs were again held quarterly in 2020 and 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. Turnover in staff in 2021 resulted in a new partnership with Save Rochester to conduct the parenting groups. The plan for 2022 is for four, 5 session groups that support young men with parenting skills. In addition, an RFP has been drafted to create a more robust engagement program for fatherhood/young men.
- A training specific to Placement, Kin, and Permanency was locally developed and delivered to all Monroe County Child and Family Services staff in 2021. Training is again slated for 2022.
- Adoption Team staff continue to work with Children Awaiting Parents (CAP) through the Heart Gallery and Hillside Family of Agencies' Wendy's Wonderful Kids initiative to conduct child specific recruitment of adoptive homes.
- With the coordinated efforts of the Adoption staff and the Permanency Unit, including timely Permanency Reviews and filing of Termination of Parental Rights petitions, and despite limits on court availability due to COVID-19, 45 children were freed for adoption and 28 children were adopted in 2021.
- From January of 2016 through December of 2021, 237 children have been freed for adoption.
- Staff actively participate in National Adoption Day events at Monroe County Family Court every year.
- From 2020-2021 permanency was achieved for 128 children through Article 6 custody/guardianship, 54 adoptions and two Kin Gaps.

### **Preventive Services**

- Monroe County annually provides preventive services through contracts with ten (10) community-based agencies to provide twenty-seven (27) programs to over 1650 families and over 2700 children and youth. In 2021, 99% of all children served avoided foster care and 97% of all families served avoided new, indicated CPS reports.
- Additional performance measures regarding parental stress and family functioning were incorporated into all Preventive contracts in 2020. 72% of children showed a positive change in overall functioning and 77% showed a decrease in stress. 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. Over the last few years, new programs added included YAP (Youth Advocates Program), School Based Prevention through CCFCs, and a Spanish Speaking program through Urban League. In 2022, new programs are being added from Berkshire Pathways and the Family Counseling Services of the Finger Lakes.
- Because of the pandemic, Monroe County was unable to hold community fairs to promote preventive programs and community service options as has been done 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 describes child and family service needs and outlines 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. 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 2021 and will continue in 2022.

### **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. More recently added trainings 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. Foster Parents were also provided with Hope training from Dr. Ashley Cross.
- Monroe County contracts 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 2022.
- In 2021, MCDHS provided a foster parent picnic, which was the first in-person foster parent event since the start of the COVID-19 pandemic. The event allowed for support and socialization, hosting several food trucks, and activities for families and youth.
- *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 plans to attend training in the *Caring for Our Own* curriculum as soon as it becomes available through New York State.
- Monroe County started a Foster Parent Advisory Board in 2021. The board is comprised of foster parents and county staff. The Board meets monthly and works to strengthen relationships between MCDHS and foster parents.
- 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. In 2021, Metrix hired two part-time community outreach recruiters who are working to enhance recruitment efforts in the Black and Latino communities. Metrix also manages a foster parent mentoring program that matches new foster parents with experienced foster parents with the goal of enhancing the foster parent experience and retaining foster parents.
- 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 has contracted with Children's Home of Wyoming County for a Foster Care Stabilization Unit, as a means by which to support children in crisis and preserve foster home placement. The program is expected to go live in June 2022.

### **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 SAGE II commission, 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 Charities Family and Community Services, Center for Youth, OPWDD, VA, House of Mercy, and local hospitals.
- The Adult Protective services team provided 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. APS held nine trainings in 2021 virtually and in person using the Gatekeeper PowerPoint.
- Monroe County holds several contracts to ensure access to quality services for older adults. Monroe County Office for the Aging (MCOFA) contracts with Lifespan to operate a variety of prevention and intervention programs regarding Elder Abuse. MCDHS contracts with Catholic 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 related issues, including coordination to repair/replace furnaces as needed, as well as billing issues.
- The Elder Source GRAPE resource book and/or the NY connects phone number is provided to all clients and families served by APS.
- In 2021, APS saw an increase of people with housing concerns. Twenty-three percent (23%) of calls were cited for "poor housing conditions" Additionally, Monroe County APS received more calls for environmental hazards in 2021 than ever, constituting 16% of total calls. The increase in housing concerns is likely due to more clients residing in the community and less bed availability at Skilled Nursing Facilities or other higher levels of care. As the eviction moratorium came to an end, landlords and courts saw a surge in eviction cases. Monroe County will be dedicating ARPA funds towards goods and services and least restrictive/alternate housing to support these efforts.
- Monroe County developed its own internal APS Manual in 2020, which is available to staff electronically. The information in the manual includes processes, protocols, information on conducting intakes, assessments, ongoing cases, legal information, family type homes and monthly reporting requirements. The manual and protocols were reviewed and updated where appropriate in 2021.
- In addition to regular division trainings as noted above, APS staff attended the following trainings specifically related to service the adult population in 2021: Legal Training for APS; Pooled Trusts; Monroe County DHS Policies and Procedures; Medicaid Overview for Caseworkers; Preventing Sex Trafficking and Strengthening Families Act Presentation; FTHA for District Users: Phase 1 – Processing Initial, Change and Renewal Applications; PSA New Worker Institute – Upstate - Components 1 – 5; FTHA Coordinator Training: Session 1 and Session 3; Buried Alive – Working Effectively with Compulsive Hoarders; Fundamentals of Supervision; Conflict Resolution; CPS In-Service: Coping with a Pandemic and Changing Conditions for CPS Caseworkers
- In 2021, Monroe County partnered with Lifespan to apply for an Elder Justice Federal Grant and Lifespan was awarded the grant. A steering committee has been established and planning is underway. Project implementation will begin in 2023. The project involves co-locating a Lifespan worker with APS staff with the goal of early identification, referral & connection of clients

to Older American Act funded programs, as well as Lifespan services.

## **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. More recently, Willow added Deaf IGNITE, a signing-centric service supporting the needs of deaf survivors of domestic and/or sexual violence.

### ***Child Care***

- Monroe County has fully implemented the Child Care and Attendance (CCTA) system for all TANF and Low-Income Child-Care cases.
- On a monthly basis, the Financial Assistance Coordinator and Finance Director review the list of all open child care cases, as well as those closed the previous month, to determine the county's financial ability to open new cases the following month.
- A case review process for child care cases has been implemented. Each day, 6% of cases processed the prior day are selected for case review. Supervisory staff review electronic case documents that detail areas of case processing to assess quality and consistency. Errors are returned to the worker for corrections if necessary.
- 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, the expanded allowable absence policy instituted during the pandemic was permanently adopted and the parent fee percentage was reduced from 20% to 10%. Effective February 1, 2022, Monroe County further reduced the parent fee percentage to 1%.

## **Rochester/Monroe County Youth Bureau (RMCYB)**

### ***Youth Development Programming***

- 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.
- In 2021, the RMCYB began providing direct youth services, supports and community engagement, and will continue to do so, utilizing a data informed, systems of care framework that is youth centered, youth and family driven, community based and culturally competent. The Rochester Monroe County Youth Bureau continues to coordinate and promote intentional and innovative strategies that address the multiple factors leading to increased risk of negative behaviors, while strengthening the factors that buffer against risks, to promote positive youth development.
- The Youth Bureau continues to explore opportunities with private funders and the community at large to support and enhance youth development efforts in the community.
- In partnership with MCOFA, the Youth Bureau has continued to develop intergenerational

programming and events to foster relationships between youth and older adults, including a fall clean-up and delivery of holiday gifts.

- The Youth Bureau provided volunteer opportunities to youth and holiday gifts for youth and family in need by partnering with the Pirate Toy Fund and the Monroe County Department of Social Services Financial Assistance Division.
- The Youth Bureau has partnered with the Center for Youth Services on the Safe Harbour Initiative, which assists victims of sex trafficking and commercial sex exploitation, and has actively participated in the oversight committee, which includes representatives from law enforcement, CPS, community-based agencies, US Marshalls, Attorney General Office, Attorney for the Child and District Attorney's Office.
- Work on EXPLORE MONROE, an interactive website that brings resources and community education to youth, resumed in 2021, as work had been postponed due to the pandemic. The website is designed to be utilized by both youth and adults.
- Gun Violence Prevention Program funding allowed Monroe County to partner and contract with grassroots organizations to provide unique and "out of the box" programming for youth. The AW Foundation/Plug and Play Program brought A&R (Artists and Repertoire) programming to the Children's Detention Center and into the community at the local YMCA.
- The Youth Bureau expanded to include direct services in 2021 through the addition of a Youth Engagement Specialist (YES) 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 works with youth at the detention center. Additional YES and a Senior YES are being added in 2022.

### ***Runaway Homeless Youth (RHY)***

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

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

### **MCDHS-LDSS**

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

### **MCDHS -RMCYB**

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

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

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

### **MCDHS- LDSS**

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

### **MCDHS-RMCYB**

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

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

Monroe County has implemented a web-based contract management and tracking system called Contrack HQ. This system is designed to track contractor performance on outcome objectives; per unit costs; results of in-house evaluation/tracking and program/service utilization, allowing the County to identify effective programs/services more quickly. The contract system complements the Getting to

Outcomes (GTO) model tracking performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the system, facilitating oversight and monitoring of performance. These systems assist the division with identifying contractors who are not meeting expectations early enough to allow for technical assistance. Additionally, the Department of Human Services has recently implemented a new Research and Planning team. Part of the team's charge is to more thoroughly examine contracts to explore opportunities for improvement and to enhance key performance indicators.

