



MONROE COUNTY

CHILD & FAMILY SERVICES PLAN

April 1, 2018 – March 31, 2023

Approved October 18, 2018

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**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
OCFS Acting Commissioner



**Division of Criminal
Justice Services**

MICHAEL C. GREEN
DCJS Executive Deputy Commissioner

October 18, 2018

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

This letter is to inform you that the Monroe County Child and Family Services Plan (CFSP) effective April 1, 2018–March 31, 2023, including the PINS Diversion Services Plan, is approved, effective October 18, 2018. The PINS Diversion Services Plan is approved jointly by the Office of Children and Family Services and the Division of Criminal Justice Services. The approval for the Day Care component will come to you directly from the Division of Child Care Services.

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

Sincerely,

Laura M. Velez
Deputy Commissioner
Child Welfare & Community Services
New York State Office of Children & Family Services

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

cc: File



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

March 6, 2018

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

Dear Commissioner Crossdale:

This letter is to inform you that the child care section found in your 2018 – 2023 Child and Family Services Plan was approved and became effective on March 6, 2018.

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

If you have any questions about this approval or the child care section found in your district's 2018 – 2023 Child and Family Services Plan, please contact Joe Ziegler at (518) 402-6520, or by e-mail at Joe.Ziegler@ocfs.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Janice Molnar".

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

Enc: Approved 2018 – 23 Child and Family Services Plan

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 for the period of April 1, 2018, through March 31, 2023.

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

Legal Assurances

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

A. General

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

B. Child Protective Services

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

C. Preventive Services for Children

1. Children and families in need of the core preventive services have these services provided to them in a timely manner. Core services include day care, homemaker, transportation, 24-hour access to emergency services, parent aide or parent training, clinical services, crisis respite care, services for families with AIDS/HIV+, and housing services.
2. The district maintains efforts to coordinate services with service agencies and other public and

private agencies within the district that provide services to children including the use of referral procedures with these agencies and formal and informal agreements.

3. The district has prepared plans and procedures for providing or arranging for 24-hour access to emergency services for children who are at risk of foster care as specified in 18 NYCRR 423.4. Staff is aware of such plans and procedures.

D. Youth Development

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

E. Adult Protective Services

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

F. Domestic Violence Services

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

G. Child Care

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

1. Providing parents or other eligible caretakers with information about the full range of providers eligible for payment with child care subsidy funds.
2. Offering child care certificates to assist parents in accessing care.
3. Informing clients of criteria to consider when selecting a child care provider.
4. Allowing parents or other eligible caretakers to select any legal, eligible child care provider (districts may disapprove providers chosen by families with a preventive or protective case under certain circumstances).
5. Establishing at least one method of paying for child care provided by caregivers who do not have a contract with the county.
6. Determining that legally exempt child care providers are operating in compliance with any additional state-approved local standards.
7. Giving priority for child care subsidies to children of families with very low income, to families

that have children with special needs, and to families experiencing homelessness.

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

H. Staffing

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

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

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

Commissioner County Department of Social Services

Name / Signature:

Corinda Crossdale

Date:

2018-03-28

I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Monroe County Probation Department for the period of April 1, 2018, through March 31, 2023.

Director/Commissioner County Probation Department

Name / Signature:

Larry Mattle

Date:

2018-03-23

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Monroe County Youth Bureau for the period of April 1, 2018, through March 31, 2023.

Executive Director County Youth Bureau

Name / Signature:

David Michael Barry, Jr

Date:

2018-03-20

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

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

Name / Signature:

Cheryl Dinolfo

Date:

2018-04-02

Public Hearing Requirements

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:

2018-03-20

(at least 15 days prior to submittal of Plan)

Date Public Notice published:

(at least 15 days in advance of Public Hearing)

Name of Newspaper:

The Daily Record

Number of Attendees:

27

Topics and Comments Addressed at Hearing:

Please see attached Agenda and Abstract

Areas represented at the Public Hearing:

Health

Legal

Child Care

Adolescents

Mental Health

Law Enforcement

Aging

General Public

Other

Please specify:

The Children's Agenda (Advocacy)



Other

Please specify:

Human Services



Other

Please specify:

Issues identified at the Public Hearing:

- 1) A request was made that Monroe County consider decreasing the amount (currently 35%) that families are expected to pay for Child Care. Monroe County responded that the co-pay rate is continually evaluated in the context of the block grant funding.
- 2) Monroe County currently funds Child Care for individuals working towards a 2-year degree who also work at least 17.5 hours per week. A question was raised as to whether Monroe County would consider funding individuals working toward a 4-year degree who are also working at least 17.5 hours per week. Monroe County responded that they were not aware that this was a need as they had not received any requests. It was also noted that the Greater Rochester United Way secured an 18 month grant for Child Care which was given to Monroe County. Monroe County could use these funds for child care for parents attending a 4-year program and who work 17.5 hours per week. Monroe County will track how these special funds are used. Monroe County reserves the ability to change the plan in the future if there is a demonstrated need for parents participating in a 4-year program and who are working the minimum hours per week.
- 3) Feedback was received that participants were pleased with the idea of the public hearing and appreciated the invitation to participate. A suggestion was made that Monroe County consider providing such forums on an annual basis. Positive feedback was also received regarding the availability of the plan for review, with one individual commenting that they view it as a resource for planning in their own agency.
- 4) There was a question as to whether or not the Risk Assessment Profile (RAP) has been found to accurately match individuals to the appropriate level of intervention based on identified risk. Monroe County responded that the high and low levels of risk are very well matched to intervention. The attention has been and will continue to be on those with moderate risk.
- 5) A question was raised as to criteria for closing preventive cases. Monroe County responded that decisions are made on a case by case basis and take into consideration the degree to which goals have been met and safety and risk factors have been diminished.
- 6) There was a comment about some parents needing more than basic parenting skills training. Positive feedback regarding the MAPP training for foster parents was received, with a question about whether this training might be modified for parents. Monroe County referenced some of the additional training opportunities for parents, most notably Mental Health First Aid training that helps parents better understand their children's trauma and mental health challenges, as well as develop some self-awareness about their own issues.
- 7) Both the value of the collaborative approach of FAR, as well as some of the legal ramifications were mentioned. As this was more specific in nature, an offer for additional follow-up was extended.
- 8) Support for re-instating the Monroe County Hotline was offered. It was also suggested that should the Hotline be re-established, Monroe County consider partnering with a local university to develop an algorithm similar to the one in Allegany County.
- 9) A recommendation was received that focus groups of community organizations be included in the strategic planning process
- 10) A suggestion to grow opportunities to interact with older adults within neighborhoods was received.

Written feedback received following the hearing provided additional feedback as follows:

1) Establishment of a standing Child Care Work Group to create a stronger partnership between the County, providers and the early childhood community to improve communication, develop solutions and better engage the community was recommended.

