

Cover Page

Monroe County County Child and Family Services Plan

NOVEMBER 1, 2024 – OCTOBER 31, 2029

Table of Contents

Plan Components

- District Overview
- Family and Children's Services
 - Child Protective Services
 - Child Preventive Services
 - Foster Care Maintenance and Services
 - Adoption Services
- Adult Services
- Foster/Adoptive Parent Recruitment and Retention Plan
- Youth and Young Adult
- Runaway and Homeless Youth Services Plan
- Sexually Exploited and Trafficked Youth
- Differential Response to Children
- Persons in Need of Supervision (PINS) Diversion Services
- PINS Pre-Dispositional Placement Services
- Child Care
- Non-Residential DV Services
- T and U Visa Reporting
- Title XX Program Services Matrix

Certification Requirements

1. Public Hearing Requirement
2. Memorandum of Understanding (MOU): District Attorney's Office and Child Protective Services
3. Signature Page and Attestation

Appendices

1. List of Data Sources
2. Required Interagency Consultations

District Overview

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

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

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

2. Knowing the characteristics of your LDSS, what are the Top 5 concerns you have that relate to the disparities in the LDSS in the next 5 years? What are you doing or plan to do to address these concerns? What barriers do you have or anticipate having? How will you address those? Or what help do you need both inside and outside the child welfare system? What are you proud of and need support sustaining? What nontraditional methods do you want to try?

Characteristics of LDSS and Top Concerns

Monroe County is located in Western New York, centered on the City of Rochester with 19 suburban and rural towns. Based on the most recent decennial census (US Census, 2020), Monroe County is home to 759,443 people, with 211,328 (28%) of them living within the Rochester city limits. The County's population has increased by 3.3% since 2000, while the population of the City decreased 3.8% during the same period. As described below, the characteristics of our LDSS give rise to five concerns related to disparities: (1) ensuring the well-being of people living in and near poverty, (2) access to safe, affordable housing, (3) meeting the needs of an aging population, (4) meeting the needs of a racially/ethnically diverse population, and (5) maintaining social safety nets for people with disabilities.

1. Ensuring the Well-Being of People Living In and Near Poverty

Monroe County is marked by deep economic divides with highly concentrated areas of affluence and poverty, sometimes separated by short distances. The median household income in Monroe County is \$74,409, compared with \$46,628 in Rochester (ACS 5-year estimates, 2023). The unemployment rate stands at 5% county-wide and 8% in the city (ACS 5-year estimates, 2023). However, people may face substantial financial hardship even when employed. The ALICE index (Asset Limited, Income Constrained, Employed) measures how many households are above the federal poverty line, but still cannot afford basic expenses in the county where they live. The current estimate of ALICE households in Monroe County is 29% (United Way, 2025) with an additional 13% of households living below the poverty line (ACS 1-year estimates, 2023). Combined, 43% of Monroe County households are facing substantial and sometimes dire financial hardship.

Poverty is especially concentrated in the city of Rochester where 27% of all people were living under the poverty line in the past 12 months; this is more than twice the county-wide rate of 13% (ACS 5-year estimates, 2023). Poverty disproportionately affects children. In Monroe County, 19% of children were reported as living in poverty (ACS 5-year estimates, 2023). The highest rates of child poverty were in the city of Rochester at 41% and the town of Sweden at 21% (ACS 5-year estimates, 2023). Those rates pose serious concerns because of the immediate and long-term impacts of poverty on children's development and future success. Research shows children who grow up in poverty are more likely to have chronic health conditions, may experience impaired cognitive development and academic achievement, have limited opportunities for social and emotional development, and are at greater risk of mental health problems. While children are resilient and can thrive in the face of adversity, there is a clear need for effective poverty reduction programs that support families with children.

The complex web of historical and systemic racism and explicit and implicit bias also gives rise to disparities in poverty based on race/ethnicity. Poverty rates in Monroe County are significantly higher for Black/African American and Hispanic/Latino residents. The poverty rate for White (not Hispanic)

residents is currently 8%, 19% for people who identify with two or more races, 26% for people who are Hispanic/Latino, and 28% for people who are Black/African American (ACS 5-year estimates, 2023). It is important when delivering government-funded social services that attention is paid to dismantling these disparities so all residents, no matter who they are or where they live, can thrive.

2. Access to Safe, Affordable Housing

Related to the economic disparities described above is the crisis in housing availability and affordability. The cost of housing is far outpacing inflation, leaving 48% of Monroe County households rent burdened, paying more than 30% of their income in rent (ActRochester, 2023). Although the population of Monroe County has been increasing, the availability of housing units has not kept up. Since 2015, the total number of housing units has increased by only 4% and the vacancy rate has fallen from a peak of 6.8% to 5.8% for rentals and from 1.1% to 0.7% for owner-occupied housing (ACS 5-year estimates, 2022). In short, there are very few housing units available. Even more striking, however is the rise in housing costs. The Fair Market Rental Values for the Rochester HUD Metropolitan Area have risen dramatically since 2015 with a steady but gradual rise between 2015 and 2021 and a sharp rise between 2022 and 2025. The fair market rent value has risen 75% for a four-bedroom unit in Monroe and surrounding counties, 65% for a two-bedroom unit, and 62% for an efficiency (HUD, 2025). Yet, the median income during nearly that same time has increased by only 35% (ACS 5-year estimates, 2023). Despite numerous state and local initiatives to increase the availability of affordable housing, the time it takes to build or rehabilitate housing means the demand for social services related to housing costs will persist for years to come.

3. Meeting the Needs of an Aging Population

Older adults are the fastest growing age demographic in Monroe County where 25% of residents are 60 years or older for the first time in history (ACS 5-year estimates, 2023). While this shift is occurring county-wide, the growth of older people varies across municipalities. In suburban towns, the percentage of residents who are 60 years or older ranges from 21% in the town of Sweden to 29% in the town of Irondequoit, while in the city of Rochester it is 19% (ACS 5-year estimates, 2023). Increased longevity brings with it a variety of issues and needs that directly impact human services, including: systemic impacts of ageism, increased demand for caregiving and care navigation, the risk of elder abuse, the need for age-friendly housing and age-accessible transportation, and the risk of social isolation (Lifespan, 2023). While these issues exist across the county, the local contexts may require different solutions. For example, transportation within the city of Rochester where there is an extensive public transit system with fixed bus routes is very different from rural towns like Sweden where there are no fixed bus routes and an on-demand shuttle that serves only a very limited portion of the town. Other towns have no public transit system of any type. There is a clear need for age-friendly public policies and social support systems that are accessible no matter where older adults live.

4. Meeting the Needs of a Racially/Ethnically Diverse Population

The community continues to see increased racial and ethnic diversity. 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 and 9% of County and 19% of City residents were Hispanic/Latino (US Census, 2020). The Hispanic/Latino population is the fastest growing in the county, having increased by 79% in the County and 41% in the City since 2000. There is also notable growth of the Asian population which has increased by 58% in the County and 49% in the City, while still representing less than 5% of the population (US Census, 2000 & 2020). Monroe County is also one of the top three counties in New York for refugee and Special Immigrant Visa resettlement with 1,615 people arriving in 2024, according to the Office of Temporary and Disability Assistance.

Children in Monroe County identify as more racially/ethnically diverse than adults. The most recent Youth Risk Behavior Survey indicates that Monroe County youth continue to experience adverse experiences at rates that differentially impact Black/African American and Hispanic/Latino youth and LGBTQ+ youth. County-wide, 58% of youth reported experiencing one or more ACEs and 18% reported three or more (Monroe County Department of Public Health, 2024). However, these rates were very

different based on race and ethnicity with 49% of White youth, 76% of Hispanic/Latino youth, and 79% of Black/African American youth reporting one or more ACEs; and 15% of White, 24% of Black/African American, and 28% of Hispanic/Latino youth reporting three or more ACEs. ACEs are related to both immediate and lifelong outcomes. Relationships have been found with lower academic achievement, increased likelihood of behavioral and mental health challenges, and higher prevalence of health issues, substance abuse and criminal behavior. More effective prevention and early intervention will reduce long-term impacts on individuals as well as the public costs of responding to lifelong impacts.

5. Maintaining Social Safety Nets for People with Disabilities

Recognizing that public social safety nets are particularly critical to the well-being of people with disabilities, it is important to be aware of how many residents are living with a disability. Again, there are differences county-wide versus in the city of Rochester with disability status being higher in the city at all ages. In Monroe County, 6% of children have a disability, but that rises precipitously in older age with 21% of residents 65-74 years and 44% of residents 75 years or older having a disability (ACS 5-year estimates, 2023). In Rochester, the percentages are higher for all ages, but most notably higher for middle aged adults with 26% of City residents aged 35 – 64 years having a disability, versus 14% county-wide; and 30% of City residents aged 65 – 74 years having a disability, versus 21% county-wide (ACS 5-year estimates, 2023). It is important to note that the US census reports disability for non-institutionalized populations. These numbers do not include people living in psychiatric hospitals, skilled nursing facilities, or other long-term care facilities and, therefore, are underestimates of the full population of people with disabilities living in Monroe County.

Strategies to Address Disparities

The Monroe County Department of Human Services partners with multiple community initiatives and organizations to address social and economic disparities and to promote equitable access, systems and outcomes. The following efforts are underway by Monroe County to address racial and ethnic disparities through (1) education and training, (2) recruitment and retention initiatives, (3) service delivery, (4) organizational initiatives, and (5) systems initiatives.

1. Education and Training

MCDHS is working to increase educational opportunities for mandated reporters and community members with a focus on proactive, community-based intervention, including:

- *Do Right by Kids* website and newsletter that MCDSS provides to mandated reporters and the general public to educate them about how they can effectively support children and families
- *Promotion of mobile apps and online directories* including the Monroe County Mental Health mobile app that helps community members find mental health supports; the Monroe County online Youth Services Directory provided online through the 211 Lifeline; and My Wayfinder, a county-wide mobile app developed through the Together Now systems integration project that helps community members and service providers locate a wide variety of social services
- Integration of mandated supporter messaging and information about both Child Welfare and Adult Protective services at *community events*
- Provision of *Community Information Sessions* (CFS 101)

2. Recruitment and Retention Initiatives

Monroe County continues to remove biases and promote equity through our efforts to recruit and retain staff and foster parents who reflect the demographics of our community. Initiatives include:

- Development and implementation of a *Diversity Action Plan* which includes a focus on recruiting and retaining diverse staff
- Utilization of a *Kinship Specialist Team* to help remove barriers and ensure that relatives know and understand their options and the process to become a foster parent or care for children who are in their care under court order

- Contracting with a marketing firm which employs three *community outreach workers* to help recruit potential foster parents by building relationships in the African American and Hispanic communities, being visible at community events and provision of information sessions, in addition to various *digital advertising strategies*
- *Foster Parent Advisory Board* co-facilitated by two foster parents with the support of a contracted agency to support foster parents and facilitate access to information and resources
- Working with contracted agencies that provide *Preventive services* to diversify their staff to better reflect the racial and ethnic backgrounds of youth and families. Contracted preventive programs have increased staff composition from 28% Black/African American in 2018 to 43% in 2024. The number of male staff increased from 11% in 2018 to 20% in 2024.

3. Service Delivery

Monroe County is working to reduce disparities and promote equity in services and outcomes. These strategies seek to reach youth, families and older adults when and where they need support and to bring greater stability and well-being into their lives.

Recognizing that child welfare reports often occur when families are struggling to meet their basic needs, Monroe County is collaborating with community partners to provide tangible support to families at risk of child welfare involvement. This includes:

- *Reimagine Initiative* through Hope585 focused on narrowing the front door to child welfare by supporting families within the community, thereby reducing unnecessary reports
- *Care Portal* through which community members and faith-based groups pledge items and money to meet families' needs such as furniture, clothing, household items, and door alarms
- Contract with *Hope Initiatives*, an organization that provides families with portable cribs, beds, and other household items such as washers and dryers
- Monroe County *Preventive funds* are also used for items that cannot be accessed through Care Portal and/or Hope Initiatives

Another strategy for reducing disparities and promoting equity is the availability of services tailored to specific needs and life experiences. MCDHS is providing greater access to services through:

- A new Preventive services contract for *youth with intellectual and developmental disabilities*
- Development of an inventory of *post-adoption* resources for children, youth and families
- A *Safe Harbour* program that provides housing referrals for sexually exploited and trafficked youth
- An *Interdisciplinary Foster Care Decision Making Team (DMT)* that conducts a comprehensive review of every youth for whom a higher level of care is being considered to ensure that every available service/option has been considered

To promote positive youth development, MCDHS continues to foster youth leadership and offer positive opportunities for youth to engage in community settings through programs including:

- Integrating *Rewire CBT*, a street-based approach to reduce violence and help youth cope with trauma, anxiety and depression
- Expanding funding for *Youth Educational Sports* from 1 program to more than 20 programs

To ensure families have equitable access to affordable child care, Monroe County continues to:

- Offer presumptive eligibility through a Child Care Certificate process that allows payment during

the interim eligibility period for families experiencing homelessness

- Offer child care assistance without regard to income when there is an open child protective services case or a child is placed in foster care with a certified or approved foster parent
- Offer differential or enhanced payment rates to incentivize child care providers to accept Child Care Assistance for children who are homeless, need care during non-traditional hours, or to non-legally exempt providers who obtain specified accreditations.

To strengthen protection of vulnerable adults, MCDHS is engaged in the following strategies:

- *Specialized teams* under the umbrella of Adult Protective Services to enhance quality of services
- Continued contracts for the *Elder Justice Program* and the *Upstate Elder Abuse Center*
- Continued participation in the *EMDT and Long-Term Care Council*

To address emergency housing needs, MCDHS is:

- Continuing a Coordinated Entry System across Rapid Rehousing, Permanent Supportive Housing and Empire State Supportive Housing Initiatives programs to prioritize individual sand families with the most dire needs using an evidence based assessment tool
- Participating in the Homeless Services Network community meetings and an annual needs assessment that informs HUD NOFA funding decisions
- Continuing to implement our protocol for missing or runaway youth, in concert with the provision of supportive services through the Family Access and Connection Team, a collaboration between MCDHS, Monroe County Probation, Monroe County Office and a local agency

4. Organizational Initiatives

Committed to evidence-based decision making, MCDHS continues to invest in data analysis and data-informed continuous quality improvement. Over the next two years, this work will include:

- Collecting and analyzing *Risk Assessment Profile* (RAP) data with added attention to racial/ethnic disparities to identify the most influential risk factors and inform supports and intervention to reduce disparities
- Analyzing data to understand and address the reasons for *multiple placement disruptions*
- Analyzing adoption data through *Rapid Permanency Reviews* for children served by the Adoption Unit
- Working towards implementation of a CQI process with special attention to reducing disparities in Child Welfare
- Bringing in the voices of youth through increased membership of the *Youth Board*, revitalization of the *Youth Services Quality Council* and the inauguration of the *Monroe County Youth Senate*

5. Systems Initiatives

Recognizing that equity in outcomes can only be achieved when systems operate in equitable ways, MCDHS is continuing its leadership in systems change. This cross-systems, multidisciplinary and collaborative work is exemplified by:

- MCDHS continuing to lead a growing coalition to address the *unmet, cross-systems needs* of children with complex diagnoses of intellectual or developmental disabilities and mental health or behavioral challenges through a cross-systems Action Team, Advocacy Workgroup, and additional workgroups to be formed

- The work of the *Commission on Racial and Structural Equity (RASE)* that began in June 2020 as a county – city partnership which continues through eight Community Advancing Recommendation Teams; MCDHS staff are actively involved in teams that relate to our work in human and social services
- The *Monroe County Youth Employment Team* bringing together several county departments to support employment opportunities for underserved, justice involved and disconnected teens with a goal of employing 40 – 50 youth

Barriers to Addressing Disparities & Need for Support

In Monroe County there are three persistent barriers to addressing disparities in social services and outcomes. First, the systemic barriers to accessing services for children with complex intellectual, developmental, mental and behavioral health needs are causing significant disruptions to children's lives and development. This is experienced most critically by children who have a delayed discharge ("boarding") in hospitals because they cannot access the community-based and residential services they need to be safely discharged. Due to differing regulations in different systems, children whose needs require supports and services from multiple systems sometimes are unable to access the services they need. MCDHS welcomes the opportunity to work with state agencies to close these gaps.

Second, the lack of culturally competent mental health providers for adolescents and young adults, particularly for youth of color and especially for sexually exploited and trafficked youth is an ongoing community need. MCDHS welcomes support in expanding the availability of culturally competent and specialized mental health providers.

Third, the lack of safe, affordable housing is especially a challenge for vulnerable youth and young adults. The lack of emergency shelter and transitional housing is especially dire for the growing number of young adults ages 19 – 21 years who lack stable housing. With no specialized shelter for this age group in the County, these youth experience heightened risk.

3. Describe how the district defines success, and identify successes and achievements over the last five years (new initiatives, priorities, restructuring).

Monroe County Department of Human Services is proud of the numerous initiatives, successes, and achievements over the past 5 years. We define success by the positive impact our services have on the lives of residents of Monroe County. We strive to make our services comprehensive, responsive, coordinated and based on measurable results. Our goal is to promote a higher quality of life for all residents. Notable successes in key areas are described below.

Safety and Permanency for Children

- Monroe County has made significant progress in reducing the number of children placed in congregate care in favor of more home-like settings. At the end of 2024, 17% of youth in foster care were living in congregate settings (11% child welfare; 6% juvenile justice) , compared to 36% in 2015.
- With the coordinated efforts of the Adoption staff and the Permanency Unit, 52 children were adopted in 2024. Permanency was also achieved for 57 children through Article 6 custody/guardianship and 7 children via Kin Gap.
- 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. No PINS youth were placed outside their home in 2024, either on a pre-dispositional order or as a court-ordered disposition. The Family Support Center-Family Access & Connection Team (FSC-FACT) provides services which are focused on addressing needs in a reparative, strength-based way, which has resulted in better outcomes.

Preventive Services

- Monroe County annually provides preventive services, currently working through contracts with 12 community-based agencies to deliver 22 programs to over 1,201 families and 1,993 children in 2024. Consistent with prior years, new indicated CPS reports and foster care were avoided for 99% of families who received preventive services.
- Additionally, 83% of parents/caregivers and 81% of children maintained or decreased their stress levels and 82% of families and 76% of children improved their overall functioning.

Child Care

The Child Care Assistance Program has produced a number of highlights, centered around creating an improved user experience, streamlined processes and expansion of eligibility:

- Eligibility has been expanded to 85% of the State Median Income. As a result, in December 2024 there were 7,138 children in Monroe County covered by the Child Care Assistance Program, 56% more than in December 2020
- The Monroe County website has been updated with application materials and an eligibility calculator to make it easier for families to know whether or not they meet income requirements to receive assistance
- Monroe County now issues provider payments electronically

Adult Services

- In January 2025, Monroe County Office of the Aging, in partnership with the Veterans Service Agency, opened two satellite offices on the east and west sides of the counties. These sites will provide older adults and caregivers with better access to aging service programs including information about home care options, housing, transportation, wellness programming, financial support, and other resources and referrals.
- In November 2024, Rainbow Seniors ROC opened its new community center for older LGBTQ+ adults. Monroe County helps to fund this program and its mission of combatting isolation and connecting people to social services.
- The Office of the Aging is also expanding its work with towns and villages in Monroe County to help them learn how they can make their services and public policies age-friendly.

Restructuring

The initiatives described above require meaningful community engagement to ensure we are responding to present needs and the that we have the capacity to evaluate outcomes and otherwise measure our work. Toward this end, in recent years MCDHS created two new divisions. The *Office of Community Engagement and Partnerships* (OCEP) works to develop, promote, and enhance mechanisms for increased collaboration, communication, and supports with internal and external partners, as well as with consumers and potential consumers, resulting in improved access to MCDHS services. The division of *Research and Planning* focuses on improving efficiencies, productivity, and outcomes by engaging in both short- and long-term planning and ensuring that timely data are routinely utilized to inform decisions. Research and Planning also seeks and coordinates grants, provides increased oversight of contract performance and compliance through enhanced metrics; produces state required plans; develops, implements, and evaluates programming and works to improve cross-system collaborations.

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

Monroe County Department of Human Services utilizes their Research and Planning division to coordinate and support the planning process. Leadership works closely with program staff, data, contracting, planning, finance and legal staff, as well as external partners to ensure that needs are assessed in each area, priorities are developed and desired outcomes defined. Goals, strategies and activities are developed, as are metrics to evaluate effectiveness and ensure progress towards both short and long-term goals. Monroe County periodically holds a Public Hearing and incorporates suggestions and feedback in finalizing the plan.

5. Financing Process: Describe the financing for the district's services (SSL 409-d, SSL 423, SSL 473).

a. 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. Monroe County also utilizes funding from the Flexible Funds for Family Services.

MCDHS-RMCYB

The core RMCYB funding sources are NYS OCFS for Runaway and Homeless (RHY1 and RHY2), Youth Development Programming (YDP), Youth Sports Education Fund (YSEF) and the Youth Sports Teams (YTS). The RMCYB also receives local funds to support the NYS YSEP which supports after school youth employment opportunities with a focus on at risk youth. The RMCYB partners with MCOFA to assist in supporting intergenerational programming. The RMCYB often partners with other funders to support youth development programs which include local foundations and the City of Rochester. With the addition of Youth Engagement Specialists, 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, contracted non-profit organizations and youth sports teams that focus on positive youth development.

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

Monroe County 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.

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

Monroe County has a web-based contract management and tracking system called 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 and support. Additionally, the Department of Human Services has a Research and Planning team. Part of the team's charge is to more thoroughly examine contracts to explore opportunities for improvement, to use data to inform decision making, and to enhance key performance indicators.

MCDHS-LDSS

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

Preventive Services:

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. Case monitoring is conducted through progress notes and the Family Assessment and Service Plan (FASP) completed by the service providers. MCDHS preventive caseworkers/liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are being provided and the minimum number of home visits are made. Contract providers are required by Monroe County to measure family or child functioning and ability to manage stress. Each agency has chosen a tool to measure these outcomes. The tool must be approved by Monroe County. Each contract is assigned a liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Utilization rates are expected to be maintained, are closely monitored, and are discussed at every bi-monthly Preventive Coordinators meeting. Providers are required to enter quarterly performance measures into 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 and is augmented by local data collection and analysis through our Research and Planning division.