## **MCDHS-LDSS**

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

### ***Preventive Services:***

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

### ***Adult Protective Services:***

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



contract compliance and programming. Lifespan submits a semiannual report of each case mutually served by Adult Protective and the Elder Abuse program. The program also submits an annual statistical report of all case activity and a summary of public awareness activities in the community.

## **MCDHS- RMCYB**

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

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

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

## **Relationship Between County Outcomes and Title IV-B Federal Goals**

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

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



# Safety

## Safety Plan Update

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

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

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

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

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

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

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

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

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

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

a. What was the strategy you implemented?

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

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

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

Caseworkers' ability to complete a more thorough CPS investigation, including the identification of

appropriate services. Caseworkers linking families to services in a timely manner.

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

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

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

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

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

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

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

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

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### **What Are Systemic Factors?**

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

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

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

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

## Why Are We Focusing on Systemic Factors?

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

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

## How Will We Understand Functioning of Systemic Factors?

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

### 1. Assess your current performance in the area

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

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

**OR**

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

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

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

### 3. Provide a rationale for your rating

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

### 4. Identify potential underlying factors contributing to your performance

If this is an area of strength, please describe the practice or processes that support the functioning of this area. If this is an area needing development, please describe the barriers that you believe are impacting performance. As planning for the 2023-2028 County Plan begins, spending time

understanding the barriers impacting performance will be essential in identifying areas to target for improvement.

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## Statewide Information System

### Agency Access to Data

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

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

- ☒ Yes
- ☐ No

#### 2. How do you rate Agency Access to Data?

- ☒ Strength
- ☐ Area for Development

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

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

#### 4. Identify potential underlying factors contributing to your performance:

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

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## Documentation

### Progress Notes

Progress notes are entered in a timely manner and are concise, professional, and include

information about the:

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

## 1. Assess Performance

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

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

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

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

## 2. How do you rate Progress Note Documentation?

- ☒ Strength
- ☐ Area for Development

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

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

#### 4. Identify potential underlying factors contributing to your performance:

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

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

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### Case Review System

#### Written Safety Plans

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

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

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

#### 1. Assess Performance

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

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

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



Safety plan includes details about duration of the plan and how the plan will be monitored	30%
Documentation of supervisory input is present	90%

## 2. How do you rate Written Safety Plans?

- ☐ Strength
- ☒ Area for Development

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

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

## 4. Identify potential underlying factors contributing to your performance:

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

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## Quality Assurance / Continuous Quality Improvement Process

### Quality Assurance System

The agency has a robust CPS quality assurance system that:

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

## 1. Assess Performance

**Rating (1–10)**

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

9

## 2. How do you rate Quality Assurance System?

- ☒ Strength
- ☐ Area for Development

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

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

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

## 4. Identify potential underlying factors contributing to your performance:

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

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### Staff and Provider Training

#### Ongoing Staff Training

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

## 1. Assess Performance

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

**Rating (1–10)**

1) Assess the ongoing training needs of all staff?

8

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

8

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

## 2. How do you rate Ongoing Staff Training?

- ☒ Strength
- ☐ Area for Development

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

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

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

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

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

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

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

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

## 4. Identify potential underlying factors contributing to your performance:

Monroe County is currently assessing for and providing needed training. However, in the true spirit

of CQI, improvement is always the focus.

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

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

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## Supervision

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

The agency has a child welfare supervision model that:

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

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

### 1. Assess Performance

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

**Rating (1–10)**

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

7

### 2. How do you rate Supervision Framework?

- ☐ Strength
- ☒ Area for Development

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

MCDHS supports an organizational culture that values and demonstrates support for the vital role supervisors play in ensuring positive outcomes for children, youth, and families. The detailed written protocol is regularly reviewed (at least annually) and includes expectations for supervisors throughout Child and Family Services. This protocol details expectations for field observations, completing performance evaluations, leadership characteristics and behaviors, professional development, case reviews, documentation of supervision, general team management and other supervisory activities. Supervisory staff, both Caseworker Supervisors and Senior Caseworkers, have

undergone the NYS KEYS Supervisory Training. Additional annual training unique to the role of the individual is provided, including permanency, safety, and risk. All supervisors and seniors participate in Leadership Coaching through a contracted agency.

#### **4. Identify potential underlying factors contributing to your performance:**

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

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

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

## **Planning Team and Technical Assistance**

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

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

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

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

None needed at this time.

# Permanency

## Permanency Plan Update

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

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

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

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

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

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

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

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

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

In Waves 5.5, 7 and 8, Monroe County's performance exceeded that of New York's state average, but was less than the national average in each wave. In Wave 6, neither average was exceeded. Despite continuing to perform better than the state average in Wave 8, there was a decrease in performance from Wave 7 to Wave 8, which corresponded with a decrease in the state average.

Strategies implemented in 2019 were not expected to be impactful for several waves of data because of the time frame for P2. Impact was expected in Waves 9 and 10. The coronavirus pandemic is expected to have an impact on subsequent waves and may be the reason for the decrease seen locally and statewide in Wave 8. The effectiveness of Monroe County's strategies will be challenging to assess going forward given this additional, significant factor.

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

a. What was the strategy you implemented?

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

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

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

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

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

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

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

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

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

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

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

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

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

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### What Are Systemic Factors?

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

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

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

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

### Why Are We Focusing on Systemic Factors?

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

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



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

## How Will We Understand Functioning of Systemic Factors?

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

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

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

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

**OR**

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

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

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

3. **Provide a rationale for your rating**

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

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

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

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## Statewide Information System

### Data Quality and Agency Access to Data

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

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

## 1. Assess Performance

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

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

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

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

	Score for Data Quality
% of Matching Items	98%

## 2. How do you rate Data Quality?

- ☒ Strength
- ☐ Area for Development

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

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

## 4. Identify potential underlying factors contributing to your performance:

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

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

- ☒ Yes
- ☐ No

## 6. How do you rate Agency Access to Data?

- ☒ Strength

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

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

## 8. Identify potential underlying factors contributing to your performance:

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

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### Documentation

#### Progress Notes

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

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

### 1. Assess Performance

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

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

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

#### Documented Component of a Progress Note Documentation

#### Quality Score Progress Notes

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

95%

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

## 2. How do you rate Progress Note Documentation?

- ☒ Strength
- ☐ Area for Development

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

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

## 4. Identify potential underlying factors contributing to your performance:

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

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

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## Case Review System

### Written Case Plans

Each child has a written case plan that:

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

## 1. Assess Performance

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

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

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

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

## 2. How do you rate Written Case Plans?

- ☐ Strength
- ☒ Area for Development

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

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

## 4. Identify potential underlying factors contributing to your performance:

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

Monroe County and several voluntary agencies conducting preventive and residential work are experiencing high rates of turnover, vacancies, and increased caseloads. This has led to FASP

completion being delayed. As new staff are onboarded, they are less skilled at parent engagement and service plan completion. As staff become more skilled and knowledgeable, engagement is expected to improve and become more evident in documentation.

## Periodic Reviews, Notice of Hearings, and Reviews to Caregivers

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

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

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

### 1. Assess Performance

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

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

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

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

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

- ☒ Strength
- ☐ Area for Development

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

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

### 4. Identify potential underlying factors contributing to your performance:

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

## Termination of Parental Rights

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

### 1. Assess Performance

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

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

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

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

### 2. How do you rate TPR?

- ☒ Strength
- ☐ Area for Development

### 3. Rationale for Self-Determined Rating for TPR:

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

### 4. Identify potential underlying factors contributing to your performance:

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

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## Quality Assurance / Continuous Quality Improvement Process

### Quality Assurance System

The agency has a robust quality assurance system that:

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

- Evaluates implemented program improvement strategies

## 1. Assess Performance

**Rating (1–10)**

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

8

## 2. How do you rate Quality Assurance System?

- ☒ Strength
- ☐ Area for Development

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

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

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

## 4. Identify potential underlying factors contributing to your performance:

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



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## Staff and Provider Training

### Ongoing Staff Training

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

#### 1. Assess Performance

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

**Rating (1–10)**

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

#### 2. How do you rate Ongoing Staff Training?

- ☒ Strength
- ☐ Area for Development

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

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

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

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

#### 4. Identify potential underlying factors contributing to your performance:

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

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

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

#### Foster and Adoptive Parent Training

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

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

#### 1. Assess Performance

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

**Rating (1–10)  
or N/A**

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

8

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

- ☒ Strength
- ☐ Area for Development

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

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

#### 4. Identify potential underlying factors contributing to your performance:

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

## Supervision

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

The agency has a child welfare supervision model that:

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

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

### 1. Assess Performance

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

**Rating (1–10)**

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

7.5

### 2. How do you rate Supervision Framework?

- ☒ Strength
- ☐ Area for Development

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

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

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

A contracted Coaching Specialist works with new caseworkers once they have begun

their permanent team assignment. The coach provides ongoing development to workers as they take on an active caseload.

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

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

#### **4. Identify potential underlying factors contributing to your performance:**

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

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

## **Planning Team and Technical Assistance**

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

Our planning team has continued to meet and is now broken down into two teams - one for Child Protective Investigaiton and one for Family Services. Our Family Services team meets every other month and consists of the following members:

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

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

None needed at this time.