2) It was recommended that Monroe County consider establishing a waiting list during periods of scarce child care subsidy funds.

3) It was suggested that Monroe County should begin preparing for implementation of FFPSA.

April 1, 2018 – March 31, 2023 Monroe County Plan

MOU Between DA's Office and CPS

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:

County Overview

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.*

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

Monroe County is located in western upstate New York and is centered on the City of Rochester, with 19 surrounding suburban and rural towns. Based on the most recent census data available, Monroe County is home to 749,236 people, with 210,291 of them living within the Rochester city limits. The County's population has remained relatively stable since 2010, as has the population of the City. (US Census data)

The community has seen a shift in terms of both age and race, indicating increased diversity. Minority populations have grown in Monroe County, particularly among children and youth, while the white population has declined. Between 2000 and 2016, the Hispanic population has **increased** by 56% in the County and 32% in the City of Rochester; the Asian population has **increased** by 50% in the County and 45% in the City; and the African American/Black population has **increased** by 14% in the County and 2% in the City, while the white population has **decreased** by 2% in the County and 9% in the City.

As of 2016, the most recent year for which data is available, 15% of Monroe County's residents were African-American; of those, 73% resided within the City of Rochester. Latino residents represented 8% of the County's total population; with 60% of the Latino population residing in the City of Rochester. (ACTRochester.org) The Latino community is the fastest growing segment of Monroe County's population.

The population of Monroe County is aging; between 2000 and 2016, the number of people age 60 to 84 **increased** by 18% and the number of people age 85 or older **increased** by 38%. Residents age 60 or older account for 21% of Monroe's population, with approximately 81% of those who are 60+ residing in the suburbs and 19% residing in the City of Rochester. While Monroe County's growth rate of the older adult population is lower than that of the nation, it is equal to, or slightly higher than, New York State figures over the same period of time. (ACTRochester.org) The growth in Monroe County's older population highlights a growing need for support services. In Monroe County, the majority (58%) of the 65+ senior population is female, with 89% of this age group identified as white, 8% as African-American/Black, 3% as Latino and 2% as Asian. County-wide, 7% of older adults are below the poverty rate and another 9% are between 100-149% of the poverty line. Slightly more than 30% have a disability of some form. Of those older adults living in the City of Rochester, 40% have a disability, 15% live below the poverty level and another 17% live between 100 -149% of the poverty line. In 2017, 1,433 calls were made to the Adult Protective Services (APS) hotline, a 29% increase from 2012 when 1,108 calls were received. In a review of cases currently active with APS, approximately 25% are concentrated in three of the highest poverty zip codes in Rochester: 14620, 14621 and 14609. The 14609 zip code represents an area of Monroe County that not only has one of the highest population of age 65+, but is also one of the areas with the highest concentration of poverty, poor housing, few indigenous human services and lack of grocery stores. It is estimated that one in thirteen older adults become victims of elder abuse each year in our state and that for every known case, 24 are unknown to authorities. (Source: Age Wave: The Changing Demographic Landscape of America and Greater Rochester, Lifespan of Greater Rochester Inc. 2017)

Similar to other counties in the upstate region, Monroe County continues to experience declines in the numbers of children, youth and young adults. The number of children, youth and young adults (defined as those under 20 years of age) has declined by 12% in the County and 16% in the City since 2000, while the nation experienced an increase of 3% during the same time frame. (ACTRochester.org) Of the

185,170 children, youth and young adults under age 20 within Monroe County, 31% of them reside in the City of Rochester. Of those residing in Rochester, 51% are African American, 25% are Hispanic, 22% are white and 3% are Asian. (ROC the Future Annual Report) Interestingly, as the overall numbers of children, youth and young adults in Monroe County has declined, the Hispanic, African American and Asian populations were all more youthful than were whites in 2016: 39% of Hispanics, 35% of African Americans and 32% of Asians were under 20, and 22% of whites were younger than 20. (ACTRochester.org)

Monroe County has experienced a decrease in the occurrence of teen pregnancy. The most recent data, obtained from the NYS Prevention Agenda Dashboard, indicates that teen pregnancy numbers in Monroe County have declined from 28.1 per 1000 youth in 2010 to 15.6 per 1000 in 2014. The rate in New York State was 17 per 1000 youth in 2014. The rate for adolescent pregnancy for African American youth, as of 2014, was more than 7 times the rate of adolescent pregnancy for white youth (up from 6 times greater in 2010), compared to 5 times greater across the state. The rate of adolescent pregnancy for Latino youth in Monroe County is 5.5 times that of white youth (up from 4.4 times the rate in 2010), compared with 4.4 times greater across the State.

Academic achievement varies between the County and the City. While Monroe County schools perform on par with the rest of the state, with graduation rates around 81%, the graduation rate in the Rochester City School District for a 4-year cohort for the 2016-17 school year was 51.9%. Graduation rates vary by race/ethnicity. In 2015, 92% of white students graduated on time, while 65% of African American students and 66% of Latinos did so. (Hard Facts: Race and Ethnicity in the Nine-County Rochester Area) For the 2016-17 school year, 85% of Rochester school children were eligible for free or reduced lunch, while 45.5% of children within Monroe County were eligible. In the Rochester City School District, for the 2016-2017 academic year, 30% of students in kindergarten through 3rd grade missed 10% or more of the school year (18+ days) meeting the standards for chronic absenteeism. Forty nine percent (49%) of high school students in the Rochester City School District (RCSD) were chronically absent. The overall absenteeism rate for RCSD was 35%.

Based on Monroe County data, over the past several years, reports of suspected child abuse and neglect appear to have leveled off after an increase in 2015. In 2017, there were 9,586 child protective reports made, compared with 9,768 in 2016, 8,897 in 2015 and 7,765 in 2014. The rate of indication remained relatively stable: In 2017, 26.7% of reports were indicated, in 2016, 25.8% of reports were indicated, in 2015, 24.9% were indicated and in 2014, 25% were indicated. Slightly more than 25% (1,915) of the reports filed in 2017 were assigned to Family Assessment Response (FAR) teams, which is consistent with previous years. (Source: Monroe County Data)

Monroe County has experienced a decrease in the number of children and youth placed in foster care. In 2017, 292 children entered foster care, down from 315 children in 2016; compared to 454 children entering foster care in 2010 and 789 children entering foster care in 2006. Additionally, Monroe County discharged more youth from care (362) in 2016 than were admitted, impacting the overall number of youth in care. As of 12/31/2016, 368 youth were in care, compared to 543 at the end of 2010 and 957 at the end of 2006. In 2016, 47.3% of children admitted to foster care were African American; 19.4% were white and 16.8% were Latino. (Source: MAPS)

Monroe County has seen a decreased number of PINS complaints, petitions, detention admissions and placements. From 2014 to 2017, PINS intakes declined by 58%, petitions declined by 63% and placements declined by 58%. During the same time period, detention admissions for PINS youth decreased 34%, total days of care decreased 38% and the use of out-of-county facilities decreased 66%. Monroe County has successfully met the needs of youth and families without the need for court involvement, detention and out of home placement. Monroe County will continue to work to further reduce the numbers of PINS youth detained and out of home placements. The majority of PINS (intake) youth resided in six zip codes within the City of Rochester: 14621, 14611, 14605, 14609, 14606 and 14613. Three of these zip codes (14621, 14609 and 14611) account for about a third of all PINS complaints filed. Approximately 70% of PINS youth are identified as youth of color.

