



2024 Preventive Services Report



Monroe County
Department of Human Services

Department of Human Services Mission

The Monroe County Department of Human Services empowers residents to achieve their highest level of self-sufficiency and independence and promotes safety and physical and emotional well-being.

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Preventive Services Mission

The Preventive Services Unit of the Monroe County Department of Human Services is committed to contracting for the most effective, efficient, and accessible services for families whose children are at risk of placement out of the home. These services are intended to prevent foster care placements, hasten the return home of children already in placement, divert youth from entering the Family Court system, prevent and reduce incidents of child maltreatment and strengthen family life.

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To Support: Preventive Services

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Executive Summary

The Preventive Services unit strengthens family life by providing support to families whose children are at risk of abuse, neglect, or being brought into foster care. Services are regulated by the NYS Office of Children and Family Services, funded by a combination of state and county dollars, managed by the Monroe County Department of Human Services, and delivered by contracted providers.

The breadth of services was a key way the county ensured it met the diverse needs of families. In 2024, MCDHS contracted with 12 non-profit organizations to provide 22 programs to families. Over the course of the year, 1,201 families and 1,993 children and youth were served. **Families served** were primarily female-headed households and three-quarters of the children were living at home. An equal proportion of boys and girls were served, almost half of whom identified as African American. Children's ages were evenly distributed from birth to 17 years.

A strength of Monroe County's Preventive Services is the breadth of services tailored to different age groups and needs. This allows for matching services to the child's developmental stage and family's needs. The most common challenges identified at time of referral were parent mental health, trauma exposure, behavioral challenges, and youth mental health. Domestic violence was a rising challenge and was identified twice as often as five years ago. There were differences based on age with older youth being more likely to experience challenges with youth mental health, behavior, and school/education whereas younger children were more likely to face challenges with their parents' mental health.

There is clear evidence for the effectiveness of Preventive Services:

- 99% of families receiving Preventive Services avoided new indicated CPS reports and avoided their children coming into foster care while receiving Preventive Services
- 83% of parents/caregivers and 81% of children/youth maintained or decreased their stress levels
- 82% of families and 76% of children/youth increased their overall functioning
- 72% of families made progress on or completed their Family Assessment and Service Plans

Cost analyses show that Preventive Services were the most cost-effective way of meeting the needs of children and youth. Compared to Preventive Services, residential care was 61 times more costly, therapeutic foster care was 9 times more costly, and DHS foster care was 4 times more costly.

The dedication of the MCDHS Preventive Services Unit and contracted providers was evident. They worked collaboratively to help children and families thrive. Despite challenges with staffing at agencies, services continued to be provided to many families across the community and the prevention of indicated Child Protective Services reports and the need for foster care was achieved for almost all children and families while they received services. Data and trends will continue to be monitored to meet emerging needs in years to come.

Preventive Services Overview

Mission

The Preventive Services unit of the Monroe County Department of Human Services (MCDHS) is committed to contracting for the most effective, efficient, and accessible services for families whose children are at risk of placement out of the home. These services are intended to prevent foster care placements, hasten the return home of children already in placement, divert youth from entering the Family Court system, prevent and reduce incidents of child maltreatment, and strengthen family life.

Contracted Programs

Preventive Services are regulated by the NYS Office of Children and Family Services, funded by a combination of state and county dollars, managed by the Monroe County Department of Human Services, and delivered by contracted providers. This **partnership model** is a dynamic and effective way of **tapping into the expertise** of community-based agencies. It also makes services **more accessible to families** by locating them in a variety of settings across the county.

The MCDHS Preventive Services unit:

- Provides caseworkers with twice-weekly updates on program availability
- Manages referrals for services
- Monitors Family Assessment and Service Plans for each family
- Monitors and supports the contracted organizations to meet programmatic requirements

Preventive services can be started when:

- A family reaches out directly to MCDHS for support
- An outside care provider or school personnel refer a family
- An MCDHS caseworker thinks a family might benefit from services and the family has accepted the services
- Services are ordered by the court

In 2024, MCDHS contracted with 12 non-profit organizations to provide 22 programs to families, as shown in Table 1. **The breadth of services is a key way MCDHS ensures it is meeting the diverse needs of Monroe County families.** There were two categories of services:

- **General** preventive services helped families build the skills they need to care for their children in developmentally appropriate ways, cope with stressors of daily life, and reduced the risk of future involvement with the child welfare system.
- **Specialized** services were tailored to specific situations and needs that place children at risk for entering or re-entering out-of-home care.

Table 1. Preventive Services Programs for 2024

Program <i>22 programs</i>	Type		Modality		Child's Age	Eligibility Requirements <i>(Beyond being at risk of foster care)</i>	Setting		
	<i>General 6 programs</i>	<i>Specialized 17 programs</i>	<i>Child 17 programs</i>	<i>Caregiver 19 programs</i>			<i>Clinic 6 programs</i>	<i>Home 13 programs</i>	<i>Other 8 programs</i>
Catholic Charities Family and Community Services									
Parents and Children Together	✓	✓	✓	✓	Birth – 18 years	General preventive + Specialized slots for youth who disclose sexual abuse or show problematic or sexualized behavior		✓	
Cayuga Centers									
Functional Family Therapy		✓	✓	✓	11 – 18 years	Displaying delinquent or truant behaviors or engaged in alcohol or substance use		✓	
Multisystemic Therapy		✓	✓	✓	11 – 18 years	Aggression, chronic behaviors, substance use, at imminent risk of out of home placement or delinquent behavior		✓	
Childcare Council									
Evidence-based Parenting Program	✓			✓	Birth – 18 years	Active CPS Management case			✓
Family Counseling Services of the Finger Lakes									
Sexual abuse treatment		✓	✓		Youth under 21 years	Sexual abuse and problematic sexual behavior + Active CPS Management or Foster Care case	✓		
Strength at Home domestic violence program		✓		✓	Birth – 18 years	Men only + Active CPS Management case			✓
Hillside									
Intensive Family Support Services		✓	✓	✓	Birth – 18 years	Active CPS Management or Foster Care case	✓		
Family Finding		✓	✓	✓	Birth – 18 years	Youth in Foster Care who are disconnected or at risk of disconnection through placement outside of home and community			✓
Family Preservation		✓	✓	✓	Birth – 18 years	At imminent risk of out-of-home care		✓	
General Preventive Services	✓		✓	✓	Birth – 18 years	None			✓
Lifetime Assistance									
Preventive Program		✓		✓	Birth – 18 years	Parents with developmental disabilities		✓	