# Prevention

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

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**Systemic Factors**—The Child and Family Services Review (CFSR) is a federal-state collaborative effort designed to help promote that quality services are provided to children and families through the NYS's child welfare system. One component of the CFSR is a determination of whether NYS is in substantial conformity with the seven systemic factors. The systemic factors refer to key operating systems within a state that have the capacity to support positive child safety, permanency, and well-being outcomes.

The Prevention section of the 2023–2028 County Plan will focus on the following systemic factor:

- Service Array and Resource Development

Understanding the functioning of this systemic factor at the local level will serve two purposes:

1. Support local strategic planning efforts
2. Assist OCFS in understanding areas that are functioning well on a routine basis and those areas needing improvement

In preparation for the 2023–2028 County Plan, this section of the 2022 Annual Plan Update will be a ***self-assessment of the systemic factor, as it functions in your jurisdiction***. In this section you will:

- Assess your current performance in the area
  - Self-determine if this is an area of Strength or an Area for Development
  - Provide a rationale for your rating
  - Identify potential underlying factors contributing to your performance
- 

### Service Array and Resource Development

#### Array of Services: Primary and Secondary Prevention Programs

Primary and secondary prevention programs are provided voluntarily. Primary prevention programs have universal eligibility (healthy families, parenting programs); secondary prevention programs are provided to high-risk families (LDSS provided or contracted services).

#### 1. Assess Performance

This organization collaborates with providers of family-strengthening services that address primary and secondary prevention. This might include making referrals, needs assessment, design and implementation of services, evaluation of effectiveness, joint trainings, standing meetings and other activities.

**Rating (1–10)**

**Think about the primary and secondary services within your jurisdiction.**

On a scale from 1 being “we do not have a working relationship with primary / secondary service providers” to 10 being “we are aware of and collaborate with primary/secondary service providers on a regular basis for client specific resources and to meet community needs,” how would you describe the array of services in your district?

8

## 2. How do you rate Array of Services: Primary and Secondary Prevention Programs?

- ☒ Strength
- ☐ Area for Development

## 3. Rationale for Self-Determined Rating for Array of Services: Primary and Secondary Prevention Programs:

Monroe County has a wide array of primary and secondary preventive services that the LDSS partners with for client specific resources and to meet community needs.

- The Bivona Child Advocacy Center serves victims of child physical and sexual abuse and provides community wide education.
- The Family Access and Connection Team (FACT) has been redesigned to meet the standards of a Family Support Center, as described in the PINS Reform legislation. FACT is Monroe County's integrated entry point to care for our community's high need/high risk children and youth, incorporating the Monroe County Office of Mental Health, Office of Probation – Community Corrections and Department of Human Services.
- Three Community Optional Preventive Service (COPS) programs: Encompass Resources for Learning and the Hillside Work Scholarship Program focus on academic success for at risk youth and Building Healthy Children, which provides intensive in home support to young women 21 or younger who are pregnant or have had their first child and families with no more than two children under the age of 3.
- Nurse Family Partnership program
- Healthy Families Monroe (a Healthy Families NY program).
- Respite services.
- Mediation (Center for Dispute Settlement) and Restorative Circles (Partners in Restorative Initiatives).
- Outpatient mental health services for children and youth through Villa of Hope, University of Rochester Behavioral Health, Rochester Regional Regional Mental Health, Liberty Resources
- Outpatient mental health services for adults: University of Rochester Behavioral Health, Gavia Life Center, Evelyn Brandon, Catholic Charities Family and Community Services, Unity/Parkridge, Strong Ties
- Chemical Dependency treatment for youth: Villa of Hope outpatient and Villa of Hope Life House.
- Outpatient Chemical Dependency services for adults: Evelyn Brandon, Delphi, Huther Doyle
- Liberty Partnerships Program
- Rochester City School District Community Schools
- Trillium Health
- Mental Health Association
- NAMI
- Center For Youth Services
- FindHelp.org (Formerly Aunt Bertha)
- Hope Place

## 4. Identify potential underlying factors contributing to your performance:

As a large county within NYS, Monroe County is rich in resources and has a strong faith-based community. With or without MCDHS contracts, these services are available community wide to the general population and to those involved with child welfare.

## Array of Services: Mandated / Non-Mandated Preventive and Protective Services

The service array and resource development systems function to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP:

- Services that assess the strengths and needs of children and families and determine other service needs
- Services that address the needs of families in addition to individual children in order to create a safe home environment
- Services that enable children to remain safely with their parents when reasonable
- Services that help children in foster and adoptive placements achieve permanency

### 1. Assess Performance

**Rating (1–10)**

**Think about service providers that meet the needs of the children, youth, and families served by your agency.**

8.5

On a scale from 1 being "we do not have a sufficient array of services to meet our needs" to 10 being "our service array is robust," how would you describe the array of services in your district?

### 2. How do you rate Array of Services: Mandated / Non-Mandated Preventive and Protective Services?

- ☒ Strength
- ☐ Area for Development

### 3. Rationale for Self-Determined Rating for Array of Services: Mandated / Non-Mandated Preventive and Protective Services:

Monroe County is privileged to have a vast array of Mandated/Non-Mandated Preventive and Protective Services. These services are provided through contracts with Urban League, Mt. Hope Family Center, Cayuga Centers, Catholic Charities, Youth Advocates Program, Villa of Hope, Society for the Protection and Care of Children, Hillside Family of Agencies, Lifetime Assistance, Linden Oaks Sexual Abuse Treatment, and Family Counseling Services of the Finger Lakes for the specialized programs referred to below:

1. Generalist Services (4 programs and a Spanish speaking generalist program)
2. Sex Abuse Crisis Services and Counseling
3. Functional Family Therapy
4. Multi-Systemic Therapy
5. Family Preservation
6. Family Finding
7. Intensive Family Support Services
8. Services for individuals with Developmental Disabilities
9. Child Parent Psychotherapy



10. Cognitive Behavior Therapy
11. Interpersonal Psychotherapy
12. Promoting Alternative Thinking Strategies (PATHS program)
13. Family Trauma Intervention Program
14. Teenage Parent Support Services
15. Incredible Years
16. After Care Services
17. Transitional Services
18. Youth Advocacy Program
19. Sex abuse and problematic sexual behavior treatment
19. EnCompass Lighthouse Program

Monroe County also contracts for behavioral specialists who are embedded with Child and Family Services staff and FACT, as well as with Catholic Charities Family and Community Services for a Resource Team to co-locates mental health and substance abuse clinicians with CPS staff for immediate consultation and assessment of families.

#### 4. Identify potential underlying factors contributing to your performance:

Monroe County is committed to partnering with agencies and providing services that meet the needs of the families served. Community need and services to address those needs are continually assessed, with attention to the Family First Preventive Services Act (FFPSA). All contracted preventive programs have an evidence based component built within their overall model - even for programs that are not Evidence Based. For example, Generalist Services incorporate Incredible Years, Parents as Teachers, Motivational Interviewing and/or TF-CBT.

#### Individualizing Services

Services are individualized to meet the unique cultural / developmental needs of children, youth and families served by the agency.

Note: During the most recent CFSR, stakeholder interviews conducted by the federal Children's Bureau noted a need for more creativity in developing plans, particularly when certain services are not readily available. Stakeholders raised concerns about the quality of some services providers and the impact this had on the effectiveness of services. Stakeholders were also concerned that youth aging out of care were not receiving tailored services to address their needs and to adequately prepare them for independence. (excerpt from CFSR round 3 final report)

#### 1. Assess Performance

**Rating (1–10)**

**Think about service providers that meet the needs of the children, youth, and families served by your agency.**

7.5

On a scale from 1 being "our service providers are not able to meet the individualized unique cultural / developmental needs of children, youth and families" to 10 being "our service providers are able to meet all individualized unique cultural / developmental needs of children, youth and families," how

would you describe the array of services in your district?

## **2. How do you rate Individualizing Services?**

- ☒ Strength
- ☐ Area for Development

## **3. Rationale for Self-Determined Rating for Individualizing Services:**

Monroe County has actively sought services that can meet the diverse needs of the families served. Four generalist programs provide flexible services tailored to meet individual needs of parents and children. Those services include, but are not limited to, providing parenting support and education, family counseling, TF-CBT, trauma informed care, mental health and substance abuse referrals, and transportation. Monroe County also onboarded and expanded the Youth Advocacy Program (YAP) which provides services to high risk youth, when traditional services have not been successful. YAP recruits family advocates from the communities of the youth referred. Urban League provides a Spanish Speaking Generalist program to meet cultural needs of the Spanish speaking and Hispanic populations. Concerns and barriers related to the lack of access to translation services continue to be addressed. Internal efforts with provider agencies to diversify staff to better reflect race and gender equity of providers/caseworkers are underway. Monroe County has seen an increase of youth who identify as gay, lesbian or transgender. More specialized services for LGBTQ youth are needed.

## **4. Identify potential underlying factors contributing to your performance:**

COVID has had a significant impact across services. Many agencies and Monroe County DHS are experiencing staffing shortages and challenges recruiting and retaining staff. This impacts our ability to bring in and onboard new programs and has reduced services overall. Beginning or expanding programming has been discussed with several agencies, but are not currently possible as direct result of staff shortages.