Adult Protective Services:

All contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. Summaries of casework activity are submitted monthly when a contract requires case management including guardianship activity. Also, when case management services are provided, agency meetings are held at least every other month to review individual needs, agency activity with clients, and outcomes. Our contracts for financial services appoint liaisons to work with our staff. We have access to the systems that track client financial information, so APS staff can review statements and ensure clients finances are being handled properly. Internally, we review each client's finances where we are property guardian or rep payee on a quarterly basis. Contracted agencies are required to report performance measures each quarter. Agency outcomes are reviewed by the Director and Administrator.

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 young 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.

6. 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.

Child Welfare Introduction

Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for themselves and their children. Each district seeks to improve outcomes that support the achievement of the state and 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 the districts will implement to reach these outcomes are listed throughout this county CFSP.

New York State Child Welfare Practice Model Outcomes

- 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, professional, and culturally competent and use child-centered, family-focused practice, and demonstrate partnership at all levels.

Data Indicators and Developing Outcome Measures

Identifying gaps between the needs of children and families and the services currently provided, whether due to lack of available services or barriers to service provision, is a crucial first step in county planning. Child welfare systems should use a balanced approach to decision-making informed by data.

New York State statute, regulation, and policy, requires that the goals, objectives, activities, and measures identified must be intended to ensure that:

- families can stay together and develop supportive relationships and maintain or achieve independence.
- families with children in foster care are able to reunite and develop supportive relationships and maintain or achieve independence.
- children whose families are unable to care adequately for them receive appropriate, stable, substitute care.
- children in foster care who are unable to return to their families are provided permanent homes to develop the capacity to live independently upon achieving adulthood.

The outcomes must relate to the state and federal goals, which are broad enough to allow districts to focus its activities based on its unique needs assessments. These goals are best met through collaboration.

Child Protective Services

Safety Outcomes

- Children are, first and foremost, protected from abuse and neglect. (CFSR Outcome)
- Children are safely maintained in their own home, families and communities with connections, culture and relationships preserved. (OCFS Practice Model Outcome)

District 5-Year Goal

1. What is your district's 5-year goal to meet any unmet needs and reach the safety outcome?

Improve the community's response to families in need to strengthen families, create safety nets for children, and avoid unnecessary Child Welfare involvement.

2. How will you know you have reached this goal? What data will you use as evidence the goal has been met?

Decrease in overall number of Child Protective reports from mandated reporters.

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress	Year 1 Update
<p>Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.</p> <p>Activity</p> <ul style="list-style-type: none"> • Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development. 	December 31, 2025	<p>Supporting materials (e.g., manual, processes/protocols) to guide quality improvement practice will be developed and implemented.</p>	<p>Monroe County Child and Family Services continues to develop its comprehensive Continuous Quality Improvement System, otherwise known as Quality 360. With the assistance of contracted external consultation, a model of CQI and accompanying framework has been developed. Work has focused on engaging staff in designing the model and providing education on CQI, as well as developing processes and implementation tools. To date, the principles of the work have been identified and agreed upon, preliminary infrastructure and an attendant implementation model have been developed, as well as a practice protocol and the beginnings of a Quality 360 manual. Efforts to extend CQI to all levels of staff have included listening sessions, creation of a building group, a CQI corner in the weekly CFS newsletter and creation of an archive of CQI work to date. Data resources have been gathered and are regularly assessed to identify trends in meeting prioritized goals.</p> <p>Progress towards the goal has been slowed somewhat since the QA position became vacant. However, the work to date has been well-documented and the Directors are working closely with the Division of Research and Planning to continue</p>

<p>Collect and further analyze Risk Assessment Profile (RAP) data, with added attention to racial/ethnic disparities, to identify most prominent risk factors to further explore gaps, inform community supports and reduce disparities.</p> <p>Increase educational opportunities for and collaborate with mandated reporters and community members, addressing service and system needs, and focusing on proactive community-based intervention prior to Child Welfare involvement (i.e., OCFS' "Mandated Supporter" message) whenever possible.</p> <p>Activities</p> <ul style="list-style-type: none"> • Adapt and develop educational opportunities as needed to promote intervention prior to Child Welfare involvement. Outreach will include: Do Right by Kids website and newsletter, promotion of My Way Finder, HEARS line, Monroe County Mental Health mobile app, CFS 101 and other presentations and share widely with CFS staff. • Utilize the Office of Community Engagement and Partnerships to attend community events and promote a "mandated supporter" message. • Actively partner in the Reimagine Initiative with Hope 585 to "narrow the front door" to child welfare. 	<p>December 31, 2025</p> <p>December 31, 2026</p>	<p>Next steps to address gaps and reduce disparities will be identified based on a more thorough analysis of RAP scores.</p> <ul style="list-style-type: none"> • Number of presentations adapted and newly developed materials that promote assistance to families prior to Child Welfare involvement. • Number of presentations held, community events attended, and an increase in subscribers and website visits to Do Right by Kids. Solicit and collect feedback on training and events. • Attendance at and participation in HOPE585's Reimagine Initiative. 	<p>development and implementation.</p> <p>Extracting and analyzing RAP data has been more complicated than originally thought. CPS has requested the assistance of our internal Research and Planning Division to extract and analyze the RAP data, particularly as it relates to race and ethnicity and work is currently underway.</p> <p>CFS 101 has been provided to the community twice this calendar year, in March 2025 and August 2025, and a third offering is scheduled for October 2025. CFS 101 includes information on all areas of our department, including CPS Investigation, CPS Management, Preventive Services, Foster Care, Homefinding, Adult Protective Services and juvenile justice. Additionally, the presentation highlights community resources, the HEARS Line, the Do Right by Kids website and a strong mandated supporter message. One-hundred and twenty (120) individuals have attended CFS 101 so far this year.</p> <p>Do Right by Kids is a Monroe County developed website (https://www.dorightbykids.org) that provides information to the local community and mandated reporters. In addition to the website content, which contains numerous articles, information, fact sheets and resources, monthly newsletters covering a new topic each month are sent to those who subscribe. Individuals can suggest topics for future articles directly on the website and prior newsletter articles are available. Topics this year have included: Advocating for Youth, Statistical Overview of CPS Reporting, Domestic Violence, Housing Crisis, Community Schools, Child Abuse Prevention Month, the Mobile Stabilization Program and the Child Care Council. There are currently 3,263 subscribers to dorightbykids.org, 63 of whom are new subscribers this year.</p> <p>Child and Family Services has worked with our Office of Community Education and Partnerships (OCEP) throughout the year to provide community education and promote a "mandated supporter" message. OCEP has responded to community partners requesting information about Child Protective Services, Adult Protective Services, Youth in Placement, and Kinship Care. They have shared information with community about Family Court and children in foster care being in the care and custody of MCDHS, as well as the Kinship Specialist Team.</p> <p>Child and Family Services has been attending and actively participating in the Reimagine Initiative through</p>
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Hope585 since 2024. This group focuses on "narrowing the front door" to Child Welfare by reducing unnecessary reports. This is achieved by supporting families instead of reporting them to Child Protective services when it is appropriate to do so. Monroe County DHS is represented by all levels of staff, including our Commissioner, directors, administrators, supervisors and caseworkers.

Child Preventive Services

Preventive Services Outcomes

- Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for themselves and their children. (OCFS Practice Model Outcome)

District 5-Year Goal

1. What is your district's 5-year goal to meet any unmet needs and reach the prevention outcome?

Children, youth, and families will have access to the appropriate services and supports.

2. How will you know you have reached this goal? What data will you use as evidence the goal has been met?

Families who receive preventive services will avoid any new indicated reports and/or placements into foster care while receiving preventive services.

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress	Year 1 Update
<p>Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.</p> <p>Activity:</p> <ul style="list-style-type: none"> • Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development. 	December 31, 2025	<p>Supporting materials (e.g., manual, processes/protocols) to guide practice will be developed.</p>	<p>Monroe County Child and Family Services continues to develop its comprehensive Continuous Quality Improvement System, otherwise known as Quality 360. With the assistance of contracted external consultation, a model of CQI and accompanying framework has been developed. Work has focused on engaging staff in designing the model and providing education on CQI, as well as developing processes and implementation tools. To date, the principles of the work have been identified and agreed upon, preliminary infrastructure and an attendant implementation model have been developed, as well as a practice protocol and the beginnings of a Quality 360 manual. Efforts to extend CQI to all levels of staff have included listening sessions, creation of a building group, a CQI corner in the weekly CFS newsletter and creation of an archive of CQI work to date. Data resources have been gathered and are regularly assessed to identify trends in meeting prioritized goals.</p> <p>Progress towards the goal has been slowed somewhat since the QA position became vacant. However, the work to date has been well-documented and the Directors are working closely with the Division of Research and Planning to continue development and implementation.</p>
<p>Continue to assess effectiveness of existing preventive service contracts.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Hold Coordinator's meetings every other month. • Conduct case reviews with an eye towards specific areas for quality improvement. • Monitor performance measures via Monroe County's contracting system. • Produce a Preventive Services annual report. 	December 31, 2025	<p>90% of preventive contracts between Monroe County Child and Family Services and voluntary agencies will achieve their outcome measures.</p>	<p>Coordinators meetings are held regularly, on an every other month schedule, with each contracted provider. Meeting agendas include review of utilization, staffing, successes and challenges with programming, FASP timeliness, pending referrals, and compliance with contracted programming and preventive regulations, as well as discussion of case dynamics.</p> <p>Monroe County conducts internal reviews using a modified version of the CFSR tool. An online platform for the reviews has been developed and is being rolled out. Two preventive cases are reviewed per month. One of those cases is reviewed by the preventive liaison for the program and case results are shared with the contracted vendor. Results are shared with OCFS when requested.</p> <p>A 2024 Preventive Annual Report has been created and is available online https://www.monroecounty.gov/files/hs/Preventive%20Services%20Annual%20Report%202024%20FINAL.pdf</p> <p>The report was shared with agencies and reviewed at a Monroe County Preventive Coalition meeting. In 2024, 91% of our contracted vendors met their performance measures. Two programs did not meet their performance measures around utilization in the fourth quarter of the year, as staffing issues prohibited them from accepting the target number of referrals. In 2025, thus far, all programs have met or exceeded their performance measures.</p>
<p>Create greater access to services aimed to serve DV offenders, youth who identify as LGBTQ+, and youth with I/DD, significant behavioral challenges and mental health needs.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Pilot a domestic violence offenders' program with Family Counseling Services of the Finger Lakes. • Develop and release a Request for Proposals (RFP) for an LGBTQ+ program for youth. • Advocate and collaborate to increase community supports and services for youth with I/DD, significant behavioral challenges, mental health needs, and other needs as identified. 	December 31, 2026	<p>The number of new service options for each of the three (3) identified areas will be tracked.</p>	<p>A contract with Family Counseling of the Finger Lakes (FCFL) is in place for the Strength at Home Program, which serves perpetrators of domestic violence. While not yet rated in the NY state clearing house, Strength at Home is an evidence-based program for Domestic Violence offenders. The Strength at Home program is a positive, valuable addition to Monroe County's service array. Thus far, it has been challenging to obtain referrals and enroll individuals. Once enrolled, engagement has also been a challenge. In the year since the program opened, 21 referrals have been received. Of those referred, 6 withdrew, 5 closed with little/no progress, 4 are pending, and 6 are actively receiving services. One individual has successfully completed the program. Additionally, one individual who withdrew has been re-referred. The Monroe County Preventive Team has strategized around increasing referrals for this program, recognizing this is a difficult population to engage. FCFL has attended CPS supervisor meetings to explain and promote the program, the program is now being specifically written into court dispositional orders and longer than usual start-up times have been approved to allow for multiple engagement attempts.</p> <p>In June 2025 a community focus group was held to explore a possible scope of service for a contract to serve LGBTQ+ youth. A request for proposals is in development. Budget constraints necessitate a small program opportunity, but may allow for a pilot Monroe County can build upon in the future.</p> <p>Hillside was selected in June 2025 to provide services for a preventive program aimed at serving families where children and youth are living with intellectual and developmental disabilities. Contracting is in process. Due to projected limitations in the 2026 County budget, Monroe County Child and Family Services has explored other funding avenues, including Medicaid and OMH funding. This program is still intended to serve families involved with Child and Family Services and will be monitored by the Director of Family Services and the Administrative Caseworker overseeing preventive services. The program intends to serve 12 youth at any given time.</p>

Build a culture of service collaboration.	December 31, 2025	<p>A cross-system convening steering committee and/or workplan will be developed;</p> <p>The numbers of CFS 101 presentations held and to whom they were presented will be tracked.</p>	<p>A Call to Action cross-systems convening sponsored by Monroe County, in partnership with Senator Samra Brouk, Assemblywoman Sarah Clark, UR Medicine, Rochester Regional Health, and Hillside Children's Center was held on 9/16/24. The focus of the convening was on concrete action to urgently generate and follow through on implementing practical solutions for cross-systems youth with unmet complex needs who are increasingly presenting in hospitals and in foster care. The convening drew over 100 participants from all sectors, including state agencies (OCFS, OMH, OPWDD), voluntary agencies, medical providers and hospital systems, educators, families, and state and local government leaders and law makers. The day began with a "data walk" that included quantitative and qualitative local, state, and national data. The data reviewed clearly indicated the current system is not built to handle the complexity, urgency, and volume of youth with co-occurring developmental and behavioral health needs. The group also heard testimony from families, and explored models from several other State run, County administered states. The convening yielded several immediate, short, mid-, and long-term strategies, including centralization of eligibility for and access to services; blended, braided and flexible funding models; increased service capacity both in the community and at the most intensive levels of service; and investment in technology and in the workforce. Commitments to continuing the work in the form of an Action Team were secured.</p> <p>Since the convening, Monroe County has taken a leadership role in continuing the work, establishing a steering committee from which ongoing work is coordinated. Monroe County sent a letter, signed by our County Executive, to Governor Hochul in November of 2024 with the themes and recommendations generated from the convening. The cross-systems Action Team, with a diverse membership of stakeholders, meets quarterly to share progress as well as concerns, and explore best practices in other places around the country. Additional recommendations out of the convening included the creation of working groups around Advocacy, Services/Centralization and Workforce. The Advocacy workgroup has been particularly successful in increasing attention to the issues and advocating for immediate action to better serve cross-systems youth across New York. The group has created a fact sheet for information and educational purposes and authored and submitted a letter, co-signed by over 30 agencies, social services districts and hospital systems, in support of recently introduced legislation (A.7603/S.7978) to law makers. Planning for legislative briefings is currently underway. More recently, another letter was sent to Governor Hochul from our County Executive supporting the bill and urging immediate solutions detailed within the letter. Additional work groups are expected to roll out in the next several quarters.</p> <p>CFS 101 has been provided to the community twice this calendar year, in March 2025 and August 2025, and a third offering is scheduled for October 2025. CFS 101 includes information on all areas of our department, including CPS Investigation, CPS Management, Preventive Services, Foster Care, Homefinding, Adult Protective Services and Juvenile Justice. One-hundred and twenty (120) individuals have attended CFS 101 so far this calendar year.</p>
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Evidence Based Services

Name of the EBP:	Target Population(s) to be served:	How will the district monitor the implementation and effectiveness of the EBP?
MST	<p>Families with at-risk adolescents, 11 to 18 years of age with truancy, substance involvement, delinquency or other maladaptive behaviors. Youth must have a family unit, an IQ above 70, and are not actively homicidal, suicidal, psychotic or have sexual-offending behaviors.</p>	<p>Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.</p>
Name of the EBP:	Target Population(s) to be served:	How will the district monitor the implementation and effectiveness of the EBP?
FFT	<p>Families with at-risk adolescents, 11 to 18 years of age with truancy, substance involvement, delinquency or other maladaptive behaviors. Youth must have a family unit and are not actively homicidal, suicidal, psychotic or have sexual-offending behaviors.</p>	<p>Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.</p>
Name of the EBP:	Target Population(s) to be served:	How will the district monitor the implementation and effectiveness of the EBP?
Motivational Interviewing	<p>Motivational Interviewing (MI) is set to be provided to families served by contracted Generalist Programs, which include Hillside, Villa of Hope, Together for Youth and Catholic Charities Family and Community Services. Generalist programs serve families (with children ages 0-18) at risk of foster care placement or families with children in out of home placement who will be reunified within 3-6 months.</p> <p>Agencies providing generalist services plan to utilize MI as workers are trained in this EBP.</p>	<p>Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services. Additionally, Connections updates, once implemented, will assist in monitoring fidelity and use of MI.</p>
Name of the EBP:	Target Population(s) to be served:	How will the district monitor the implementation and effectiveness of the EBP?
Child Parent Psychotherapy	<p>Primary caregivers and their children (0-5) in CPP receive weekly home, Center-based or telehealth psychotherapy with fidelity to the evidence-based intervention. A therapist is assigned to each family, who provides intervention throughout the course of treatment. Sessions include the parent/caregiver and child together, as well as individual sessions with caregivers or children as needed. CPP has 35 slots available and case management will be determined by Mt. Hope's Preventive Services Coordinator, on a case-by-case basis, in consultation with the MCDHS preventive service unit. Intervention will occur for 10 to 12 months. This length of treatment is supported by research</p>	<p>Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.</p>

literature regarding providing the essential building blocks of socioemotional development to foster secure parent-child relationship formation. Treatment includes trauma processing, developmental guidance, emotion processing, and dyadic relationship development to support the family as indicated. CPP can be done with a stable identified caregiver, including a foster parent, grandparent or other resource, and the child.

Name of the EBP:	Target Population(s) to be served:	How will the district monitor the implementation and effectiveness of the EBP?
Inter Personal Therapy (IPT)	IPT is available to parents or adolescents (ages 13-19) with depressive symptomatology who acknowledge the need for treatment. IPT involves 12-16 one-hour sessions of therapy. IPT is delivered in accordance with the treatment manual. Clients identify and learn to cope with personal problems and understand their relationship to the depression. Helping clients understand their depression and the impact the symptoms have on their functioning, will improve their ability to function in many areas of their lives, including being better able to meet their children's needs. Treatment sessions focus on information gathering and clarification of onset of depression, addressing problematic relationship areas, whereby they devise ways of better handling issues outside of sessions, and a focus on termination, addressing areas of improvement and planning for future situations. Sessions are provided in clients' homes, via telehealth, or at the Center, depending on availability of transportation and on client need.	Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.

Foster Care Maintenance and Services

Permanency Outcomes

- 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. (OCFS Practice Model Outcome).

District 5-Year Goal

1. What is your district's 5-year goal to meet any unmet needs and reach the permanency outcome?

When placement in foster care is necessary, it is a stable placement, with minimal placement disruptions.

2. How will you know you have reached this goal? What data will you use as evidence the goal has been met?

Children in foster care will experience fewer placement disruptions.

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress	Year 1 Update
<p>Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.</p> <p>Activity:</p> <ul style="list-style-type: none">Engage a cross functional group of CFS workers to develop a system and culture that embraces and	December 31, 2025	Supporting materials (e.g., manual, processes/protocols) to guide practice will be developed.	Monroe County Child and Family Services continues to develop its comprehensive Continuous Quality Improvement System, otherwise known as Quality 360. With the assistance of contracted external consultation, a model of CQI and accompanying framework has been developed. Work has focused on engaging staff in designing the model and providing education on

<p>promotes quality development.</p>		<p>CQI, as well as developing processes and implementation tools. To date, the principles of Quality 360 have been identified and agreed upon, and preliminary infrastructure and an attendant implementation model have been developed, as well as a practice protocol and the beginnings of a manual. Efforts to extend CQI to all levels of staff have included listening sessions, creation of a building group, a CQI corner in the weekly CFS newsletter and creation of an archive of CQI work to date. Data resources have been gathered and are regularly assessed to identify trends in meeting prioritized goals.</p> <p>Progress towards the goal has been slowed somewhat since the QA position became vacant. However, the work to date has been well-documented and the Directors are working closely with the Division of Research and Planning to continue development and implementation.</p>
<p>Collect and/or assess existing data to analyze and understand reasons for multiple placement disruptions and the needs of youth and foster parents.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Explore trends in backgrounds and situations of youth with multiple placement 	<p>December 31, 2025</p>	<p>Existing data will be identified and new data collection processes will be developed where needed.</p> <p>Data will be analyzed, and monitoring processes will be established and documented.</p> <p>Root cause(s) will be</p> <p>Monroe County has and will continue to review data for youth who experience multiple placement disruptions. Specifically, we have looked at CFSR Wave 11 and 11.5 Stability data and Monroe County Child Level Stability Data. The data show half of our foster youth experience at least one move and many children experience</p>

disruptions.

- Explore foster homes and/or CFS process challenges creating less stability, those with more stability, and reasons for these inconsistencies.
- Identify root cause(s) and begin developing a plan to meet youth needs and improve identified CFS process challenges.
- Examine Mobile Stabilization and Response Services data to determine effective prevention and intervention strategies.

identified for multiple placement disruptions.

multiple moves.

We have also begun to explore internal process challenges and systems challenges that contribute to children changing placements. These include:

- 1) Data recording system.** When a youth temporarily stays in another foster home when their foster parent takes a vacation, the data is recorded as a move, even though the youth's actual placement has not changed.

- 2) Circumstances of admission to care.** When a youth suddenly comes in to foster care, especially after hours, they are often placed in an "emergency" Foster Home temporarily. They are moved to a long-term home shortly thereafter, but this is recorded as two placements.
- 3) Keeping families together.**

Should a child with challenging behavior require a move, or several moves, to find the best fit, it is likely their sibling will move with them. Other times, when siblings were not initially placed together, a move occurs when it becomes possible to reunite siblings in one foster home.

- 4) Significant mental health and behavioral needs.** Monroe County is regularly supporting children in foster care who are committing and being charged with crimes, youth with serious mental and behavioral health challenges, and youth with significant

developmental delays who exhibit aggressive and dangerous behavior. These children most often meet the criteria for higher, congregate levels of care, but when placements through OCFS, OMH, or OPWDD are unavailable or cannot otherwise be accessed, or the youth has been denied placement, and foster parents no longer feel they can safely care for them, youth experience frequent moves.

Monroe County's Mobile Stabilization Team now responds to both foster homes and kin homes to provide crisis intervention and support to stabilize placement. Data from the first half of 2025 indicated that 91% of youth served were able to remain stable in their placement where intervention occurred same night, and 100% avoided a CPEP admission.