Program	Type		Modality		Child's Age	Eligibility Requirements <i>(Beyond being at risk of foster care)</i>	Setting		
	General	Specialized	Child	Caregiver			Clinic	Home	Other
Mt. Hope Family Center									
Child-Parent Psychotherapy		✓	✓	✓	Birth – 5 years	Identified families	✓	✓	
Interpersonal Psychotherapy		✓	✓	✓	13+ years	Depression, social function or mental health challenges	✓	✓	
Trauma Focused Cognitive Behavioral Therapy		✓	✓		3 – 16 years	Experienced trauma + Active CPS Management or Foster Care case	✓	✓	✓
Promoting Alternative Thinking Strategies		✓	✓		6 – 11 years	Past abuse or neglect, struggling in school + Active CPS Management or Foster Care case			✓
Teen Hope		✓		✓	Prenatal – 1 year	Expectant or parenting women who were under age 21 at birth of first child		✓	
Society for the Protection and Care of Children									
Family Trauma Intervention Program		✓	✓	✓	Birth – 18 years	Children impacted by trauma, domestic violence, loss or attachment disruptions		✓	
Together for Youth (previously Berkshire)									
Pathways	✓		✓	✓	Birth – 18 years	In or at risk of being in care, adjudicated as PINS or juvenile delinquent	✓	✓	
Urban League of Rochester									
Incredible Years Parent Skills Training	✓			✓	1 – 12 years	Active CPS Management case			✓
Villa of Hope									
Aftercare		✓	✓	✓	12 – 20 years	Transitioning from residential, group home or specialized foster care		✓	
General Counseling	✓		✓	✓	Birth – 18 years	None		✓	
Youth Advocate Program									
Youth Advocate Program		✓	✓	✓	12 – 18 years	High risk youth with behavioral health challenges; from Probation, FACT or CPS Management			✓

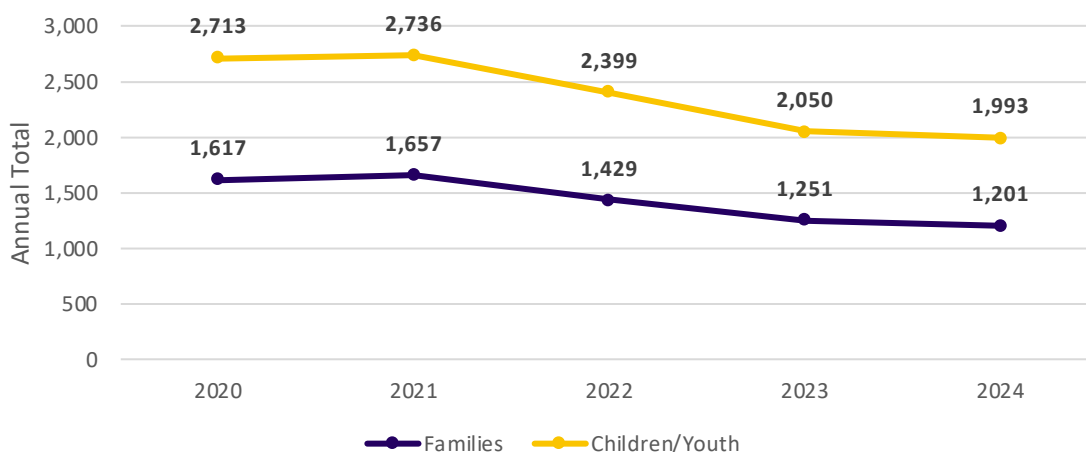
In addition to these programs, the Preventive Services unit also referred to and was involved with the Engaging Fathers Program that reaches out to absent and disengaged fathers to assess their needs and provide bridge to MCDHS services, the Lighthouse program through EnCompass which provides support and enrichment programs to youth needing daytime programming and academic support, Mobile Stabilization which responds after hours to foster homes to help stabilize deregulated youth and provides upfront support to youth and foster families when a child transitions to a new foster home, and a Transitional Program at Hillside for youth who are working on independent living.

Families, Children and Youth Served

Services Delivered

In 2024, MCDHS and its contracted partners served a total of **1,201 families and 1,993 children and youth**. As shown in Figure 1, these services represented a 27% decrease in children and youth served since 2021 and a 28% decrease in families served. However, **the downward trend is slowing** as seen in the fact that the change from 2023 to 2024 was only a 3% decrease for children/youth served and a 4% decrease for families served.

Figure 1. Children/Youth and Families Receiving Preventive Services
2020 - 2024



The lower number of children and families served is a direct result of **staffing challenges at the contracted agencies**. The agencies are doing their best to increase and maintain their staffing levels so they can accept more referrals. However, the effects of pandemic-era resignations persist. As a result, agencies are not always able to accept the full number of referrals projected for the year. To cope with staffing limitations on accepting referrals, the MCDHS Preventive Services team must prioritize referrals based on level of risk.

There are more families who would benefit from Preventive Services than there is the capacity for agencies to serve at this time.



Multiple challenges made it hard for Jane to care for her children. She turned to alcohol to cope with mental health stressors. That led to instability for her children and difficulty keeping a safe and stable home.

With the support of Preventive Services, Jane was able to participate in intensive mental health counseling and achieve sobriety. She secured a safe and permanent home for her family and was able to catch her children up on their medical appointments. Through determination, perseverance, and the support of Preventive Services, Jane transitioned out of services, equipped with the tools she needed to maintain long-term stability for her family.

