2025 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.

Adam J. Bello
County Executive

Thalia Wright
Commissioner, Department of Human Services

Amy Natale-McConnell, *Director of Family Services*
Lynn White, *Administrative Caseworker*

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.

Katherine Jurusik, *Casework Supervisor*
Judith Williamson, *Senior Caseworker*

Caseworkers
Yamila Alcerreca
Frank Burgos
Erica Campbell
Kimberly Cooper-Tyler
Lisa Deutsch
Roberta Gabriel
Ruth Gori
Jennifer Hartman
Kathleen Neidert
Elaine Spencer

Barbara Maxwell, *Clerk*

Requested by: Amy Natale-McConnell
To Support: Preventive Services
Prepared by: Stephanie Townsend, PhD, Senior Human Services Planner
MCDHS Research and Planning Division
Data Sources: Preventive Report Annual Data, Monthly Preventive Scorecards, ContrackHQ, Qualitative Survey of Providers, MCDHS Finance Department
Data as of: April 15, 2026

Table of Contents

Executive Summary 4

Preventive Services Overview
- Mission 5
- Contracted Programs 5

Families, Children and Youth Served
- Services Delivered 8
- Household Demographics 9
- Child and Youth Demographics 10
- Challenges Identified at Referral 11

Effectiveness of Preventive Services
- Indicated Reports and Foster Care Avoidance 16
- Service Plan Completion 17
- Stress and Functioning 19
- Cost Effectiveness 22

Challenges and Solutions in Preventive Services
- Service Utilization 23
- Recruitment and Retention of Program Staff 24
- Professionalism 25

Conclusion 25

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.

In 2025, MCDHS contracted with 11 non-profit agencies to provide 20 programs. Over the course of the year, **1,247 families and 1,956 children and youth** were served. Families served were primarily female-headed households and slightly more than three-quarters of the children were living at home. An almost 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 18 years.

A strength of Monroe County's Preventive Services is the breadth of available services. 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 has been a rising challenge and was identified twice as often as in 2020. There were differences in needs based on age with older youth being more likely to experience challenges with youth mental health, behavior, school/education, and interpersonal relationships with parents and peers; whereas younger children were more likely to face challenges with domestic violence exposure, parent mental health, and parental substance abuse.

There is clear evidence for the effectiveness of Preventive Services:

- 75% of families completed or made progress on their Family Assessment and Service Plans
- 90% of parents/caregivers and 92% of children/youth maintained or decreased their stress levels
- 91% of families and 89% of children/youth maintained or increased family functioning
- 97% of families avoided new indicated CPS reports by time of case closure
- 99% of families avoided their children coming into foster care while receiving Preventive Services

Analyses show that Preventive Services are a cost-effective way of meeting the needs of children and youth. Compared to Preventive Services, residential care was 85 times more costly, therapeutic foster care was 16 times more costly, and DHS foster care was 4 times more costly.

The dedication of the MCDHS Preventive Services Unit and contracted service providers was evident. They strived for excellence in their services, developing their skills and engaging in continual quality improvement. They exhibited humility about what it means to do this work and sought to build supportive relationships with the families and children they serve.

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:

- Obtains daily updates on program availability
- Distributes twice-weekly email updates to relevant MCDHS staff on program availability
- Manages referrals for services
- Monitors Family Assessment and Service Plans for families whose cases are managed by MCDHS
- 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 and meets eligibility criteria
- An outside care provider or school personnel has spoken to the family about Preventive Services, the family is interested and meets eligibility criteria
- An MCDHS caseworker thinks a family might benefit from services and the family has accepted the services
- Services are ordered by the court and the family agrees to engage

In 2025, MCDHS contracted with 11 non-profit agencies to provide 20 programs to families, as shown in Table 1. The breadth of services is one way MCDHS ensures it meets the diverse needs of Monroe County families. **There were two categories of services:**

- **General** preventive services assist clients to address a broad range of risk factors or concerns
- **Specialized** services offer a specific service or therapy aimed at a primary risk factor

Table 1. Preventive Services Programs for 2025

Program *20 programs*	Type		Modality		Child's Age	Eligibility Requirements *Monroe County resident, child 0 – 18 years, prioritized based on risk*	Setting		
	General *5 programs*	*Specialized* *15 programs*	*Child* *16 programs*	*Caregiver* *17 programs*			*Clinic* *6 programs*	*Home* *13 programs*	*Other* *6 programs*
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	Youth displaying delinquent or truant behaviors or engaged in alcohol or substance use		✓	
Multisystemic Therapy		✓	✓	✓	11 – 18 years	Youth showing aggression, chronic behaviors, substance use, at imminent risk of out of home placement or delinquent behavior		✓	
Childcare Council									
Parenting Skills Training	✓			✓	Birth – 18 years	Active CPS Management case			✓
Family Counseling of the Finger Lakes									
Services for Youth Impacted by Sexually Problematic Behavior		✓	✓	✓	3 – 21 years	Sexual abuse and problematic sexual behaviors	✓		✓
Strength at Home		✓		✓	Birth – 18 years	Men only with history of domestic violence + 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	Youth at imminent risk of out-of-home care		✓	
General Preventive Services	✓		✓	✓	Birth – 18 years	General preventive		✓	✓
Lifetime Assistance									
Preventive Program		✓		✓	Birth – 18 years	Parents with developmental disabilities		✓	

Program	Type		Modality		Child's Age	Eligibility Requirements (Beyond being at risk of foster care)	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	Youth impacted by trauma, domestic violence, loss or attachment disruptions		✓	
Together for Youth (previously Berkshire)									
Pathways	✓		✓	✓	Birth – 18 years	General preventive	✓	✓	
Villa of Hope									
General Counseling	✓		✓	✓	Birth – 18 years	General preventive		✓	
Youth Advocate Program									
Youth Advocate Program		✓	✓	✓	12 – 18 years	High risk youth with behavioral health challenges; from Probation, FACT or CPS Management			✓