An RFP was issued to create an intensive case management intervention to support families of youth with developmental disabilities. In January 2026, this new service will begin serving 8-12 children at a time. A formal request to New York State OMH has been made to approve use of the Monroe County Federal Medicaid Salary Sharing allocation in Year 1 and to commit to sustaining the model with OMH funding in Year 2, contingent on outcomes.

Improve collaboration among system partners to collectively meet the needs of youth with complex needs/challenging behaviors.

Activities:

- Focus extra attention of overall data analysis on youth with complex needs/challenging behaviors.
- The Director of Family Services will hold a cross-system convening to discuss youth with complex needs and identify strategies for improved partnerships and collaboration and establish a steering committee/workplan to continue the momentum of the convening.

December 31, 2025

Data analysis will be completed, identifying contributing factors and potential strategies to better support youth with complex needs.

Cross-system convening steering committee and/or workplan will be developed and underway.

According to "The Scope of Complex Case Discharge Delays in New York State" released by the Healthcare Association of New York State, during a 3-month period in 2023, fifty-two (52) children in New York experienced delayed discharges from hospitals or emergency departments due to lack of available care in the community and/or residential options. This resulted in 5,110 days of medically unnecessary hospitalization and 408 days of medically unnecessary emergency department stays. By extension, we can expect over 200 children in New York to experience delays in discharge, resulting in over 20,000 inpatient days and over 1,600 Emergency Department days. The average cost per child or adult with complex care discharge delays is \$168,000 for in-patient care and \$18,000 for emergency department care. Costs related to out-of-state residential placement of children with I/DD complex care needs when there are no beds available in NYS are additional. The cost of one Monroe County youth currently cared for out of state due to a lack of suitable options within New York is over \$455,000 per year.

In Monroe County, we have established an inter-disciplinary Foster Care Decision Making

Team (DMT). The DMT conducts a comprehensive review of every youth for whom a higher level of care is being considered to ensure that every available service/option has been considered and to recommend a future course of action. From January 2024 through August of 2025, seventy-four (74) youth were reviewed by the team. Of these youth, 23% had developmental disabilities and 86% had serious mental or behavioral health challenges. From July 2024 through August 2025, 49% of youth referred to DMT had been seen in the Comprehensive Psychiatric Emergency Program (CPEP). Representatives from Monroe County Child and Family Services participate in weekly virtual planning meetings with Strong Memorial Hospital for multiple children referred to CPS by the hospital when the youth is medically stable and ready for discharge, yet parents believe they cannot safely care for their child in their home.

A Call to Action cross-systems convening sponsored by Monroe County, in partnership with Senator Samra Brouk, Assemblywoman Sarah Clark, UR Medicine, Rochester Regional Health, and Hillside Children's Center was

held on 9/16/24. The focus of the convening was on concrete action to urgently generate and follow through on implementing practical solutions for cross-systems youth with unmet complex needs who are increasingly presenting in hospitals and in foster care. The convening drew over 100 participants from all sectors, including state agencies (OCFS, OMH, OPWDD), voluntary agencies, medical providers and hospital systems, educators, families, and state and local government leaders and law makers. The day began with a "data walk" that included quantitative and qualitative local, state, and national data. The data reviewed clearly indicated the current system is not built to handle the complexity, urgency, and volume of youth with co-occurring developmental and behavioral health needs. The group also heard testimony from families, and explored models from several other State run, County administered states. The convening yielded several immediate, short, mid-, and long-term strategies, including centralization of eligibility for and access to services; blended, braided and flexible funding models; increased service capacity both in the community and at the most intensive levels of service; and investment in technology.

and in the workforce. Commitments to continuing the work in the form of an Action Team were secured.

Since the convening, Monroe County has taken a leadership role in continuing the work, establishing a steering committee from which ongoing work is coordinated. Monroe County sent a letter, signed by our County Executive, to Governor Hochul in November of 2024 with the themes and recommendations generated from the convening. The cross-systems Action Team, with a diverse membership of stakeholders, meets quarterly to share progress as well as concerns, and explore best practices in other places around the country. Additional recommendations out of the convening included the creation of working groups around Advocacy, Services/Centralization and Workforce. The Advocacy workgroup has been particularly successful in increasing attention to the issues and advocating for immediate action to better serve cross-systems youth across New York. The group has created a fact sheet for information and educational purposes and authored and submitted a letter, co-signed by over 30 agencies, social services districts and hospital

systems, in support of recently introduced legislation (A.7603/S.7978) to law makers. Planning for legislative briefings is currently underway. More recently, another letter was sent to Governor Hochul from our County Executive supporting the bill and urging immediate solutions detailed within the letter. Additional work groups are expected to roll out in the next several quarters.

Adoption Services

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. (OCFS Practice Model Outcome).

District 5-Year Goal

1. What is your district's 5-year goal to meet any unmet needs and reach the permanency outcome?

Children, youth, and adoptive families have the necessary knowledge, skills, and supports to move toward a lasting adoption in a timely manner.

2. How will you know you have reached this goal? What data will you use as evidence the goal has been met?

Increased stability of adoptive placements and shorter timeframes to adoptions being finalized.

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress	Year 1 Update
<p>Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.</p> <p>Activity:</p> <ul style="list-style-type: none">Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development.	December 31, 2025	Supporting materials (e.g., manual, processes/protocols) to guide practice will be developed.	Monroe County Child and Family Services continues to develop its comprehensive Continuous Quality Improvement System, otherwise known as Quality 360. With the assistance of contracted external consultation, a model of CQI and accompanying framework has been developed. Work has focused on engaging staff in designing the model and providing education on CQI, as well as developing processes and implementation tools. To date, the principles of

		<p>the work have been identified and agreed upon, and preliminary infrastructure and an attendant implementation model have been developed, as well as a practice protocol and the beginnings of a Quality 360 manual. Efforts to extend CQI to all levels of staff have included listening sessions, creation of a building group, a CQI corner in the weekly CFS newsletter and creation of an archive of CQI work to date. Data resources have been gathered and are regularly assessed to identify trends in meeting prioritized goals.</p> <p>Progress towards the goal has been slowed somewhat since the QA position became vacant. However, the work to date has been well-documented and the Directors are working closely with the Division of Research and Planning to continue development and implementation.</p>
<p>Develop an inventory of potential post-adoption resources for children, youth and families.</p> <p>Activity:</p> <ul style="list-style-type: none"> • Identify and research community-based resources experienced in meeting the needs of adoptive children, youth, 	<p>December 31, 2026</p>	<p>An inventory of community-based supports and services that could potentially support adopted children and their adoptive families will be created.</p> <p>While work on developing an inventory of community based supports, services and resources for has not yet begun in earnest, due primarily to staffing issues, a point person has been identified and work will soon commence. Additional support for the project will be provided by MCDHS's Division of</p>

<p>and families. Include resources to support youth and families in stabilizing both adoptive placements and permanency post adoption.</p>			<p>Research and Planning.</p>
<p>Collect new and/or assess existing data to identify barriers in processes and practices that delay timely adoptions.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Institute Rapid Permanency Reviews with freed children. • Assess RPR data, as well as other local and state data to assess process and practice barriers to timely adoption. Develop new data collection/analysis processes as needed. • Begin to track and/or use data from disrupted adoptions and adopted youth who re-enter foster care to understand trends and considerations for improvement. 	<p>December 31, 2025</p>	<p>Processes that measure and monitor the timeliness of adoptions and input from adoptive youth and families are developed and documented. Data is analyzed to develop next steps.</p>	<p>Monroe County has implemented Rapid Permanency Reviews for all children and youth served by the Adoption Unit. Prior to conducting the initial reviews, a great deal of work went into mapping the adoption process and identifying potential data points that would provide in-depth information as to barriers to timely adoptions, as well as best practices. From that work, a local application was developed to collect, track and analyze data. A process and timetable for reviews was established and staff was provided with education as to the purpose of and best practices for conducting rapid permanency reviews. In April 2025, all 72 children served by the adoption unit were reviewed in a single day. Since that time, updated reviews are held on a monthly basis to identify, record and address potential delays. Data analysis and production of data visualizations are underway and the</p>

steering group meets every other month to review the process and troubleshoot issues with the application to ensure data is correct and collected in the most efficient and timely way. Themes have yet to emerge, but are expected to in the next three to six months, at which point regional OCFS representatives will be added to our review team. Since the inception of Rapid Permanency reviews, 13 children and youth have been adopted.

Adult Protective Services

Outcome Statements

Vulnerable/dependent adults are protected from abuse, neglect, and financial exploitation while respecting their rights to self-determination and, through the least restrictive means possible, are able to remain safely in the community, to the extent possible.

Vulnerable/dependent adults who require residential placement will receive quality care which respects their wishes in compliance with the law.

(Adapted from the NYS Adult Services Practice Model Outcomes)

Goal:

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.

Needs and Resource Assessment

Identify the strategy/(s) you proposed for year one to initiate efforts on this goal.

Strategy 1: Create specialized teams under the umbrella of APS to further enhance quality of services.

Strategy 2: Improve Monroe County's ability to provide financial management services directly and through a quality contract provider that can manage rep payee accounts.

Strategy 3: Increase outreach and awareness of APS criteria and referral process in efforts to reduce inappropriate referrals.

Strategies and Activities

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

All strategies proposed by Monroe County in the approved 2024 plan have been implemented as follows:

1) The first strategy has been fully accomplished and there are now two fully functional APS teams with each one focusing on specialized tasks. The Intake and Assessment Team processes and manages all intake calls and determinations, client assessments, all ongoing clients who do not require guardianship services, and all Family Type Home duties. The Guardianship Team handles all Article 17A and 81 guardianship cases.

2) After careful consideration, it was determined that rep payee cases would be housed with the Guardianship team due to the financial component. The MCDHS Finance Department also added its own APS Financial Team and APS has contracted with Accufund for software and technical support and with Balanced Care Community Services to manage the rep payee services.

3) MCDSS APS continues to provide outreach and community education through attendance at senior fairs/expos/events and presentations in the community and for agencies. The Office of Community Engagement and Partnerships (OCEP) has also responded to community partners requesting information about Adult Protective Services, including making referrals and whether APS reports are mandated.

Measuring and Monitoring

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

The APS Finance Team is fully staffed and functional with three staff and supports the Guardianship Team by reviewing and completing the financial portion of the initial, annual, and final reports. The Finance Team processes requests to pay client bills, applies to become rep payee of clients' Social Security funds, collects and monitors client income, and requests ledgers of clients who are reside in nursing homes. Guardianship and Finance team members have also established a process to review client funds and property on a quarterly basis.

MCDSS uses Accufund to track and manage client funds and is in the process of beginning the next phase of APS financial management with Accufund by implementing debit cards through the company True Link. APS is identifying and issuing cards to clients or caseworkers who could benefit from this program. Balanced Care continues to contract with Monroe County to serve as rep payee for involuntary client and/or guardianship clients. Now that the APS Finance Team has the capability to assume some of the rep payee work directly, they are doing so.

APS continues to deliver in-service presentations to individuals and agencies who are interested in learning more about what APS does. Additionally, the Child and Family Services division hosted quarterly community presentations that feature 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?

APS and MCDHS Research and Planning developed a 2024 APS Annual Report to highlight Monroe County's statistical data, achievements, and challenges in its APS work. Monroe County leadership reviewed the report and it is available on the County website for public viewing [APS 2024 Annual Report](#). Thus far in 2025, the Intake and Assessment Team's average caseload is 14 and the Guardianship Team's average caseload is 21. APS has continued to achieve high standards with overdue intake sign-offs at under 2% and overdue assessment sign-offs at 3.4%. All reassessment sign-offs have been 100% on time. APS leadership created, reviewed, and adjusted protocols as needed to help guide the two APS teams' distinct work and made available an electronic manual/handbook online for staff to reference as needed.

APS is proud to report that the annual reports for guardianship clients were all submitted on time and none of them has been rejected by court examiners. A monthly schedule was established wherein guardianship clients (where MCDSS is guardian) are reviewed on a quarterly rotating basis by the APS caseworker, APS Finance team, Guardianship supervisor, senior caseworker, and administrator. Thirty individuals have been served through the Balanced Care contract in the first two quarters of this calendar year and each of them has experienced timely bill payment and balanced budgets.

APS held three APS 101 presentations so far this year: One at the Volunteers of America and two internally for both Financial Assistance and CPS staff. APS also participated in the two Child and Family Services 101 sessions held in March and August of this year, and is scheduled to do so again in October. CFS 101 is available to anyone in the community and approximately 120 people have joined the presentation so far this year. APS also attended a senior expo in the Town of Irondequoit on 8/18/25 and the Salute to Seniors Event sponsored by the Monroe County Office for the Aging at Ontario Beach Park on 8/25/25. These community events and trainings have reached over 1000 individuals in 2025.

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

APS does not believe its strategies need significant changes. The only adjustment under consideration at this point is phasing out the contract with Balanced Care for rep payee services because the APS Finance Team has developed capacity to perform this work directly.

Please describe your Adult Protective Services staffing set up, including how many staff you have in each role, ie caseworker, supervisor, etc.

APS in Monroe County consists of the Intake and Assessment Team and the Guardianship Team, both of which are overseen by one Administrative Caseworker. The Intake and Assessment team consists of one Casework Supervisor, three Senior Caseworkers, and four Caseworkers. The Guardianship Team consists of one Casework Supervisor, one Senior Caseworker, four Caseworkers, and two per diem Caseworkers. The teams share a Case Aide.

In addition, our Finance Division oversees the three members of the APS Finance team, whose members assist APS staff with property guardianship and rep payee duties.

Under consideration is a fifth Caseworker position on each APS team in lieu of per diem caseworkers and interns.

Goal:

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

Needs and Resource Assessment

Identify the strategy/(s) you proposed for year one to initiate efforts on this goal.

Strategy 1: Monroe County will contract with Lifespan for Elder Justice Program.

Strategy 2: Monroe County will continue to engage in collaborative workgroups with community stakeholders and partnering agencies.

Strategies and Activities

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

Monroe County has implemented the strategies outlined in our approved 2024-2029 plan. We continue to contract with Lifespan for the Elder Justice Program to serve up to 100 individuals per year who are referred through the APS Intake and Assessment team. We also have participated in collaborative workgroups and meetings with similar goals to serve the aging and vulnerable adults in our community.

Measuring and Monitoring

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

Monroe County has contracted with Lifespan to deliver the "Elder Justice" program in 2025. The program co-locates a Social Work Project Coordinator (SWPC) with APS staff. The SWPC participates in case reviews of potential clients identified by the Intake and Assessment team. The SWPC facilitates the referral to Lifespan and carries a caseload of APS referred clients. The program also funds two Social Work Care Managers who conduct home visits, assessments, care planning, and links clients to community-based, Aging Network services. Additionally, an LPN Healthcare Coordinator connects clients to healthcare providers, schedules and attends medical appointments with the client, arranges for transportation, provides follow-up health literacy education, conducts medication reconciliations, and ensures engagement with primary care and completion of preventative health screens. Our planned 2026 county budget proposes continued funding for this program.

Monroe County continues to participate in the EMDT and Long-Term Care Council. The Medical Legal Collaborative, which was previously led by an attorney at Law NY has ceased due to low attendance. Other collaborations have continued or emerged in 2025. For example, three enriched housing programs, provided under a DOH contract with Family Services of Rochester, ended in 2025. This led to a housing crisis for over 100 individuals. APS worked closely with Lifespan, DOH and Family Services of Rochester to assess some of the most vulnerable individuals who were left with uncertain plans. The Monroe County

"No Wrong Door Team" was utilized to discuss several complex individuals affected by this closure.

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?

Sixty-one (61) clients have been served by the Elder Justice Program in the first half of the year. Eighteen (188 were enrolled with Health Care Coordination, 68% were linked to at least one community-based support service, 11 accessed urgent client needs funds, and 97% of the clients enrolled in LPN Healthcare Coordination successfully attend routine and preventative medical appointments.

Minutes from the EMDT and Long-Term care council are kept by Lifespan along with a record of attendance. Any individuals affected by the enriched housing closure who were left in crisis and needed to be assessed by APS and discussed in collaboration with Lifespan, DOH and Family Services were entered as intakes for Monroe County.

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 do not believe that the strategy needs to change, and we have found success in the strategies we are currently using.

Please describe your Adult Protective Services staffing set up, including how many staff you have in each role, ie caseworker, supervisor, etc.

Monroe County has two APS teams. APS is overseen by one Administrative Caseworker. The Intake and Assessment team has one Casework Supervisor, three Senior Caseworkers, four Caseworkers. Our Guardianship team has one Casework Supervisor, one Senior Caseworker, four caseworkers and two per diem caseworkers. The teams share a case aide.

Additionally, we have three staff for APS within our Finance team dedicated to working with APS staff for property guardianships and rep payee cases.

In the future, we may consider a fifth caseworker position on each team in lieu of per diems or interns who have been assisting.

Foster / Adoptive Parent Recruitment and Retention Plan 2023-2027

Please use this template to provide an update on the progress made toward your 2023 Foster/Adoptive Parent Recruitment and Retention plan targets. Updates must be completed and approved on or before October 1, 2025.

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

LDSS- Using the Family First Prevention Services Act; Outcome Monitoring Report, please note the percentage of children in the following placement types on June 30, 2025 (2025 Q2). [FFPSA Data and Resources](#) | [Strategic Planning and Policy Development](#) | [OCFS](#)

On 6/30/2025, the Percentage of Children Placed by Placement Type

Placement Type	Total %
Non-Kinship Foster Homes	63.7%
Kinship Foster Homes	11.6%

Did your LDSS/VA reach the 2-year target?

- Yes
 No

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

Recruitment Strategy:

While youth placed in **kinship foster homes** did not reach the 2-year target, when children removed from their home and placed with relatives under court order (1017 placements) are included, **43% of Monroe's children placed by the court are placed with kin**. This includes 49 children in kinship foster homes and 233 children placed in kin homes. We utilize a Kinship Specialist Team to help remove barriers, support families and ensure that relatives know and understand their options and the process to become a foster parent and overwhelmingly, relatives prefer not to become foster parents. These families are already caring for their own under court order and receiving services to successfully maintain those placements without becoming certified foster homes.

In partnership with Hope585 and Senator Jeremy Cooney, Monroe County developed a professional foster parent model for up to 6 teen girls, which opened in November 2023. The house was purchased through money secured by Senator Cooney. The program focuses on developing independent living skills, education, mentoring, community building, and skill building. The program is designed to have a support network designed around it for youth and the foster parent, including built-in respite for foster parent and

mentors for youth.

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

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

Retention Strategy:

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

1. Monroe County has created a Foster Parent Advisory Board to ensure that foster parent's issues and concerns are heard and addressed. Co-facilitated by two foster parents with the support of Metrix Marketing, the group meets quarterly and as needed. We strive to have foster parent voice included in our decision making process, where ever possible. A Foster Parent Portal has also been created.
2. Monroe County holds a contract with Metrix Marketing to provide a foster parent mentorship program, which is administered in partnership with Hope585, to better support foster parents, particularly those who are new to fostering, as well as a foster parent support group. The support group meets monthly and provides child care.
3. The Encompass program provides a structured, academically focused day program for youth ages 10-18, who are suspended or refusing to attend school, with a focus on re-entry. They communicate directly with the youth's home school to manage academic work. In addition to providing academic and recreational activities, the program focuses on general skill building, including independent living skills, and improving peer relationships. Encompass also provides school and summer vacation programming. As Hope585 and Encompass serve many of the same youth, they meet regularly to plan and coordinate services, provide continuity of care and highlight potential areas of concern.
4. Monroe County has hired a Behavioral Health Specialist (BHS) specifically to support foster homes. The BHS supports the Foster Parent's developing knowledge of underlying needs that drive behavior, helps Foster Parents to understand the impact of trauma and how it manifests in behavior, and works with the foster parent to develop additional strategies to manage behavior in the home.
5. Through the generosity of OCFS, Monroe County now has a vehicle dedicated to providing mobile response and stabilization services for youth in foster care or placed with relatives to provide education, support, short term services and referral to help stabilize the youth's placement. Staffed with a Behavioral Health Specialist and a Peer Advocate, the Mobile Response is available afternoons and evenings, seven (7) days a week.
6. Monroe County utilizes and is now involved in a State pilot for CarePortal. CarePortal is a link to the community to access goods and services which may otherwise not be possible to support youth in their placements and by extension the foster homes and family homes in which they reside.

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

Hope585 tracks youth attendance and participation in programming, including repeat attendance.

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

The Child and Family Services Director meets jointly with Hope585 and Encompass on a monthly basis to address issues, identify additional support needs and develop strategies to address them and coordinate

service, as many youth are served in both locations.

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

The Mobile Response and Stabilization reports performance measures on a quarterly basis. Additionally, a caregiver survey elicits feedback on the quality of services and informs new services and directions.

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

Did your LDSS/VA implement the above strategies?

Yes

No

If yes, which strategies were effective, and which were ineffective? What monitoring activities did your LDSS/VA implement to determine the effectiveness of the strategies?

Several teen homes were opened in 2024, resulting in 11 teen foster homes total. What has been particularly effective has been talking with already certified homes about periodically accepting teens into their home, knowing that they have the additional support of the mobile stabilization program. When these placements are successful, foster parents are increasingly willing to accept teens, which has expanded the pool of possibilities. We now have twenty-six (26) additional homes willing to assist with teens.

The Community Supported Foster Home opened in November 2023. With a capacity of six (6) teen girls and an excellent, strength based curriculum, hopes were high. The Hope Rising Curriculum is a comprehensive framework built around eight (8) key areas, including: Safe Housing; Healthy Habits Development; Education Advancement; Health Services Access; Resource Access; Community Engagement, Career Development, and Leadership Training; Permanency Planning and Empowerment; and Belonging and Goal Sustainability. The curriculum is designed to foster belonging, hope and independent living skills. Hope585 has partnered with local tutoring and mental health organizations to build additional support and ensure services are wrapped around youth.