Household Demographics

Household demographics of families served were very consistent with recent years, with percentages varying by only a few points. The characteristics of households served by Preventive Services in 2024, as shown in Figures 2 – 4, reflect that:

- Almost two out of three families (60%) were headed by single mothers
- Approximately one out of three families (35%) had a primary source of income from employment, followed by social security (21%) and public assistance (21%)
- Slightly more than three out of four children (76%) were living at home with their parents

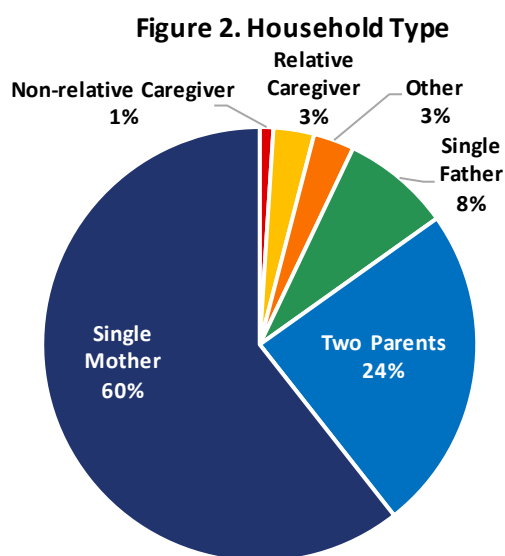


Figure 3. Primary Income Source

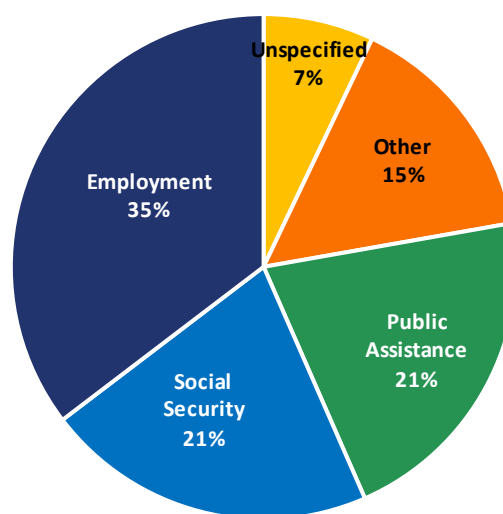
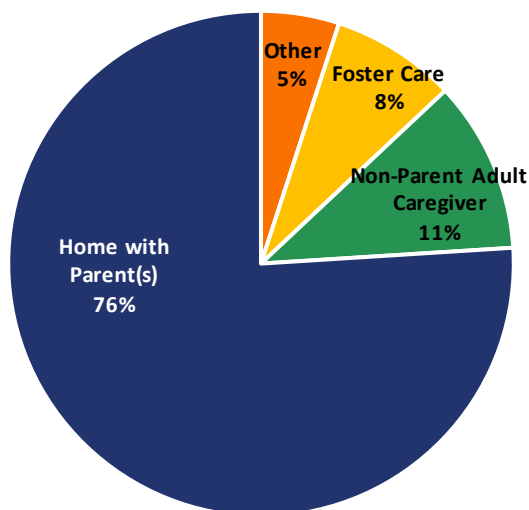


Figure 4. Children's Living Situation



Child and Youth Demographics

Gender and age demographics of children served were very consistent with recent years, with percentages varying by only 1 or 2 points. The characteristics of children and youth served by Preventive Services in 2024, as shown in Figures 5 – 7, reflect that:

- The same proportion (50%) of female and male children were served
- Age distribution was fairly even
- Almost half of children (47%) served identified as Black or African American

Figure 5. Gender Identity

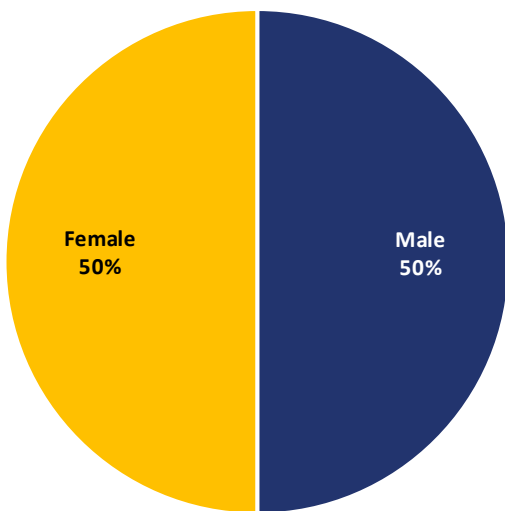


Figure 6. Ages

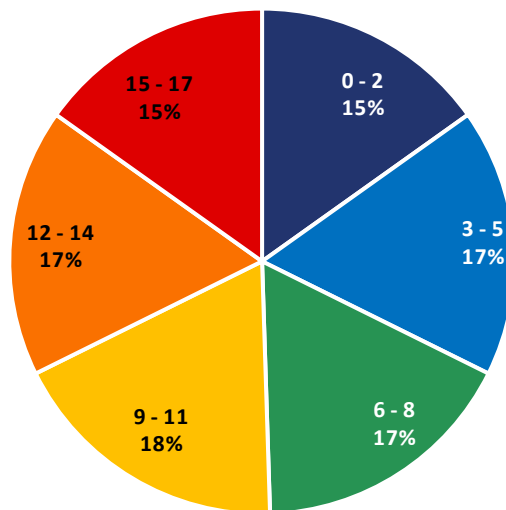
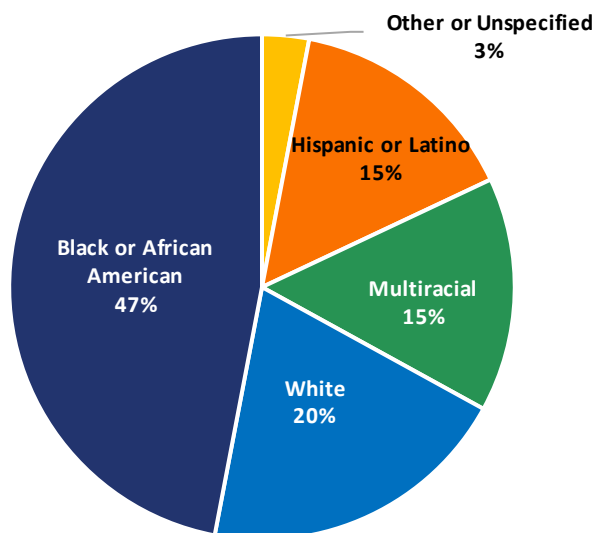


Figure 7. Racial/Ethnic Identity



Challenges Identified at Referral

Most Common Challenges Over Time

Table 2 shows the top challenges identified at referral for the last five years. There have been **consistencies and changes** during that time that are worth noting:

- **Since 2021, the top four challenges have remained the same:** parent mental health, trauma exposure, behavioral challenges, and youth mental health
- The percentages of families experiencing those challenges have increased
- Of the remaining challenges:
 - **Domestic violence exposure has more than doubled** from 12% to 28%
 - **Parental separation/divorce has also more than doubled** from 9% to 23%



To escape domestic violence, Sophia and her two-year old daughter, Ava, were living in their car. But with the support of Preventive Services, they have created safety and stability in their lives.