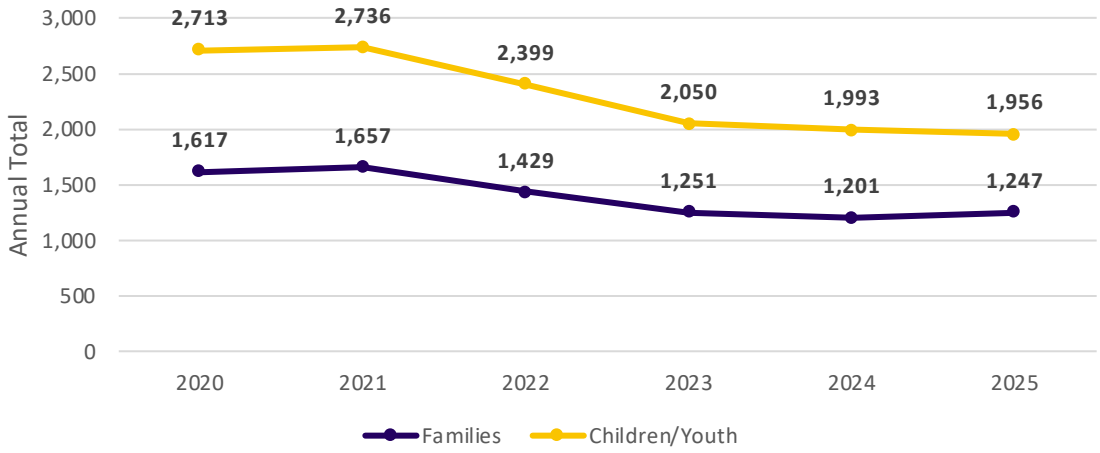
In addition to these programs, the Preventive Services unit also referred to and was involved with the Engaging Fathers Program that reaches out to absent and disengaged fathers to assess their needs and provide bridge to MCDHS services, the Lighthouse program through EnCompass which provides support 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 2025, MCDHS and its contracted partners served a total of **1,956 children and youth in 1,247 families**. As shown in Figure 1, the decline in families and children served that began in 2022 has nearly leveled. Whereas there was a 25% decrease in children/youth and families served between 2021 and 2023, between 2023 and 2025 the decrease was only 5% for children/youth served and the number of families served saw a marginal increase.

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



The lower number of children and families served since 2021 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 and other economic and workforce factors 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 still more families who could benefit from Preventive Services than there is the capacity for agencies to serve at this time.**

Household Demographics

Household demographics of families served were very consistent with recent years, with percentages varying at most by a few points. The characteristics of households served by Preventive Services in 2025, as shown in Figures 2 – 4, reflect that:

- Almost two out of three families (62%) were headed by single mothers
- Approximately one out of three families (34%) had a primary source of income from employment, followed by public assistance (24%) and social security (21%)
- More than three out of four children (79%) were living at home with their parents

Figure 2. Household Type

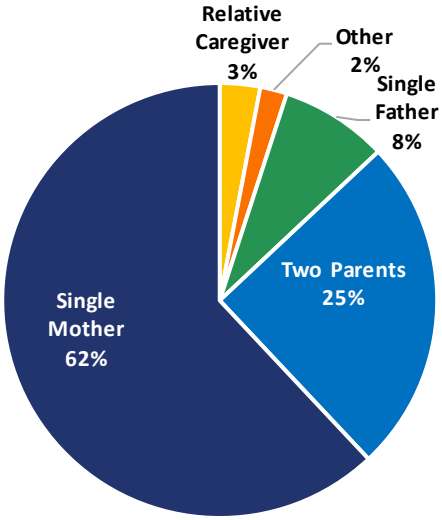


Figure 3. Primary Income Source

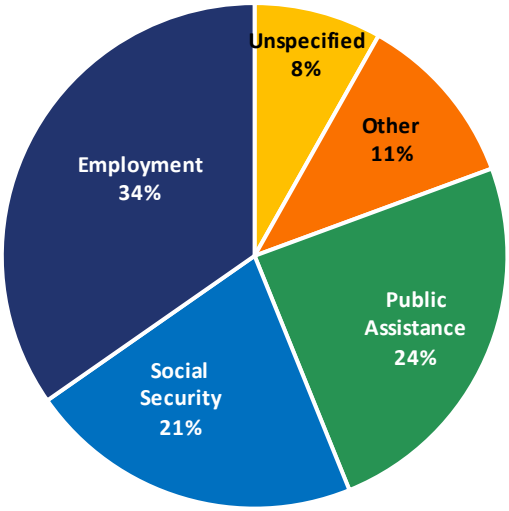
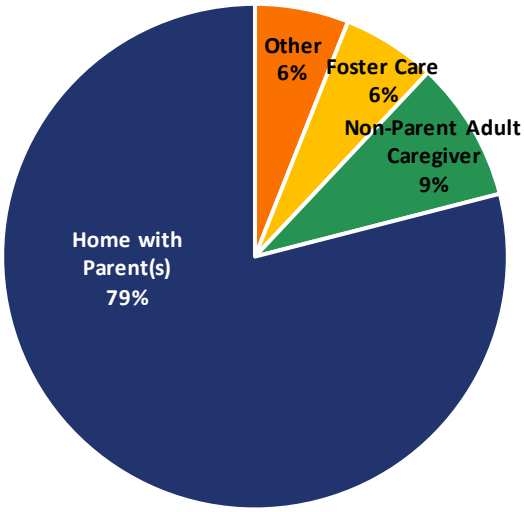


Figure 4. Children's Living Situation



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 2025, as shown in Figures 5 – 7, reflect that:

- Almost the same proportion 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