According to the locally administrated 2017 Youth Behavior Risk Survey, 66% of Monroe County youth have experienced one or more adverse childhood experiences as defined by the Adverse Childhood Experiences Scale (ACES), while 24% experienced 3 or more. Elevated ACES scores are associated with negative outcomes on multiple measures of well-being, with negative outcomes becoming more likely

as the number of ACES increases. Between 2010 and 2017, there were increased reports of youth not going to school because they felt unsafe, experiencing feelings of sadness or hopelessness, or seriously considering suicide. Twenty-one percent (21%) of youth completing the anonymous survey reported having hurt themselves on purpose, 14% seriously considered suicide and 7% reported having attempted suicide in the past year. Four percent (4%) of youth had a suicide attempt which resulted in an injury that required medical care. It has been found that, when a child feels valued by and within their community, the risk of considering suicide decreases by more than half, even if they have experienced 3 or more ACES. The Youth Bureau's plan to increase youths' community connectedness and involvement is aimed towards building youth's resiliency and decreasing potential for self-harm.

Domestic violence, which is linked to elevated ACES, continues to be a concern in the community. Monroe County continues to increase community awareness around domestic violence and knowledge of available resources. In 2017, there were 5,500 individuals served via the Crisis Hotline, compared to 4,877 calls in 2010. The Court Advocacy program helped to secure 2,359 orders of protection. The Legal Aid Society provided legal representation for 64 survivors of domestic violence and 79% of those clients received an order of protection, while 94% reported a decrease or no further violence up to 6 months after case closure. In the 2016-17 fiscal year, Willow Domestic Violence Center provided shelter for 384 individuals, counseling to 446 individuals and preventive education and training to over 13,000 people. It is important to note that in 2016, Willow opened a new public location and in 2017 opened a new confidential facility, which has increased capacity to meet the needs of survivors. (Source: Willow Domestic Violence Center Annual Report)

POVERTY and RACE IN MONROE COUNTY

In September 2016, the Rochester Area Community Foundation along with ACT Rochester issued a report titled "Poverty and Self-Sufficiency in the Nine-County Greater Rochester Area" which was a follow up to their 2013 report titled "Poverty and the Concentration of Poverty in the Nine County Greater Rochester Area" and their 2015 update "Benchmarking Rochester's Poverty" (www.racf.org). Poverty within Monroe County is a multi-faceted, complex issue. "The nexus of poverty and race is a profoundly important issue for our region....This data shows that racial and ethnic disparities are prevalent throughout the life cycle of people of color, including infant mortality, academic outcomes, income and homeownership. It also shows that disparities among racial and ethnic groups are larger in our region than in the nation as a whole or statewide in New York". (Poverty and Self-Sufficiency in the Nine-County Greater Rochester Area, 2016)

The overall poverty rate in the region currently stands at 14.3%, up from 13.2% in 2013, which is slightly less than state and national levels. The primary focus in the region is on *concentration* of poverty. The poverty rate in the City of Rochester sits at 33.8%, up from 31.1% in 2013. Rochester has the second highest poverty rate in the nation for cities of similar size. Currently 52.5% of Rochester's children live in poverty, up from 50% in 2015 and 46% in 2013. This is the highest child poverty rate in the nation. When compared to cities of similar size: Rochester ranks first in the rate of extreme poverty (defined as below half the federal poverty level) at a rate of 16.4%; First in the poverty rate of female-headed families (49%) and female-headed families with children (59.9%); and second in poverty among individuals with less than a high school education. Female headed households experience a poverty rate of 33.2%; female headed households with children experience a poverty rate of 44.5%. Poverty is concentrated in certain areas or zip codes within the City. The number of census tracts with poverty rates greater than 40% grew from 14 in 1990, to 19 in 2000, to 27 in 2010 to 37 tracts in 2016. (Source: Hard Facts: Race & Ethnicity in the Nine County Greater Rochester Area)

In Monroe County, the infant mortality rate has decreased (from 7.4 per 1000 births in 2012 to 6.5 per 1000 in 2014, which is the most recent data available). Monroe County's infant mortality rate is higher than that of New York State (4.8 per 1000 births). African American infants are 2.5 times more likely to die before they reach their first birthday than white infants. Additionally, African American infants experience a low birth weight (a leading indicator of developmental and neurological problems) rate of 15%; and are nearly 2.5 times as likely as white infants to experience low birthweight. Latino infants are 1.5 times as likely to experience low birthweight as white infants. African American children in the region are 4 times as likely to be poor as white children. Latino children are 3.5 times as likely to be poor as white children. (Source: Hard Facts: Race and Ethnicity in the Nine County Greater Rochester Area – August 2017) Passing rates on measures of academic achievement in the region were higher for white and Asian students (48% and 49%, respectively) than for Hispanic and African American students

(each 19%) in 2017. The passing rates for Hispanic and African American students in the city of Rochester were 6% and 9% respectively, compared to 36% of Hispanic and 35% of African American students statewide. (Source: ACTRochester.org)

Median household income dropped 17% in Monroe County and 19% in the City of Rochester between 2000 and 2016. The median household income of African Americans in the region is less than half that of whites. For Latinos, median household income is slightly more than half that of whites. Additionally, African Americans in the region earn 76% of what African Americans earn nationwide and 65% of their counterparts in New York. Latinos earn about 70% of what Latinos earn nationwide and 73% of what Latinos earn in New York State. African American and Latinos are more likely to be poor than whites throughout the lifespan. In Monroe County, the poverty rate for African Americans stands at 35%, for Hispanics at 34% and for Asians, 18%. For whites, the rate is 10%. Thirty-nine percent (39%) of African Americans residing in the city are living in poverty, while 43% of Hispanics, 37% of Asians and 25% of whites residing in the city are living in poverty. The unemployment rate for whites in Monroe County is 6% compared to 18% for African Americans and 13% for Hispanics. Seventy-one percent (71%) of Whites own homes in Monroe County, 32% of African Americans and 34% of Hispanic or Latino adults own homes. Monroe County home ownership rates are slightly higher than those in the rest of the state, but are lower than rates across the country. (Source: Hard Facts: Race and Ethnicity in the Nine County Rochester Area.)