Sophia received comprehensive support including child care assistance, help securing stable housing, and therapy to heal from the trauma of violence. Today, she and Ava have a safe and stable home. Sophia has courageously moved forward independently to provide a healthy future for herself and her daughter.

It is not possible to determine from these numbers whether these changes reflect shifts unique to families accessing Preventive Services, changes in MCDHS referral and identification practices, or broader societal trends. It is clear that mental health, trauma, domestic violence and parental separation/divorce are being identified more often in the families accepting Preventive Services.

Table 2. Most Common Challenges Identified at Referral, 2020 – 2024

Challenge	2020 % (rank)	2021 % (rank)	2022 % (rank)	2023 % (rank)	2024 % (rank)
Parent Mental Health	22% (2)	32% (1)	39% (1)	46% (1)	46% (1)
Trauma Exposure	18% (5)	29% (2)	37% (2)	43% (2)	45% (2)
Behavioral Challenges	15% (7)	23% (4)	25% (4)	28% (3)	31% (3)
Youth Mental Health	27% (1)	25% (3)	26% (3)	27% (4)	31% (4)
Domestic Violence	12% (8)	16% (8)	17% (8)	22% (7)	28% (5)
School/Education	22% (2)	23% (4)	22% (5)	27% (4)	25% (6)
Separation/Divorce	9% (9)	14% (9)	17% (8)	22% (7)	23% (7)
Housing	18% (5)	18% (6)	21% (6)	23% (6)	23% (7)
Interpersonal - Parents	20% (4)	18% (6)	19% (7)	21% (9)	21% (9)

Most Common Challenges by Age

It is also useful to consider whether children of different ages have different challenges at referral. Age differences were seen. This underscores the **strength of Monroe County's approach to Preventive Services because the breadth of services tailored to different age groups makes it possible to match children with services based on the child's developmental stage and needs.**

As shown in Table 3:

- **Seven of the top challenges** occurred for both age groups
- However, the prevalence of some of those challenges was notably different:
 - **Youth mental health** was more common for **older** youth (33-point difference)
 - **Behavioral challenges** were more common for **older** youth (25-point difference)
 - **School/education** was more common for **older** youth (20-point difference)
 - **Parent mental health** was more common for **younger** children (10-point difference)
- **Housing and parent substance abuse** appeared as top challenges only for **younger** children
- **Interpersonal issues** appeared as top challenges only for **older** youth

Table 3. Most Common Challenges Identified at Referral by Age, 2024

Children Ages 0 - 11		Children Ages 12 - 17	
Top Challenges	%	Top Challenges	%
Parent Mental Health	49%	Youth Mental Health	53%
Trauma Exposure	44%	Behavioral Challenges	48%
Domestic Violence Exposure	29%	Trauma Exposure	46%
Housing	26%	School/Education	39%
Parental Separation/Divorce	24%	Parent Mental Health	39%
Behavioral Challenges	23%	Interpersonal – Parents	36%
Youth Mental Health	20%	Domestic Violence Exposure	24%
Parent Substance Abuse	19%	Interpersonal – Peers	22%
School/Education	19%	Parental Separation/Divorce	22%

All Challenges

While the most common challenges are helpful for making decisions about the kinds of services that are needed, it is important to remember that every challenge and every number in the Preventive Services database represents a child. There can be a tendency to focus on the top of the chart and provide services that meet the needs of most children and youth. However, less frequently reported challenges are by no means less important and may be life-altering for the children who experience them. Figures 9 and 10 show the number of children and families impacted by each of the challenges that MCDHS tracks.