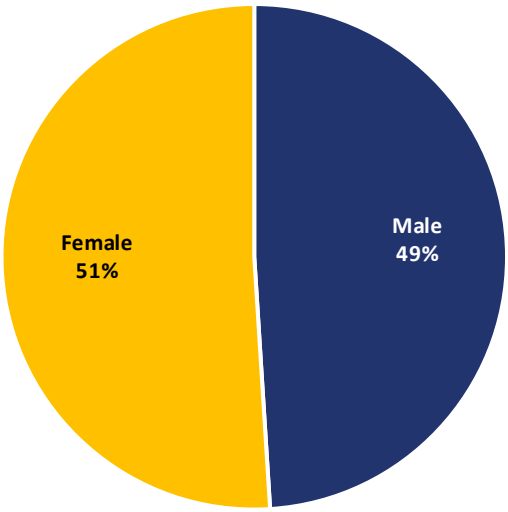


Figure 6. Ages

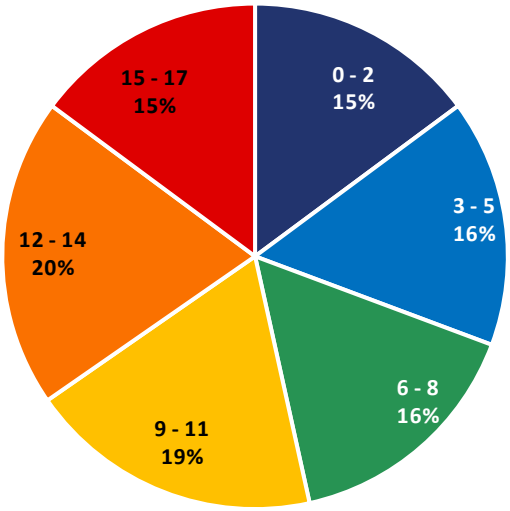
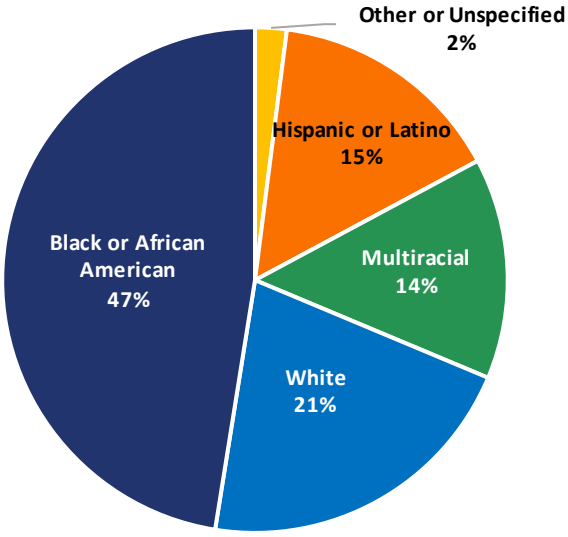


Figure 7. Racial/Ethnic Identity



Child/Youth Challenges Identified at Referral

Most Common Challenges Over Time

Table 2 shows the top child/youth challenges identified at referral for the last six years. There have been both **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 since 2021
- Of the remaining challenges, since 2020:
    - **Domestic violence exposure has more than doubled** from 12% to 29%
    - **Parental separation/divorce is 1.5 times higher**, going from 9% to 23%

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

Table 2. Most Common Child/Youth Challenges Identified at Referral, 2020 – 2025

Challenge	**2020** *% (rank)*	**2021** *% (rank)*	**2022** *% (rank)*	**2023** *% (rank)*	**2024** *% (rank)*	**2025** *% (rank)*
Parent Mental Health	22% (2)	32% (1)	39% (1)	46% (1)	46% (1)	41% (2)
Trauma Exposure	18% (5)	29% (2)	37% (2)	43% (2)	45% (2)	46% (1)
Behavioral Challenges	15% (7)	23% (4)	25% (4)	28% (3)	31% (3)	33% (3)
Youth Mental Health	27% (1)	25% (3)	26% (3)	27% (4)	31% (4)	32% (4)
Domestic Violence Exposure	12% (8)	16% (8)	17% (8)	22% (7)	28% (5)	29% (5)
School/Education	22% (2)	23% (4)	22% (5)	27% (4)	25% (6)	28% (6)
Separation/Divorce	9% (9)	14% (9)	17% (8)	22% (7)	23% (7)	23% (8)
Housing	18% (5)	18% (6)	21% (6)	23% (6)	23% (7)	24% (7)
Interpersonal - Parents	20% (4)	18% (6)	19% (7)	21% (9)	21% (9)	21% (9)

Most Common Child/Youth Challenges by Age

It is also useful to consider whether children of different ages have different challenges and support needs. Like in previous years, there were many similarities across ages. As shown in Table 3 below, in 2025 the following challenges were in the top 9 for **both age groups**:

- Parent mental health
- Trauma exposure
- Domestic violence exposure
- Parental separation/divorce
- Behavioral challenges
- Youth mental health
- School/education

For children **ages 0 – 11 years**, the following challenges also were frequently identified:

- Housing
- Parent substance abuse

For youth **ages 12 – 18 years**, the following challenges also were frequently identified:

- Interpersonal relationships with parents
- Interpersonal relationships with peers

Table 3. Most Common Challenges Identified at Referral by Age, 2025

Children Ages 0 - 11		Children Ages 12 - 18	
Top Challenges	**%**	**Top Challenges**	**%**
Parent Mental Health	45%	Youth Mental Health	52%
Trauma Exposure	44%	Behavioral Challenges	50%
Domestic Violence Exposure	33%	Trauma Exposure	48%
Housing	26%	School/Education	44%
Parental Separation/Divorce	22%	Parent Mental Health	37%
Behavioral Challenges	25%	Interpersonal – Parents	35%
Youth Mental Health	21%	Domestic Violence Exposure	22%
Parent Substance Abuse	22%	Interpersonal – Peers	20%
School/Education	20%	Parental Separation/Divorce	23%