# Youth and Young Adult

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## Youth and Young Adult Plan Update

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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.

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1. What strategy or strategies did your county plan to implement in your 2021 Annual Update—Youth and Young Adults County Plan section?

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

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

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

3. Building relationships with all members of the Youth Services Quality Council to improve recruitment for RMCYB programming and spark interest in being active in the community.

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

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

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

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

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

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

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

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

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

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

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

RM CYB to host two enormous events at the Blue Cross Arena and the Olmstead Lodge in Highland Park, where over 500 families received gifts. Gifts were also provided to youth in the Monroe County Detention Center to give to their siblings and children for the holidays. Youth Engagement Specialists delivered gifts to families that did not have access to transportation, were unable to travel or who did not feel safe coming to the events. Over 1200 toys and stuffed animals were given away to families throughout Monroe County in 2021.

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

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

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

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

## Planning Team and Technical Assistance

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

The current planning team is comprised of Brent Whitfield, Executive Director, Youth Bureau; Rahsaan Pryor, Senior Youth Engagement Specialist; and Steve Newcomb, Director, Office of the Aging. The planning team will be expanded in 2022. It is expected that these team members will be part of strategy

identification and implementation going forward.

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

None at this time.

# Runaway and Homeless Youth Services

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## Person Submitting Report

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

Name:

Rebecca Miglioratti

Title:

Community Homeless Coordinator

Agency:

MCDHS

Email Address:

rebecca.miglioratti@dfa.state.ny.us

Phone:

585-753-5732

## Services & Needs

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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 155 youth and children (under 18) and 11 young adults (ages 18 to 24) on the day of collection. Admissions to Salvation Army and Center for Youth total 135 for 2021. Across time, approximately 1% of youth served are aged 16, 1% are age 17, 26% are age 18, 33% are age 19 and 39% are age 20.

Runaway youth (ages 11-17) accounted for 89% (n=104) of PINS Diversion cases in 2021, (an increase in both number and percentage) and 89% (n=17) of PINS petitions to Family Court.

ii. Gender identity / expression

Male, Female, Transgender are served. Females represent approximately 68% of the RHY population and approximately 60% of the PINS runaway population. Data indicates few transgender youth, but this is felt to be an underrepresentation.

iii. Sexual orientation



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

iv. Race / ethnicity

All races and ethnicities are served.

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

In the PINS Runaway Diversion population, approximately 49% are Black/African American and 12% are white. 22% identify as Hispanic. The rest are characterized as "other." This is a shift from last year, as while disparity exists in both populations, the disparity was greater in the PINs population last year.

v. Child welfare involvement or history

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

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

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

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

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

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

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

1. More emergency shelter beds, especially for parenting minors, and transitional living beds.
2. More programming to assist young people in strengthening their existing safety nets so they don't have to come into shelters.
3. Increased funding and funding sources for RHY programming in order to provide cost of living increases/salary demands for staff and adding specialized and experienced staff as the youth are presenting with serious mental health, TBI, and developmental disability issues.

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

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

*Do not copy and paste a resource list here.*

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

- **Center for Youth Services (CFY) Street Outreach** – Education, counseling and referrals to assist youth in leaving the streets.

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

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

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

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

**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), most 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 2022.

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 2022, 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 2022.

CFYS anticipates applying to OCFS for certification of their New Beginning House to expand the program to serve young men ages 16-21. Currently this program serves young men 18-21.

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

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

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

See attached Uploads.

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, Continuum of Care stakeholders group, OMH, McKinney Vento Liaison for the Rochester City School District and Greece Central School District, United Way Systems Integration Project representative, Monroe County Probation and Coordinated Entry staff.

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

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

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

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

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

☒ Yes

☐ No

If yes, please consider sharing any outcome documents with OCFS at [RHY@ocfs.ny.gov](mailto: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
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

**Monroe County:** Runaway and Homeless Youth Services

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

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

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

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

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

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

### The Center for Youth Center House

Address	Program Director	Operating Certificate Number
128 Seneca Parkway Rochester, NY 14613	Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	D18-11-1-01

- ☒ **The county contracts with this program for RHY services.**  
The value of the contract is \$74810 per year, regardless of program utilization.
- ☐ **The county contracts with this program for PINS respite services.**
- ☒ **This program will receive OCFS RHY funds in the plan year.**

<b>Ages of youth the program is certified by OCFS to serve:</b>		Other (0-19)	
<b>Maximum length of stay offered to runaway youth by the program:</b>		60-120	
<b>Maximum Bed Capacity: Certified</b>		<b>Maximum Bed Capacity: Operating (projected)</b>	
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
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"/> <b>The county contracts with this program for RHY services.</b> <input type="checkbox"/> <b>The county contracts with this program for PINS respite services.</b> <input type="checkbox"/> <b>This program will receive OCFS RHY funds in the plan year.</b>			
<b>Ages of youth the program is certified by OCFS to serve:</b>		Other (0-21)	
<b>Maximum length of stay offered to runaway youth by the program:</b>		60-120	
<b>Maximum Bed Capacity: Certified</b>		<b>Maximum Bed Capacity: Operating (projected)</b>	
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
3	3	3	3

## 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.			
<b>Ages of youth the program is certified by OCFS to serve:</b>		16 through 20	
<b>Maximum length of stay offered to youth by the program:</b>		24 months	
<b>Maximum Bed Capacity: Certified</b>		<b>Maximum Bed Capacity: Operating (projected)</b>	
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
8	16	8	16

## CFY TILP Devonshire Ct. #2

<b>Address</b>		<b>Program Director</b>		<b>Operating Certificate Number</b>	
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.					
<b>Ages of youth the program is certified by OCFS to serve:</b>				Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>				24 months	
<b>Maximum Bed Capacity: Certified</b>			<b>Maximum Bed Capacity: Operating (projected)</b>		
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
2	2	2	2	2	2

## CFY TILP Devonshire Ct #10

<b>Address</b>		<b>Program Director</b>		<b>Operating Certificate Number</b>	
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.					
<b>Ages of youth the program is certified by OCFS to serve:</b>				Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>				24 months	
<b>Maximum Bed Capacity: Certified</b>			<b>Maximum Bed Capacity: Operating (projected)</b>		
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>



2	2	2	2
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## CFY TILP Devonshire Court #1

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

## CFY TILP Devonshire Ct #4

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

## CFY TILP Devonshire Ct #5

Address		Program Director	Operating Certificate Number
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.			
<b>Ages of youth the program is certified by OCFS to serve:</b>		Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>		24 months	
<b>Maximum Bed Capacity: Certified</b>		<b>Maximum Bed Capacity: Operating (projected)</b>	
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
1	1	1	1

## CFY TILP Devonshire Ct #6

<b>Address</b>		<b>Program Director</b>		<b>Operating Certificate Number</b>	
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.					
<b>Ages of youth the program is certified by OCFS to serve:</b>				Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>				24 months	
<b>Maximum Bed Capacity: Certified</b>			<b>Maximum Bed Capacity: Operating (projected)</b>		
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
1	1	1	1	1	1

## CFY TILP Devonshire Ct #7

<b>Address</b>		<b>Program Director</b>		<b>Operating Certificate Number</b>	
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.					
<b>Ages of youth the program is certified by OCFS to serve:</b>				Other (16-20)	
<b>Maximum length of stay offered to youth by the program:</b>				24 months	
<b>Maximum Bed Capacity: Certified</b>			<b>Maximum Bed Capacity: Operating (projected)</b>		
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>

1	1	1	1
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## CFY TILP Devonshire Ct #8

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

## CFY TILP Devonshire Ct #11

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

## CFY TILP Devonshire Ct #12

Address		Program Director	Operating Certificate Number
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.			
<b>Ages of youth the program is certified by OCFS to serve:</b>		Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>		24 months	
<b>Maximum Bed Capacity: Certified</b>		<b>Maximum Bed Capacity: Operating (projected)</b>	
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
1	1	1	1

## CFY TILP Devonshire Ct #14

<b>Address</b>		<b>Program Director</b>		<b>Operating Certificate Number</b>	
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.					
<b>Ages of youth the program is certified by OCFS to serve:</b>				Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>				24 months	
<b>Maximum Bed Capacity: Certified</b>			<b>Maximum Bed Capacity: Operating (projected)</b>		
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
1	1	1	1	1	1

## CFY TILP Devonshire Ct #9

<b>Address</b>		<b>Program Director</b>		<b>Operating Certificate Number</b>	
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.					
<b>Ages of youth the program is certified by OCFS to serve:</b>				Other (16-21)	
<b>Maximum length of stay offered to youth by the program:</b>				24 months	
<b>Maximum Bed Capacity: Certified</b>			<b>Maximum Bed Capacity: Operating (projected)</b>		
<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>	<b>Target population</b>	<b>All persons</b>
1	1	1	1	1	1

2	2	2	2
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## CFY TILP Arnett House

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

## New Beginning House

Address		Program Director	Operating Certificate Number
139 Field St Rochester, NY 14620		Valerie Douglas 585-271-7670 vdouglas@centerforyouth.net	Not yet certified
<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
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. 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