Figure 9. Presenting Challenges for Children/Youth

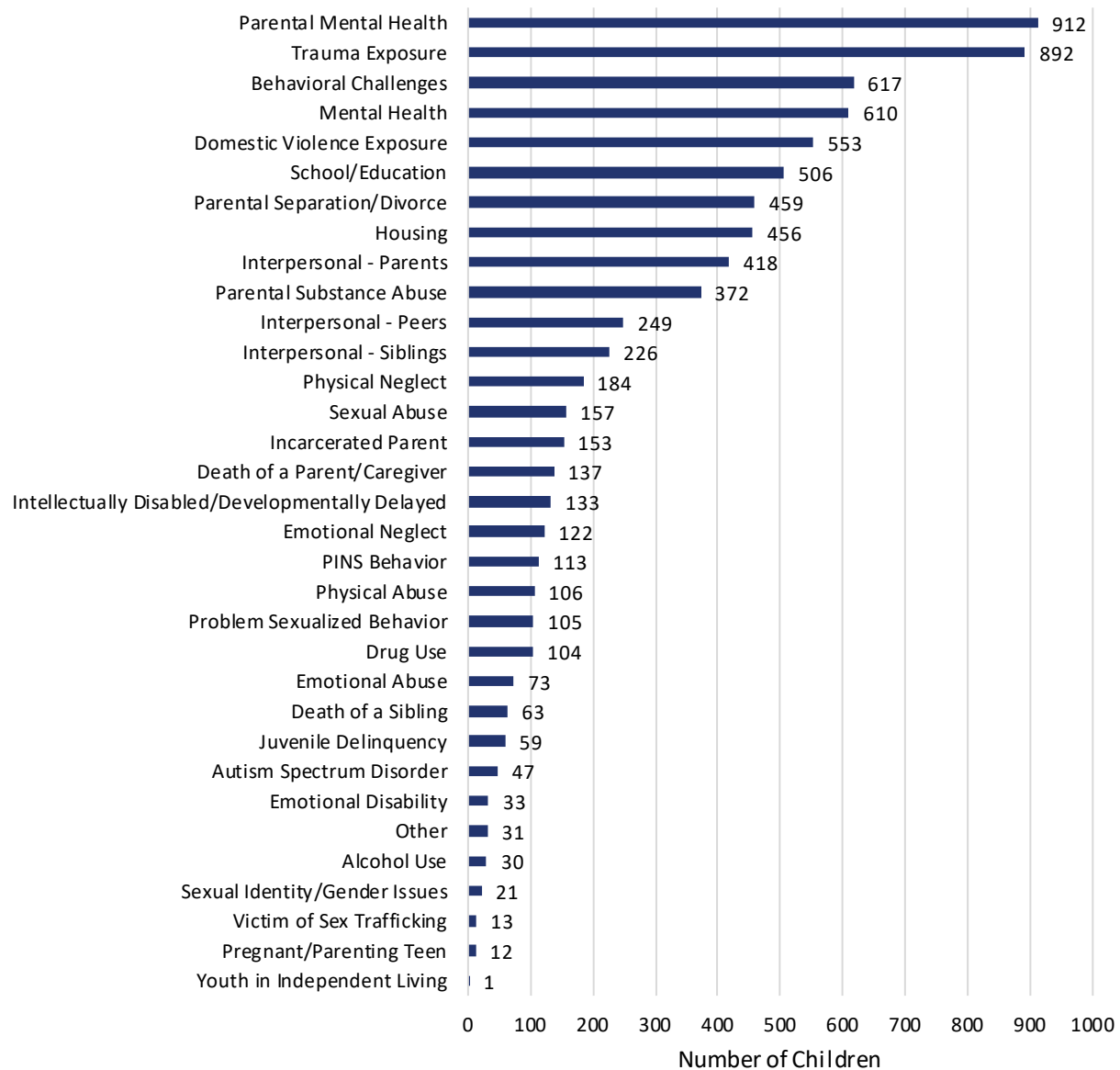
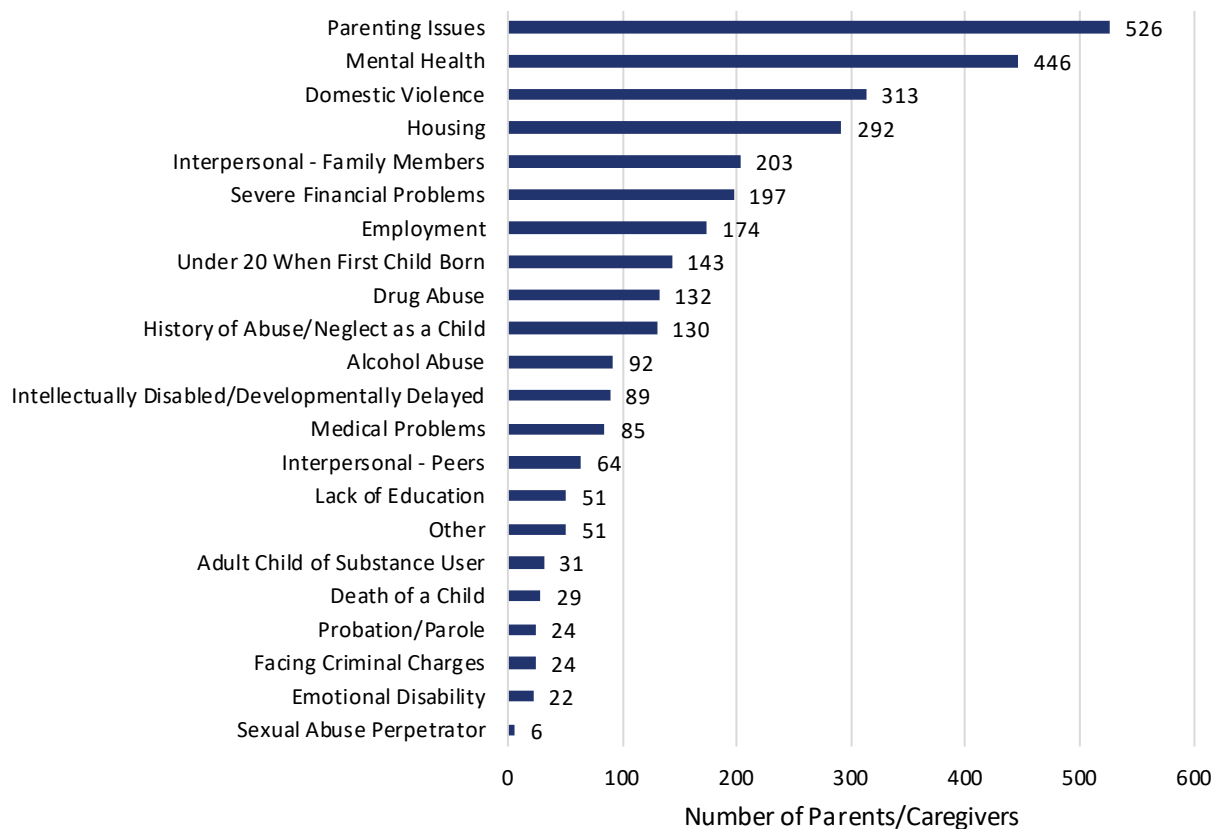


Figure 10. Presenting Challenges for Parents/Caregivers



Jackie lost both of her parents to drug use. Her father passed away from an overdose that Jackie witnessed and her mother's mental health quickly deteriorated due to her own drug use.

Their home was in deplorable conditions and the children had little to eat and little adult supervision. Jackie was left to care for her younger siblings and began to act out under the pressure and trauma of the situation.

After Jackie was connected to a mentor through Preventive Services, she was able to have positive childhood experiences like going to the movies and community events. She also spent time working on self-discovery and emotional regulation. As a consequence, her behavior at school improved.

Although Jackie needed the security of a foster home, Preventive Services has helped her strengthen her relationship with her grandmother and maintain positive family connections.