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

Emerging Issues

Similar to many communities across the state and nation, Monroe County has experienced an increase in opioid use and death. One hundred and forty-five (145) people died from opioid related deaths in 2017; in the first six (6) weeks of 2018, there were 17 opioid related deaths. The increased instances of opioid addiction has led to loss of economic productivity, decreased life expectancy and an increased strain on law enforcement, substance abuse providers and human service providers. Monroe County has established an Opioid Task Force and recently released an Opioid Action Plan, which includes establishment of an Advisory Panel, calls for coordination of data, expands school and community outreach and expands Narcan training and availability. There are a number of other activities occurring within the community, which should begin to yield to additional recommendations for service delivery.

New York State has passed the Raise the Age legislation; as the age of criminal responsibility increases over the next 2 years, it is expected to have an impact on various systems, including Family Court, the Department of Probation-Community Corrections, and the Departments of Human Services, Law and Finance. There is the potential for increases in the use of secure detention and out of home placements. Additionally, beginning in January 2020, state funding for PINS non-secure detention and placement will cease. Monroe County has begun planning for these changes and is beginning to strategize around new community based services and options to better support PINS youth.

While the numbers for 2017 are not yet finalized, Monroe County has seen an increase in the number of youth who are victims of human trafficking. From 2013, when Safe Harbour program was initiated, thru 2016, there has been a more than 1000% increase in referrals. Funding for Safe Harbour through the New York State Office of Children and Family Services (OCFS) expired at the end of 2017. Monroe

County and Center for Youth were awarded "Graduate Community" status by NYS OCFS, with attendant monies towards continuing collaborative efforts through 2018. Monroe County, invested additional resources to continue the program through 2018; we will continue to work with our partners on public awareness of sex-trafficking.

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

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

Monroe County's vision is to ensure the safety and physical and emotional well-being of children, youth, families and our older residents. The following highlights our accomplishments from 2012-2017 towards supporting that vision and in enriching the lives of our residents.

Child/Family Services

- **Professional Development:** Child and Family Services staff have expanded their skills through participation in at least 6 hours of training annually. Training topics have included racial equity; workplace violence, Domestic Violence, Adolescent Brain, Drugs, Psychotropic Medication and its Impacts, Forensic Interviewing, Human Trafficking, Fetal Alcohol Spectrum Disorder, Working with Children with Disabilities, Special Immigrant Juvenile Status, Developmental Milestones, Mennonite and Amish Culture, Brief Oriented Intervention (BOI), Adolescent Substance Abuse, LGBTQ Adolescents and Families, D2L Stewards of Children, Health Homes, Supporting Kinship Caregivers, Alternatives to Achieving Permanency with Older Youth, Sex Trafficking , Critical Decision Making, DMR, Forensic Interviewing, Opiates and Child Welfare, Sex Abuse Dynamics and Intervention Training, Active Shooter, Matt Pierce's Functional Behavioral Approach, Motivational Interviewing, Safe Sleeping Practices for Children and Infants, Assessing Safety, Co-Occurring Disorders, Crises Resiliency Response Training, Narcan Training, SAVE: De-escalation Training among others.
- **Training:** Child and Family Services staff have also participated in trainings that further their skills and knowledge specific to their roles at DHS: Casework Documentation, CPS Response Training, TPR Filings, Adoption Training, FASP, Advanced Medical Issues in CPS (series), Progress Note Documentation, CPS Response, CONN Training, Coaching to Support FAR cases, Adult Abuse Training Institute, Prevention of Self Neglect, Hoarding, Financial Exploitation, Adult Mental Health, Adult Psychiatric Disorders, Article 81/Guardianship for APS Clients, Dual Diagnosis, Critical Decision Making and Increasing the Voice of Children in FAR.
- **Supervision:** Child and Family Services has focused on enhancing the supervision and support of its staff to enhance employee retention, development, and productivity. Monroe County began implementing the KEYS supervision model in 2014-2015 with a select group of administrators, supervisors, senior caseworkers and CPS Management, after which it was rolled out to the rest of the agency. Criteria for supervisory expectations were developed and then implemented via both group and individual coaching under a contract with Lead Peak Performance. DHS conducted staff surveys in 2016 and 2017 building upon the initial KEYS work to elicit feedback from staff about what supervision they were actually receiving and their comments about what they needed. Results of the survey were shared with Supervisors and Administrators. CPSM Supervisors and Senior Caseworkers participated in workshops to develop leadership skills: *Conversations, Counseling and Discipline* and *Caseworker Skills*. Supervisors and senior caseworkers in CPS Intake and CPS Management participated in Leadership Development Coaching. They have also benefitted from both individual and group coaching to ensure implementation of supervisory expectations and procedures and ensure that they have the skills necessary to support the staff that they oversee. Supervisory staff report data monthly on supervision sessions, including how many, whether sessions were group or individual and with

whom they were held.

- **Racial and Ethnic Disparities:** In 2012, Child and Family Services supported a 3 phase Race Equity training with Khatib Waheed for all division staff. An outgrowth of the training has been the development of several committees/workgroups looking at equity issues and practice changes.
- **Trauma Informed Practice:** For the last several years, Child and Family Services has focused on the impact of trauma on the children and families served, as well as staff. All staff were/are mandated to attend Trauma Training to both increase understanding of the impact of trauma and how to best serve youth and families utilizing Trauma Informed Casework practices. Staff continue to take advantage of available training, which has included topics such as Vicarious Trauma, Healing Need Trauma, Caring for Traumatized Children/Youth in Foster Care, Recognizing Vicarious Trauma, and others. Several Child and Family Services staff have been trained as trainers for Trauma and Trauma Informed Casework to build internal capacity to provide training to new staff and to serve as resources around trauma informed practice.
- **Human Trafficking:** Child and Family Services partnered with Rochester-Monroe County Youth Bureau, the Center for Youth Services, local law enforcement, judiciary, community based agencies and others to implement the Safe Harbours program that focuses on human trafficking locally. Child and Family Services designated a liaison position to work closely with Safe Harbours staff. All Child and Family Services staff were mandated to attend training on human trafficking to increase understanding of presenting issues, learn how to identify possible victims, and improve knowledge of available community resources and how to access them.