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

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

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

# Sexually Exploited and Trafficked Youth

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

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

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

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

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

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

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

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

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

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

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

Number of youth anticipated annually: 250

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

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

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

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

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

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



# 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 2021 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 2022.**

## 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 2022.

## Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
<b>Residential Respite (required)</b>	
<b>Providers:</b> Center for Youth Services - Center House; Hillside - ERB	<input checked="" type="checkbox"/> There is a service gap in this service  Reason for Gap: Salvation Army Genesis House closed in 2021, leaving Center for Youth as the sole shelter for youth in the community. Contracted respite specifically for PINS youth is limited to 10 days, although PINS youth can access the shelter for periods of up to 30 days through community beds. Hillside ERB access is limited: beds were full or COVID limited
<b>Geographic Area:</b> County	

<p><b>Limitations:</b></p> <p>Center for Youth Shelter serves ages 12-17.</p>	<p>admissions.</p> <p>Dates of Gap: Ongoing</p> <p>Plan for Addressing Gap:</p> <p>Two contracted (reserved) respite beds through 'Center for Youth Services' in 2021 increased access to respite for PINS youth. The design of this program was to target short term (5-10 days) intervention while families, youth and their support teams further planned stabilization and supports. However, presenting issues often require greater stays (e.g. 30 days +) to fully implement strategies and supports. Barriers to short(er) stays included families not ready/willing to accept the youth home, or additional time needed to infuse family supports to expedite a return home. When a prompt return home wasn't possible, the time to explore and secure alternate services proved challenging within the 5-10 day time frame.</p> <p>Additional funds for respite have been requested in the Raise the Age (RTA) Fiscal Plan.</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><b>Crisis Intervention—24 hours per day</b></p>	
<p><b>Providers:</b></p> <p>URMC Mobile Crisis Team; RPD FACIT (Family Crisis Intervention Team); Forensic Intervention Team (FIT); Person in Crisis Team (PIC)</p> <p><b>Geographic Area:</b></p> <p>County (URMC), (FIT); City of Rochester (FACIT), (PIC)</p> <p><b>Limitations:</b></p> <p>FACIT and PIC are available only to City of Rochester residents. Other services are available community wide to all residents. Sometimes Law Enforcement Agencies have to make the initial response (depending on how a call is dispatched).</p>	<p><input type="checkbox"/> There is a service gap in this service</p>
<p><b>Diversion Services / Other Alternatives to pre-dispositional placement (required)</b></p>	

<p><b>Providers:</b> Family Access and Connection Team; Probation- Diversion, ATD Team, Electronic Monitoring; Juvenile Justice Mental Health - CCSI; Educational Liaison - RCSD; Villa of Hope- Juvenile Reporting Center; Cayuga Centers - MST &amp; FFT, Center for Dispute Settlement, Center for Youth Services; Restorative Circles, Community Programs and Resources</p> <p><b>Geographic Area:</b> County-wide</p> <p><b>Limitations:</b></p>	<input type="checkbox"/> There is a service gap in this service
<p><b>Conducts sexual exploitation screening and assessment (required)</b></p>	
<p><b>Providers:</b> Family Access &amp; Connection Team</p> <p><b>Geographic Area:</b> All of Monroe County</p> <p><b>Limitations:</b></p>	<input type="checkbox"/> There is a service gap in this service
<p><b>Alternative Dispute Resolution Services (optional)</b></p>	
<p><b>Providers:</b> Center for Dispute Settlement; Partners in Restorative Initiatives (PIRI)</p> <p><b>Geographic Area:</b> Monroe County</p> <p><b>Limitations:</b></p>	<input type="checkbox"/> There is a service gap in this service
<p><b>Other Services—including those to prevent and intervene with youth exhibiting runaway behaviors</b></p>	
<p><b>Identify and Describe Service Category:</b>  Runaway and Stay Away Youth</p> <p><b>Providers:</b></p>	<p><input checked="" type="checkbox"/> There is a service gap in this service</p> <p>Reason for Gap: Need a broader service array to address runaway behavior.</p> <p>Dates of Gap: Ongoing</p>

Monroe County Department of Probation - Probation Outreach Team	<p>Plan for Addressing Gap:</p> <p>Despite very robust and active Probation Outreach, Monroe County is seeing increasing runaway behaviors. Despite the increased number of runaway complaints in 2021, efforts to locate and successfully divert from petition were also more successful. The gap in addressing this issue more successfully appears to lie in the overall prevention of runaway behavior, before it occurs. Please see Desired Change #1 for additional information on addressing this gap.</p>
<b>Other Services—including those to prevent and intervene with youth who are truant</b>	
<p><b>Identify and Describe Service Category:</b></p> <p>Behavioral Health Services Availability and Access.</p> <p><b>Providers:</b></p> <p>Strong Behavioral Health, Genesee Mental Health, Villa of Hope, Liberty Resources</p> <p><b>Geographic Area:</b></p> <p>Monroe County</p>	<p><input checked="" type="checkbox"/> There is a service gap in this service</p> <p>Reason for Gap:</p> <p>Community based mental health services that youth can get to may not have immediate openings. Recruitment challenges in hiring clinical personnel is also noted to contribute to this gap.</p> <p>Dates of Gap:</p> <p>Ongoing</p> <p>Plan for Addressing Gap:</p> <p>FACT and Probation currently utilize MAYSI-2 on-site or in the community for screening Mental Health, Substance Abuse and Trauma Exposure. Juvenile Justice Mental Health Coordinators assist in linkages as needed.</p> <p>Monroe County continues to work towards 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 addressed. Referral tracking and outcome measure expectations will be outlined in all MOUs developed with SA/MH providers. The possibility of partnerships with agencies that can provide onsite screening and intakes is under consideration. Sourcing providers who are able to conduct intake and assessment via telehealth means, if clinically appropriate and family/youth can access (i.e., have access to devices), is identified as a strategy to address this gap. However, many current clinical providers require initial intake in person. University of Rochester Medical Center recently opened a walk-in clinic which may alleviate longer wait times and/or increase access.</p>

## PINS Diversion Services Procedures

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

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

PINS Diversion Services Protocol	Responsible Agency(ies)
<b>a. Determines the need for residential respite services and need for alternatives to pre-dispositional placement</b>	
<p><b>Describe how provided:</b></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 Center for Youth. Two respite beds are reserved through STSJP funding specifically for PINS and pre-PINS youth who can utilize and benefit from short term respite. These beds provide a "cooling off" period to mobilize services, seek stability, engage family members, and ultimately prevent the need for a more formal out of home placement or further penetration into the system. Youth are referred through the Family Support Center or by Probation, either by the ATD Team as a voluntary alternative to pre-dispositional placement or at the diversion or supervision level for PINS.</p> <p>For PINS youth who come to the attention of Monroe County Family Court, the ATD Team 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>b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)</b>	
<p><b>Describe how provided:</b></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
<b>c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations</b>	
<p><b>Describe how provided:</b></p> <p><b>Describe how provided:</b></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, determine the services and systems with whom the youth and family have been involved and the outcomes of that involvement, explain various options, and discuss possible outcomes. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have successfully made that connection.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other FACT

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, FLOAT

- ☒ 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. The Family Lead Online Assessment Tool (FLOAT), created by the FACT team, is also offered to families to provide information pertaining to their concerns, needs, areas of assistance etc. Results of the assessments will be used to assist 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 mental health or substance abuse assessments upon Supervisory consultation.

#### **e. Conducts sexual exploitation screening and assessment**

<p><b>Name of screening instrument used:</b></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><b>Describe how the screening instrument is administered and what training has been provided:</b></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><b>f. Works with youth and family to develop case plan</b></p>	
<p><b>Describe how developed:</b></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 them 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><b>g. Determines service providers and makes referrals</b></p>	
<p><b>Describe how provided:</b></p> <p>The FACT Facilitator utilizes results from the YASI and MAYSI-2, as well as information obtained from FLOAT, and 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), 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 full YASI, will develop a diversion plan jointly with the</p>	<p><input checked="" type="checkbox"/> Probation</p> <p><input checked="" type="checkbox"/> LDSS</p> <p><input checked="" type="checkbox"/> Other FACT</p>

parent/guardian and the youth which outlines needs, services/programs referred to, behavioral expectations, and frequency of communication and follow-up between Probation, the youth and family. The case plan is continually re-assessed and updated with the youth and family as new information becomes available. At the time the plan is developed, families are given information about other programs and services that they might access to address their needs.	
<b>h. Makes case closing determination</b>	
<b>Describe how provided:</b>  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, probation, the local family court, respite service providers, youth bureaus, community-based organizations, runaway and homeless youth providers, anti-trafficking providers, dispute resolution center partners, and others are critical partners to the planning process. Please also include how youth and family voice are incorporated into the PINS Diversion Services planning process.

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

Monroe County Probation, DHS and MCOMH have continued to work closely to address the needs of the PINS population. Collaborative oversight has been in place since Monroe County re-designed the PINS system in January 2007. This collaborative oversight, together with the use of real time data and information to guide decision making, has assisted in the early identification of issues and planful adjustments to the PINS system to ensure that it continues to respond to the needs of youth and families. 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 and 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.