Effectiveness of Preventive Services

It is important to keep in mind that neither MCDHS nor the contracted agencies can compel families to engage in services, even when the services have been mandated. Success relies on a combination of factors, including:

- Availability of a service provider
- Availability of services at a time and location that works for the family
- Perceived relevance and value of services
- Cultural respect shown by providers and language access
- Transportation to in-office services

Many of these factors are outside the direct, day-to-day control of MCDHS. Yet, MCDHS is ultimately responsible for ensuring quality services are delivered. Toward that end, it is critical that service outcomes are monitored. Four outcome areas are included in this report, **all of which showed positive outcomes:**

- Foster care and child abuse avoidance
- Stress and family functioning
- Service plan completion
- Cost effectiveness

CPS and Foster Care Avoidance

The main goal of Preventive Services is to prevent indicated Child Protective Services reports and children needing to come into foster care. **These goals were clearly achieved** during the time families were receiving Preventive Services. **Almost all families (99%) avoided negative outcomes**, based on the average percentages across all programs as shown in Table 4. **This is a critically important and positive finding. It indicates that Preventive Services are working to achieve their primary goal during the time a preventive case is open.**

Table 4. Avoidance of CPS Indicated Reports and Foster Care, 2020 – 2024

Indicator	2020	2021	2022	2023	2024
Families who avoided Indicated CPS Report (closed cases)	98%	97%	98%	98%	99%
Children who avoided being taken into Foster Care (all cases)	98%	99%	99%	98%	99%

Stress and Functioning

In addition to the primary goal of preventing abuse or neglect and children coming into foster care, Preventive Services strive to strengthen family life. Success in this area was assessed by various measures of stress and functioning. Contracted providers were required to use an approved measure, but the specific one they selected could vary between programs to ensure there was a good match between the measure and the service. Based on those measures, the percentages of families and children demonstrating maintenance or improvement are shown for all programs in Table 5.

Positive outcomes for most children and families occurred, as shown in Table 5 with all programs considered together:

- 83% of parents/caregivers and 81% of children/youth **maintained or decreased stress**
- 82% of families and 76% of children/youth **increased their overall functioning**

Table 5. Stress and Overall Functioning, 2024

Indicator	% Maintained or Improved (All Programs Combined)	Lowest Program	Highest Program
Decreased Stress			
Parent/Caregiver	83%	39%	100%
Child/Youth	81%	59%	100%
Increased Overall Functioning			
Family	82%	43%	100%
Child/Youth	76%	59%	100%

Outcomes for individual programs are shown in Figure 11. When reviewing the outcomes for individual programs, it is important to keep in mind the following factors:

- The programs with the lowest positive outcomes for stress and functioning serve families and youth with the greatest challenges, so having fewer favorable outcomes is not unexpected.
- In programs that serve a small number of people, a single person's outcomes can change the percentages greatly, having a disproportionate influence on how the program's success looks.

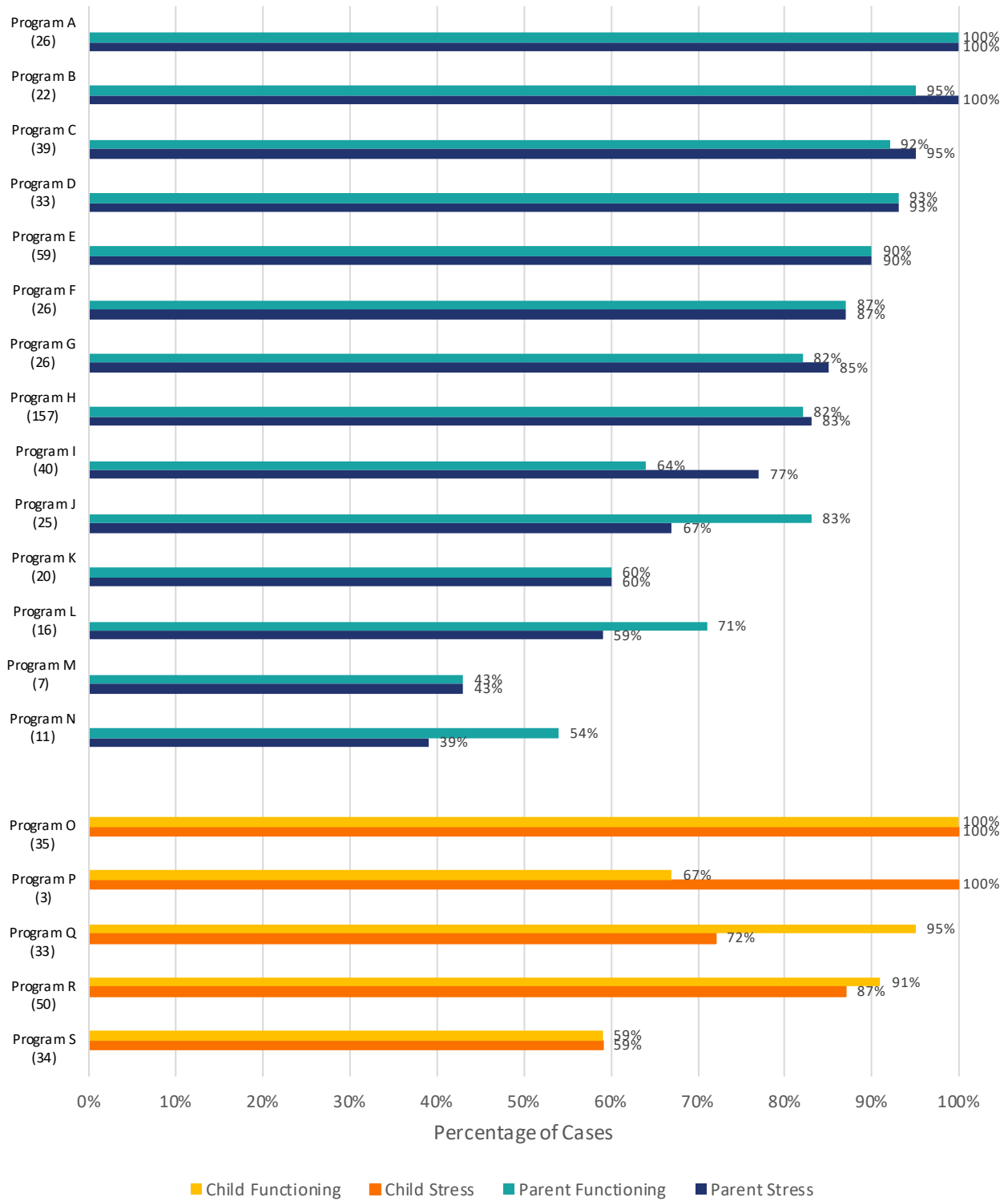


David's family came to Preventive Services because his behavior when angry put himself and his family at risk, often to the point of the Mobile Crisis Unit or police being called. His mom was afraid she would have to turn to foster care or a residential placement to keep the rest of the family safe.