Unfortunately, Hope585 has not been successful in recruiting and retaining a respite foster parent, which means that youth are required to move to another foster home when the professional foster parent takes a vacation. Securing mentoring for every youth in the program has also been challenging. Nonetheless, the program has demonstrated some success. Of the 10 youth served, one (1) aged out of care, two (2) were successfully reunited with their families and four (4) transitioned into alternative homes or placements. Six (6) of the youth were matched with mentors. For those completing a survey post discharge, seventy-five percent (75%) agreed or strongly agreed that the program was working for them, they understood the goals and felt supported by staff, they had access to the resources they needed and had a positive, supportive relationship with the Community Foster Home parent.

EnCompass has been very successful in engaging and maintaining youth, thereby supporting existing foster families. The program serves up to 45 youth ages 10-18 who are refusing school, awaiting a school placement, or are short- or long-term suspended. The focus is academic success and building independent living skills. This program has been essential in maintaining youth in their foster homes when foster parents work and are unable to stay home to supervise youth who are known to be impulsive, aggressive and engaging in risky behavior and in promoting positive behavior change in youth.

The Mobile Response and Stabilization Program has also been very effective in supporting youth and foster parents both as a preventive measure and during times of crisis. The program

serves foster homes and relative homes, as well as children and youth living in foster care or with relatives under court order. Outcomes for 2024 include 96% of youth served avoiding a psychiatric emergency stay, 90% of placements being stabilized and 94% of families highly satisfied with the service.

Unfortunately, funding cuts have resulted in the necessary cessation of several of the above strategies over the past year, despite good results. The Saturday Respite program at Hope585 was discontinued at the end of 2024 due to a lack of funding, and as a result, there was no longer a need for the Child and Family Services Director to meet jointly with Hope585 and Encompass. Metrix Marketing is no longer able to provide a foster parent mentorship program and Hope585 has ceased their foster parent support group as well. The Foster Parent Advisory board has been reduced to bi-annual meetings, although they continue to come together on an as-needed basis. The Foster Parent Portal was discontinued, due to extremely limited use by foster parents.

Funding for the Behavioral Health Specialist expired at the end of September 2025. In the 2024-25 program year, 76% of youth referred to the Behavioral Health Specialist were stabilized in their placement during the episode of involvement. 98% of families seeking a voluntary foster care placement for their challenging children were supported to find alternate solutions.

Care Portal continues as a strategy, although it is no longer a pilot. The ending of the pilot meant the end of state funding. As such, Monroe County is now responsible for the cost of the technology that facilitates access to the platform, as well as funding for a partial position at Hope 585 for recruiting and sustaining the involvement of the churches that are at the heart of Care Portal.

What changes, if any, does your LDSS/VA plan to make in order to reach the 4-year target?

Recruitment of Teen homes will continue as per the Metrix Marketing contract. Metrix is currently developing a new commercial focused on teens. As the Community Supported Foster Home has been established, it is no longer a recruitment strategy and will instead become a focus of retention.

Since the original version of this plan was created, Monroe County has opened a short-term group home for teens in foster care, administered by the Children's Home of Wyoming Conference. The group home can take up to 8 youth at a time, but the number living there is generally less, due to the high acuity of teens' behaviors and needs. Retaining this option for teen care is of great importance and strategies will focus on educating the community and law enforcement on the complexity of these teens' needs and supporting the group home through consultation and communication.

It should be noted that Monroe County, as well as other Region 2 counties, has seen a significant rise in the degree of physical aggression, property destruction, elopement and other dangerous behaviors among teens over the last several years, which makes the recruitment and retention of teen specific foster homes more challenging than ever. While an exceptional board rate has been established, no parent in Monroe County has yet to achieve the requirements set forth. High board rates are approved when appropriate documentation is available.

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

Recruitment Strategy:

Monroe County has engaged Metrix Marketing to more effectively recruit foster parents, with an emphasis on recruiting teen homes and especially homes of color. Public recruitment campaigns have specifically targeted communities of color and are multi-faceted:

- Metrix has three community outreach workers who work to build and develop relationships with the African American and Hispanic communities in the City of Rochester, as well as throughout Monroe County to recruit potential foster parents.
- Metrix continues to recruit minority families at various Monroe County Public Markets & ethnic festivals. Targeted recruitment materials such as pens, bags, stickers and clips are distributed.
- Digital advertising features African-American and Hispanic foster parents online and on television. Where possible, television advertisements are directed towards African American and Hispanic homes and have included former foster children who are African American.

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

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

Retention Strategy:

N/A

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

N/A

Did your LDSS/VA implement the above strategies?

- Yes
 No

If yes, which strategies were effective in recruiting and retaining foster parents who are the same race/ethnicity of the foster children entering their home, and which were ineffective? What monitoring activities did your LDSS/VA implement to determine the effectiveness of the strategies?

Metrix held forty-eight (48) information sessions in 2024, with a substantial portion provided in predominately Black and Hispanic neighborhoods in the City of Rochester. Forty-six percent (46%) of attendees were Black or Hispanic and 47% were from a city zip code.

Metrix also continues its digital advertising across multiple platforms. They maintain a website (monroefostercare.org) and have a presence on Facebook and Instagram, where they announce information sessions and provide general information about foster care and becoming a foster parent. Several additional ads featuring families of color were shot and produced this year and are promoted on television and online. A new social media ad targeting recruitment of foster homes for special needs children was also created this year. They also support the Foster Parent Advisory Board.

Sixty-six (66) new homes were certified in 2024, while sixty-two (62) homes were closed. While the data indicates a net increase of four (4) homes, it also indicates that retention remains an issue. Of note however, is that some closures are positive in that the home closes because the

family has adopted the child they were fostering. Unfortunately, data collected on newly certified homes is incomplete. With approximately half of the homes not having an identified race in the data base, the degree to which the strategies are effective in recruiting homes of color is currently unknown.

What changes, if any, does your LDSS/VA plan to make in order to reach the 4-year target?

Recruitment: New commercials were recently shot with a Black family and should be ready soon. Metrix is also working on banner ads for local news websites and moving onto the Spectrum streaming app. Social media presence has been expanded through the use of Instagram and additional applications and social platforms are being explored.

Retention: Although no strategies specific to families of color was previously identified, all of the retention activities identified in the above section continue to be valid and appropriate for retaining families of color.

Data: Monroe County has previously relied on the OCFS data packets for recruitment and retention data to measure the effectiveness of strategies, but none has been produced since 2022. We are looking at utilizing our in-house resources to more closely track this data in real time.

C: Foster families to support children with siblings

Recruitment Strategy:

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

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

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

Retention Strategy:

N/A

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

N/A

Did your LDSS/VA implement the above strategies?

- Yes
- No

If yes, which strategies were effective in recruiting and retaining foster homes that support sibling groups, and which were ineffective? What monitoring activities did your LDSS/VA implement to determine the effectiveness of the strategies?

Metrix Marketing has increased the number of organic digital creatives targeting homes that may be willing to foster sibling groups.

While the Homefinding supervisor routine reviews discharges to assess the availability for sibling groups within foster homes, a formal report has not yet been created. Similarly, the quarterly report has not yet been completed.

Although no retention strategy was previously identified, both Encompass and Mobile Response and Stabilization have both been effective in retaining homes that care for sibling groups, as described above. Monroe County also holds retention events and awards throughout the year.

What changes, if any, does your LDSS/VA plan to make in order to reach the 4-year target?

Monroe County is in discussion with Metrix Marketing as to different marketing strategies for maximum impact for recruiting homes for sibling groups.

Data: Monroe County has previously relied on the OCFS data packets for recruitment and retention data to measure the effectiveness of strategies, but none has been produced since 2022. We are looking at utilizing our in-house resources to more closely track this data in real time.

Youth and Young Adult Supports

OCFS seeks to promote positive youth development through quality, multifaceted programming that helps youths learn, thrive, and develop to their fullest potential.

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.

Youth Bureau Information

1. Official name of Youth Bureau:

Rochester-Monroe County Youth Bureau

2. Percentage of time the Youth Bureau Director spent on youth bureau activities (%FTE):

100%

If not 100%, please list other responsibilities:

[Redacted]

3. Does the Youth Bureau director report directly to the Chief Elected Official?

Yes No

Please indicate the name and title of the person to whom the Youth Bureau Director reports:

Thalia Wright, Commissioner, DHS

4. Please list the number of full-time and part-time staff in the Youth Bureau:

Full time:

4

Part time:

1

Youth Board Information

I, **Tony Jordan, Executive Director** hereby attest that the **Rochester-Monroe County Youth Board**, a Municipal Youth Board as defined by the laws of the state of New York, has followed all applicable laws and regulations in assembling such Municipal Youth Board, and that all members of the Municipal Youth Board are representative of the community the Municipal Youth Board serves, including but not limited to youth representatives, representatives of the municipality's citizens and community services organizations, public officials and youth development program stakeholders.

1. How many members are currently on the youth board?

Please note 165-1.5(c)(2)(i)(a) requires each Youth Board to meet specific member requirements.

12

2. How many youths (ages 25 and younger) are currently on the youth board?

Please note 165-1.5(c)(2)(i)(a) requires each Youth Board to meet the specific member requirements.

6

3. What strategies will the Youth Bureau be employing in the coming year to recruit and retain youth board members?

The Monroe County Youth Board has several experienced and engaged members from youth programs, agencies and organizations serving youth across Monroe County. Current members are reaching out to their networks to assist with the recruitment of additional youth and adults to the Board. Connections will be established with several youth leadership programs to invite youth from their teams as well. The Rochester Monroe County Youth Bureau has started the Monroe County Youth Senate, a youth leadership, civic engagement initiative, from which additional Youth Board members may be recruited.

4. The youth board meets:

- Monthly
- Quarterly
- Semi-annually
- Other

Please explain:

5. Please upload copies of minutes of all youth board meetings from the previous year.

County Needs

Please reference the 2020 Census data and describe the youth (0-21) population of the County.

Please reference the 2020 Census data and describe the youth (0-21) population of the County.

1. Describe the needs of the children and youth in your county in the areas of positive youth development and sports. Please indicate the method the county used to determine the needs (i.e., needs assessment, surveys, town halls, etc.):

The population of children, youth and young adults in Monroe County is declining, as their diversity is increasing. Between 2000 and 2023, Monroe County's under age 20 population decreased by 16.5%, or by over 34,500 young people. In the City of Rochester, during the same period, the under age 20 population decreased by 31%. As of 2023, children and youth under age 20 account for 23% of both the County's and 22% of the City's population, down from 2020, when they represented 28% and 26% of the population respectively. Of the 174,819 children and youth under age 20 within Monroe County, approximately 27% of them reside in the City of Rochester. From 2000 to 2020, Black and Hispanic populations among children and youth increased from 32% to 41% of the County's population. (Sources: US Census Data: American Community Survey 2023 estimates, Census 2000)

The following information was provided by **Achieving Community Targets Rochester** (ACT Rochester, <https://www.actrochester.org/>) which is a data initiative of the Rochester Area Community Foundation that uses community indicators, research expertise, and narrative to improve the culture of decision-making and establish a more equitable and inclusive.

- Among all the localities in our 8-county region, the City of Rochester stands out with the highest count of residents living below the poverty line, totaling 56,000+ individuals as of 2022.
- As of 2022, Monroe County is home to over 68% of the total population below the poverty line in our region, amounting to over 9,800 individuals.
- In 2022, over 31,000 households received SNAP benefits in the City of Rochester, of which 43.6% were Black households followed by White households at 20.4%

Monroe County YDP and Youth Sports programs provide the opportunity for children to engage in "positive youth development" programming. Research indicates that young people who are surrounded by a variety of opportunities for positive encounters engage in less risky behavior and ultimately show evidence of higher rates of successful transitions into adulthood. Positive Youth Development (PYD) programs are one venue to ensure that young people have access to adequate positive opportunities. The available evidence suggests that PYD programs can prevent a variety of risk behaviors among young people and improve social and emotional outcomes (<https://youth.gov/youth-topics/effectiveness-positive-youth-development-programs>).

2. Describe any planning and needs assessment activities to be undertaken by the youth bureau in this year and how youth and family voice will be included.

The Rochester-Monroe County Youth Bureau will collaborate with community partners to host focus groups that include both parents and youth regarding out of school time programming, youth sports activities, and youth employment. Our partners have also disseminated surveys to program providers to gain information regarding program challenges, enrollments within various zip codes and transportation concerns for programs/participants. Information collected will be used by the collaborators which includes funders, the City of Rochester, and the community libraries to inform future programming for

underserved children in Monroe County.

The Youth Bureau staff will take the opportunity to discuss program challenges, concerns and potential emerging trends during site visits with YDP programs. Discussions will help inform the County as to individual and community-wide program needs. This dialogue is taking place during YDP, RHY, YSEF and YTS site visits with agency representatives and youth.

The Rochester-Monroe County Youth Bureau held a Youth Sports Programs Symposium to discuss the needs of youth in Monroe County and gather information regarding the needs of their participants from coaches and team officials. We were also able to provide some professional development regarding youth mental health and how coaches can support their children in this area. During the Symposium a survey was issued and individuals at the meeting were able to request topics that will be offered at future Youth Sports Coaches Symposiums offered by RMCYB.

Goals

1.What activities will be supported by the Youth Bureau in the coming year to address the needs identified above?

The Youth Bureau's staff mentors challenged youth from the community to help them learn self-advocacy, develop personal goals and connect with other positive opportunities that support a healthy future. The connections that our staff provide challenged youth with include employment, re-engagement back to the education system, housing and mental health.

YSQC (Youth Services Quality Counsel) provides professional services to youth service providers in Monroe County. The RMCYB has been working with their executive committee to assist in networking and providing professional development to youth workers and agencies across Monroe County.

The Rochester-Monroe County Youth Bureau works closely with our Department of DSS/DHS, the City of Rochester and other partners to connect families to summer programming to improve social emotional outcomes and provide families with safe options for their children during out of school times (OST).

2. What innovative programming will be supported with any of the (YDP, YSEF and YTS) funding types this year? Please include short description of the programming.

The Rochester Monroe County Youth Bureau will continue to utilize and promote a positive youth development approach to all administered and supported programs and services.

Rewire CBT - The Youth Bureau Staff is in the process of learning the evidence based Rewire CBT, created by the Roca Impact Institute in partnership with Massachusetts General Hospital. Rewire CBT uses a Cognitive Behavioral Theory (CBT) street-based approach which reduces violence, helps people cope with trauma, anxiety, and depression, and ultimately prevents crime. As has been proven in multiple studies, CBT is a critically important approach that can help change the lives of young people who are involved in gangs, gun violence, and substance abuse. The Youth Bureau along with other County agencies are in the process of implementing this training into work with youth involved in our mentoring program, as well with community-based agencies who work with youth across the County.

Youth Services Quality Council (YSQC) - The Youth Bureau seeks to revitalize this Monroe County collaborative comprised of various community organizations which come together to see youth thrive. The goal of YSCQ is to find innovative ways to collaborate with one another, join forces to advance our organizational mission and create opportunities to learn new skills as professionals working with youth. By increasing membership of the YSCQ, the consortium will allow for better collaboration and increased training opportunities for youth serving staff members throughout Monroe County.

Youth Program Services Locator - The Youth Bureau has completed the development of an electronic,

county-wide program and services locator to provide an easy, accessible information web-based tool for youth, parents and service providers across Monroe County. The Youth Bureau staff will continue to meet with community partners, youth and parents to ensure the tool is providing the community with needed information.

Monroe County Youth Employment Team - The Youth Bureau along with several Monroe County Departments have formulated a committee to support positive, grassroots employment opportunities for underserved, justice-involved and disconnected teens. Youth employment provides many positive youth development elements that lead to the positive development of teen employees. The team will support agencies that provide employment services to teens that include obtaining work permits, physicals and document completion, which can present barriers to some youth seeking employment. The goal of this committee is to increase the number of youth employment applicants who complete the process, as well as receive employment opportunities. The committee will focus on approximately 40-50 youth within the employment program to provide additional supports such as soft skills workshops, financial literacy learning, goal setting and work etiquette. The hypothesis is these additional supports along with employment will provide and accelerate their personal development.

3. What opportunities (compared to services and supports) are being funded for youth under YDP this year?
Opportunities refer to activities done by the young people, providing them with the chances to explore, express, earn, belong, and influence.

Monroe County Youth Senate - The Monroe County Youth Senate (MCYS) is a body of student leaders from across the County who will promote civic engagement, social justice and youth empowerment. The MCYS will serve as the collective voice of youth to the Monroe County Executive, Commissioner of Department of Human Services, County Legislators, Monroe County Youth Bureau and community leaders. Participating members respond to local government and community leaders about the concerns and issues of children, youth, and families who live in Monroe County.

Intergenerational Programming - The Monroe County Office for the Aging and the Youth Bureau will continue to create opportunities for positive interactions between our aging adults and youth within the community.

Various **Literacy Events** provide the community with information and materials to support youth around literacy and education. The program also offers families a summer literacy program three (3) nights per week to help youth improve their children's reading ability, as well as their interest in and enjoyment of reading.

The **Summer Programs Expo** provides a central location where families can meet and engage with summer camps and program providers. The goal is to increase the number of youth who enroll in positive summer programs to prevent summer learning loss and deviant behavior due to unstructured time.

4. Please describe new/ongoing efforts to advertise Youth Development Program (YDP), Youth Sports and Education Opportunity Funding (YSEF), and Youth Team Sports Funding (YTS).

Youth Development Program advertisement efforts

Youth Program Services Locator - The Youth Bureau has completed the development of an electronic, county-wide program and services locator to provide an easy, accessible information web-based tool for youth, parents and service providers across Monroe County. The Youth Bureau staff will continue to meet with community partners, youth and parents to ensure the tool is providing the community with needed information.

Monthly "Zoom" Informational Network Meetings - Youth program providers from across Monroe County have the opportunity to learn about programming and opportunities available to youth and families in Monroe County. The Youth Bureau and the Department of Human Services work collaboratively to host the meeting and offer this resource. This platform also allows the Youth Bureau to share information directly with providers and practitioners throughout the community.

Youth Sports Program advertisement efforts

The **Youth Sports Expo and Summer Program Expo** will continue to be held annually to allow community members to meet providers and program leaders in the community that offer youth sports programs. This will help youth sports programs recruit participants and educate the families on the variety of sports programs offered in the County. The Summer Program Expo helps connect families to service providers and resources that support positive use of time for children and positive youth development. Many of these programs provide nutritional meals during program hours, learning opportunities and social/emotional development.

Program Monitoring

1. Please describe the monitoring activities taken by the youth bureau for programs funded with YDP, YSEF, and YTS. What changes, if any, will be made based on this monitoring?

Monroe County has 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 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 to foster improvement and implement change as needed. Additionally, the Department of Human Services has a Research and Planning team which supports RMCYB to more thoroughly examine contracts to explore opportunities for improvement, to use data to inform decision making, and to enhance key performance indicators.

2. Please indicate the frequency of monitoring:

- Quarterly
- Semi-annually
- Annually
- Other

Please explain:

Planning Team and Technical Assistance

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

The planning team for the Monroe County Youth Bureau Consolidated Plan includes:

- Tony Jordan, Executive Director of the Rochester-Monroe County Youth Bureau
- Tanica Kinsey, Youth Engagement Specialist, Rochester-Monroe County Youth Bureau
- Donald Webb, Sr. Youth Engagement Specialist, Rochester-Monroe County Youth Bureau
- Steve Newcomb, Executive Director, Monroe County Office For the Aging

- Donette Scott, Chief Community Engagement Officer, Department of Human Services
- Tina Lewis, Youth Engagement Specialist, Rochester-Monroe County Youth Bureau

2. Please identify any technical assistance or training needs that would help the youth bureau effectively support positive youth development in the coming year. Please be as specific as possible.

- Continue sharing opportunities for professional development through online sessions as well as in-person.
- Train the trainer session on CBT for Youth Bureau and DHS staff

3. What are some of the noteworthy accomplishments of the Youth Bureau and local partner programs from the previous year?

- Community Outreach has been expanded via the hiring of new Youth Engagement Specialists as part of the Youth Bureau team. These Specialists are responsible for assisting youth in crisis with intervention, problem solving, action planning and skill building by engaging in "authentic youth" development through a trauma-informed lens using a system of care framework.
- RMCYB expanded the number of youth sports organization that received funding from the Youth Educational Sports fund from just one (1) in the beginning to over 20+ programs. This will provide the opportunity for youth to participate in a positive youth development activity by working with our community partners. Youth sports programs will provide a variety of sports programming from horseback riding to lacrosse for under-served youth aged 6-17.
- The Annual Youth Bureau Youth Awards was held on April 24, 2025. The event was successful in soliciting over 100 nominations from across the County to recognize youth who are actively impacting their communities and providing positive influence on their peers and the adults around them. Adult advocates were also recognized for the good work they do in communities across Monroe County.
- RMCYB hosted monthly community network meetings to bring youth serving partners together to break down barriers and silos. Providers are able to educate their colleagues on the services that their organizations provide to improve service delivery to the community.
- The RMCYB collaborated with the Monroe County Office of the Aging to plan and participate in the following Inter-generational events: Salute to Seniors, Fall Clean up, and the Holiday Ball.
- The RMCYB partnered with the Pirate Toy Fund for the 8th Annual Monroe County Toy Giveaway at the Blue Cross Arena in December where toys were distributed to over 500 children and families.
- The Youth Bureau partnered with OCFS, several local Court Judges and community agencies to host a mock permanency hearing and employment event for "youth in care." The event provided the opportunity for youth to obtain their non-drivers ID, sign up for community employment programs and get their work-permit. Through the mock permanency hearing they were able to learn about their rights within the process. Over 80 youth participated in this event.

Runaway and Homeless Youth Services

Person Submitting Report

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

Name:

Rebecca Miglioratti

Title:

Community Home Coordinator

Agency:

Monroe County DSS

Email Address:

rebecca.miglioratti@dfa.state.ny.us

Phone:

585-753-5732

Services & Needs

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

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

Include, at minimum, the following characteristics:

i. Age:

This data includes youth served by Center for Youth programs, calls to the Center for Youth Crisis hotline and by adult homeless service providers. Not all data is available for each youth served.