- **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. In 2020-21, the Monroe County Office of Probation-Community Corrections took advantage of an opportunity offered by the Finger Lakes Regional Youth Justice Team. The Probation Department took part in the TRUST tool survey, which assesses an organization's level of trauma informed practices. The Department then received targeted areas of training based on needs identified in the survey tool at no cost and continues to receive training and technical assistance.
- **PINS Truancy:** Staff from Probation and 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.
- Monroe County contracts and collaborates with a number of service providers for PINS and pre-PINS youth through both Preventive and STSJP funding (Supervision and Treatment Services for Juveniles Program), including the Center for Dispute Settlement, Center for Youth, Villa of Hope's Juvenile Reporting Center, and Cayuga's MultiSystemic Therapy and Functional Family Therapy. Review meetings are periodically held to review program utilization and effectiveness, improve communication, and troubleshoot any issues that may arise.
- The introduction of the Family Lead Online Assessment Tool (FLOAT) was a direct effort to enhance family voice and input. Families self-report information pertaining to their concerns, needs, areas of assistance etc., to guide efforts for response, support, and diversion.
- **Spreading Wellness Around Town (SWAT)** – Collaboration with the SWAT group has introduced greater youth voice and expression.
- **Parent-Peer Partners** – Parents who have experienced and received supports regarding a family member, meet in a "family support group" environment to support peer parents experiencing current, similar issues, to share resources, guidance and supports.
- **Community outreach and public awareness efforts** – The FACT team continues to reach out into the local communities to raise awareness of supports for youth at risk of PINS. There are plans to engage in "visibility activities" within 2022. For example, at the local Rochester, NY 'Lilac Festival', the FACT team will have a table representing their services and supports to family/youth in the community. Personnel and informational materials will be on hand for the community, to gather information on services and assistance that may be available.
- For 2022, a short-term training opportunity is being offered through the provision of extra one-time STSJP funding. "My Voice, My Choice" will be available for family/youth over a period of 5 months. The training is intended to empower participants in all areas of their lives, with a specific focus on education, health and mental health advocacy. Participants will be trained on key skills and competencies related to self-advocacy and effective communication. The goal of the trainings is that parents leave empowered, knowledgeable, and ready to elevate their voice to be the lead decision maker in their child's care.

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

## B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for calendar year 2021. If the answer is zero please indicate such and do not leave any blank areas. Specifically, please provide the following as whole numbers (not %):

Number of PINS Diversion Services cases carried over from previous year:	19
Number of Total PINS Diversion Services referrals:	117
Number of PINS Diversion Services referrals filed by parents:	109
Number of PINS Diversion Services referrals by schools:	7
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:	1

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Please identify other sources:

Monroe County - Department of Human Services.  
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Number of Total PINS Diversion Services cases closed:	119
Number of PINS Diversion Services cases closed as Successfully Diverted:	100
Number of PINS Diversion Services cases closed as Unsuccessful and Referred to Petition:	19
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:	17

## C. Data Collection

How was data collected?

1. Data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including Probation, DHS, OCFS, and Family Court. The data obtained and any issues of concern are discussed. If warranted, subcommittees or work groups are formed 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, FACT has developed its own data base which allows for more accurate and timely data and serves as a more streamlined, customized record keeping system. "Salesforce" has been utilized for almost two years. Stakeholders meet regularly to ensure the system is updated and adjusted to deliver accurate and meaningful data.
  5. As an STSJP funded program, both FACT and PINS Probation Services collect and submit required STSJP data bi-annually.

#### D. Pre-PINS Diversion Efforts

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

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

- ☐ No
- ☒ Yes

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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:

579

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#### 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 2016 through 2021, complaints decreased 88% (from 957 in 2016, to 117 in 2021), while petitions decreased 95% (370 to 19). **No** youth were placed outside their home in 2021, 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. Prior to that time, 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. FACT funding was changed to STSJP funding for the 2019-2020 program year in response to PINS reform legislation, which allowed the program to adopt a Family Support Center model and more fully expand into the realms of prevention and early intervention to further reduce the number of PINS complaints and petitions.

## **PINS PETITIONS**

Probation has implemented several strategies to reduce the number of PINS cases petitioned to MCFC over the years. 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 continues to work with RCSD regarding PINS-T cases. In 2021, seven (7) truancy complaints were filed by schools; all but one were successfully diverted. The other was active as of the end of the year. Similarly, the renewed focus on youth and families building on strengths to repair relationships within FACT has led to a reduction of Ungovernable complaints. In 2021, three (3) ungovernable complaints (without a concurrent runaway complaint) were received.

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. (Of note, DHS filed NO PINS petitions in 2021, compared to last year when they filed 12.) While the number of runaway complaints (104) increased from the previous year (76), there is a higher percentage of cases being successfully diverted. This highlights the positive strategies and interventions being implemented in locating youth and successfully diverting them. Between the more preventive philosophy within FACT, COVID related impacts, and modifications to court procedures (family court vacating and then not issuing warrants, negating the need for DHS petitions), more youth were successfully diverted and fewer petitions were filed.

## **PINS Pre-Dispositional Placement**

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

- **Immediate Probation Response (IPR):** When a youth/family fail to appear (FTA) for court, in lieu of a FTA warrant, the Monroe County Family Court Judge can make a referral to the ATD Team. An ATD Officer will immediately attempt to locate the youth/family and if successful,

inform them when/where to appear and provide any assistance necessary to facilitate their appearance in Court.

- **PINS Pre-Dispositional Services (PDS):** All PINS petitions are reviewed by the JJMHC to screen for mental health needs and if so, will reach out to families and offer assistance/support. An assigned ATD Probation Officer will contact the family, identify any concerns, make appropriate referrals, and notify family of upcoming Court dates.
- **Electronic Monitoring:** The Team provides assessment, recommendations and reports to the Court regarding the use of Electronic/GPS monitoring as an alternative to Pre-Dispositional Placement.
- **Resource Cabinet:** The Team has established a clothing cabinet with school uniforms, book bags with school supplies, alarm clocks, duffel bags, hygiene bags etc. to address needs of youth and encourage/support them.

Clearly, the combined effects of Monroe County's array of programming have been effective, as not a single PINS youth has been pre-dispositionally placed, nor have they been placed out of the home upon disposition since January 2020.

## F. Desired Changes

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

For each outcome:

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

Desired Change	Numerical or Percentage Change Sought	Identify Outcome (for PINS Diversion Services population)	Strategy / Plan to achieve (who, what, and when)
<b>Change #1</b>			
Decrease the incidence and occurrence of youth runaway behavior.	Runaway youth complaints will decrease by 20%.	More youth will be safely maintained in the community through runaway prevention strategies provided by FACT and community partners.	Provide thorough assessment of strengths and needs for youth at risk of runaway behaviors.  Enhance and develop additional family/youth services to provide early intervention to youth displaying runaway risk (e.g., mediation, respite, clinical supports

			<p>etc).</p> <p>Develop and implement different strategies for youth who are prone to "stay away" versus "run away."</p> <p>Continue liaison between the Senior PO at FACT and the local human trafficking task force (local and Federal Law Enforcement and Safe Harbour staff).</p> <p>Probation will continue to aggressively search for missing youth per current practice.</p>
<b>Change #2</b>			
Increase the number of PINS and Pre-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 <b>(FACT, Probation) Ongoing</b></p> <p>Track results of MAYSI-2 screens &amp; outcomes of linkages/referrals to other service providers. <b>(FACT, Probation, OMH) Ongoing</b></p> <p>JJMHC/Engagement Specialist will review MAYSI-2 screens and collaborate with FACT staff on making referrals/linkages <b>(CCSI MHJJC)</b></p> <p>Report outcomes to Leadership Team <b>(FACT, MCDHS, Probation, OMH)</b></p>
<b>Change #3</b>			
Increase the availability and/or expand the continuum of respite/alternate housing options for PINS youth.	Youth will have access to appropriate lengths of respite stays, to implement needed	Respite will successfully support youth-family integration after crisis, infuse family support/mediation and/or support adequate planning time for	Two reserved respite beds are available for short-term respite through CFY. Hillside remains a resource for respite.

	<p>stabilization and continue successful diversions.</p>	<p>alternate resources. Maintain successful diversions.</p>	<p>Continue to plan/budget for Respite funds through STSJP.</p> <p>Assess current contracts/services to develop access to longer respite stays and increase infusion/merging of additional wrap around supports.</p> <p>Probation to continue to explore Respite for older youth.</p>
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#### G. Technical Assistance / Other PINS Related Information for OCFS and DCJS

Does your county have any technical assistance needs related to PINS Diversion Services?

- ☒ No
- ☐ Yes

Does your county have any training needs related to PINS Diversion Services?

- ☒ No
- ☐ Yes

Does your county have any technical assistance needs related to improving equity / addressing disparities in PINS Diversion Services?

- ☒ No
- ☐ Yes

#### H. PINS Diversion Services Lead Agency County Contact

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

Name:

Kristine Durante

Title:

Assistance Chief Probation Officer - Monroe County Family Services Division

Email Address:

KDurante@Monroecounty.gov



# Adult Services

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**Please select one of the APS goals you chose to address in your 2021 Child and Family Services Plan Annual Plan Update and address the following questions for it:**

Select one of the goals from your 2021 Annual Plan Update:

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

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

- A. Increase outreach and awareness of the Adult Protective Services Criteria and referral process to reduce inappropriate referrals by:
  - 1. Reviewing existing presentation information, formulating a new comprehensive presentation relevant to community needs regarding APS guidelines and criteria and develop a pre- and post- survey to assess participants' understanding of presented material;
  - 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?