David spent a lot of time with his Preventive Services advocate. They worked on understanding others' perspectives, developing coping skills, and building relationships. They did activities in the community so David could practice his skills in real-life settings including going to a book fair, rock climbing, getting haircuts at the barbers, playing basketball and going ice skating. His advocate also helped David's mom with de-escalation in times of need.

Together, David, his family and his advocate helped him grow in understanding himself and others. Today, David is a successful middle schooler who is able to live with his family and contribute to his community.

Figure 11. Stress and Functioning Outcomes
(# closed cases)

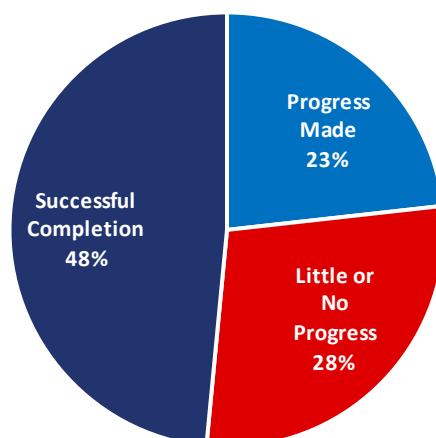


Service Plan Completion

The final service outcome is how many families with closed Preventive Services cases successfully completed their Family Assessment and Service Plans. **The majority of families made progress or successfully completed their plans**, as shown in Figure 12. Of the families who closed their cases:

- Almost three out of four families (71%) made progress or completed their service plans
- A little over one quarter made little or no progress (28%)

Figure 12. Cases Closed



To better understand cases where families did not successfully complete their plan, MCDHS tracked reasons services ended, as shown in Table 6. **It is important to note that 25% of the families who made progress but did not complete their entire plan encountered program limits that required their services end**, such as time limits, child aging out, or the agency having limited capacity.

Table 6. Primary Reason Case Closed Without Successful Completion

Progress Made But Not Completed		Little or No Progress Made	
Reason	%	Reason	%
Family requested termination	38%	Program lost contact with family or family moved away	51%
Program limits reached	25%	Family requested termination	30%
Program lost contact with family or family moved away	16%	Other reason	11%
Other system intervened	15%	Other system intervened	8%

The qualitative surveys completed by contracted providers also indicated systems-level challenges that made it difficult for some families to complete their preventive service plans, including:

- **Staffing challenges** (62% of programs reported this challenge): Staff vacancies and turnover hindered programs' ability to offer services to as many families, limited the days and times services were available, and disrupted continuity when families had to switch from one staff member to another.
- **Housing instability** (54% of programs): Housing instability made it difficult for some families to consistently engage with services because they were having to attend to the more pressing need of finding safe, affordable, and stable housing.
- **Transportation challenges** (23% of programs): Accessing out-of-home services was difficult for some families because of the lack of reliable transportation or the time it takes to get from one location to another using public transit.

Cost Effectiveness

The physical, emotional and social costs of child abuse and neglect are of utmost importance. It is also important to ensure the county's resources are invested effectively and efficiently in order to have the greatest positive impact on as many families and children as possible. As shown in Table 7, **Preventive Services were the least costly intervention for responding to potential neglect or abuse:**

- Residential care was 61 times more costly than Preventive Services
- Therapeutic foster care was 9 times more costly
- DHS foster care was 4 times more costly

Table 7. Average Annual Cost per Child

Reason	Cost
Residential Care	\$303,635
Therapeutic Foster Care	\$45,416
DHS Foster Care	\$21,045
Preventive Services	\$4,920

Challenges and Solutions

There were many systems-level and contextual factors – as well as interpersonal dynamics and individual choices – that impacted whether families accepted a Preventive Services referral, completed their service plan, or experienced other positive outcomes. Three challenges, some of which were identified in previous years as well, were noted in 2024:

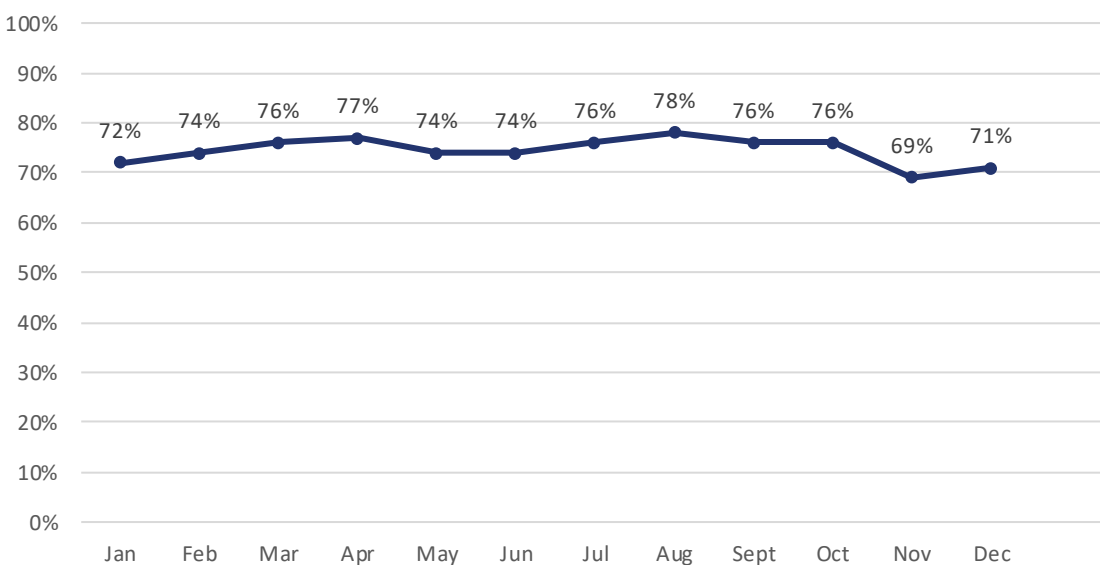
- Service utilization
- Recruitment and retention of staff
- Meeting families' basic needs

Service Utilization

Because Preventive Services are effective, it is important they are fully utilized¹. This is an area where there is room for growth, as shown in Figure 13. **The consistency in service utilization across months is a strength** and indicates that referral processes hold up even in the face of staff turnover. However, it would be ideal to see even more utilization of services.