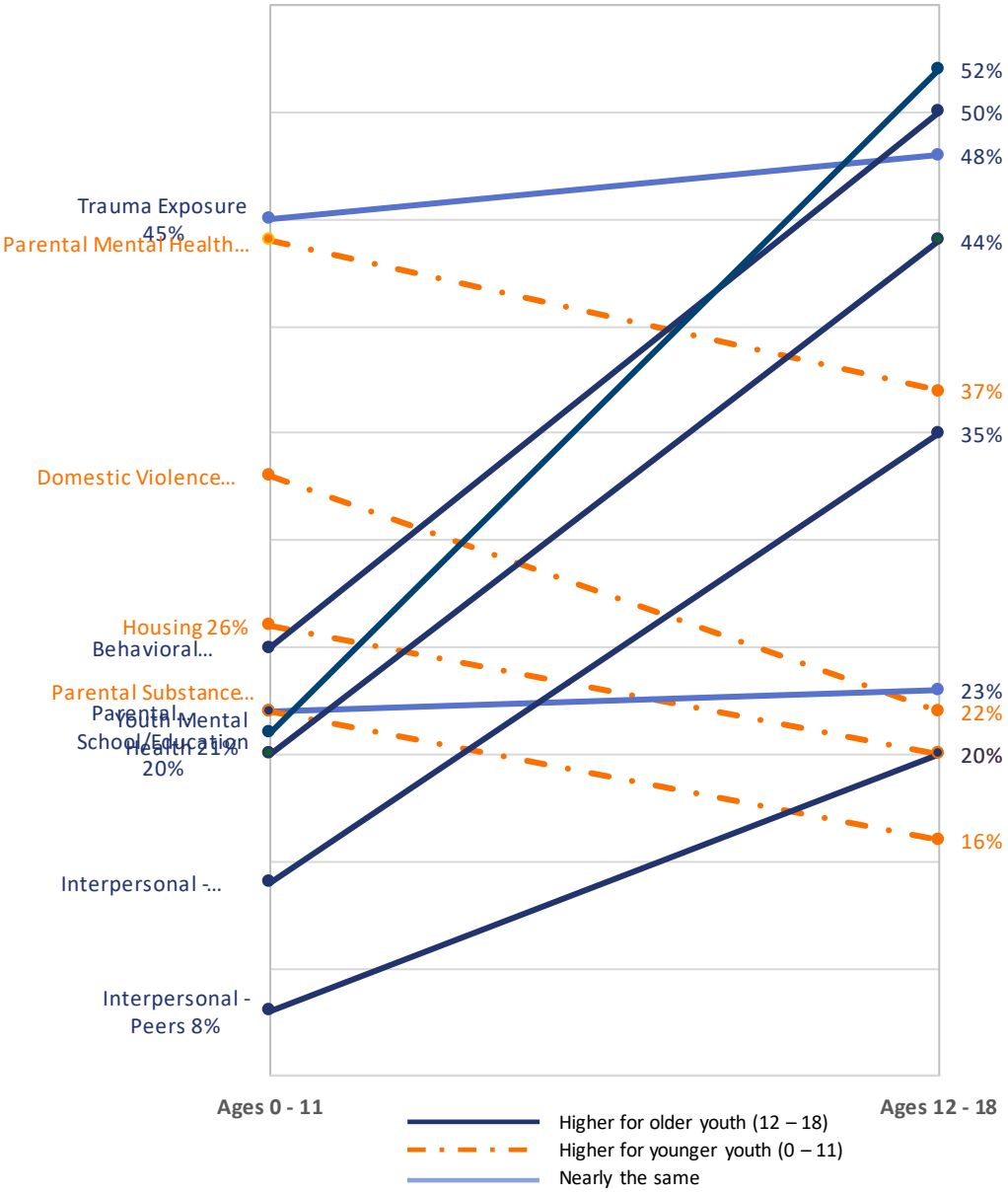
The magnitude of the differences is shown in Figure 8 on the next page:

- Five of the challenges were **notably higher for older youth:**
  - Youth mental health: 31-point difference
  - Behavioral challenges: 25-point difference
  - School/education: 24-point difference
  - Interpersonal relationships with parents: 21-point difference
  - Interpersonal relationships with peers: 16-point difference
- Two of the challenges were **nearly the same:**
  - Trauma exposure: 3-point difference
  - Parental separation/divorce: 1-point difference

- Four of the challenges were **slightly higher for younger youth:**
  - Domestic violence exposure: 11-point difference
  - Parental mental health: 7-point difference
  - Parental substance abuse: 6-point difference

These differences underscore the necessity of Monroe County's strategy of contracting for a wide array of 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**.

Figure 8. Most Common Challenges Identified at Referral by Age, 2025



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 number in the Preventive Services database represents a child. Less frequently reported challenges are by no means less important and may be life-altering for the children and families who experience them. Figures 9 and 10 show the number of children and parents/caregivers receiving Preventive Services and the challenges they faced in 2025.