12 YO - 39

13 YO - 69

14 YO - 92

15 YO - 127

16 YO - 245

17 YO - 291

18 YO - 213

19 YO - 219

20 YO - 216

21 YO - 165

22 YO - 131

23 YO - 144

24 YO - 119

Additionally, one hundred eight (108) missing and runaway youth ages 11-17 were served in the PINS Diversion program; thirty-three (33) of which were petitioned to Family Court as PINS runaways. Both data points are approximately 3 times the volume seen in the previous year.

ii. Gender identity / expression:

Female - 536

Male - 272

Trans Female - 5

Trans Male - 2

Transgender unspecified - 6

Non-Binary - 10

Other Identity - 8

Client prefers not to answer - 1

Among the PINS runaway population, approximately 55% were female and 42% were male.

iii. Sexual orientation:

This data includes RHY served by Center for Youth only.

Heterosexual - 220

Gay - 12

Lesbian - 10

Bisexual - 50

Questioning/Unsure - 15

Other - 14

Unknown - 57

iv. Race / ethnicity:

American Indian, Alaska Native, or Indigenous - 8

Asian or Asian American - 4

Black, African American, African non-Hispanic - 536

Black, African American, African and Hispanic - 41

Hispanic/Latina/e/o - 41

Middle Eastern or North African - 3

Multiracial, non-Hispanic - 31

Multiracial, Hispanic - 8

Native Hawaiian or Pacific Islander - 4

White, non-Hispanic - 125

White, Hispanic - 42

Unknown - 7

Among the PINS Runaway population, approximately 55% were Black/African American (down from 59% in 2023) and 19% were white (up from 8% on 2023). The remainder of youth were characterized as "other." Approximately 23% of the youth served identify as Hispanic. Of PINS youth petitioned to Family Court, 67% were Black/African American, 12% were white and 21% were characterized as "other" race/ethnicity. Approximately 30% (n=10) of the youth petitioned to Family Court identified as Hispanic.

v. Primary language spoken by youth:

Data not collected in HMIS but we estimate 90% English and 10% Spanish as primary language.

vi. Child welfare involvement or history:

Over 60% of the youth served at The Center for Youth have a history of involvement with Child Welfare.

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

Place not meant for habitation - 156

Emergency Shelter - 200

Foster care or group home - 7

Hospital or other residential non-psych facility - 24

Host Home - 1

Psychiatric hospital or other psych facility - 12
Jail, prison, or juvenile detention facility - 14
Residential project or halfway house with no homeless criteria - 22
Transitional Housing for homeless persons - 22
Hotel or Motel - 29
Safe Haven - 8
Staying or living in a friends room, apartment or house - 176
Staying or living in a family members room, apartment or house - 231
Substance abuse treatment facility or detox - 5
Rental by client, no ongoing housing subsidy - 19
Rental by client, with ongoing subsidy - 2
Unknown - 18

viii. Estimated number of runaway youth vs homeless youth in the county:

Numbers of RHY in Our Area: Due to the transient nature of our youth, there are multiple sources for statistics on youth.

Snapshot of Runaway, Homeless, and Youth at Risk of or are Being Trafficked

Monroe County Statistics:

- NYS Division of Criminal Justice's latest report from 2020 states that there were 1,038 reports of missing youth, aged 17 and under, and that 95% of those reports were suspected runaways.
- Rochester Monroe County CoC reported 464 young people ages 18 – 24 who accessed homeless shelters in 2023.
- PINS Diversion runaway youth (ages 11-17) accounted for 96% (n=108) of all PINS Diversion cases in 2024 (total cases n=113) and 70% (n=33) of PINS petitions to Family Court.

In 2024, The Center's Youth Crisis Hotline Received:

- A total of 1,310 calls from youth, young adults, caregivers, and other youth serving professionals.
- 778 calls from youth asking about emergency housing.
- 240 calls from youth asking about transitional housing and independent living.
- 133 calls regarding pregnant/parenting youth and young adults.

In 2024, The Center Served:

- Over 600 unduplicated contacts with street-involved youth under the age of 18 who were at risk of sexual exploitation, trafficking, and homelessness in our Street Outreach Program.
- 109 unduplicated RHY ages 12 - 17 and provided over 1,500 nights of care in our youth emergency shelter.
- 71 RHY ages 16 – 24 in our Maternity Group Home and Transitional Living Programs.

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](#).

Mental Health Concerns - The 2022 Monroe County Youth Risk Behavior Survey found that of the high school students surveyed, 42% of girls and 20% of boys felt so sad and hopeless every day for 2 or more weeks, that they stopped doing their usual activities in the past year. Sixty percent (60%) of students who identify as LGBTQ reported this symptom. Monroe County has seen an increase in the number of youth and young adults being discharged from psychiatric holds with nowhere to go, leaving hospitals, child welfare, and shelters serving unaccompanied minors and young adults struggling to determine the best option. There is a higher level of therapeutic care needed, and the need for long-term independent living options with case management is growing.

In 2024, over 40% of RHY served by The Center reported mental health concerns and 80% of 18–25-year-olds entered into Monroe County's HMIS were identified as having a mental health disorder.

Young Adult Shelter & Emergency Shelter for Pregnant/Parenting Youth - In 2019 Monroe County lost the youth and young adult shelter serving 16-20 year-olds leaving only The Center for Youth's emergency shelter for 12-17 year-olds. This means that homeless 18-25 year-olds must access an adult emergency shelter. Also, 16 and 17 year-olds no longer have the option to access another shelter if they are not comfortable or successful with younger RHY at The Center's shelter. Currently,

there is no emergency shelter for parenting youth under the age of 18.

More Transitional Housing due to Poverty & the Lack of Safe and Affordable Housing - The stability of families in Rochester and Monroe County appears to have eroded, due in large part to the decline in the economy. In the fiscal year ending April 2020, private sector jobs in Rochester declined by 21.3%. According to the Bureau of Labor Statistics, the pre-COVID-19 unemployment rate for Monroe County has remained between 5-6% over the past three years, however the current rate is 16%. When viewed through the lens of race/ethnicity, unemployment rates are significantly higher for African Americans (17%) and Hispanics (15%) as opposed to whites (6%).

A special report, Poverty and the Concentration of Poverty in the Nine County Greater Rochester Area, published by The Rochester Area Community Foundation in December 2017, found that Rochester continues to rank 4th in overall poverty among the nation's 75 largest metropolitan areas and 1st in overall poverty, child poverty, and extreme poverty among comparably sized cities. The same report indicates that 49% of Spanish-speaking children in Rochester (as compared with 35% statewide and 28% nationally) are living in poverty, giving Rochester the rank of 6th in the nation for Latino child poverty among the 244 largest cities in the U.S. Approximately 1 in 5 children live in families receiving public assistance: 19% of students in Monroe County and 86% in Rochester City Schools qualify for the Free/Reduced Lunch Program.

Like cities across the nation, rent has increased dramatically after the end of COVID's eviction moratorium while entry-level wages have not. This leaves young people on their own with even fewer safe housing options. Couch-surfing results in increased risk for trafficking and other forms of abuse.

3. Describe **how** the municipality's local resources are coordinated to respond to the needs in #2. Include the following in your description:

i. The county's plan to address service gaps in the plan's year:

Monroe County has a Coordinated Entry System across Rapid Rehousing (RRH), Permanent Supportive Housing (PSH) and Empire State Supportive Housing Initiatives 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, ESSI and PSH programs are filled using the community prioritization list so available resources are available to those with the highest degree of need.

RMCYB staff will continue to hold a seat on the 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.

ii. Any new services or expansion of services planned in the plan's year:

NA

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.

211 Lifeline Finger Lakes, NY:
<https://211lifeline.org/textsearch.php?searchstr=homeless+youth&searchsubmit=SEARCH&searchtype=topicsearch>

The Center for Youth Website: <https://www.centerforyouth.net/shelter-housing-crisis-services/>

The Center for Youth 24-hour Crisis Hotline: #585-271-7670

Monroe County Youth Bureau Website: <https://www.monroecounty.gov/youth-runaway>

Youth Services Directory: https://211lifeline.org/direct_ysl.php

Family Support Center- Family Access and Connection Team (FSC-FACT) <https://www.monroecounty.gov/hs-fact-far>

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

Please see 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 Community Homeless Coordinator consulted with the Center for Youth Services RHY program staff/director as well as the CoC - Partners Ending Homelessness HMIS Coordinator.

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.

Data was collected via the Homeless Management Information System which is the system used by Center for Youth and all homeless service providers in Monroe County. Data is also collected through the Family Access and Connection Team regarding PINS runaways.

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

- Yes
 No

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

Municipal Information

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

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

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

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

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

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

- 18 months
 24 months
 Not applicable

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

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

- Yes
 No

Not applicable

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

Note: Residential RHY programs must operate within the terms of their OCFS-issued operating Certificate.

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	MCDSS	Community Homeless Coordinator	rebecca.miglioratti@dfa.state.ny.us	585-753-5732
Tony Jordan	RMCYB	Executive Director	TonyJordan@monroecounty.gov	585-753-6548

RHY Service Coordinator

1) Designation and duties of the municipal RHY services coordinator

Coordinator's Name:

Rebecca Miglioratti

Agency or Organization:

MCDSS

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

Social Services and Youth Bureau

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

20%

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

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

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

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

Runaway/Homeless Youth (RHY) funds provide for the coordination, planning and monitoring of a continuum of community-based services targeted toward youth, in accordance with the RHY Act. The RHY Coordinator oversees and monitors current program services, as well as plans for the development of enhanced/new services to address gaps/obstacles to service the target population. 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)

Program #Center House

Address	Program Director	Operating Certificate Number
128 Seneca Parkway Rochester , NY 14613	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-11-1-01
<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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Under 18
Maximum length of stay offered to runaway youth by the program:		60-120
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)
Target population	All persons	Target population
13	13	13

Program #Center for Youth Host Home

Address	Program Director	Operating Certificate Number
905 Monroe Ave Rochester , NY 14620	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-18-0-01
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (No age conditions)
Maximum length of stay offered to runaway youth by the program:		60-120
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)
Target population	All persons	Target population
1	1	1

Transitional Independent Living Programs (Supported and Group Residences)

Program #Chrysalis House

Address	Program Director	Operating Certificate Number
1900 South Ave. Rochester, NY 14620	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-17-3-01
<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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (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
8	16	16	16

Program #New Beginning House 139 Upper

Address	Program Director	Operating Certificate Number	
139 Field St Upper Rochester, NY 14620	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-22-4-13	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

Program #New Beginning House 141 Down

Address	Program Director	Operating Certificate Number	
141 Field St Down Rochester, NY 14620	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-22-4-14	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

Program #New Beginning House 141 Upper

Address	Program Director	Operating Certificate Number
141 Field St Upper Rochester, NY 14620	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-22-4-15
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (16-21)
Maximum length of stay offered to youth by the program:		24 months
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)

Target population	All persons	Target population	All persons
2	2	2	2

Program #CYS TILP 150 Devonshire Court #2

Address	Program Director	Operating Certificate Number	
150 Devonshire Court Apt 2 Rochester, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:		24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

Program #CYS TILP 150 Devonshire Ct. # 10

Address	Program Director	Operating Certificate Number	
150 Devonshire Ct Apt 10 Rochester, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:			
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
2	2	2	2

Program #CYS TILP 150 DEVONSHIRE CT #1

Address	Program Director	Operating Certificate Number	
150 DEVONSHIRE CT APT 1 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (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

Program #CYS TILP 150 DEVONSHIRE CT #4

Address	Program Director		Operating Certificate Number
150 DEVONSHIRE COURT CT #4 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (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

Program #CYS TILP 150 DEVONSHIRE CT. #5

Address	Program Director		Operating Certificate Number
150 DEVONSHIRE CT. APT 5 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (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

Program #CYS TILP 150 DEVONSHIRE CT. #6

Address	Program Director		Operating Certificate Number
150 DEVONSHIRE CT. APT 6 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.			
Ages of youth the program is certified by OCFS to serve:		Other (16-21)	
Maximum length of stay offered to youth by the program:			
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
1	1	1	1

Program #CYS TILP 150 DEVONSHIRE CT. #7

Address	Program Director	Operating Certificate Number
150 DEVONSHIRE CT APT 7 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (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
1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #8

Address	Program Director	Operating Certificate Number
150 DEVONSHIRE CT. APT 8 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (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
1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #11

Address	Program Director	Operating Certificate Number
150 DEVONSHIRE CT. APT 11 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (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
1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #12

Address	Program Director	Operating Certificate Number
150 DEVONSHIRE CT APT 12 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (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
1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #14

Address	Program Director	Operating Certificate Number
150 DEVONSHIRE CT. APT. 14 ROCHESTER, NY 14619	Valerie Douglas 585-473-2464 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 checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.		
Ages of youth the program is certified by OCFS to serve:		Other (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
1	1	1

Additional Residential Programs Available to RHY

Other than the OCFS certified residential programs listed above, are there any other residential programs in the municipality that are available to runaway and homeless youth and young adults? Please include information such as: program name, operating agency name, description of target population, program directors name and contact info, website URL, etc.

|

Non-Residential Programs

Please provide the following information about each of the non-residential RHY programs and services that operate within your municipality. Once approved by OCFS, programs included in this section are eligible for RHY funding. Minors who receive services from programs included in this section may consent to their own medical care and/or apply for their own identification through the NYS Department of Motor Vehicles.

Agency Name:

Program Name:

Center for Youth Services	Safe Harbour
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	Vdouglas@centerforyouth.net
<input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.	
Target Population (age and other relevant demographics):	
The Safe Harbour team provides case coordination and advocacy for commercially sexually exploited (CSE) youth.	
Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input checked="" type="checkbox"/> 8:00 AM—4:00 PM <input checked="" type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday
Non-residential RHY Service Provided (Select all that apply):	
<input checked="" type="checkbox"/> Hotline <input checked="" type="checkbox"/> Street Outreach <input checked="" type="checkbox"/> Drop-in Center <input checked="" type="checkbox"/> Case Management	

Agency Name:	Program Name:
Center for Youth Services	Street Outreach
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	Vdouglas@centerforyouth.net
<input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.	
Target Population (age and other relevant demographics):	
The Street Outreach Program provides on-the-street services, including crises and survival care and referral information to street youth in an attempt to increase their personal safety and encourage them to partner with us to leave the streets for a more stable living environment.	
Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input checked="" type="checkbox"/> 8:00 AM—4:00 PM <input checked="" type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday

- | |
|--|
| <input checked="" type="checkbox"/> Friday |
| <input type="checkbox"/> Saturday |

Non-residential RHY Service Provided (Select all that apply):

- | |
|---|
| <input checked="" type="checkbox"/> Hotline |
| <input checked="" type="checkbox"/> Street Outreach |
| <input checked="" type="checkbox"/> Drop-in Center |
| <input checked="" type="checkbox"/> Case Management |

Agency Name:	Program Name:
Center for Youth Services	Nook - Food Security Cupboard
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	vdouglas@centerforyouth.net

This program will receive OCFS RHY funds in the plan year.

Target Population (age and other relevant demographics):

The Nook is a small food and supply cupboard at the Center for Youth main offices. Young people have easy access to non-perishable foods, hygiene items, and household supplies. In conjunction with The Nook, staff and volunteers deliver education and life skills focused on nutrition, cooking and grocery shopping budgets.

Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input checked="" type="checkbox"/> 8:00 AM—4:00 PM <input checked="" type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input type="checkbox"/> Saturday

Non-residential RHY Service Provided (Select all that apply):

- | |
|--|
| <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Drop-in Center |
| <input type="checkbox"/> Case Management |

Agency Name:	Program Name:
Center for Youth Services	Crisis Hotline
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-271-7670	vdouglas@centerforyouth.net

This program will receive OCFS RHY funds in the plan year.

Target Population (age and other relevant demographics):

Youth in crisis.

Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input checked="" type="checkbox"/> 8:00 AM—4:00 PM <input checked="" type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input checked="" type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input checked="" type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday
Non-residential RHY Service Provided (Select all that apply):	
<input checked="" type="checkbox"/> Hotline <input type="checkbox"/> Street Outreach <input type="checkbox"/> Drop-in Center <input type="checkbox"/> Case Management	

Agency Name:	Program Name:
Center for Youth Services	Rapid Rehousing
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	Vdouglas@centerforyouth.net

This program will receive OCFS RHY funds in the plan year.

Target Population (age and other relevant demographics):

Assists in locating safe and affordable permanent housing, cash assistance for rental and security deposit payments and ongoing case management services for up to 2 years.

Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input type="checkbox"/> 8:00 AM—4:00 PM <input type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Non-residential RHY Service Provided (Select all that apply):	

- | |
|--|
| <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Drop-in Center |
| <input type="checkbox"/> Case Management |

Agency Name:	Program Name:
Center for Youth Services	Safe Place
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	Vdouglas@centerforyouth.net

This program will receive OCFS RHY funds in the plan year.

Target Population (age and other relevant demographics):

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.

Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input checked="" type="checkbox"/> 8:00 AM—4:00 PM <input checked="" type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input checked="" type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input checked="" type="checkbox"/> Sunday <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday <input checked="" type="checkbox"/> Saturday

Non-residential RHY Service Provided (Select all that apply):

- | |
|--|
| <input type="checkbox"/> Hotline |
| <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> Drop-in Center |
| <input type="checkbox"/> Case Management |

OCFS Support

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

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

None at this time.

Sexually Exploited and Trafficked Youth

Summary of Last Program Year

1. Identify from the list below the top needs addressed by the Safe Harbour: NY program last year. For each area selected provide a brief summary of efforts undertaken in the last year and the outcome of those efforts.

- Developing / maintaining a critical team
 - Training for professionals
 - Adopting standardized tools and resources
 - Raising public awareness
 - Direct outreach and service provision to youth
-

Efforts undertaken and their outcome:

The Monroe County Safe Harbour Advocates' flexibility and trauma-informed, strength-based, positive youth development approach resulted in continued success in partnering with young people to identify and obtain their goals. See question 3 below for outcome details.

-
- Developing / maintaining service referral pathways
-

Efforts undertaken and their outcome:

The Safe Harbour Program Manager continued to build and maintain relationships with shelters, mental health and medical providers, employment and educational resources, and other services and supports across Monroe County that CSEC youth need to facilitate more seamless referrals. This was done through meetings, email communication, and targeted efforts by the team to ensure partners understood the unique needs of CSEC youth.

-
- Other

Please specify:

Housing and Additional Staffing

Efforts undertaken and their outcome:

The Safe Harbour Program Manager has built relationships with shelters across Monroe County for more seamless housing referrals. This was accomplished through meetings, email communication, and targeted efforts by the team to ensure that shelter partners understood the program was there to support the young person during their stay.

2. When considering last year's program goals, which were the most challenging to achieve and what challenges did you face in achieving those goals?

The number of referrals continues to grow, while funding to serve this population continues to be diminished. The Safe Harbour Advocates carry a large caseload of youth in crisis which requires more time than staff have available.

Identifying appropriate mental health providers who can deliver services in ways that young people are open to accessing continues to be a challenge.

3. What were some of the most significant Safe Harbour: NY program successes or outcomes from the past year?

The Safe Harbour program has continued to maintain positive and productive relationships across multiple Monroe County Departments, including CPS, Foster Care, and Probation.

The connections established between Safe Harbour staff and program participants remain strong and long-lasting. This has allowed the program to meet the on-going needs of the young person regardless of where they are living or what other programs they are involved with.

KEY PERFORMANCE INDICATORS 2024

- Outreach & Engagement: Safe Harbour provided over 30 awareness trainings to community providers on identifying CSEC and referring youth to Safe Harbour.
- Referrals: Safe Harbour received 252 referrals from the community for youth at risk of or who were identified as victims of human trafficking/commercial sexual exploitation.
- Youth Served: 89 youth were provided intensive case management.
- 100% of youth referred had basic needs met (clothing, food, toiletries, etc.).
- 100% of youth referred were provided counseling and safety planning.
- 100% of youth who ran away from foster care and remained connected to SH case management were reconnected to child welfare.
- 75% of youth improved their housing situation.

4. Please share an example of a positive impact your Safe Harbour program has had on a youth in the past year.

Safe Harbour Advocates accompanied a client to their court date in Madison County, NY. This court date was to determine whether this youth would be sentenced as an adult due to an alleged crime they were accused of, and to serve up to 9 years, or whether they could be convicted as a youthful offender (YO) and be sentenced to probation in Monroe County. The youth was working hard alongside the Safe Harbour Program and the Rapid Rehousing Program to demonstrate to the judge that they were working towards bettering their future for themselves and their child. With the advocacy of the Safe Harbour Program/advocate and the Rapid Rehousing case managers, this youth was able to be sentenced as YO and was able to come back home to Rochester to be with their child. This youth is still working alongside both programs and is improving their future.

a. It can be "small" or large. Please do not include names.

See #4 above

5. Describe how, in the last year, the Safe Harbour: NY program worked with the LDSS to properly identify and

Monroe County: Sexually Exploited and Trafficked Youth

screen youth in accordance with 15-OCFS-ADM-16. Identify any challenges or successes.

The Monroe County Safe Harbour program partners with Child Welfare to train staff each year on identifying and reporting. Center for Youth Services also offers training and guidance to community partners. These partnerships remain successful. The program continues to be available to community partners for daily questions, support, and/or phone calls.

a. Of youth screened as trafficked or high-risk, what trends or commonalities did you identify?

Housing continues to be a struggle. Often, the youth engaging with the Safe Harbour program have experienced incredible trauma that prevents them from trusting adults, authority figures, or their peers. This makes it difficult for them to stay in shelters or choose to return to foster care.

6. Please provide the names and affiliations of any trainers your county would recommend.

LOVE146, RESTORE, Trillium, Delphi Rise, and Planned Parenthood.

Plan for Next Program Year

1. Identify from the list below two or more areas of focus for the upcoming program year. For each area selected, describe the strategies the program will implement to develop or enhance the county's response to trafficked and at-risk youth.

Developing / maintaining a critical team

Strategies to develop or enhance this area:

- Hold monthly case conferences with other providers (e.g., FACT, CPS).
- Show dedication to community partners.
- Participate in Safe Court twice a month. The referral process for legal support has been fluid and easy because of the relationships established as a result of this participation.
- Increase engagement with the Western NY Task Force.

-
- Training for professionals
 - Adopting standardized tools and resources
 - Raising public awareness
 - Developing / maintaining service referral pathways
-

Strategies to develop or enhance this area:

- Develop/maintain service referrals to the Safe Harbour Program by:
- Holding monthly case conferences with other providers (e.g., FACT, CPS).
 - Building partnerships by being available and communicative to answer questions,

concerns, or support explanations to outsource resources who may not necessarily need to refer someone, but are wondering if they should or should not refer. Building these relationships helps partners feel comfortable in reaching out and engaging in that discussion when appropriate.