Child Protective Services

- Monroe County has established and maintains four (4) FAR teams. Approximately 25% of referrals are assigned to FAR. Supervisors accompany FAR workers on field visits to assess skills and model good practice. Teams hold weekly meetings to discuss cases, provide in-service training on FAR practices and learn about available community resources. FAR staff received ongoing training and coaching by Butler Institute to further understanding and ensure fidelity to the FAR model. Additionally, a quality review process, whereby representative cases are reviewed on a monthly basis with graded team feedback and discussion as to strengths and needs, has been implemented.
- In 2016, DHS piloted a Blind Removal Project as a means by which to address racial and ethnic disparity in youth removed from their families as part of CPS investigations. This project objectively reviews cases to ascertain factors influencing the decision to remove. The pilot involved 4 CPSI teams. Initial implementation findings show the removals are not impacted by anything other than safety. The pilot will continue in 2018.
- As a means by which to improve community relationships and collaboration, administrators have hosted at least two (2) community education events each year to discuss FAR, CPS and Foster Care with the community. Presentations have been conducted at community based agencies, medical sites, schools, churches and other community sites. In addition to providing information to the community about these services, these events also serve as an opportunity for the community to voice concerns and obtain answers about various aspects of DHS. Issues raised by the community are brought back and shared internally.
- Child/Family Services is meeting or exceeding the CFSR-Wave 4 National targets in three (3) of six (6) measures and exceeding NYS targets in fourth area. Child/Family Services has developed a plan for improvement in 2 identified areas which are a part of this plan.

Preventive Services

- Monroe County annually provides preventive services through contracts with community based agencies to between 1500 – 1600 families per year, which includes approximately 3000 children. In 2016, 94% of the 3,003 children receiving preventive services avoided foster care. The majority of families (65%-66%) served by preventive are headed by single mothers.
- Monroe County holds an Annual Preventive Conference in collaboration with our provider

agencies, which serves as an excellent networking and training opportunity. Conference attendance averages 150-200 people.

- Each year, Monroe County compiles an Annual Preventive Services Report that is shared with providers, DHS and County Administration. The report outlines numbers of children, youth and families served, presenting needs, and reasons the cases were closed. The report also offers an opportunity for providers to highlight their work, as well as identify issues and barriers in serving youth and families.
- Preventive program outcomes have been individualized so that outcomes can be measured in a way that is reflective of client's needs and the agency's unique programming. A plan to monitor outcomes has been developed within the Preventive Services Unit that has identified both who is responsible for monitoring outcomes at each program and a process by which outcomes can be improved.
- The Preventive Services Unit continues to maintain and update a data base which facilitates Preventive Services Unit's monitoring of contracts, tracking utilization and ensuring compliance with Connections requirements.

Foster Care and CPS Management

- Enhancing the skills of both foster parents and Child and Family Services staff has been a major focus over the past five years.
 - *Functional Behavioral Approach* curriculum and training modules for both foster parents and staff were developed and implemented.
 - The *Shared Parenting* curriculum and training modules were revised and the training continues to be provided to foster parents several times a year.
 - *Family Finding Train the Trainer* training was provided in collaboration with Hillside Family of Agencies; *Family Finding* training was provided to select services staff.
 - *Visit Coaching* has been provided to visitation staff to enhance the opportunities to instruct parents/guardians during supervised visitation to ensure the visitation experience for children goes well.
 - The *Trauma Training* curriculum was updated and expanded to include foster parents.
 - Foster parents are surveyed annually to identify training topics of interest. Based on these surveys, training has been provided on Internet Safety, Life Books, Saying Goodbye, Legal Issues, TPR process, *Help I've been reported to the Hotline*, Constructive Confrontation, Understanding Adolescents, Creative Arts, Bullying, Substance Abuse, Autism, Fire and Home Safety, Race/Culture/Ethnicity, Effect of Abuse and Neglect on Youth in Foster Care, How to Play with a Child, Art of Effective Praising, Responsibility and Discipline, *When the Chips are Down*, Compassion Fatigue, Boundaries, Adolescent Sexuality, Understanding and Re-directing Misbehavior, Courage, Character and Self-esteem, Reasonable and Prudent Parenting and Self-Awareness.
- Two or three events per year have been held to recognize and support foster families. The events are Seneca Park Zoo Day (Summer), "Fun Day" (December) and the Foster Parent Recognition Banquet (Fall).
- *Intensive Family Support*, a program to assist in stabilizing foster home placements at risk of disruption, was implemented in 2014, in partnership with Hillside Family of Agencies. The program assists foster parents and birth parents to understand and manage children's "Big Behaviors" as well as develop strategies to promote positive behaviors.
- Child and Family Services has continued to partner with Starlight Pediatrics, Mt. Hope Family Center, and Children's Institute on the *Healthy Futures Initiative*.
- Child and Family Services established the *Fatherhood Initiative* in 2012. The coordinator (1) assists caseworkers in reaching out to and engaging with fathers, (2) facilitates the 13-week

Fatherhood Connection, a parenting and personal development program for fathers and father figures, (3) facilitates the 8-week Boys2Men program for young men, and (4) provides training to services staff in locating and engaging fathers. Groups are provided at DHS and in various community locations. The Boys2Men program was also offered to youth who are in the Unaccompanied Refugee Minor program in partnership with Catholic Family Center.

- *Permanency Roundtables* were implemented in 2013, in partnership with OCFS and Casey Family Programs. Services staff was trained in the model to increase stabilization and expedite permanency for youth in foster care. Permanency Roundtables continue to occur at least monthly, with a status update review 3 months afterwards to identify and address potential barriers to implementation of the permanency plan.
- Focus groups were held with experienced foster parents as a result of concerns regarding placement disruption. These focus groups helped to identify reasons for burn-out and helped to develop strategies for recruiting new foster parents and retaining existing foster parents, with a particular emphasis on homes for teen. Focus groups were also held with casework staff to identify critical services, as well as explore staff attitudes which are closely associated with stability in foster care placement.
- Monroe County contracted with SPCC (Society for the Protection and Care of Children) in 2015 to assume operation of the Visitation Center (co-located with Starlight Pediatrics) which previously was county operated and staffed. SPCC has continued to offer visit coaching for parents and guardians and the number of visits annually has increased. In 2017, an average of 1068 hours of visitation and an average of 683 visits were provided per month. In addition, CPSM staff held an additional 325 hours per month (on average) of visitations. Parents As Teachers (PAT) is now offered to all families with children up to Kindergarten age. Therapeutic Visitation was added in 2016 and averages about 24 families per month. In 2018, SPCC will be expanding visitation to include Sunday hours, 60 hours of therapeutic visitation, an additional 475 visit hours, as well as provide added resources for visit coaching.
- A protocol was developed and implemented to help explain processes and guide discussion of permanency options when visiting potential placement resources. This includes provision of the "*Having a Voice and Choice*" booklet. Additional efforts are made to identify extended family and other potential supports through conversation with the youth and the relative resource, as well as review of CONNX history and assistance from staff trained in Family Finding.

Adoption

- Adoption Team staff continue to work with Children Awaiting Parents (CAP) through the Heart Gallery and Hillside Family of Agencies' Wendy's Wonderful Kids initiative to conduct child specific recruitment of adoptive homes.
- Training additional Child and Family Services staff in permanency work resulted in an increase in the number of freed children and the number of adoptions finalized.
- The Adoption Team actively participates annually in the National Adoption Day events at Monroe County Family Court.
- Staff from the Adoption Team have been trained in and actively utilize Family Finding to assist in locating family members of freed children in need of an adoptive resource. Each year, a number of children are adopted by a relative who became the child's certified foster parent.
- Ninety-seven percent (97%) of youth freed (112) since 2015 have been adopted or will be adopted by their foster parents.