APS held nine presentations in 2021 using the Gatekeeper PowerPoint. As Monroe County is now equipped with licenses for zoom and other virtual platforms, we were able to hold the presentations either in person or virtually, depending on agency preference. Presentations were presented to Conifer

Drug and Alcohol services, Child Protective Staff (4 sessions), Monroe County Probation, New Beginnings, Monroe County Elder Law Bar Association, and the Church of Annunciation.

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

APS staff attended the following trainings in 2021:

- Legal Training for APS
- Pooled Trusts
- Monroe County DHS Policies and Procedures 2021
- Medicaid Overview for Caseworkers
- Preventing Sex Trafficking and Strengthening Families Act Presentation
- FTHA for District Users: Phase 1 – Processing Initial, Change and Renewal Applications
- PSA New Worker Institute – Upstate - Components 1 – 5
- FTHA Coordinator Training: Session 1 and Session 3
- Buried Alive – Working Effectively with Compulsive Hoarders
- Fundamentals of Supervision
- Conflict Resolution
- CPS In-Service: Coping with a Pandemic and Changing Conditions for CPS Caseworkers

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. The manual and protocols were reviewed and updated where appropriate in 2021.

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

Thus far, the strategies selected have been useful and successful. Caseworkers are consistently providing information to clients by distributing the website or booklet for Elder Source GRAPE or NY Connects phone number to individuals determined to have service needs. Caseworkers are documenting the provision of these resources in their progress notes more regularly. APS workers continue to collaborate and plan with other adult serving agencies on open cases appropriate for services and with identified needs. MCDHS contracts with Catholic Charities Family and Community Services for Representative Payee (rep payee) services and Case Management services of Article 81 guardianship cases. Monroe County also has a contract with Lifespan for a nurse practitioner to provide capacity evaluations. This year, Monroe County partnered with Lifespan to apply for an Elder Justice Federal Grant and Lifespan was awarded the grant. Planning has been occurring with a steering committee and project implementation will begin in 2023. The project involves co-locating a Lifespan worker with APS staff with the goal of early identification, referral & connection of clients to Older American Act funded programs, as well as Lifespan services. APS 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 2021, a GRAPE resource book and/or the NY Connects phone number were provided, and/or the client was set up with services when a need existed in 100% of cases. The review also noted that Caseworkers regularly plan and communicate with service providers, including but not limited to

hospitals, OPWDD, home health aides, Lifespan, OMH and mental health and substance abuse agencies. Overall, the reviews were positive, demonstrating quality work being conducted by our APS staff.

Several presentations were held throughout 2021, increasing knowledge of APS with partnering agencies and to residents in our community. Sixty-nine (69) individuals attended these presentations in total. Additionally, APS staff attended 3 community events where information and small keepsakes with APS information was distributed. One event, the "Salute to Seniors" hosted by our Office of the Aging, had approximately 700 attendees.

MCDHS continues to contract with Catholic Charities Family and Community Services (CCFCS) and Lifespan for services. Contracts are monitored and performance measures are reviewed quarterly. Catholic Family Center provides monthly reports for every case where CCFCS is the Case Manager. CCFCS/Balanced Care managed 72 rep payee cases under our contract. CCFCS also case managed 69 of our Article 81 Guardianship cases, 11 of which were new in 2021. In 2021, 8 cases were co-managed between DHS and Lifespan. Capacity evaluations were conducted for 13 individuals.

Staff trainings are tracked by the DHS Staff Development Team. APS Staff completed 92% of their training hours in 2021. Additionally, the APS Administrator, Casework Supervisor and Senior Caseworkers have attended 6-8 individual and group coaching sessions with Lead Peak Performance.

In 2021, Monroe County underwent a case review by OCFS. No areas for improvement were identified and no PIP was required. We are very proud of these results and the good work being produced in our APS unit.

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

Monroe County does not believe any strategies need to change at this time. We continue to navigate any obstacles that COVID may present, but feel better equipped to do so with appropriate technology and the ability to use zoom/video conferencing. Staffing has been a challenge for Monroe County, with increased vacancies in 2021. However we have maintained workloads and performance activities within APS.

What will you do instead?

N/A

☐ A new Goal will need to be selected

### ACL Funding

As a follow up to the ACL funding discussions, OCFS would like to track where the ACL strategies may align with currently selected APS County plan goals.

If ACL funds are used to support this goal, please mark the corresponding box and select the associated ACL strategies that support that goal.

### Are ACL funds used to support this goal?

☒ Yes ☐ No

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**Please select one of the APS goals you chose to address in your 2021 Child and Family Services Plan Annual Plan Update and address the following questions for it:**

Select one of the goals from your 2021 Annual Plan Update:

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

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

- A. Enhance quality review of APS cases to ensure appropriate service delivery, linkage to resources and planning by:
  1. Continuing to participate in the "No Wrong Door Team;"
  2. Reviewing cases that have had 3 or more intake closings within 12 months to determine if a more in-depth assessment should occur;
  3. Conducting Administrative and/or Supervisory review of files of APS clients who die in their home (non-dormitory settings), to identify opportunities for practice/policy changes and improved service delivery and/or training;
  4. Continuing involvement with Lifespan's Enhanced Multi-Disciplinary Team (EMDT) focusing on financial exploitation;
  5. Continuing to meet monthly with the County Law Department regarding client specific issues;
  6. Holding monthly "Difficult Case Review" meetings to enhance peer critical thinking skills and staff awareness/use of community resources and inform training needs.
- B. Increase information and resources and then create intervention and recurrence strategies to address housing concerns by:
  1. Developing a shared definition of hoarding between APS, NY Connects and the Monroe County Hoarding Task Force and collaborating around how to track cases and collect/report data;
  2. Completing a hoarding risk assessment at the 72-hour mark for clients exhibiting hoarding or hoarding-like behaviors;
  3. Researching effective strategies and interventions used elsewhere that could be adopted locally to address hoarding behavior.
  4. Participating in local collaborative work groups that are further assessing housing concerns in the Greater Rochester Region, identifying barriers, and strategizing around interventions towards improvement.

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

A representative from APS continues to attend the No Wrong Door Team, where high risk cases can be discussed. APS also continues to participate regularly in the EMDT with Lifespan. Monroe County has made it a regular practice to dive deeper into cases where a referral has been received three or more times on an individual within a year. This has helped ensure a more comprehensive review, and APS history is more thoroughly explored. Every case file concerning a deceased client is reviewed by the Administrative Caseworker. Legal consultations with APS staff are held monthly for all situations where guardianship or other court actions are being considered. "Difficult Case Reviews" have also been held, although reduction of on-site staff due to COVID did call for APS staff to conduct these in 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 also contribute to the Livable Communities Plan 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. Minutes are reviewed by the APS Administrator. The EMDT remains very active in Monroe County. Internal monthly reports track the number of "poor housing conditions" cases are 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 2021 and Community Living Funds were dedicated to assisting individuals so they can remain safe and clean in their homes. The Administrative Caseworker for APS logs and tracks all cases where the client has passed away. Death reviews were conducted on 27 cases in 2021 with no significant concerns. Number of COVID deaths in these reviews did decrease from 2020.

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

We believe the strategies can remain the same. In 2021, APS saw an increase of cases at intake with housing concerns. Twenty-three percent (23%) of calls were cited for "poor housing conditions" Additionally, Monroe County APS received more calls for environmental hazards in 2021 than ever, constituting 16% of our total calls. The increase in housing concerns is likely due to more clients residing in the community and less bed availability at Skilled Nursing Facilities or other higher levels of care. As the eviction moratorium came to an end, landlords and courts saw a surge in eviction cases. Monroe County will be dedicting ARPA funds towards goods and services and least restrictive/alternate housing to support these efforts.

What will you do instead?

N/A

☐ A new Goal will need to be selected

### **ACL Funding**

As a follow up to the ACL funding discussions, OCFS would like to track where the ACL strategies may align with currently selected APS County plan goals.

If ACL funds are used to support this goal, please mark the corresponding box and select the associated ACL strategies that support that goal.