Figure 9. Presenting Challenges for Children/Youth, 2025

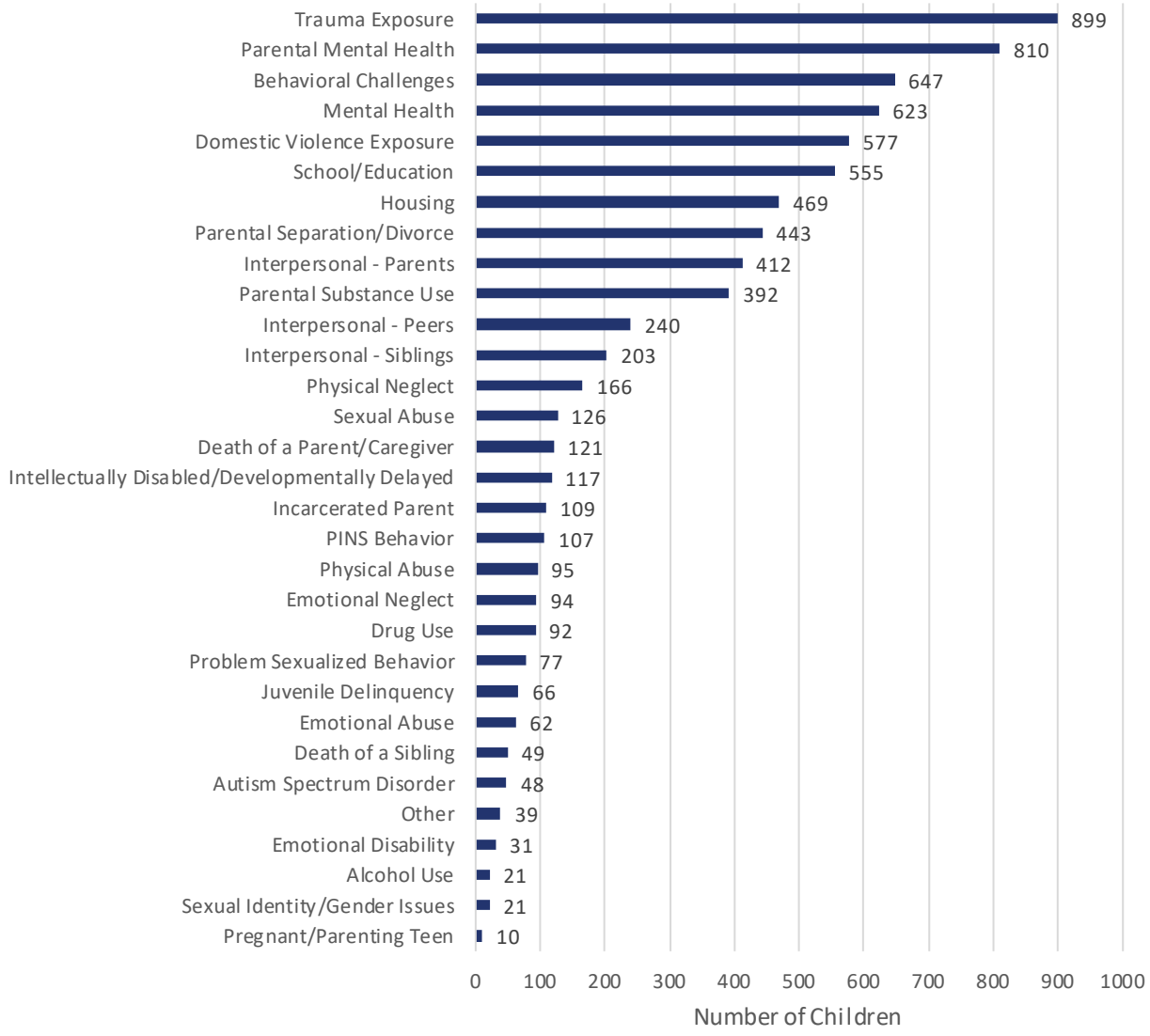
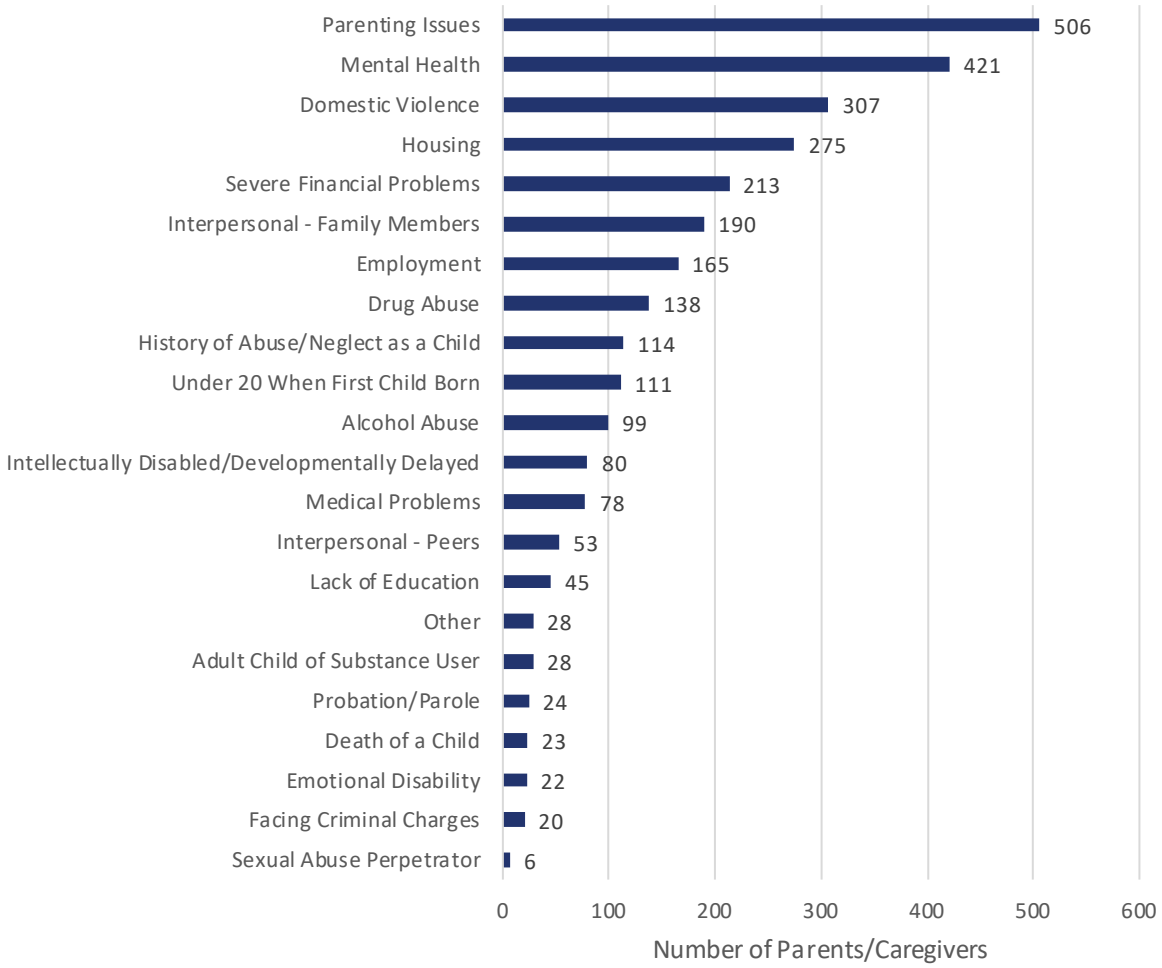


Figure 10. Presenting Challenges for Parents/Caregivers, 2025



A parent and child were referred for Preventive Services after experiencing a tragic loss in their family. While the child was taken care of emotionally and psychologically by clinical staff, a case manager compassionately supported the parent. Staff worked with the family collaboratively, giving them the hope of healing and moving forward together in a healthy and safe way.