Detention

- In 2017, the Monroe County Children's Center developed a partnership with OCFS to use recreation space for male Juvenile Offenders.
- In 2017, the Monroe County Children's Center developed a partnership with members of the

faith community to assist in the provision of transportation for families to visit their children.

- Monroe County was selected as one of six sites in NYS to implement the Annie E. Casey Juvenile Detention Alternatives Initiative (JDAI) in 2014. Since then, Monroe County has worked to implement the JDAI model locally through the establishment of workgroups, steering committee, data collection and analysis, development and expansion of alternatives to detention programs and services, completed a Detention Utilization Study and a Conditions of Confinement Study and implemented practice and process changes.
- Monroe County has seen a 47% decrease in JD admissions to secure detention from 2013 -2017 (275 – 145).
- Monroe County continues to support alternatives to detention programs and services through the STSJP funding stream. Monroe County has utilized those funds to support a range of services including Probation's Alternative to Detention (ATD) Team, Electronic Monitoring, TeleTask notification system, Villa of Hope Villa Tracking and Curfew Check (VTCC) program, CCSI's Mental Health/Juvenile Justice Clinical Coordinators (MH/JJCC), Parent Advocate, RCSD Education Liaison, Hillside's Reinvest in Youth program and respite. Additional money has been set aside in 2018 to support development of a new ATD/ATP for older youth.
- Monroe County has experienced a 45% reduction in detention of PINS youth from 2015-2017 (650 – 358).
- Monroe County worked with Hillside Family of Agencies to establish a 3-bed detention home program to offer a detention option to congregate care in Monroe County and to reduce use of out-of-county non-secure beds. Due to a reduction in demand for detention and the difficulty in recruiting and maintaining homes, the detention home program ended in December 2017.
- A series of resources for the local juvenile justice system was developed. Included were a "Benchcard" to remind court personnel of options available as alternatives to detention and pre/post adjudication options and an "arrest card" for police to use with key numbers listed to facilitate completion of DRAIs.
- AfterHours DRAIs were initially completed by Probation's ATD Team (2014 to 5/2015). Starting in 2015, AfterHours DRAIs were handled by the Children's Center's Supervisory staff from May 2015 to October 2017. Monroe County Probation assumed responsibility for completing the AfterHours DRAIs using on-call Probation Officers as of October 2017.

Older Adult

- Cases with multiple intakes/closings continue to be reviewed to ensure that a more in-depth assessment is completed and needs are addressed.
- Adult Protective Services (APS) Administrator and supervisors continue to participate in periodic community meetings to assess the needs of and addresses the barriers in serving chronic homeless adults who refuse or are not accepted by the emergency shelter program. APS continues to partner with a myriad of formal and informal organizations to advocate for the needs of abused adults.
- Monroe County Office for the Aging (MCOFA) and APS continue to advocate for the needs of older adults in public forums during meetings with community agencies, church groups, and medical programs, and leverage relationships with other county and community partners to advocate for seniors' needs.
- Monroe County Office for the Aging (MCOFA) contracts with Lifespan to operate a variety of prevention and intervention programs regarding Elder Abuse.
- Monroe County APS has been an active participant in the Enhanced Multi-Disciplinary Team (EMDT). This team meets twice a month and focuses on financial exploitation. APS presents case scenarios and participates in planning and providing ongoing investigation and services with others in this collaborative team.

- A Monroe County Elder Fatality Review Team was established. The team includes staff from APS and MCOFA, as well as the Monroe County Law Department. The team reviews those situations where an elder individual has died at home or unattended.
- APS and MCOFA participate in the Medical Legal Collaborative.
- Monroe County contracts with Catholic Family Center to provide financial and case management services to older or incapacitated adults by becoming guardian and/or rep payee for APS clients who are not able to manage their finances or personal affairs.
- Lifespan received a 3-year grant through OVW-Abuse in Later Life. APS and MCOFA partnered on this grant to create systems of change around how elder abuse, neglect and exploitation are addressed. The grant ended in December of 2016.
- APS continues to work in partnership with MCOFA, DHS Financial Assistance Division, HEAP, Lifespan and local utility companies to address the needs of older adults by connecting them to services and working to rectify heat related issues, including coordination to repair/replace furnaces as needed and billing issues. Staff also refer older adults to case management services or other programs for needs (e.g. food), to free up resources to pay energy bills.
- In 2014, APS assumed management of chore service; APS coordinates ongoing home chore service as well as one-time only heavy chore service, particularly in cases involving hoarding.
- APS and MCOFA are part of the Hoarding Task Force. This group is tasked with defining hoarding and identifying short and long term solutions to prevent and intervene in instances of hoarding.

Financial Assistance Division

Domestic Violence

- APS continues to work closely with emergency service programs, committees and other government entities to advocate for the need of abused adults and to ensure access to viable emergency housing options in times of crisis.
- MCOFA contracts with Lifespan's EAPP (Elder Abuse Prevention Program) to serve older (60+) victims of domestic violence. It is estimated that 200 individuals are served annually. Recently, MCOFA expanded the contract to include emergency respite for older adults.
- MCOFA also contracts with Lifespan for the psycho-educational group, SEAM – Stop Elder Abuse and Mistreatment, to provide a multi-week curriculum to perpetrators of elder abuse.
- Monroe County Department of Human Services (MCDHS) secured a Safe Havens Grant which provides supervised visitation, exchanges and court advocacy to victims of domestic violence, child abuse, sexual assault and stalking. Training material for the Visitation Center security staff, including policies/procedures for visitation and offender characteristics/behaviors, was developed. Staff at the Visitation Center have also been trained by Willow Domestic Violence Center (formerly Alternatives for Battered Women) around supervised visitation protocol and procedures. The Safe Havens Grant ended in 2014 but the program has continued through a grant from Justice for Families.
- MCDHS contracts with Willow Domestic Violence Center for both housing and non-residential services for victims of domestic violence and their families. Willow expanded their shelter capacity to 40 beds.
- In 2017, MCDHS entered into an agreement with Willow to participate in the Safety First Domestic Violence Program. Two domestic violence advocates from Willow Domestic Violence Center are housed with Child Protective Services Investigation staff.
- MCOFA received a technical assistance grant through N4A to create a model for an Age Friendly Community. A component of this model is housing, including emergency housing.
- MCOFA and DHS APS continue to participate in the Domestic Violence Consortium (DVC).