- On average, 74% of contracted slots were used across the year
- The lowest month for utilization was 69% (November)
- The highest month for utilization was 78% (August)

Figure 13. Service Utilization



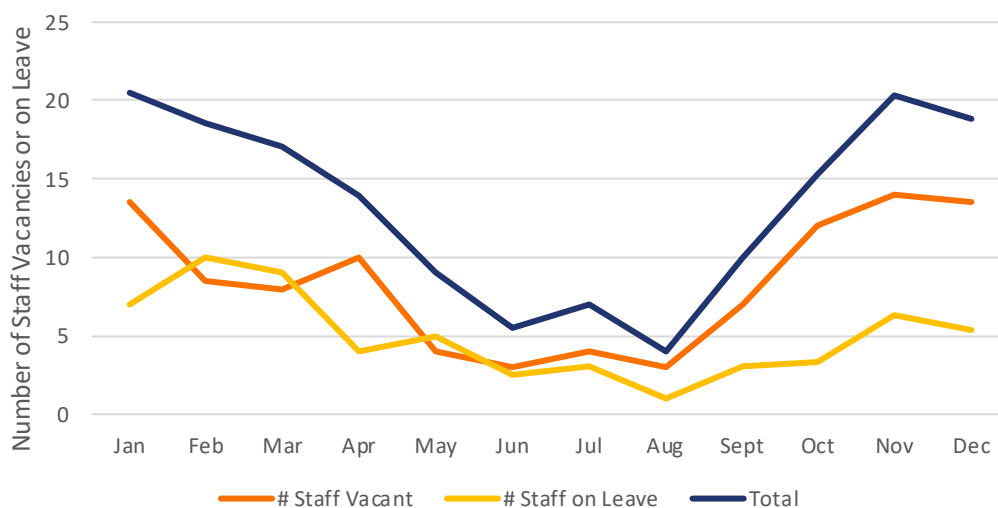
¹ The County only pays for services provided. It does not pay for unused slots.

Recruitment and Retention of Program Staff

A limitation on the availability of Preventive Services was the difficulty contracted providers had recruiting and retaining staff. **Agencies being short on staff was a common cause for unused service slots.** As shown in Figure 14, staff vacancies and staff on leave showed a seasonal pattern where they:

- **Peaked** during the winter (November – January)
- **Declined** in the spring (February – May)
- Were **lowest** in the summer (June – August)
- **Climbed** again through the fall (September – October)

Figure 14. Staff Vacancies and Staff on Leave, 2024



To determine if this pattern was unique to 2024, the same data were examined for the past four years. This showed a **similar pattern in 2024, 2023 and 2022** (although 2022 was less pronounced). The only year that was an exception was 2021 when, on the whole, staff shortages were lowest in January and steadily rose throughout the year. However, because 2021 was a year of mass resignations across sectors, there is a historical reason for that year to be different.

Contracted providers worked diligently to fill positions to meet the challenge of staff vacancies and staff on leave. Strategies identified in the qualitative survey included:

- Changing degree requirements to attract more applicants
- Expanding job announcements to more platforms, including social media
- Streamlining application processes
- Improving onboarding processes
- Strengthening internal communication through regular team meetings focused on case coordination, shared learning, and peer support
- Prioritizing staff wellness and team building to improve morale
- Staff stepping in to take on additional cases and responsibilities when vacancies occurred

Meeting Families' Basic Needs

In the qualitative surveys, contracted service providers repeatedly stated that **the necessity of families securing basic needs often took precedence over engaging with Preventive Services**. As one provider explained:

“Families that achieved preventive service goals were more likely to be successful if their basic needs were being met (housing, food, safety). Many families referred to preventive services are homeless or at significant risk and this need becomes the priority to be addressed...When the basic needs are stable, staff are able to provide increased clinical and therapeutic support and address stressors that many families have but have never been able to get support with...Until housing and increased resources are available for families...[we] will need to support with basic needs first and foremost.”

Contracted providers described many ways they tried to help families meet basic needs, either directly or by connecting families to other programs. Their actions embody the idea that “You can support a family without reporting a family.” Supports they provided included:

- Chromebook distribution to assist with housing and job searches
- Clothing drives
- Diaper Bank
- Financial planning
- Food pantry
- Haircuts
- Holiday assistance (food, gifts, gift cards)
- Household items, hygiene and cleaning supplies
- Referrals for child care, to housing assistance programs and to legal resources to deal with housing issues
- Rent and utility payments
- School supplies and backpack distribution
- Transportation assistance



Jessica started Preventive Services when her daughter was four years old and she was pregnant with her son. It was a time of many challenges. She was facing eviction due to job loss, lacked essential baby supplies, and was struggling under the stress of figuring out how to care for her growing family.

Through Preventive Services, Jessica was able to secure housing and also got a new job with good benefits and opportunities for advancement. She participated in counseling which helped her strengthen her relationship with her mother.

Sometimes little things made a big difference, like receiving a car seat, a new stove, clothing, and a portable crib.

By supporting Jessica to find her own strength, Preventive Services helped her secure a positive future for herself and her children.

Conclusion

The dedication of the MCDHS Preventive Services unit and contracted providers was evident throughout the year. They worked collaboratively to help children and families thrive:

*“Working alongside my coworkers in the prevention program is a privilege and motivates me to come work each day to assist those who are in need. Those that I associate and work with are a special group of individuals that have a most important calling...I can attest that the families we work with have not been forgotten...I **marvel at and am proud to be on a team who work with purpose and integrity and tirelessly serve on the front lines of our community to bring compassion, hope and change** to the children, youth and families that we care for and serve.”*

*“Monroe County’s contribution...addresses a critical challenge, **allowing more individuals to engage with the program**. This support can help ensure that the program remains accessible to people regardless of their financial situation.”*

*“[Our staff] teaming with MCDHS caseworkers has been **significant** in family engagement efforts.”*

*“We are always working on innovative ways to enroll and retain families in services, **working closely in collaboration** with [MCDHS] and other service providers.”*

The prevention of indicated Child Protective Services reports and children needing to come into foster care was achieved for almost all children and families while they received services. There is also an experience of support that is more difficult to quantify, but important to acknowledge. The reflections of one program aptly sum up the **importance of Preventive Services to children and families**:

*“A high number of satisfaction surveys were completed by families, with all **families reporting being highly satisfied with services**. The themes in surveys also reflected having developed **positive, supportive relationships with their staff and thankful for the support** they were provided. **Many families expressed hoping that they could remain enrolled in services longer.**”*