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 by the court. Success relies on engagement, empowerment and informed decision making. These are achieved through a combination of factors, including:

- Availability of a service provider
- Availability of services at a time and location that work for the family
- Perceived relevance and value of services
- Language access and cultural respect shown by providers
- 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 in 2025:**

- Indicated Child Protective Services report and foster care avoidance
- Service plan completion
- Stress and family functioning
- Cost effectiveness

Indicated Report 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 avoided negative outcomes**, as shown in Table 4. **This is a critically important and positive finding.**

Table 4. Avoidance of CPS Indicated Reports and Foster Care, 2020 – 2025

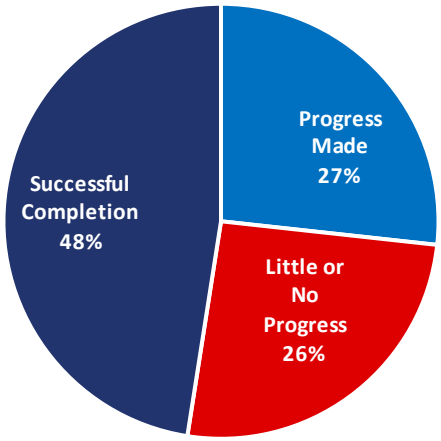
Indicator	2020	2021	2022	2023	2024	2025
Families who avoided Indicated CPS Report (closed cases)	98%	97%	98%	98%	99%	97%
Children who avoided being taken into Foster Care (all cases)	98%	99%	99%	98%	99%	99%

Service Plan Completion

The next service outcome to consider is how many families with closed Preventive Services successfully completed their Family Assessment and Service Plans. **The majority of families (556 families) made progress or successfully completed their plans**, as shown in Figure 11. These outcomes are very similar to prior years, differing by only a few percentage points:

- Three out of four families (75%) either completed their service plans (48%) or made progress (27%) on their plans
- A little over one quarter made little or no progress (26%)

Figure 11. Cases Closed



To better understand why families did not successfully complete their plan, MCDHS tracked reasons services ended, as shown in Table 5. There was a notable **increase this year in families reaching program limits** such as time limits and children aging out. There was also an **increase in other systems intervening**. There was a **decrease in families requesting an end to services**.

Table 5. Primary Reason Case Closed Without Successful Completion

Progress Made But Not Completed			Little or No Progress Made		
Reason	%		Reason	%	
	2024	2025		2024	2025
Program limits reached	25%	42%	Program lost contact with family or family moved away	51%	42%
Family requested termination	38%	26%	Family requested termination	30%	31%
Program lost contact with family or family moved away	16%	17%	Other system intervened	8%	15%
Other system intervened	15%	8%	Other reason	11%	12%

When asked to describe patterns associated with families or youth not achieving their Preventive Services goals, the responses from programs were wide-ranging, but two challenges were most frequently identified: lack of engagement and basic needs taking precedence.

Lack of engagement by parents/caregivers and/or youth was identified as an issue by 46% of programs. "Engagement" can have many meanings, ranging from frequency of attendance to active, enthusiastic participation. The importance of engagement was described by multiple respondents, including:

> *"It is inherent to [our] model that we discuss what motivates them to change their behavior in order to have healthy relationships with both their partner and their children…The difficulty is when someone is not willing to accept accountability for their behavior (or there's no accountability from a systems perspective), there is no motivation to change or do things differently."*

> *"Teenagers who have experienced trauma are often harder to engage in services because trauma affects their trust, emotional regulation, relationships, and sense of safety…They have a desire for independence..."*

Program staff reported using a wide variety of strategies to strengthen engagement, including:

- Establishing clear expectations
- Setting relevant goals
- Re-evaluating and establishing new goals that are more achievable and relevant
- Frequent communication including appointment reminders and follow-up calls after missed appointments
- Giving families time to consider their options before enrolling
- Offering choice (when possible) of which staff to work with and changing staff if the initial match does not work
- Shared decision making
- Flexible service settings including home, school and office
- Flexible make-up classes
- Providing meals during group sessions

Basic needs taking precedence was also identified by 38% of programs as a driving reason behind families and/or youth not achieving their prevention goals, including:

> *"Circumstantial barriers such as families facing significant housing instability, food insecurity, unemployment, or transportation often prioritize immediate survival needs over service participation."*

"There continues to be a trend that families who are homeless often correlates with families that are more likely not to achieve Prevention goals. This may be due to the high level of stress these families are under with not having basic needs met..."

During the temporary federal withholding of SNAP funds, through community donations secured by agency staff, food bags were distributed to their Preventive Services families. This effort helped reduce immediate food security and supported families' continued engagement in services.

A grandmother who had raised two teenage grandchildren since they were infants was referred along with the older youth. The grandmother shared that she had her own significant, unmet medical needs that she had put aside to focus on her grandchild's needs. Prevention staff recognized the importance of stabilizing her health and so assisted her with accessing medical care. With better health, she was able to help her grandchild engage in prosocial activities and promote healthy development.

Challenges with meeting basic needs so clients can engage in services is not only a practical consideration, but also has emotional impact. This was poignantly illustrated by one program's description of the persistent problem of transportation services not showing up to bring youth to their appointments:

"Challenges with [transportation service] (e.g., not showing on time or not having anyone to pick a youth up despite it being a planned/re-occurring trip) cause…emotional distress for the youth. We have had youth report feeling like a burden, forgotten, and unimportant due to these challenges."

Stress and Functioning

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 6 and reflect **positive outcomes for most children and families**:

- 90% of parents/caregivers and 92% of children/youth **maintained or decreased stress**
- 91% of families and 89% of children/youth **maintained or increased their overall functioning**
- These outcomes showed notable increases over 2024

Table 6. Stress and Overall Functioning, 2025

Indicator	% Maintained or Improved *(All Programs Combined)*			Lowest Program		Highest Program	
	2024	2025	Difference	2024	2025	2024	2025
Decreased Stress							
Parent/Caregiver	83%	90%	7 points	39%	40%	100%	100%
Child/Youth	81%	82%	1 point	59%	69%	100%	100%
Increased Overall Functioning							
Family	82%	91%	9 points	43%	40%	100%	100%
Child/Youth	76%	89%	13 points	59%	69%	100%	100%