Child Care

- Monroe County has fully implemented the Child Care and Attendance (CCTA) system for all TANF and Low Income Child Care cases.
- MCDHS continues to monitor the fair hearing requests. Hearing results are reviewed to determine: If there are additional training needs around practice, procedures, and eligibility standards; If changes to current practice and procedures are needed to comply with the Fair Hearing decision and to prevent further hearing requests around the same issue (if possible); and to identify best practices in preparing and presenting at future hearings. All fair hearing decisions are reviewed by the Division Director to ensure consistency with child care regulations.
- On a monthly basis, the Financial Assistance Coordinator and Finance Director review the list of all open child care cases, as well as those closed the previous month, to determine the county's financial ability to open new cases the following month.
- A case review process for child care cases has been implemented. Each day, 6% of cases processed the prior day are selected for case review. Supervisory staff review electronic case documents that detail areas of case processing to assess quality and consistency. Errors are returned to the worker for corrections if necessary.

Rochester/Monroe County Youth Bureau

Youth Development Programming

- The Youth Bureau continues to build support for a county-wide Quality Youth Development System for youth service programs to integrate a youth development framework and effective learning environments.
- The *Youth as Resources (YAR)* which models youth voice and youth philanthropy as a means by which to encourage active youth leadership and development in program planning, implementation and evaluation has been implemented and continues to be improved.
- The Youth Bureau annually participates in the Association of New York State Youth Bureau's (ANYSYB's) Youth Forum in Albany by taking groups of local youth to introduce them to policy areas relating to youth and provides opportunities to meet with elected officials to share their ideas and concerns to ensure and model youth voice opportunities.
- The Youth Bureau continues to explore opportunities with private funders and the community at large to support and enhance youth development efforts in the community.
- The Youth Bureau has worked to expand *Monroe Mentors* programs and to engage more of the community in mentoring our youth.
- In partnership with MCOFA, the Youth Bureau has continued to develop intergenerational programming and events to foster relationships between youth and older adults.
- The Youth Bureau has assisted in the development of programming and training to deter and prevent bullying as well as making other positive life decisions in collaboration with the Spencerport School District for the CHOICES Program.
- The Youth Bureau has partnered with the Center for Youth Services on the Safe Harbour Initiative, which assists victims of sex trafficking and commercial sex exploitation, and has actively participated in the oversight committee, which includes representatives from law enforcement, CPS, community based agencies, US Marshalls, Attorney General Office, Attorney for the Child and District Attorney's Office.
- The Legislative Youth awards which serves as an annual recognition event to acknowledge community residents for their work in positive youth development continues to be held.
- EXPLORE MONROE, which is an interactive website that brings resources and community education to youth, was developed and continues to be updated. The website is designed to be

utilized by both youth and adults.

Runaway Homeless Youth (RHY)

- Monroe County maintains an agreement with Center for Youth Services' Center House and Salvation Army's Genesis House to provide 24-hour access to services. Programs and county representatives continue to meet monthly to discuss needs and monitor outcomes, as well as contractual and regulatory compliance.
- Monroe County receives funding through the Department of Housing and Urban Development (HUD) to support services and case management for homeless youth (10-20) provided through MCDHS and Hillside's Alternatives for Independent Youth Program (AIY).
- The Youth Bureau was involved in the development of plan for a Single Point of Entry (SPOE) for Housing and Homeless Services in Monroe County which was implemented in January of 2015. During non-business hours, calls are handled by 2-1-1- Lifeline. Daytime procedures include the use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), which is a universal vulnerability assessment tool to determine the best strategy and program to address the needs of the homeless individual or adult/family. The Community Homeless Coordinator participates in weekly implementation planning meetings with Coordinated Care Services (CCSI), Catholic Family Center (CFC) and 211/City of Rochester. This Coordinated Access project was awarded Emergency Services Grant money for implementation. Efforts have continued to expand from the "front door" to emergency shelter, to case management services, to aid in securing permanent housing for those placed in an emergency shelter.
- Representatives from the Youth Bureau participate on the Monroe County Continuum of Care (CoC) Executive Committee, Homeless Services Network (HSN), the HSN Advisory Committee and the Coordinated Access Task Force Steering Committee.
- Efforts have been made to provide a more accurate count of homelessness among youth in Monroe County by including youth that are "doubled up" or "couch surfing" in the annual HUD *Point in Time* count.
- The Community Homeless Coordinator continues to work with the Rochester City School District (RCSD) and other school districts to obtain and maintain McKinney-Vento Homeless Education Funds.
- *Pathways for Youth* groups continue to be held on a monthly basis. DePaul presented a 6-month series covering life skills, drug and alcohol prevention and risk behavior prevention. There were also presentations from "Spreading Wellness Around Town," IBERO and Pathways to Success. Additional activities included assistance with applying for the Rochester Works' Summer Jobs program, high school graduation or GED preparation, life skills, health education, parenting workshops, budgeting and career exploration.
- The Monroe County Continuum of Care (CoC) prioritized needs for additional and supplemental Runaway and Homeless Youth services. In late 2016, the CoC used 2016-2017 HUD monies to fund the Center for Youth Services Rapid Rehousing Program, which assists unaccompanied youth in locating permanent housing, paying for application fees, assisting with rent and/or security deposits and providing ongoing case management to ensure successful long-term housing stability.

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

MCDHS-LDSS

The Department of Human Services-LDSS uses three major sources of funds to support Child Welfare, Youth, Adult, and Child Care services - federal, state, and local government. For 2017, the total

cost of these services was \$133 million with \$61 million reimbursed by the federal government, \$31 million by state government and \$41 million from the county government. In recent years both the federal and the state governments have been funding much of the services through block grants resulting in any new costs being 100% local. In light of continuing reductions in state and federal funding, Monroe County has implemented strategies to change the way services are provided, reducing costs, while maintaining the safety, security and stability for children and families. This has resulted in a reduction in the number of youth placed out of home as well as a reduction in lengths of stay. Monroe County will continue to work with the Office of Children and Family Services and the New York Public Welfare Association to develop a funding structure that will allow counties to respond to increased/emerging needs and encourage increased investment in preventive services. The Department of Human Services will seek to maximize funding streams to support needed services, as well as seek out opportunities for grant funding that support pilot projects and community collaborations on new initiatives.

MCDHS -RMCYB

The core RMCYB funding source is NYS OCFS for Runaway and Homeless (RHY1 and RHY2), and Youth Development Programming (YDP). The RMCYB also receives Rochester Area Community Foundation funds to support the Youth as Resources program (YAR). The RMCYB partners with MCOFA to assist in funding intergenerational programming. Often the RMCYB partners with other funders to support youth development programs. The current program budget of the RMCYB is 99% state funds and 1% county funds. The RMCYB distributes and monitors OCFS funding to municipal recreation centers and contracted non-profit organizations that focus on positive youth development.

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. 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.