- Being present and available to partners, the community and clients, attending meetings and coalitions where partners are collaborating together about the community and clients, and attending tabling events. Reaching out, talking to others, being personable, reachable, and available will improve working relationships.
- Continuing to streamline referrals to safe@centerforyouth.net.

Develop/maintain service referrals from the Safe Harbour Program to Community Services by:

- Partnering with referral partners who are sending referrals. When good relationships have been established, referrals can be made and followed up on quickly. For example, if Bivona is referring to us one week, and another client has need for their services the following week, having a good relationship and established communication avenues will improve the timeliness of referrals, as well as smooth processes.

2. Describe the strategies the county will employ in the coming year to provide or support direct outreach and service provision to youth who have been trafficked or are at-risk. Strategies should respond to the trends identified in response to question 5a above.

Safe Harbour Advocates will continue to provide street outreach directly to youth at risk, table at community events targeting highest need neighborhoods, conduct outreach in jails and in homeless shelters, and partner with Safe Court.

3. Describe how the Safe Harbour: NY program will support the LDSS to properly identify and screen youth in accordance with 15-OCFS-ADM-16.

The Monroe County Safe Harbour Program/The Center for Youth Services partners with Child Welfare to train staff each year on identifying and reporting. MC Safe Harbour also offers training and guidance to community partners. They will continue making themselves available for daily questions, support, and/or phone calls from community partners.

Program Budget

1. Provide a line-item budget for your county's Safe Harbour: NY allocation. Provide a justification / narrative / explanation for each line connecting spending to a task(s) outlined above. Each budget must reflect a minimum \$2,500 designated for wraparound services for youth who have been trafficked or are at-risk.

This document should be uploaded to the County Plans application

2. If the county utilizes other funding sources to support Safe Harbour implementation, please list those sources here.

The Center for Youth conducts private fundraising to support 70% of the overall Monroe County Safe Harbour budget. New York Office of Child and Family Services (OCFS) provides 30% of the budget.

3. If you need to modify your approved budget during this program year, please update your modified budget into the uploads section and notify your Safe Harbour contact.

Differential Response to Children (RTLA legislation)

As of December 29, 2022, legislation (Chapter 810 of the Laws of 2021, as amended by Chapter 38 of the Laws of 2022) and regulation (18 NYCRR Part 437) require that each local department of social services (LDSS) establish a RTLA differential response (DR-RTLA) for children under 12 years old who do not fall under the definition of juvenile delinquent under section 301.2 of the Family Court Act (FCA), and whose behavior would otherwise bring them under the jurisdiction of the Family Court pursuant to Article 3 of the FCA.

The DR-RTLA is an opportunity to provide eligible children with interventions that promote racial, ethnic, and gender equity and reduce the possibility of future involvement with juvenile justice and child welfare systems.

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

A. Differential Response for Children Procedures

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

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

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

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

Not Applicable

The intake process includes at a minimum the following:

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

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

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

- contact the family of an eligible child within one business day of receiving a referral;
- schedule an appointment, within seven business days, with the child, the family and any familial supports identified by the family;

- ask the family if they are currently working with child protective services, child welfare preventive services, or foster care services and obtain permission to speak to the LDSS case manager / caseworker for any applicable information.

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

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

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

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

Name of assessment instrument(s) or mechanism(s) used (Please note, this assessment tool or mechanism through which the child's and family's strengths, needs and challenges are identified is separate from and in addition to the required sexual exploitation tools.):

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

If you selected "Other," please specify:

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

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

- Monroe County's Family Support Center (FSC) – FACT program oversees and implements the DR-RTLA.
- Not Applicable (no other agency besides the LDSS has a role in assessment)

The DR-RTLA assessment will include an assessment of

- the current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral, which could include but is not limited to the safety of other children in the family;

- the eligible child's and family's strengths, concrete needs, and challenges or concerns;
- any individualized vulnerabilities;
- cultural considerations; and
- indicators of child sex trafficking.

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

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

Please check all that apply

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

If you selected "Other," please specify:

4. Plan development and successful intervention engagement process

Please specify any agency other than the LDSS that has a role at this procedure point (plan development and successful intervention engagement):

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

Not Applicable

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

The plan development process will

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

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

It is also required that the LDSS support the family through a facilitated referral process to agreed-upon

Monroe County: Differential Response to Children (RTLA legislation)

interventions. Family team meetings or other family-led collaborative forums may provide the best opportunity for the child and family to meet new providers, to promote continuity of care, and for team members to align strategies and resources to best support the child and family.

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

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

Please specify any agency other than the LDSS that has a role at this procedure point (follow-up):

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

Not Applicable

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

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

B. Planning Activities

Briefly indicate below all the planning activities that the locality has engaged in related to the annual plan update of the DR-RTLA program.

Partners included in the planning of the DR-RTLA annual plan update:

Please check all that apply

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

If you selected "Other," please specify:

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

Please check all that apply

- Current data assessment
- Focus groups with families
- Community needs assessment focused on the needs of the eligible children and their families
- Other stakeholder meetings
- Meetings with law enforcement
- Other

If you selected "Other," please specify:

C. Differential Response Child Population

Please provide the following data for the DR-RTLA child population for **January 1, 2024, through December 31, 2024**. If the answer is zero, please indicate such and *do not leave any blank areas*. Specifically, please provide the following as whole numbers (not %):

Number of referrals to DR-RTLA by law enforcement:

7

Number of referrals to DR-RTLA by parents:

0

Number of referrals to DR-RTLA by schools:

0

Number of referrals to DR-RTLA by other sources:

0

Number of total DR-RTLA eligible cases:

7

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

0

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

1

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

1

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

1

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

4

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

0

D. Reduction of System Involvement

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

The DR-RTLA for eligible children will reduce their likelihood of interaction with the juvenile justice and

child welfare systems in the future through the following strategies:

Please check all that apply

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

If you selected "Other," please specify:

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

No Yes

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

As evident by the above data, very few children are referred to FACT under the DR regulations. This is consistent with prior year's referrals both for DR and, prior to the change in legislation, the number of arrests in this age group. FSC-FACT has worked with law enforcement to increase their understanding and encourage referrals to FACT for families who are experiencing challenges with school aged children. Facilitators are assigned to various schools in the County and provide information about FSC-FACT's services at numerous community outreach events.

FSC-FACT conducts strength based, trauma informed interviews with families and offers hope. A Hope Scale assessment is completed and the program has access to a variety of community-based services to help the child and family reach their goals.

E. Promoting Safety and Well-being

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

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

Please check all that apply

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

families

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

If you selected "Other," please specify:

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

- No Yes

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

While few referrals have been received, trauma informed assessment has been effective in engaging with all children referred. The LDSS supervisor is part of the leadership team and is a resource for safety planning and concerns. FSC-FACT has access to a myriad of services and supports.

F. Reducing Adverse Impacts

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

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

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

Please check all that apply

- Performing outreach to marginalized communities to ensure they are aware of resources available and hear their needs
 Engaging with law enforcement, particularly in marginalized communities, to ensure law enforcement's understanding of the new approach with eligible children
 Building capacity for culturally responsive services, supports, or opportunities in partnership with communities
 Responding to feedback from children and families on the DR-RTLA program and their needs
 Other

If you selected "Other," please specify:

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

- No Yes

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

FACT participates in numerous outreach events, engaging with community members and families throughout the County. FACT also participates in quarterly DHS virtual outreach for community agencies and explains DR and the FACT program.

The FSC Director is a member of the Monroe County Juvenile Justice Council and has presented on DR and the supports the FACT team can provide. Updates are provided at each bi-monthly meeting. Area law enforcement is present at these meetings.

FSC-FACT has continued to work hard to explore and develop resources applicable to and relevant for the younger population.

At the close of service, each youth and family are invited to complete a feedback response survey about their experience with the program.

G. Monitoring Activities

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

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

Please check all that apply

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

If you selected "Other," please specify:

1

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

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

H. Funding

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

- No Yes

I. Training

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

- an overview of the LDSS differential response structure and DR-RTLA plan;
- information regarding the required elements of the DR-RTLA, including responsibilities for obtaining intake information, screening for eligibility determination, assessment of the eligible child and their family, collaborative support planning with the eligible child and their family, the supportive referral process to interventions as needed, and monitoring of the eligible child's progress in interventions;
- the voluntary nature of the differential response and the interventions offered to the eligible child and their family;
- information regarding the DR-RTLA case documentation, confidentiality, and completion requirements;
- information regarding the current continuum of services, supports, and opportunities in the district;
- record retention schedules for the differential response; and
- local district protocols related to when a differential-response-eligible child may be considered for PINS diversion services.

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

|

Not Applicable

Please provide the anticipated frequency of this training for district staff (Please note that this must occur, at a minimum, upon hiring for new differential response staff):

Please check all that apply

Annually

When new staff are hired

Other

If you selected "Other," please specify:

|

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

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

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

|

Not Applicable

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

Please check all that apply

- Law enforcement agencies
- Families
- School districts
- Respite service providers
- Youth bureau
- Children's advocacy center
- Community-based organizations
- Anti-trafficking providers
- Dispute resolution centers
- Voluntary agencies
- Legal partners such as County Attorney, Attorneys for the Child, and Family Court Judges
- Other

If you selected "Other," please specify:

|

Please provide the anticipated frequency of this training for non-district staff:

Please check all that apply

- Annually
- Upon request
- When a new partner is engaged
- Other

If you selected "Other," please specify:

|

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

J. Technical Assistance

Monroe County: Differential Response to Children (RTLA legislation)

Page 10

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

No Yes

K. Differential Response for Children Contact

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

This information will be posted publicly on the OCFS website.

Name:

Leslie Barnes

Title:

Director, Monroe County Family Support Center

Email Address:

lesliebarnes@monroecounty.gov

Phone Number:

585-753-2631

Persons in Need of Supervision (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 (Part K of Chapter 56 of the Laws 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.

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 from the previous year.

Is your county planning to change the PINS Diversion Services Lead Agency in the near future?

- No
 Yes

Inventory of PINS Diversion Service Options

*Indicate the PINS diversion services that are available in your county and whether a service gap exists. Please note that these service categories are required for PINS Diversion Services. **Please answer all portions of each question.** Counties may coordinate efforts with providers to establish regional services.*

Service Categories

Residential Respite (required)

- The county has the required respite available for the PINS Diversion Services population.

Are there any limitations that preclude all youth under PINS Diversion Services being served with Residential Respite services?

No

Yes

Please specify the limitations:

Center for Youth serves youth aged 12-17.

There is a service gap in residential respite services

Responsible Agency(ies)

Probation

LDSS

Other

Please specify:

FACT,FACT

Crisis Intervention—24 hours per day (required service component)

The county has the required crisis intervention available for the PINS Diversion Services population

Are there any limitations that preclude all youth under PINS Diversion Services being served with Crisis Intervention services?

No

Yes

Please specify the limitations:

The Office of Mental Health's Forensic Intervention (FIT) Team (Law Enforcement agencies make initial contact for FIT to be dispatched) and the University of Rochester's Mobile Crisis Team are available to all Monroe County residents. The University of Rochester also has Brighter Day's Urgent Care Clinic for mental health concerns as well as CPEP for critical mental health crises. In addition, Rochester's Person in Crisis (PIC) Team is also available to city residents.

988 - Suicide and Crisis Hotline is available 24/7 as is 211 Lifeline. The Office of Mental Health app is also available as a resource to assist youth and families with crisis service.

There is a service gap in residential respite services

Responsible Agency(ies)

- Probation
- LDSS
- Other
Please specify:
FACT

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

- The county has the required diversion services / other alternatives to pre-dispositional placement available for the PINS Diversion Services population.

Are there any limitations that preclude all youth under PINS Diversion Services being served with Diversion Services?

- No
- Yes

Please specify the limitations:

Alternatives to Pre-Dispositional Placement and Electronic Monitoring are only available during court pendency.

- There is a service gap in residential respite services

Conducts sexual exploitation screening and assessment (required service component)

Are there any limitations that preclude all youth under PINS Diversion Services being served with sexual exploitation screening and assessment?

- No
- Yes

- There is a service gap in sexual exploitation screening

Name of screening instrument used:

- Rapid Indicator Tool
- Child Sex Trafficking Indicators Tool
- Other
Please specify:

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FACT

PINS Diversion Services Procedures

Please complete every portion of each question. Record the agency that is responsible for each procedure.

PINS Diversion Services includes at a minimum the following:

a. Determination of the need for residential respite services and need for alternatives to pre-dispositional placement

*see above

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

*see above

c. Serving as the PINS diversion services intake agency, including, but not limited to:

- accepting referrals for PINS diversion services,
- conducting initial conferencing with the child, family,
- diligently attempting to avoid the filing of a PINS petition,
- discussing possible services and supports with the child and family to avoid the filing of a petition, and
- making a PINS diversion services eligibility determination

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FACT

d. Conducting an assessment of the needs, strengths, and risk for the youth continuing with PINS behavior

Name of assessment instrument used:

YASI

YLSI

Other

Please specify:

MAYSI-2, FLOAT, HOPE Scale

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FACT

e. Conducting the sexual exploitation screening and assessment

***see above**

f. Working with the youth and family to develop case plan

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FACT

g. Determining with the youth and family the recommended service providers and making referrals to agreed-upon interventions

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FACT

h. Making a case closure determination in collaboration with the youth, family, and any relevant service providers

Responsible Agency(ies):

Probation

Monroe County: Persons in Need of Supervision (PINS) Diversion Services

Page 5

LDSS

Other

Please specify:

FACT

PINS Diversion Services Documentation

Where are your PINS Diversion Services documented?

Caseload Explorer

Locally Maintained File

Other

Please specify:

PINS Diversion Services Plan

A. Planning Activities

Indicate below all PINS Diversion Services Strategic Planning activities the locality has engaged in related to this current plan. Include all stakeholders involved to date in the PINS Diversion Services planning process.

The specific collaborative planning activities for the development of the PINS Diversion Services plan included:

Current data assessment

Community needs assessment

Meetings with juvenile justice stakeholders

Focus groups with families and/or youth

Other stakeholder meetings

Other

Please specify:

Partners included in the planning of the PINS Diversion Services:

School Districts

Youth Bureau

Probation Department

Family Court Personnel

- Runaway and Homeless Youth Providers
- Dispute Resolution Center
- Families and/or Youth
- Law Enforcement Officials
- Local Department of Social Services
- Respite Service Providers
- Anti-trafficking Providers
- Community/Faith-based Organizations
- Other

Please specify:

B. PINS Diversion Services Population

*Please record the PINS Diversion Services population in your county for calendar year 2023. If the answer is zero, please indicate such and **do not leave any blank areas**. Specifically, please provide the following as whole numbers (not %).*

Number of PINS Diversion Services cases carried over from previous year: 15

Number of Total PINS Diversion Services referrals: 113

Number of PINS Diversion Services referrals filed by parents: 103

Not Applicable: |

Number of PINS Diversion Services referrals by schools: 0

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: 10

Please identify other sources:

| Court, Social Services

Number of Total PINS Diversion Services cases closed: 114

Number of PINS Diversion Services cases closed as Successfully Diverted: 53

Number of PINS Diversion Services cases closed as Unsuccessful and Referred to Petition: 47

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

14

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

14

C. Pre-PINS Diversion Efforts

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

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

- No
 Yes

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

FSC-FACT is the initial contact point. FSC-FACT staff work with youth and families to identify issues and resolve them using community-based resources. FACT is a collaboration between the Department of Human Services, the Office of Mental Health, the Office of Probation and CCSI Inc.

The FACT office is located at 1099 Jay Street, Rochester, NY 14611.

Does your county collect data on Pre-PINS services?

- No
 Yes

Number of youth who received Pre-PINS services in calendar year 2024:

530

D. Focus Areas of Need

Based on your assessment of needs during your planning activities, choose up to two areas of need that your collaborative would like to impact over the course of this 5-year planning period for PINS Diversion Services. Focus areas should consider the needs for specific vulnerable populations (e.g. youth who identify as lesbian, gay, bisexual, transgender, queer, and gender non-conforming (LGBTQ+), females, neuro-diverse needs of youth) and/or processes that continue to promote disparities in PINS Diversion Services and outcomes for youth and families.

For each area of need:

1. Identify the focus area for improvement for PINS Diversion Services.
2. Identify the strategy(ies) to be implemented to impact the area of need.
3. For the *annual plan updates (APU)*, please note the progress made regarding the area of need.

Focus Area #1

Monroe County: Persons in Need of Supervision (PINS) Diversion Services

Page 8

Select Focus Area:

Addressing overrepresentation of youth of color and/or LGBTQ+ youth

List the strategy(ies) to be implemented to impact the area of need:

Strategies would aim to increase available supports and resources to youth who identify as LGBTQ+, to mitigate the occurrence or incidence of pre-PINS/PINS referrals. Through the Monroe County FSC-FACT program receiving referrals to support youth and family challenges, pre-PINS and PINS behaviors, FACT will:

- Through the program's process of "intake, assess and refer," facilitators will work with youth and families, and community partners (e.g. school district or other relevant partner), to establish collaboration and build the youth's support team, to determine appropriate referrals.
- Partner with existing resources, as well as develop new partnerships in the community, to identify and enhance interventions and resources to support youth who identify as LGBTQ+.
- Use existing assessment tools, the Family Led Online Assessment Tool (FLOAT) and Hope Scale, as well as referral/assessment information directly from the youth/family and any current support partners (if involved, e.g. school, mental health services), to guide person-centered planning and assessment of strengths.
- Continue ongoing training and develop new training opportunities to support staff/facilitators in positive strategies in working with youth who identify as LGBTQ+.
- Record data and maintain outcomes of youth served, to inform effective implementation efforts and guide where gaps/adjustments in supports can be made.

Describe the progress made regarding this area of need:

Progress is being made in all areas, most notably in the learning and development of staff's understanding of and comfort in working with the identified population. FACT has partnered with CCSI and has engaged the Diversity Operations manager to provide team training regarding the history of the movement and allyship.

Staff are currently reading 'The Savvy Ally' by Jeannie Gainburg, in a book club style manner, with facilitated discussion which has led to rich, open and honest conversation about challenges.

FACT continues to explore/use resources such as Trillium Health, Family Counseling Services of the Finger Lakes, Center for Youth Services, etc. We are aware of Safe Zones and have provided staff with Safe Zone training.

Focus Area #2

Select Focus Area:

Other (please specify)

If "Other," please specify:

Offering interventions to youth at younger ages in efforts to mitigate pre-PINS/PINS behaviors.

List the strategy(ies) to be implemented to impact the area of need:

Strategies would aim to increase efforts to reach youth at younger ages, who may be beginning to display challenges and behaviors (in their families and/or community settings). Behaviors that would become or are already pre-PINS/PINS related challenges. By increasing early intervention efforts and awareness of supports to younger aged youth/families and their community partners (e.g. if applicable - school district, mental health supports) Monroe County FSC-FACT will:

- Increase community awareness of FACT in collaboration with existing community partnerships, as well as increased outreach to new partners, to build knowledge of the program. FACT has existing informational materials and offers ongoing community-based presentations regarding the program and initiatives. These are offered on a consistent and ongoing basis and would be offered in newly identified settings (e.g., community centers, libraries), to support raising awareness of the resources that may be available.
- Maintain existing and develop new positive collaborations with community partners to facilitate early identification of younger aged youth/families who may be experiencing challenges. For example, expand liaisons and collaborations within school systems to increase partnerships in elementary and middle school settings or partners who specifically serve youth under the age of 12.
- Use existing assessment tools of the Family Led Online Assessment Tool (FLOAT) and Hope Scale, as well as referral/assessment information directly from the youth/family and any current support partners (if involved, e.g. school, mental health services), to guide person-centered planning and assessment of strengths.
- Continue ongoing training and develop new training opportunities to support staff/facilitators in identifying interventions/resources to youth at younger age/families, to positively impact challenges and mitigate greater challenges at an older age.
- Record data and maintain outcomes of youth served, to inform effective implementation efforts and guide where gaps/adjustments in supports can be made.

Describe the progress made regarding this area of need:

With FACT designated as the agency responsible for the RTLA -Differential Response and the desire to engage with youth and families to address problematic behaviors as soon as possible, we are working to expand our knowledge and connection with programs and services that specialize engaging with and serving younger youth.

FACT contracted with Family Counseling of the Finger Lakes to provide a training on Problematic Sexual Behavior in Children. Relationships have been developed with several providers: Play Therapy at Nazareth College, Hillside Family Opportunity Center, Caregiver programs through Golisano Children's Hospital among others.

A facilitator has been assigned to the elementary school in the Rochester City School District. Outreach throughout the County is conducted to encourage the community to share our message: We work with families to help them find hope, to believe that their tomorrow can be better than today and that they have the power to make change. Younger children who have experienced significant life stressors may be open to intervention and parents can work to avoid and prevent bigger behaviors in the future. FACT services are free; we have no wait list and no insurance requirements.

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

Monroe County: Persons in Need of Supervision (PINS) Diversion Services

Page 10

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

F. PINS Diversion Services Lead Agency County Contact

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

Name:

Cynthia Smith

Title:

Assistant Chief Probation Officer

Email Address:

CynthiaSmith@monroecounty.gov

PINS Pre-dispositional Placement Services

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

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

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

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

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

Child Care Assistance Program (CCAP)

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

Part One: NYS Child Care Block Grant

I. Administration

- | | |
|--|---|
| 1. Total estimated NYSCCBG funds available: | \$98864207 |
| 2. Estimate of local share: | \$4221021 |
| 3. Projected spending for FFY 2025–2026: | \$101266315 |
| 4. Estimated number of children being served: | 8172 |
| 5. Does the district have a contract with any providers that specifies payment rates for the provision of child care services? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 6. Does your district have a contract or formal agreement with another organization to perform functions using the NYSCCBG? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

II. Waiting List

The district will establish a waiting list for families not eligible for a child care guarantee when it has projected that all available NYSCCBG funds are needed for open child care cases.

- Yes No

III. 24-Month Eligibility

The district chooses to authorize child care assistance for a 24-month eligibility period.

- Yes No

IV. Preliminary Eligibility

The district opts to provide child care assistance during the application determination period for all families who apply for child care assistance.