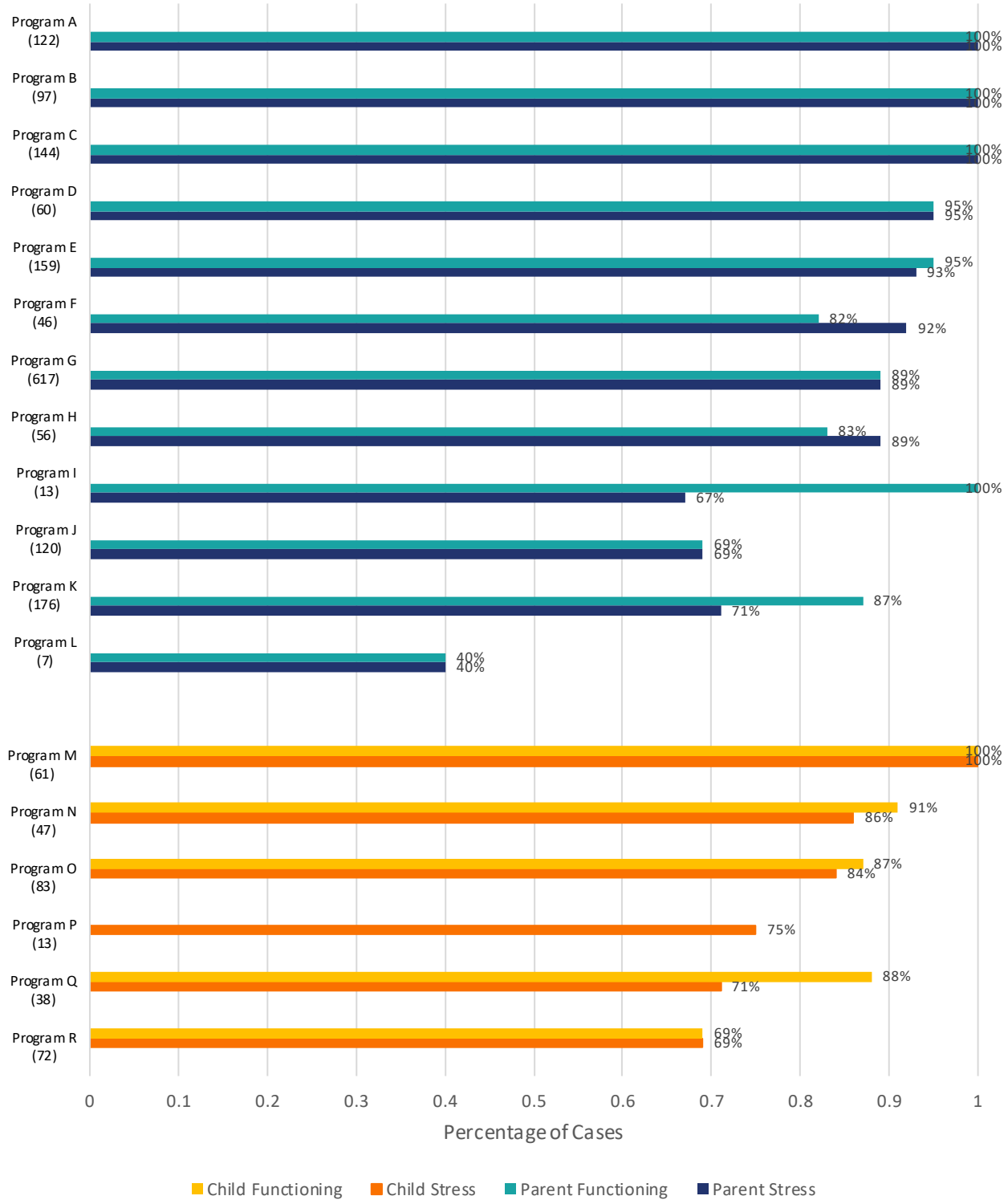
At the end of their Preventive Services, a caregiver reflected on the change in her family: "A year ago…I did not know if I could keep managing [my daughter's] behaviors. We are in a completely different place. We get to look forward to doing things this Christmas that we could never do before."

Outcomes for individual programs are shown in Figure 12. When reviewing the outcomes for individual programs, it is important to keep in mind the following:

- 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.

Figure 12. Stress and Functioning Outcomes

(# children served)



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 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 85 times more costly than Preventive Services
- Therapeutic foster care was 16 times more costly
- DHS foster care was 4 times more costly

Table 7. Average Annual Cost per Child, 2025

Reason	Cost
Residential Care	$389,550
Therapeutic Foster Care	$76,568
DHS Foster Care	$18,462
Preventive Services	$4,573

A family who recently immigrated to the United States was challenged by navigating new service systems, language barriers, and understanding written materials. They connected with Preventive Services with the support they received were able to access medical and mental health care to support their child's behavioral health needs.

Challenges and Solutions

Systems-level and contextual factors impact whether families accept a Preventive Services referral, complete their service plan, or experience positive outcomes. Two challenges that persisted in 2025 were:

- Service utilization
- Recruitment and retention of staff

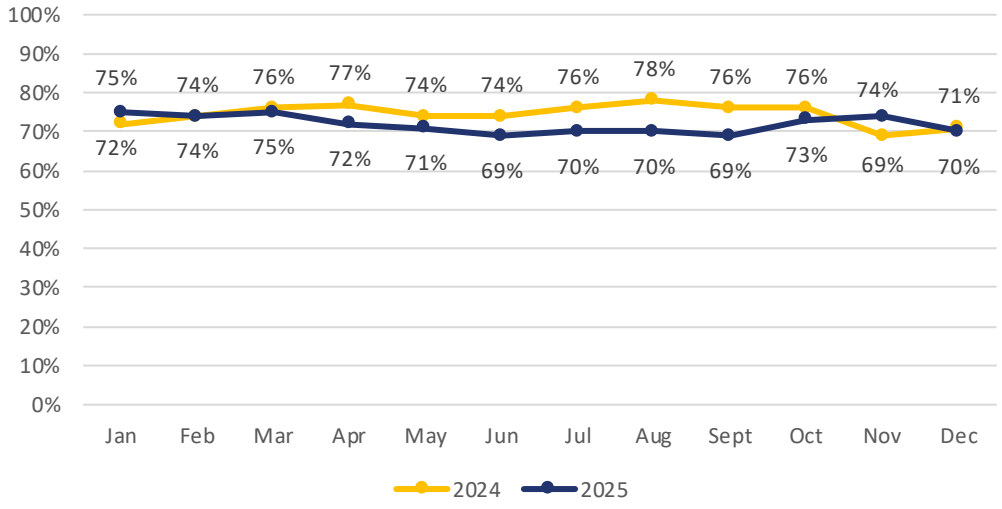
Service Utilization

Because Preventive Services are effective, it is important they are fully utilized[1]. This is an area where there is room for growth, as shown in Figure 13.