#### **Are ACL funds used to support this goal?**

☒ Yes      ☐ No

# 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

1. Total Estimated Funds Available: \$47,388,264
2. Projected spending for FFY 2022–2023: \$36,816,799
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 Institute	N/A
<input type="checkbox"/> b. Determining if legally-exempt providers meet OCFS-approved additional local standards		
<input type="checkbox"/> c. Assistance in locating care		
<input type="checkbox"/> d. Child care information systems		
<input type="checkbox"/> e. Payment processing		
<input checked="" type="checkbox"/> f. Other <i>Please specify function:</i> Child Care Navigation Services	Baden Street Settlement	125,000

## 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 is 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 requests with accompanying written documentation from a medical professional that the child's caretaker is unable to provide care for the child due to physical or mental health impairments along with the expected duration of the incapacity.
b) has family duties away from home	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to requests submitted in writing and subject to administrative approval on a case by case basis.
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.		
	<input checked="" type="radio"/> Yes <input type="radio"/> No	Child Care Services will be available for a period of up to three months while the caretaker is actively seeking 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	
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	



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="checked" type="radio"/> Yes <input type="radio"/> No	
d) a program providing literacy training designed to help individuals improve their ability to read and write	<input checked="checked" type="radio"/> Yes <input type="radio"/> No	
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="checked" type="radio"/> Yes <input type="radio"/> No	
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="checked" type="radio"/> Yes <input type="radio"/> No	
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="checked" type="radio"/> Yes <input type="radio"/> No	
h) a prevocational skill training program such as a basic education and literacy training program	<input checked="checked" type="radio"/> Yes <input type="radio"/> No	
i) a demonstration project designed for vocational training or other project approved by the Department of Labor	<input checked="checked" type="radio"/> Yes <input type="radio"/> No	
<b>Note:</b> 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). The caretaker must demonstrate his or her ability to successfully complete the course of study.	<input checked="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 capacity. The caretaker must demonstrate his or her ability to successfully complete the course of study.	<input checked="checked" type="radio"/> Yes <input type="radio"/> No	

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. 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 checked="" type="radio"/> Yes <input type="radio"/> No	

## Appendix M #1: Reasonable Distance, Family Share, 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":

Reasonable distance for determining accessible child care in Monroe County is care located with 1 hour (or less) travel time between child care site and employment/school site.

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

This has been the long standing definition of accessible care in Monroe County based on factors including local child care availability as well as private and public transportation options.

### II. 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 1% to 10% 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:

1%

Additional Description of this Family Share Percentage:

**Monroe County:** Child Care

This share percentage was instituted effective February 1, 2022

### III. 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 (200% State Income Standard):

☒ Rank 1

☐ Rank 2

☐ Rank 3

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

☐ Rank 1

☐ Rank 2

☒ Rank 3

c. Families with income up to 200% of the State Income Standard who 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. Title XX Case Closings When Sufficient Funds Are Not Available

- ☐ The district **does not use** Title XX funds for child care assistance.
- ☒ The district **uses** Title XX funds for child care assistance (this option must be checked in Appendix N and Appendix P must be completed).

If the district elects to use Title XX funds to provide child care assistance and the district does not have sufficient funds to continue to provide such assistance to all families in its current caseload, the district may decide to discontinue assistance. The district may establish priorities upon which the district will close cases if sufficient funds are not available. If no priorities are established and all funds are committed, case closings for families 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:

N/A - if we are projecting to have insufficient funds, we will discontinue opening of new cases and will maintain cases with local funds as needed.

## III. Waiting List

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

- ☐ Yes
- ☒ No

The district will establish a waiting list when there are not sufficient Title XX funds available to open new cases or keep all current cases open.

- ☐ Yes
- ☒ No

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

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## 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 various methodologies for identifying and investigating fraud, including hotline calls, as well as worker referrals through the Front End Detection System (FEDS) and Back End Detection System (BEDS).

### **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 and BEDS, 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

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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 more than 24 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 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.

Monroe County DHS Notification to Legally Exempt Caregiver Enrollment Agency

- ☒ 19. 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
	\$
	\$
	\$
	\$
	\$
<b>Total Set-Asides (NYSCCBG):</b>	\$

**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
	\$
	\$
	\$
<b>Total Set-Asides (Title XX):</b>	\$

**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

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1. Enter the projected total of Title XX expenditures for the plan's duration: **\$3,981,993**

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

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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 (*only applies to legally exempt relative-only family child care and relative only in-home child care*)

☐ Local criminal background check (*only applies to legally exempt relative-only family child care and relative only in-home child care*)

☐ Require providers caring for subsidized children for 30 or more hours a week participate in the Child and Adult Care Food Program (CACFP) (*only applies to family child care programs*)

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  
*Provide the name of the agency and contact person:*

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.

- 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.

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.
- "*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.
- 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.

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

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

- ☒ At initial enrollment and re-opening
- ☒ At each re-enrollment
- ☐ 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 additional 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 additional absences (check all that are eligible):

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

3. Number of additional absences above the required 24 allowed per child per provider per year:

56

4. List any limitations on reasons for additional absences for which the district will allow payment:

5. List any other limitations on the above providers' eligibility for payment for additional absences:

Payment will be allowed for routine absences on days the provider/program was open and the child was scheduled to attend.

## Appendix S: Payment to Child Care Providers for Program Closures

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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 Rates for Legally-Exempt Providers, and Sleep

### I. Transportation

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
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<b>Homelessness: Licensed and Registered Providers</b> <b>State required minimum of 5%</b>	5%	Enter a percentage (%): 5% to 15%. <i>(Must enter at least 5%)</i>
<b>Homelessness: Legally-Exempt Providers</b>	0%	Enter 0% or a percentage (%) up to 15%.
<b>Non-traditional Hours: All Providers</b> <b>State required minimum of 5%</b>	5%	Enter a percentage (%): 5% to 15%. <i>(Must enter at least 5%)</i>
<b>Nationally Accredited Programs: Licensed and Registered Providers</b> <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 §415.13, the director has completed an approved course and a minimum of 15 hours of approved training annually and each employee with a caregiving role completes a minimum of 5 hours of approved training annually and the enhanced requirements have been verified by the enrollment agency.

☒ 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, and Waivers

## 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 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.

## 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.

If the 18, 19 or 20 year old being included in the CCSU benefits the family the financial eligibility determination, they will be included.

## III. Waivers

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.

# Non-Residential Domestic Violence Services

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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.

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## Indicate if Plan has Changed

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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

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County Contact Person:

Denise Read

Phone Number:

(585) 753-6173

E-Mail address:

Denise.Read@dfa.state.ny.us

## Program Closure

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Program Name:

Date Closed:

Reason for Closing:

# Program Information

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*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
<b>Telephone Hotline Assistance</b>	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
<b>Information and Referral</b>	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
<b>Advocacy</b>	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

<b>Counseling</b>	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
<b>Community Education and Outreach</b>	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
<b>Optional Services (e.g., Support Groups, children's services, translation services, etc.)</b>	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 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

<b>Information and Referral</b>	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.
<b>Advocacy</b>	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.

<b>Counseling</b>	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
<b>Community Education and Outreach</b>	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.

<b>Optional Services (e.g., Support Groups, children's services, translation services, etc.)</b>	M-F (Weekends as needed for Deaf IGNITE)	8-5 (evening hours as needed)	<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

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

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

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

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

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

# T and U Visa Reporting

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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 2021, how many T visa applications were received?  
0
2. In 2021, how many T visa certifications were issued?  
0
3. In 2021, how many U visa applications were received?  
0
4. In 2021, how many U visa certifications were issued?  
0

# Title XX Program Services Matrix

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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](mailto: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 2022 Child and Family Services Planning cycle?

- ☐ Yes
- ☒ No

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

The parent fee percentage for Child Care was reduced to 1%, effective February 1, 2022. This change has already been made in the Title XX matrix.

# List of Data Sources

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

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

<b>OCFS Detention Risk Assessment Instrument System (DRAIS)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OCFS Agency Online Profile (OAOP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YASI data (Youth Assessment &amp; Screening Instrument)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safe Harbour: NY program data</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adult Services Automation Project (ASAP.Net)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Adult Protective Services (APS.Net)—NYC only</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Local Surveys</b>				
<b>County Search Institute Survey</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communities That Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TAP Survey</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>United Way (Compass Survey or other)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>				
<b>Other Data Sources</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Specify Any Other Data Sources:</b>	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.**

<b>Agency Type</b>	<b>Safety</b>	<b>Permanency</b>	<b>Youth and Young Adult</b>	<b>Adult Services</b>
<b>Health</b> <sup>4</sup>		Starlight Pediatrics		Monroe County Department of Public Health
<b>Mental Health</b> <sup>4</sup>	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health
<b>Youth Bureau</b> <sup>3</sup>			Rochester Monroe County Youth Bureau (RMCYB)	
<b>Department of Probation</b> <sup>3</sup>		Monroe County Department of Probation-Community Corrections	Monroe County Department of Probation - Community Corrections	Monroe County Office of Probation
<b>Societies for the Prevention of Cruelty to Children</b> <sup>1</sup>	Society for the Protection and Care of Children	Society for the Protection and Care of Children		
<b>Law Enforcement</b> <sup>1,2,4</sup>	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)
<b>Aging</b> <sup>4</sup>			Monroe County Office for the Aging	Monroe County Office of the Aging

<b>Legal</b> <sup>1,4</sup>	Monroe County Law Department, Children's Services Unit	Monroe County Law Department, Children's Services Unit		Greater Rochester Medical-Legal Collaborative
<b>Family Court (judge or designee)</b> <sup>1</sup>	Monroe County Family Court	Monroe County Family Court		
<b>Local Advisory Council</b> <sup>1,2,3</sup>	Monroe County Planning Committee	Monroe County Planning Committee	Rochester Monroe County Youth Board	
<b>Other Relevant Government Agencies</b>	NYS OCFS	NYS OCFS		
<b>Child Care Resource and Referral Agencies</b>		Western NY Child Care Council		
<b>RHYA Providers</b> <sup>3</sup>	Center For Youth	Center for Youth	Center for Youth Services	
<b>Other Public / Private / Voluntary Agencies</b> <sup>1,4</sup>	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
<b>Other (#1)</b>		OPWDD		Catholic Charities Family and Community Services
<b>Other (#2)</b>				

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.