- Yes No

V. Interim Eligibility

Describe how the district implements interim eligibility for families experiencing homelessness, including the length of the interim eligibility period, which cannot exceed 90 days:

For families experiencing homelessness, the district implements interim eligibility by providing families with a Child Care Certificate. This certificate provides families with a 30-day guarantee of child care assistance while an eligibility determination is conducted by the district.

VI. Reasonable Distance

The following defines "reasonable distance":

Reasonable distance for determining accessible childcare in Monroe County is defined as care located one hour or less of travel time between childcare site and the client's employment or school location.

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

This has been the long-standing definition used in Monroe County based on factors that include local childcare availability and public transportation options.

VII. Transportation

Are there circumstances where the district will reimburse for transportation?

Yes No

Part Two: Title XX Child Care

Does the district use Title XX funds to provide child care?

Yes No

I. Administration

1. Total estimated Title XX funds available:	\$3455185
2. Projected spending for FFY 2025–2026:	\$3689978
3. Estimated number of children being served:	280

4. Does the district have a contract with any providers that specifies payment rates for the provision of child care services?

Yes No

5. Does your district have a contract or formal agreement with another organization to perform any of the following functions using Title XX for Child Care Assistance?

Yes No

II. Child Care Without Regard to Income (foster care, protective and preventive cases are eligible without regard to income)

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

Yes No

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

Yes No

3. Does the district use Title XX funds for child care for a child placed in foster care and residing in the home with a certified or approved foster parent?

Yes No

III. Programmatic Eligibility

Please select which families your district chooses to serve:

1. Families Receiving Temporary Assistance:

a. When such services are needed for an eligible child aged 13 or older, who has special needs or is under court supervision, in order to enable the child's parent(s) or caretaker relative(s) to participate in activities required by social services officials including orientation, assessment, or work activities defined in 18 NYCRR Part 385.

Yes No

b. For a child aged 13 or older, who has special needs or is under court supervision, in order to enable the child's parent(s) or caretaker relative(s) to engage in work as defined by the social services district.

Yes No

c. When child care services are necessary for a parent or caretaker to participate in an approved activity in addition to their required work activity.

Yes No

d. When child care services are necessary for a sanctioned parent or caretaker to participate in unsubsidized employment, whereby the parent or caretaker relative receives earned wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law.

Yes No

2. Families Receiving Temporary Assistance or Families with Income up to 85% of the SMI and child care services are needed when the child's caretaker is:

a. A teenage parent attending high school or an equivalency program.

Yes No

b. When child care services are needed for the child's caretaker to attend a two-year degree granting program at a community college, a two-year college, or an undergraduate college leading to an associate degree or a certificate of completion within a determined time frame which must not exceed 48 consecutive calendar months.

Yes No

c. Attending a four-year college or university program leading to a bachelor's degree provided the program is reasonably expected to improve the earning capacity of the caretaker and the caretaker can demonstrate their ability to successfully complete the course of study.

Yes No

3. Families receiving Temporary Assistance or families with Income up to 85% of the SMI and child care services are needed for the child to be protected because the child's caretaker is:

a. Receiving services for victims of domestic violence, or is participating in a screening or assessment to receive services for victims of domestic violence.

Yes No

b. Participating in an approved substance abuse treatment program, or in screening for or an assessment of the need for substance abuse treatment.

Yes No

c. In an emergency situation including, but not limited to, cases where the caretaker's absence from the home for a substantial part of the day is necessary because of extenuating circumstance.

Yes No

d. Physically or mentally incapacitated or has family duties away from home necessitating their absence

Yes No

e. Experiencing homelessness, in accordance with section 725 of Subtitle VII-B of the McKinney-Vento Act

Yes No

4. Families with Income up to 85% of the SMI and child care services are needed:

a. For the child's caretaker to be engaged in work as defined in 18 NYCRR §415.1(o)(1).

Yes No

b. For the child's caretaker to actively seek employment as defined in 18 NYCRR §415.1(p) for a period of up to six months, if the caretaker documents that they are currently registered with a New York State Department of Labor's Division of Employment Services Office provided that child care services will be available for the portion of the day the family is able to document is directly related to the parent or caretaker engaging in such activities.

Yes No

c. For the child to be protected because one of the child's caretakers is engaged in work and the child's other caretaker is physically or mentally incapacitated or has family duties away from home necessitating their absence.

Yes No

d. When child care services are needed for the child's caretaker to attend an educational facility providing a standard high school curriculum offered by or approved by the local school district.

Yes No

e. When child care services are needed for the child's caretaker to attend an education program that prepares an individual to obtain a New York State high school equivalency diploma.

Yes No

f. When child care services are needed for the child's caretaker to attend a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level in those areas.

Yes No

g. When child care services are needed for the child's caretaker to attend a program providing literacy training designed to help individuals improve their ability to read and write.

Yes No

h. When child care services are needed for the child's caretaker to attend an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose native or primary language is other than English.

Yes No

i. When child care services are needed for the child's caretaker to attend a training program *which has a specific occupational goal* and is conducted by an institution licensed or approved by the State Education Department other than a college or university.

Yes No

j. When child care services are needed for the child's caretaker to attend a prevocational skills training program.

Yes No

k. When child care services are needed for the child's caretaker to attend a demonstration project designed for vocational training or other projects approved by the Department of Labor.

Yes No

l. When child care services are needed for the child's caretaker to participate in a program to train workers in an employment field that currently is, or is likely to be, in demand in the near future, if the caretaker documents that they are a dislocated worker 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 related to the caretaker engaging in such a program.

Yes No

Note: Unless care is provided under option 2c, the caretaker must complete the selected educational or vocational programs listed above within 48 consecutive calendar months. The caretaker cannot enroll in more than one program.

IV. Case Closing When Funds Are Limited

Select one of the options listed below:

The district will close cases starting from the shortest time receiving child care services to the

longest time

- The district will close cases starting from the longest time receiving child care services to the shortest time

V. Waiting List

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

- Yes No
-

Part Three: District Options that Apply to Both NYSCCBG and Title XX

I. Differential Payment Rates

Instructions

Families Experiencing Homelessness

Districts must pay a licensed or registered child care provider caring for a child experiencing homelessness a ten percent (10%) differential payment rate above the actual cost of care or the applicable market rate, whichever is less. A district may choose to set a differential payment rate greater than the required 10 percent (10%), but that rate must not exceed 15 percent (15%) above the actual cost of care or the applicable market rate, whichever is less. Districts must apply the differential payment rate to all eligible licensed or registered providers and cannot restrict the differential payment rate only to certain types of licensed or registered providers. For instance, a district cannot apply the differential payment rate only to day care centers.

A district may establish a differential payment rate for legally exempt child care providers not to exceed 15 percent (15%) above the actual cost of care or the applicable market rate, whichever is less. If the district chooses to set a differential payment rate, then that rate must be applied to all eligible legally exempt child care providers and cannot be limited only to certain types of legally exempt child care providers. For instance, a district cannot set a differential payment rate that applies only to legally exempt group child care providers.

Non-traditional Hours

Districts must pay a ten percent (10%) differential payment rate above the actual cost of care or the applicable market rate, whichever is less, to any eligible child care provider for child care services provided during non-traditional hours. A district may choose to set a differential payment rate that is greater than ten percent (10%), but that rate must not exceed 15 percent (15%) of the actual cost of care or the applicable market rate, whichever is less. Districts must apply the differential payment rate to all eligible licensed, registered, and legally exempt child care providers and cannot restrict the differential payment rate only to certain types of child care providers. For instance, a district cannot apply the differential payment rate only to day care centers.

Optional Differential Rates

A district may establish differential payment rates for licensed or registered providers that (i) demonstrate high quality standards through accreditation by a nationally recognized child care organization or other entity as determined by the Office; and/or (ii) actively participate in the Office's Non-Patient Specific Auto Injector

Initiative; and/or (iii) actively participate in New York's Quality Rating & Improvement System, also known as QUALITYstarsNY. If the district chooses to provide an optional differential rate, the differential rate must be at least five percent (5%) higher than the actual cost of care or the applicable market rate, whichever is less. The differential rate may not exceed 15 percent (15%) of the actual cost of care or the applicable market rate, whichever rate is less. Legally exempt child care providers are not eligible for the optional differential payment rates.

Providers Qualifying for More Than One Differential Payment Rate

A child care provider may qualify for multiple differential payment rates. To calculate payment, each differential payment rate for which the provider qualifies is added to arrive at a total differential payment rate that must not exceed 35 percent (35%) of the actual cost of care or the applicable market rate, whichever is less.

A district may request a waiver to establish a maximum payment rate for providers that qualify for more than one differential payment rate higher than 35 percent (35%) above the applicable market rate if this level is necessary to provide access to such child care programs. The district must describe why the maximum payment rates are insufficient to provide access and provide a rationale for setting a higher maximum payment rate.

1. Districts must complete the Differential Payment Rate Percent (%) column in the table below for each of the differential payment rate categories. The state requires a minimum differential of 10% for licensed and registered providers for homelessness and for all eligible providers for non-traditional hours as defined in 18 NYCRR §415.1(af). For these categories, the district must enter "10%" or, if it chooses a higher rate, up to 15%. The differential payment rate categories for legally exempt providers for homelessness and for nationally accredited programs are optional.

Districts may opt to establish differential payment rates for licensed or registered providers that demonstrate high quality standards through accreditation by a nationally recognized child care organization or other entity determined by OCFS; actively participate in the Office's Non-Patient Specific Auto Injector Initiative; and/or actively participate in QUALITYstarsNY. If the district chooses to provide any of these differential rates, the differential rate must be at least five percent higher than the actual cost of care or the applicable market rate, whichever is less. The differential rate may not exceed 15 percent (15%) of the actual cost of care or the applicable market rate, whichever rate is less. Legally exempt child care providers are not eligible for these differential payment rates.

If the district chooses not to set differential payment rates, the district must enter zero. If the district chooses to set an optional differential payment rate, enter the appropriate percentage up to 15 percent (15%). If the district selects a differential payment rate for legally exempt providers for homelessness, the rate may be from 1 percent (1%) to 15 percent (15%).

Differential Payment Rate Category	Differential Payment Rate Percent	Instructions
Homelessness: Licensed and Registered Providers <small>State required minimum of 10%</small>	10%	
Homelessness: Legally Exempt Providers	5%	
Non-traditional Hours: All Providers <small>State required minimum of 10%</small>	10%	
Nationally Accredited Programs: Licensed and Registered Providers <small>Legally exempt child care providers are not eligible for a differential payment rate for accreditation.</small>	10%	

Auto Injector Initiative: Licensed and Registered Providers

0%

Enter 0% or a percentage (%) from 5% to 15%

Legally exempt child care providers are not eligible for this differential payment rate.

QUALITYstarsNY: Licensed and Registered Providers

5%

Enter 0% or a percentage (%) from 5% to 15%

Legally exempt child care providers are not eligible for this differential payment rate.

2. For providers that qualify for multiple differential payment rates, the total percentage may not exceed 35% 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 35% above the applicable market rate upon showing that the 35% rate is insufficient to provide access within the district to child care providers or services that offer care addressing more than one of the differential payment rate categories. If your district wants to establish a total differential payment rate that is more than 35% above the applicable market rate, describe below why the 35% maximum is insufficient to provide access to such child care providers or services.

N/A

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

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

 Yes No

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%

III. Enhanced Market Rates for Legally Exempt Group Child Care Programs*Answer both questions:*

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

 Yes No

2. Indicate if the district is electing to establish an enhanced market rate for child care services provided by legally exempt group child care programs when, in addition to the training required in 18 NYCRR §415.13, the director has completed an approved course and a minimum of 15 hours of approved training annually and each employee with a caregiving role completes a minimum of 5 hours of approved training annually and the enhanced requirements have been verified by the enrollment agency.

 Yes No

If a district chooses to establish both legally exempt group child care enhanced rates and a program is eligible

Monroe County: Child Care Assistance Program (CCAP)

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%.

IV. Sleep

Does the district choose to expand eligibility for child care assistance beyond the requirements of 18 NYCRR §415.4?

Yes No

V. Child Care Exceeding 24 Hours

Does the district choose to pay for child care services that exceed 24 hours?

Yes No

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

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

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

Authorization is limited to requests submitted in writing and subject to administrative approval on a case-by-case basis.

VI. Child Care Services Unit (CCSU)

Does the district choose to include 18-, 19-, and / or 20-year-olds in the CCSU?

Yes No

If yes, please answer the following:

a. The district will include the following in the CCSU

(Check all that apply)

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

OR

b. The district will only include the following in the CCSU when it will benefit the family

(Check all that apply)

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

Describe the criteria your district will use to determine whether 18-, 19-, or 20-year-olds are included in the CCSU.

If inclusion of the 18-, 19- or 20-year-old in the CCSU benefits the family as a part of the financial eligibility determination, they will be included.

VII. Waivers

Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Does the district choose to request a waiver(s)?

- Yes No

VIII. Notices

1. The district has chosen to use local equivalent(s) of OCFS required form(s).

- Yes No

2. The district elects to use the OCFS-6025, Application for Child Care Assistance (the local district may add the district name and contact information to the form).

- Yes No

Part Four: Additional Local Standards for Child Care Providers

Part Five: Fraud and Abuse Control Activities

I. Child Care Front End Detection Plan

Each district must submit a child care front end detection plan as part of their CFSP. This plan is an anti-fraud tool that is designed to determine which child care assistance applications suggest a higher than acceptable risk for erroneous or fraudulent child care assistance payments, and procedures to refer such applications to the district's fraud unit.

1. Please mark which of the following indicators, if any, the district uses to determine which CCAP applications suggest a higher than acceptable risk for fraudulent or erroneous CCAP payments:

- P.O. Box supplied as a mailing address without a reasonable explanation
- Applicant has a history of denial, case closing or overpayment, resulting from an investigation
- Applicant is self-employed, but cannot provide adequate business records
- Primary tenant with no utility bills in their name
- Information on application is inconsistent with prior case information
- Applicant unsure of their own address
- Applicant cannot supply documentation to verify identity, or identity is suspect
- Documentation or information provided by applicant is inconsistent with the application
- Child care provider lives in the same household as the child
- No absent parent information or information is inconsistent with the application
- Other

Please specify:

2. Please describe the step-by-step child care front end detection process for CCAP applications.

a. Describe how the application is reviewed for indicators by eligibility staff and the process by which it is referred to the appropriate investigative unit if the indicator cannot be resolved.

Applications received by the district are assigned to an eligibility evaluator for review and an eligibility determination. As part of the review, staff looks for criteria that match FEDS indicators. Based on those matches, as appropriate, a FEDS referral and any relevant documentation is referred to our Special Investigations Unit via an electronic referral database. The FEDS referral includes the relevant indicator related to the household circumstances with a detailed description of the reason for referral. The electronic referral provides the case name, address, household composition, and information on the provider's address, relationship, and hours of care, as applicable. Referrals are assigned to available investigators on a rotating basis.

b. Describe how the investigator completes a report of investigation including common investigation processes, findings, recommendations, and how the results are communicated to the eligibility unit. This description must include the responsible staff members, the process for referrals, and targeted time frames for completion of the investigation. Investigative steps including reviews, collateral contacts, and interviews must also be outlined below.

An Investigator receives the referral through the internal electronic referral database. The assigned investigator reviews the application and starts to make collateral contacts within five business days based on the FEDS indicators noted. The investigator reviews information related to the client's address, household composition, income, and verifies need for care and information related to the provider, including business records and data in CCFS and CCTA. The investigator utilizes all available resources to make a determination of the acceptable risk of fraud before the 30th day of the application filing. All investigative notes are kept within the electronic database for future reference. The investigator also advises the Child Care team of recommendations via the electronic database.

c. Describe the process used to submit the Monthly report to OCFS by the tenth of the following month

including the title of the responsible staff member(s).

On the 10th of each month, Special Investigation Unit staff pull the Monthly FEDS report from the internal referral tracking database and Karen Davis, Clerk II, sends the report to the OCFS shared email address.

3. List all local child care front end detection forms.

N/A

II. Program Integrity

1. In accordance with 18 NYCRR §415.4(l)(3), each social services district must submit a description of the sampling methodology used to determine which providers of child care assistance services will be reviewed for the purpose of comparing the child care provider's attendance forms for children receiving CCAP services with any Child and Adult Care Food Program (CACFP) inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

Describe the sampling methodology and review process:

It is estimated that approximately 500 providers in the CSEA bargaining unit within Monroe County also utilize CACFP. MCDHS receives quarterly reports of enrolled CACFP providers from the Child Care Council, Community Place of Greater Rochester, and Rochester Childfirst Network. MCDHS selects a random sample of 5% or 25 cases each quarter for review. Cases are reviewed to compare the Child and Adult Care Food Program in-person inspection reports from CACFP agencies for the randomly selected providers with the Child Care Time & Attendance (CCTA) records submitted to MCDHS. Cases with discrepancies are referred to the Special Investigation Unit for further analysis.

2. In accordance with 18 NYCRR §415.4(l)(2), each social services district must establish a sampling methodology used to determine which cases will require verification of a recipient's continued need for child care, including, as applicable, verification of participation in employment, education, or other required activities within the authorized eligibility period.

Please note: The district cannot use criteria such as race, color, sex, gender identity, sexual orientation, disability, religious creed, political belief or any other factors prohibited by law as indicators in drawing the sample.

Describe the sampling methodology and review process:

Each month, the Child Care team receives a list of cases for review in which the provider claimed full-month absences. Cases are reviewed and documentation is requested from the recipient to determine the continued need for care. Documentation requested includes verification of participation in employment, education, or other eligible activity. Cases with discrepancies are referred to the Special Investigations Unit for further analysis.

III. Inspections of Child Care Provider Records and Premises

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

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

The district must report violations of regulations as follows:

Monroe County: Child Care Assistance Program (CCAP)

Page 12

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

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

Yes No

Select the organization that will be responsible for conducting inspections:

Local social services staff

Provide the name of the unit and contact person:

Tracy Burnside, Special Investigations Unit

Contracted agency

The following types of child care providers / programs in receipt of child care assistance payments are subject to this requirement:

Legally Exempt Child Care

- In-Home
- Family Child Care
- Group programs

Licensed or Registered Child Care

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

Non-Residential Domestic Violence Services

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

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

Please provide the information required below.

Indicate Service Provision

Please check one.

- The district will provide the non-residential domestic violence services directly.
- The district has a contract with one or more non-profit organizations to provide the non-residential domestic violence services.

If there is a purchase of service agreement/contract, please provide the following:

Effective Date:

January 1, 2025

End Date:

December 31, 2025

Funding Sources:

This contract is funded with Flexible Fund for Families (FFFS).

Districts are reminded that the purchase of service agreement / contract they have with a non-profit organization providing non-residential services for victims of domestic violence must comply with the provisions in 18 NYCRR Part 405 and 462.3(d):

By checking this box, the district attests that non-residential services for victims of domestic violence:

- Will be provided to **any victim of domestic violence** as defined in 18 NYCRR Part 462.2(e).
- Will be on a group eligibility basis. **Individual application for services will not be required.** A victim need only provide oral and/or documentary information to establish they are victim of domestic violence as defined in 18 NYCRR Part 462.2(e).
- Will be **voluntary** for the domestic violence victim and provided in a **trauma-informed, survivor-centered, and culturally responsive manner**.
- Will be **provided to all victims of domestic violence** regardless of race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, predisposing genetic characteristics, alien or non-qualified alien, or limited English proficiency.

- Will be **available regardless of the victim's ability to pay** and / or eligibility for public assistance and care. And that **the district cannot mandate a victim to apply for public assistance**.
- Will be available in the **common language(s) of the community** being served.

County Contact Person

County Contact Person:

Denise Read

Phone Number:

585-753-6173

E-Mail address:

denise.read@dfa.state.ny.us

Program Closure

Agency / Program Name:

Date Closed:

Reason for Closing:

(e.g., *Dissolution of contract between district and non-profit organization, non-profit closed, etc.*)

Program Information

Agency Name:

Lifespan of Greater Rochester

Program Name (if different):

Upstate Elder Abuse Center - Elder Abuse Prevention Program

Business Address:

1900 S. Clinton Ave Rochester, NY 14618

Contact Person:

Monroe County: Non-Residential Domestic Violence Services

Paul L. Caccamise

Telephone Number:

585-244-8400 ext. 115

Email Address:

pcaccamise@lifespan-roch.org

Program Requirements

A Non-Residential domestic violence 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 non-residential domestic violence program is separate and distinct from the other services that the agency provides and how it fits into the overall agency?

The Upstate Elder Abuse Center at Lifespan is one of 30+ programs sponsored by Lifespan of Greater Rochester. Lifespan, as the umbrella agency, serves all older adults and their caregivers and provides services such as advocacy, care management, health and wellness programming, educational programming, and transportation. The Upstate Elder Abuse Center, originally launched in 1986 as the Elder Abuse Prevention Program, operates under the Lifespan umbrella and delivers services specific to elder abuse, neglect, and exploitation of older adults. Specialized services offered by the Center include investigation of allegations of elder mistreatment, safety planning for victims who may be at risk of further domestic violence or other forms of mistreatment, assistance in obtaining orders of protection, and linkage with legal, mental health, and other services. The Center also operates an elder abuse shelter program for victims who need a safe, alternate housing option to escape a domestic violence relationship or an otherwise unsafe living situation. Alternate housing includes hotel stays and assisted living or nursing home placement with shelter costs covered on a temporary basis by Center funding. DV victims may also be assisted in moving to other independent housing. The program is registered as a non-residential domestic violence provider with the New York State Office of Children and Family Services, Office for the Prevention of Domestic Violence. The Center budget includes funding from NYS OPDV for domestic violence prevention activities.

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

All clients who utilize EAPP services 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 usually provided in client homes. Lifespan has bilingual staff who can be called into cases for clients whose primary language is not English. Lifespan also contracts with professional language services to provide interpreting for individuals who speak other languages. Lifespan also contracts with the Center for Disability Rights for ASL interpreting services. For clients who come to Lifespan offices for interviews, meetings, or 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)

Monroe County: Non-Residential Domestic Violence Services

Page 3

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

Provide an estimate of the number of victims of domestic violence the program will serve, and a description of the indicators used to determine the estimate.