- The lowest months for utilization were 69% (June & September)
- The highest months for utilization were 75% (January & March)

Utilization fluctuated slightly between months, but the differences were small and should not be interpreted as statistically significant. Monthly reports from the programs indicate **the most common reason (54%) for unused slots was understaffing due to vacancies and/or staff being on leave at the providing agencies**.

Figure 13. Service Utilization



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

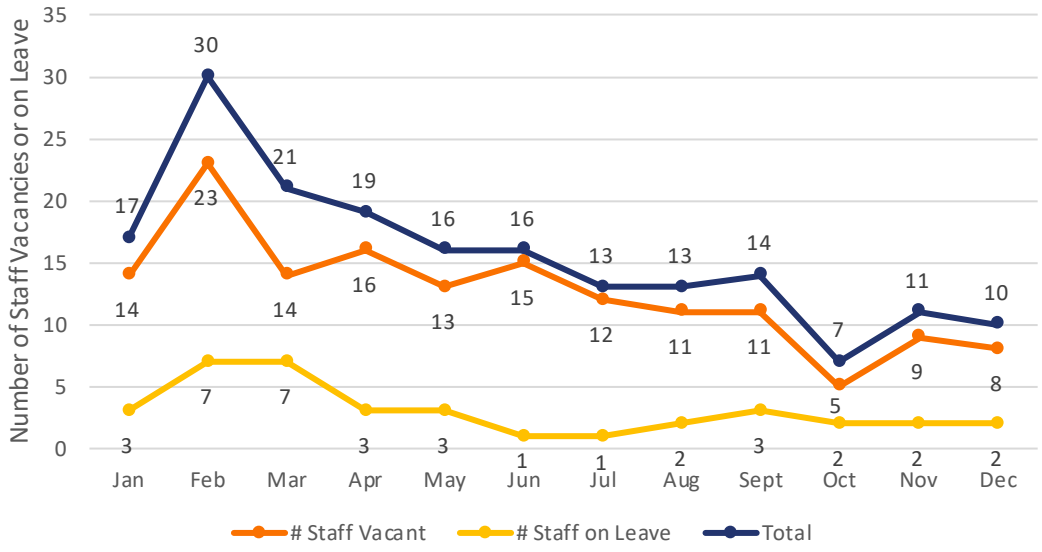
Which programs families are referred to and whether they follow through with accepting and engaging in Preventive Services is the result of multiple factors. Consequently, increasing service utilization requires multiple strategies by MCDHS, the contracted programs, and other community partners. On the part of MCDHS, the following strategies were used in 2025 to boost service utilization:

- Twice-weekly emails sent to all Child & Family Services staff notifying them of Preventive Services openings
- Presentations by preventive programs to MCDHS Supervisors and by Preventive Services teams to other Child & Family Services units to raise awareness of service availability
- Preventive Services fair for caseworkers
- Training of all new Caseworkers on Preventive Services availability and processes
- Development work on a new, online Preventive Services Directory for Child & Family Services staff that will allow them to search for Preventive Services by keyword, ages served, presenting needs, service setting, and other features

Recruitment and Retention of Program Staff

The primary limitation on the availability of Preventive Services was the difficulty contracted providers had recruiting and retaining staff. As shown in Figure 14, **staff vacancies and staff on leave fluctuated between months with an overall downward trend**.

Figure 14. Staff Vacancies and Staff on Leave, 2025



The pattern in 2025 was different from previous years when there was a seasonal pattern to the fluctuations. Whether the downward trend seen here is the beginning of sustained improvement will only be determined by ongoing monitoring over time. Given the data from past years, it is too soon to conclude that programs have turned a corner on the staffing challenges.

Professionalism

Contracted providers **strive for excellence** in the services they provide to the families and youth of Monroe County. This is evidenced by staff trainings and professional development, staff obtaining professional certificates and licensures, programs adopting evidence-based curricula and intervention strategies, expanded community engagement, and continual quality improvement processes.

Underlying the commitment to quality services is a **humility** about what it means to do this work. In the words of a service provider:

> *"[We] remain committed to both sustaining and strengthening the diversity of [our] workforce, as well as deepening culturally responsive practice to better align with the youth and families served…Within ongoing weekly group supervision, staff engage in reflective practice that centers cultural humility and responsiveness. This includes exploring how individual identifies, cultural backgrounds, and lived experiences – both shared and different from those of the families served – may shape perception, interaction, and relationship building. Staff are supported to remain curious and responsive to the unique cultural contexts of each family, with attention to how race, culture and power dynamics may influence trust and engagement."*

The key to successful outcomes in Preventive Services is the building of **supportive relationships**. It is through those relationships that families and youth find strength, power and healing:

> *"Staff strive to create welcoming and supportive group environments where families feel comfortable sharing their experiences and perspectives."*

> *"Themes [from client surveys] included feeling valued and supported and that improvements occurred in their families as a result of services. General Prevention surveys reflected families expressing a desire that services could stay open longer."*

> *"We believe clients have the ability to achieve their goals…Clients and their caregivers are experts in their own lives which is why partnering with them around treatment planning and along their healing journey is essential."*

Conclusion

Preventive services continue to be delivered to families and youth who are under stress and at risk of foster care placement. The number and demographics of children and families served remains consistent. These services are both effective and cost-effective. Most families achieve at least some of their goals, nearly all avoid new foster care placements, and most families experience positive stress and functioning outcomes. While the contracted agencies continue to face workforce challenges, they remain committed to delivering professional, compassionate services. Data and trends will continue to be monitored and used to inform continuous quality improvement.