EAPP anticipates serving 250 unduplicated individuals in the program during the year. This estimate is based on the number of individuals served in previous years as recorded in the contract monitoring system. At the mid-point of 2025, EAPP was on track to meet that projection for the year.

Core Services Chart

NOTE: *This Core Services Chart is required and must be completed in its entirety to be approved. Submissions without the complete chart will be rejected.*

(see 18 NYCRR Part 462.4(a) for description of each core service)

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

Counseling	M – F	8:30 – 4:30	EAPP social workers counsel clients individually. EAPP also offers a unique psycho-educational group program for perpetrators of elder abuse (the Stop Elder Abuse and Mistreatment or SEAM program).	Service is usually provided in client homes. EAPP social workers also accompany clients to court hearings and other appointments.	6.0 FTE Social Workers
Community Education and Outreach	M – F	8:30 – 4:30, some evenings	EAPP staff offer presentations for the public and trainings 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
Language Access Services	M – F	8:30 – 4:30	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. For clients who come to Lifespan offices for interviews, meetings, or workshops, conference rooms are equipped with assistive listening hearing loops to provide communication access for persons who use hearing aids with T-coils.	Various locations as needed	Staff and/or contractors

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

Optional Services Chart

(see 18 NYCRR Part 462.4(b) for description of optional services)

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Children's Services					
Support Groups					
Transportation					

Optional services, as per 18 NYCRR Part 462.4(b), are services that the district has opted to include in its agreement / contract with the non-profit organization in addition to the core services above.

Staffing Requirements of the non-residential domestic violence program

*Each program must employ **both** a qualified program director **and** a sufficient number of staff who are responsible for providing core and optional services. Please refer to 18 NYCRR Part 462.5(b) for more information.*

*List each **position** including the **title, responsibilities, and qualifications for that position***.*

* Do **not** give current program staff members' names or qualifications.

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; 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; A minimum of 1 year of experience as a supervisor is required.
EAPP Social Workers (6.0 FTE)	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.

Agency Name:

Willow Domestic Violence Center of Greater Rochester

Program Name (if different):

|

Business Address:

PO Box 39601, Rochester, NY 14604

Contact Person:

Meaghan de Chateauvieux, President and CEO

Telephone Number:

Monroe County: Non-Residential Domestic Violence Services

(585) 232-5200 x223

Email Address:

MeaghanD@WillowCenterNY.org

Program Requirements

A Non-Residential domestic violence 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 non-residential domestic violence program is separate and distinct from the other services that the agency provides and how it fits into the overall agency?

Willow Domestic Violence Center is a not-for-profit agency that serves 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 counseling.

SUPPORT GROUPS - Topic-focused groups and open community support groups for victims of domestic violence who reside in the community and are coping with the effects of an abusive relationship.

CHILDREN'S SERVICE - 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 orders 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 receive 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 positions and comply with NYSOCS regulations. Willow strives to hire staff who reflect the diversity of those we serve. Willow has staff that are bilingual (including ASL) and it places a high priority on recruiting and hiring staff who are bilingual and culturally sensitive, either by targeted hiring of bilingual, bicultural 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 experiences is called upon to help ensure that programming is accessible, culturally sensitive, and relevant to the 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 outside, professional interpreters for non-English speakers.

All Willow facilities, including the emergency shelter, are 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 orders of protection. Prevention and educational outreach are offered in the community and in schools.

Provide an estimate of the number of victims of domestic violence the program will serve, and a description of the indicators used to determine the estimate.

Willow anticipates receiving 12,000 calls to its 24/7 Hotline in 2025, based on projections and utilization in previous years. As of the end of the second quarter of 2025, Willow has received 5,817 hotline calls.

Willow anticipates serving 1,100 individuals in its Court Advocacy program. This number is based on projections and utilization in previous years. As of the end of the second quarter of 2025, Willow served 506 individuals through the Court Advocacy program.

Willow also projects it will provide 2,500 individual counseling sessions for survivors of domestic violence. As of the end of the second quarter of 2025, Willow has provided 1,232 sessions.

Willow's prevention education program anticipates providing education for 8,000 professionals and community members. As of the end of the second quarter of 2025, Willow has provided education to 5,119 professionals and community members.

Core Services Chart

NOTE: This Core Services Chart is required and must be completed in its entirety to be approved. Submissions without the complete chart will be rejected.

(see 18 NYCRR Part 462.4(a) for description of each core service)

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
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Monroe County: Non-Residential Domestic Violence Services

Telephone Hotline Assistance	7 days/week, including holidays	24 hrs/day	Provides counseling, support, advocacy, information and referral for victims of domestic violence and their families calling the 24-hour crisis hotline. The crisis hotline provides information on all Willow's services, as well as community resources and is the point of access for the Emergency shelter and the Counseling Center.	Undisclosed, confidential location.	2 Full-time Hotline Case Managers, as well as full-time, part-time and per-diem Counselors
Information and Referral	7 days/week, including holidays	24 hrs/day	All staff are trained to provide information and referrals regarding domestic violence, Willow resources, and community resources. Willow is a major resource to the community as a depository of information regarding community resources and services.	Undisclosed; confidential location.	All Willow programs provide advocacy including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL
Advocacy	M – F, weekends as needed	8 – 5; evenings as needed	Provide advocacy on an individual case basis and at the community and system-wide levels. Willow advocates provide support for victims of domestic violence in obtaining entitlement benefits, appropriate health and mental health care, orders of protection and in other legal proceedings related to abuse. Willow frequently advocates with all 17 law enforcement agencies and crime victims' assistance programs in Monroe County and with the Monroe County District Attorney's Office for prosecution of criminal acts perpetrated against victims of abuse. Willow works with schools,	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

			employers, and landlords to advocate for services needed by victims and their children. They work closely with the Monroe County Department of Human Services to assist victims in obtaining Public Assistance, Medicaid and SNAP benefits as needed.		
Counseling	M – F, weekends as needed	8 – 5; evenings 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 advocacy including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL
Community Education and Outreach	M – F, weekends as needed	8 – 5; evenings as needed	Educational based program works with youth/young adults to inform and promote the development of skills necessary to achieve healthy, violence-free interpersonal relationships. Programs are offered in academic settings, including elementary, junior and senior high school, and area colleges, as well as youth service providers. Companion programs are available for parents. Community Speakers Bureau: Conduct presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human service organizations, professional groups, businesses and professional training	Various locations 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

			programs.		
Language Access Services	M – F, weekends as needed	8 – 5; evenings as needed	Willow has staff that are bi-lingual (including ASL) and secures interpreters for non-English speakers when needed.	At a confidential location and in the community, as needed	Various staff positions and contracted personnel.

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

Optional Services Chart

(see 18 NYCRR Part 462.4(b) for description of optional services)

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Children's Services					
Support Groups					
Transportation					

Optional services, as per 18 NYCRR Part 462.4(b), are services that the district has opted to include in its agreementt / contract with the non-profit organization in addition to the core services above.

Staffing Requirements of the non-residential domestic violence program

*Each program must employ **both** a qualified program director **and** a sufficient number of staff who are responsible for providing core and optional services. Please refer to 18 NYCRR Part 462.5(b) for more information.*

*List each **position** including the **title, responsibilities, and qualifications for that position***.*

* Do **not** give current program staff members' names or qualifications.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Chief Operating Officer	Oversight of Willow's non-residential and residential programs.	Master's degree and 5 years of experience (including supervisory experience)
Director of Advocacy Services	Oversight and supervision of all Willow community programs.	Master's degree and 5 years of experience (including supervisory experience)
Manager of Counseling Services	Oversees and supervises Counseling Center, STRONGER and Hotline operations.	Master's degree and 3 years of experience (including supervisory experience)

Counseling Center Counselors	Provides individual counseling and facilitates groups for victims of domestic violence in the community.	Master's degree and 1 year of experience
Hotline Case Manager	Provides crisis counseling, safety planning, referrals, information, and support to hotline callers.	Associate's 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 and 1 year of experience
HEAL Advocate	Provides advocacy, case management, support, referrals, and safety planning to survivors on-site at URMC in collaboration with the HEAL team.	Bachelor's degree in Social Work or related field and 2 years of 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 and 1 year of 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.	Associate's 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.	Master's 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 (Master's 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 community-based agencies throughout Monroe County.	Bachelor's degree in Health Education, Social Work, Human Services, or related field required; or 2 years of 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 and 2 years of 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 and 1 year of experience

T and U Visa Reporting for 2024

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 2024, how many T visa applications were received?

0

2. In 2024, how many T visa certifications were issued?

0

3. In 2024, how many U visa applications were received?

0

4. In 2024, how many U visa certifications were issued?

0

Title XX Program Services Matrix

Districts are required to enter Program Matrix information into the Welfare Management System (WMS). Please note below if changes have been made to the matrix since your last annual plan, and what those changes are. Additionally, if changes have not been made to the matrix, please note that below as well.

The Title XX Matrix is updated in WMS by using the **Title XX Menu**. This 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.

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.

Each district must designate a worker (or workers) to be assigned security function 0180 by the district's LAN administrator. The worker who makes the update will be notified after the state reviews the district's submission.

The following resources are available to assist with updating the Title XX Matrix in WMS:

- A Computer Based Training (CBT) has been developed and is available for use. It will give step by step instructions on how to complete the Appendix F Title XX Program Services Matrix.
 - PDF Instructions to Complete the Program Matrix.
-

Are there changes to the services your county intends to provide during the 2025 Child and Family Services Planning cycle?

- Yes
 No

Public Hearing Requirement

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

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

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

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

Date Public Hearing held:

September 24, 2024

(at least 15 days prior to submittal of Plan)

Date Public Notice published:

September 6, 2024

(at least 15 days in advance of Public Hearing)

Name of Newspaper:

Rochester Business Journal

Number of Attendees:

27

Topics and Comments Addressed at Hearing:

Highlights of each section of the plan, including accomplishments, goals and strategies to reach those goals, were presented, followed by a question, answer and comment period.

Areas represented at the Public Hearing:

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

Please specify:

Advocacy



Other

Please specify:

Community Based Organizations



Other

Please specify:

Runaway and Homeless Youth Providers

Issues identified at the Public Hearing:

The public hearing for this plan was held on September 24, 2024. As required by state statute, public notice was made at least two weeks in advance of the hearing, the draft plan was posted on the Monroe County Department of Human Services (MCDHS) website, and public comments were accepted for 15 days following the hearing. Comments were accepted via three methods:

1. Oral comments made during the public hearing
2. Written comments submitted via email
3. Written comments submitted via a survey that was distributed at the public hearing; answers could be submitted on paper or through a link to an online form

Public comments, both oral and written, are summarized below. The summary is organized into five categories that capture the substance of the comments received:

1. General Commendations
2. Community Capacity
3. Child Welfare
4. Child Care Assistance
5. Community Engagement

Commendations

Public comments included a number of commendations for what the Monroe County Department of Human Services has accomplished over the past five years and the content of the plan for the next five years. Phrases used included: *"impressed by the breadth and detail," "detailed expertise, thoughtful planning, and a clear passion for their work," "impressive and far-reaching reforms," "willingness to grow, adapt and learn," and "insightful and inspiring."*

Specific areas that were cited for commendation included: limiting unnecessary child welfare system involvement, reducing the number of children who are placed in foster and congregate care, addressing racial disparities through practices such as the Blind Removal Process, efforts to increase staff and foster parent diversity, and expanding access to child care assistance.

Community Capacity

Public comments reflected concerns that community-based organizations do not always have the capacity to partner with MCDHS to reach more of the children and families who are most in need. Although those comments require solutions outside the scope of MCDHS's authority, they are important for understanding the context in which MCDHS is operating and why community partnerships and contracts are sometimes difficult to establish and maintain.

Public comments regarding community capacity identified several challenges:

- Coming out of COVID and implementing Raise the Age were described as leaving providers and county systems all trying to work with youth who have complex, cross-system needs *“with no real answers.”*
- Both small and large organizations were described as unable to respond to Requests for Proposal when there are delays in distribution of state funds. *“Sometimes even waiting one month is too long, especially for small organizations.”*
- The level of detail required for responses to Requests for Proposals was also described as a challenge, especially for smaller organizations, and a reason why they do not respond.
- Program closures due to staffing challenges were identified as a major barrier to meeting the needs of children and families across the community.

Public comments also reflected the kinds of solutions the community would support. These included:

- Organizational mentorships where larger, experienced organizations mentor smaller or newer ones about the Request for Proposal process and how to manage government contracts.
- *“Award loans”* that provide upfront funding to an organization after it is awarded a grant or contract to cover related expenses up front, with the organization repaying the loan when they receive reimbursement under the grant or contract.

Child Welfare

A number of public comments focused specifically on the child welfare system. Those comments included commendations for what DHS has done to date, including:

- Applauding steps the Department of Human Services has taken *“to reduce the number of children who are placed in foster care and the county’s efforts to limit child welfare system involvement.”*
- Acknowledging what DHS has done *“to address racial disparities in child welfare system involvement, particularly through practices like the Blind Removal Process and efforts to increase staff and foster parent diversity.”*
- Applauding the county’s *“concerted efforts to narrow the front door to Child Protective Services (CPS), reducing unnecessary involvement in families’ lives while focusing on preserving family units.”*
- Commending the *“transparency”* in the 5-year plan and *“commitment to community involvement.”*

There were three areas that members of the public would like DHS to consider:

- One community organization was concerned that poverty continues to be an underlying factor leading to CPS involvement, citing local data that documents the widespread economic struggles families are facing. They suggested that CPS workers *“be mandated to make immediate calls for resources and provide on-the-spot referrals and connections to appropriate services.”* Additionally, they recommended that *“whether a CPS report is substantiated or not, if a family has been engaged with CPS, workers should be required to ensure that the family’s situation is improved compared to their circumstances prior to the investigation.”* MCDHS strives to ensure that referrals to resources, supports and services are made as early in the process as possible.
- While acknowledging that the department has reduced the number of children placed in foster care and congregate care, two organizations urged DHS to further reduce these types of placements. DHS was urged *“to continue and build on efforts to limit congregate care placement, encourage kinship foster care whenever possible, and focus supports and training on foster parents to limit care disruptions.”* The reliance on congregate care was particularly noted as important for older teens and the county was encouraged to expand *“community-supported, hope-centered foster homes focused on strength-based, personalized care.”* A continued emphasis on reducing reliance on congregate care and increasing placements with kin when out of home placement is necessary is contained within this 5-year plan. Goals and strategies related to minimizing placement disruptions feature prominently in the Foster Care section of the plan.
- Two organizations raised the issue of families being informed of their rights. It was recommended

that the department take steps toward "*ensuring families are fully informed of their rights when undergoing an investigation*" by requiring CPS workers "*to provide both written and oral statements to families outlining their rights at the start of any investigation.*" Monroe County is aware that legislation regarding this topic is pending and looks forward to receiving guidance.

Child Care Assistance

Public comments also explicitly addressed the child care assistance program. The 5-year plan was described as outlining "*some of the impressive and far-reaching reforms Monroe County has made to the Child Care Assistance Program since 2020.*" The county was described as "*a leader in child care policy and practice.*"

One comment encouraged the county to adopt 24-month eligibility for qualifying families as a way of providing families with certainty of care for two years and reducing the burden on them to recertify annually. It was further suggested that 24-month eligibility could reduce the administrative burden on MCDHS and make managing the increasing caseload easier. However, as explained during the public hearing, doing so would not reduce workload as there is currently no 24-month option in the data base. MCDS would still need to renew eligibility on an annual basis.

Community Engagement

Monroe County DHS fully complied with state regulations regarding public notice related to this plan and public hearing, giving more advance notice than required and having a 15 day public comment period following the hearing. In addition to the statutorily required public notice, invitations to participate in the public hearing were sent to community organizations that were known to have an interest in child and family services. One organization asked that invitations and the draft plan be provided with more advance notice than is required by state regulations and that annual, public presentations be made by the Department. Monroe County Department of Human Services values community engagement and strives to build trusting, collaborative relationships with community partners and as such, has created the Office of Community Engagement and Partnerships, who will continue to explore ways to promote and sustain ongoing collaboration and partnerships.

Memorandum of Understanding (MOU): District Attorney's Office and Child Protective Services

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

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

If providing a narrative summary, please enter it here:

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 2024–2029 Child and Family Services Plan.

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.
10. In the development of this plan, the needs of families, children, and adults for whom the social services district may be responsible were assessed (NYCRR 407.5(a)) and the plan reflects the existing resources which are available to provide services and care to these families, children, and adults (18 NYCRR 407.5(b)).

B. Child Protective Services

1. The district maintains an organizational structure and staffing, policies, and practices that maintains compliance with 18 NYCRR 432.

2. The district has specifically reviewed 18 NYCRR 432.2 (f)(3) and is in compliance with all assurances outlined in those regulations.

C. Preventive Services for Children

1. Children and families in need of the core preventive services have these services provided to them in a timely manner. Core services include day care, homemaker, transportation, 24-hour access to emergency services, parent aide or parent training, clinical services, crisis respite care, services for families with AIDS/HIV+, and housing services.
2. The district maintains efforts to coordinate services with service agencies and other public and private agencies within the district that provide services to children including the use of referral procedures with these agencies and formal and informal agreements.
3. The district has prepared plans and procedures for providing or arranging for 24-hour access to emergency services for children who are at risk of foster care as specified in 18 NYCRR 423.4. Staff is aware of such plans and procedures.

D. Youth Development

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

E. Adult Protective Services

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

F. Domestic Violence Services

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

G. Child Care

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

H. Staffing

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

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

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

Commissioner County Department of Social Services

Name / Signature:

Thalia Wright

Date:

November 6, 2025

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 2024–2029 Child and Family Services Plan.

PINS Diversion Service Lead

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

Name / Signature:

Kristine Durante

Date:

November 14, 2025

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Monroe County Youth Bureau 2024–2029 Child and Family Services Plan.

Executive Director County Youth Bureau

Name / Signature:

Tony Jordan

Date:

November 12, 2025

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

Monroe County: Signature Page and Attestation

Page 3

this report.

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

Name / Signature:

Adam Bello

Date:

November 12, 2025

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	Child Protective Services	Child Preventive Services	Foster Care Maintenance Services	Adoption Services	Youth & Young Adult	Adult Services
KWIC (Kid's Well-being Indicators Clearinghouse)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Trends Data Bank	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Information System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUD data (Point In Time (PIT), Annual Homelessness Assessment Report to Congress, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disproportionate Minority Representation Dashboard (DRM) Dashboard	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FFPSA Foster Home Data Packet	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Race/Ethnicity Disparity Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Preventive Services Data	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Bright Spots Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Juvenile Detention Automated System (JDAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Detention Risk Assessment Instrument System (DRAIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Agency Online Profile (OAOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YASI data (Youth Assessment & Screening Instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Harbour: NY program data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Services Automation Project (ASAP.Net)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Protective Services (APS.Net)—NYC only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Surveys						
County Search Institute Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities That Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAP Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

United Way (Compass Survey or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other						
Other Data Sources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specify Any Other Data Sources:	Local database (CIDER) KPI data from OCFS	Internal Preventive services system KPI Data from OCFS	KPI Report from OCFS CFSR Wave Data Internal data from tracking of filed petitions and through our preventive system	Local data		Final report on Elder Justice Grant Program conducted by SUNY Brockport

Required Interagency Consultations

18 NYCRR 407.5(g)(3) As required by sections 423(3)(a) and 473(2)(a) of the Social Services Law, discussions and meetings with public, private and voluntary organizations which are involved in adult and family and children's services must be held to acquire their advice and consultation in the development of the plan. At a minimum, such organizations must include: health and mental health agencies; aging, legal and law enforcement agencies; societies for the prevention of cruelty to children; family court judges; youth bureaus or boards; and departments of probation.

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

Agency Type	Child Protective Services	Child Preventive Services	Foster Care Maintenance Services	Adoption Services	Youth and Young Adult Services	Adult Services
Health ⁴			Starlight Pediatrics	Starlight Pediatrics		Rochester Regional Health and University of Rochester Medical Center
Mental Health ⁴	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health		OMH and OPWDD
Youth Bureau ³		Monroe County Youth Bureau		Rochester Monroe County Youth Bureau		
Department of Probation ³	Monroe County Department of Probation	Monroe County Department of Probation	Monroe County Department of Probation - Community Corrections			
Societies for the Prevention of Cruelty to Children ¹	SPCC	Society for the Prevention of Cruelty to Children (Monroe County)	Society for the Protection and Care of Children			
Law Enforcement ^{1,2,4}	Multi-disciplinary team - includes all law enforcement agencies		Rochester Police Department, Monroe County Sheriff's Department			City of Rochester PD, Monroe County Sheriff
Aging ⁴						Lifespan
Legal ^{1,4}	Monroe County Law Department/ District Attorney's Office	Public Defenders and Conflict Defenders Office	Monroe County Law Department, Children's Services Unit	Monroe County Law Department, Children's Services Unit		LawNY
Family Court (judge or designee) ¹	Monroe County Family Court	Court Improvement Collaborative	Child Welfare Court Improvement Project/ Monroe County Family Court	Monroe County Family Court		
Local Advisory Council ^{1,2,3}	Citizens Advisory Council	Monroe County Commissioner's Advisory Council	Citizen's Advisory Council			Long-Term Care Council

Other Relevant Government Agencies	NYS OCFS		NYS OCFS	NYS OCFS		Monroe County Office for the Aging
Child Care Resource and Referral Agencies			Western NY Child Care Council	Western NY Child Care Council		
RHYA Providers ³	Center for Youth	Center for Youth	Center for Youth	Center for Youth		
Other Public / Private / Voluntary Agencies ^{1,4}	Child Advocacy Center of Greater Rochester	Multiple Contracted Providers (see detail in needs assessment)	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University Of Rochester, Lifetime Assistance, Urban League, YAP, Catholic Charities Family and Community Services, Pathways, Together for Youth			Rochester Gas and Electric
Other (#1)	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University of Rochester, Lifetime Assistance, Urban League, Willow, Catholic Charities Family & Community Services	Preventive Coalition (all VA's that contract with Monroe County)	OPWDD			
Other (#2)	Hope585					

1. Must be consulted when developing the Child Protective Services section of the Plan.
2. Must be consulted when developing the Foster Child Maintenance and Services section of the plan.
3. Must be consulted when developing the Youth and Young Adult Services section of the plan
4. Must be consulted when developing Adult Services section of the Plan.