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

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

Outcomes (GTO) model tracking performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the system, facilitating oversight and monitoring of performance. These systems assist the divisions with identifying contractors who are not meeting expectations early enough to allow for technical assistance.

MCDHS-LDSS

Contract monitoring procedures differ somewhat for the three main areas in which Monroe County Department of Human Services - Child and Family Services Division purchased services: Preventive Services, 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 the Family Assessment and Service Plan (FASP) completed by the service providers. MCDHS preventive caseworkers/liaisons review all FASPs to identify risk of placement, ensure goals are measurable and achievable, needed services are being provided and the minimum number of home visits were made. Contract agencies, funders and DHS staff worked together and developed a common tool, Family Assessment Functioning, to measure the degree to which family function changed over time. The form has been implemented throughout preventive contract programs and is used to identify critical areas in casework and to aid in creating focused service plans that address presenting issues and reduce risk factors for the youth and family. 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 closely monitored and as a general rule, are expected to be maintained at a 90% or above, and are discussed at every bi-monthly Preventive Coordinators meetings. Providers are required to enter quarterly performance measures into ContractHQ. The Preventive Supervisor and/or Senior Caseworker review the information in ContractHQ for accuracy. The Preventive Administrator enters quarterly comments regarding reported measures. If issues are noted, the liaison will meet with the provider to address performance issues and develop a plan.

Overall contract performance is reviewed upon receipt of vouchers 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 but also forms the basis for the preventive program's annual report and is 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 insuring that the clients' needs are met. Case monitoring is done through the regular review of FASPs, regular attendance at service plan conferences, and attendance at court hearings. Therapeutic Foster Care is monitored via defined performance measures. Data provided by NYS (COGNOS, MAPS) is helpful in monitoring the total foster care system, but needs to be much more accessible for us to do additional analysis if it is to be used for contract monitoring or to ask more sophisticated systems-related questions.

Adult Protective Services: Adult Protective Services in Monroe County currently contracts for Financial Management and Guardianship Services. In both instances, contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. The Financial Management Services program at Catholic Family Services (CFS) submits financial ledger sheets for clients in the program on a monthly basis. Summaries of casework activity are also submitted on a monthly basis. Databases maintained at DHS and at CFS track client involvement in the program and monitor timeliness of report submission. Guardianship cases, involve a copy of the annual accounting, which is required by law to be submitted to NYS Supreme Court. In addition there are bi-monthly meetings with the Catholic Family Services Program Administrator and the Adult Protective supervisors to discuss any case status, contract compliance and programming. Lifespan submits a semiannual report of each case mutually served by Adult Protective and the Elder Abuse program. The program also submits an annual statistical report of all case activity and a summary of public awareness activities in the community.

MCDHS- RMCYB

The RMCYB's monitoring and evaluation system ensures contract compliance and high-quality youth

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

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 to permit the re-disclosure of CPS information. MCDHS will be reviewing this issue with current service providers/coordinators to ensure that CPS information is not being re-disclosed and if necessary, will enter into agreements with service providers/coordinators which shall describe the specific agencies and categories to whom re-disclosure is authorized.

Relationship Between County Outcomes and Title IV-B Federal Goals

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

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

Safety / Prevention

Outcome

Children are safely maintained in their own home, families and communities with connections, culture and relationships preserved.

(Child Welfare Practice Model Safety Outcome)

Indicator

We have noted that Monroe County had a recurrence rate of **14.7%** which is comparable to the National Average of 9.1% during the Wave 3 timeframe.

(CFSR Round 3 Recurrence Indicator - Children with at least one indicated report in FFY 2014 with another indicated report within 12 months of the initial report)

Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

Based on local data, input from stakeholders, and business process mapping, Monroe County believes that the following underlying factor(s) negatively impact our performance:

- Hiring, onboarding and training of new staff has been limited by the frequency and availability of regional trainings and training slots.
- Proposed termination of the existing training contract and centralized training in Albany will introduce additional challenges to comprehensively training staff in a timely manner.
- Hiring practices are based on civil service rules, which limits the ability to hire employees who exhibit the necessary characteristics to be successful as a CPS caseworker. This inability to hire based on best job fit impacts job performance and staff retention.
- The inability to merge cases due to time lapse results in subsequent reports appearing as recurrences.
- There is currently limited ability to refer callers to local community supports and services when concerns do not rise to the level of a CPS report.
- Varying practices for referral to preventive and community based programs negatively impacts timely and appropriate service delivery.
- There is an increased need for funding for preventive services to serve more families who could benefit from such services.
- Referrals to appropriate services are sometimes challenged by a lack of timely information as to new community based services, eligibility requirements and/or referral processes.
- A need for additional training around completion of Risk Assessment Profile (RAP) has been identified needed.

Factors (bright spots) that positively impact the outcome:

- Monroe County is diligently working to hire and onboard new staff efficiently and effectively.

- Monroe County has an established training team to provide, supplement and reinforce trainings as appropriate.
- Monroe County has the capacity to supplement new caseworker training in the field with close supervision and support, using actual cases and real time experiences.
- Newly hired staff undergo a structured training process, including assignment to an experienced coach/trainer.
- Monroe County utilizes OMA/CQI review, which has helped identify challenges, generate improvements and build upon our strengths.
- Monroe County has an established internal process that guides final determinations on investigations.
- Group coaching is provided to improve critical thinking skills among teams.
- Twenty-five (25%) of reported cases are determined to be eligible for Family Assessment Response (FAR) services.
- Monroe County has the capacity and experience to effectively and efficiently link families to services to reduce the risk of maltreatment.
- Monroe County contracts with an array of preventive services and utilizes a structured referral process.

Strategies and Measures

Based on these identified factors we plan to:

Recurrence Strategy(s) for 2018-2020	Activities	What evidence will you use to know the strategy was effective?
<p>Reduce recurrence rates through reduction of both caseload size and staff turnover, thereby enhancing institutional knowledge and improving service delivery. Improvement expected to be visible 2020.</p>	<p>Add 30 staff positions</p> <p>Implement a professional marketing campaign to address recruitment</p> <p>Implementation of the Organizational Safety and Wellness Team based on Andrus training</p>	<p>Research shows that lower turnover rates and lower caseloads contribute to lower rates of recurrence. Evidence of effectiveness will be tracked through comparative analysis of turnover rates, caseload size, and recurrence data.</p>
<p>Explore additional opportunities to enhance current training to strengthen staff skill sets, improve quality of services and increase job satisfaction, all of which will positively impact staff retention.</p>	<p>Identify gaps in training experience via review of staff surveys and/or exit interviews.</p> <p>Review current Foundations and Response Training Curriculum to assess opportunities to strengthen training experience via in vivo practice.</p> <p>Examine abilities and capacity of in-house training team, addressing gaps and building on strengths.</p>	<p>Monroe County will track data related to staff satisfaction and retention through the following data:</p> <p>Post training surveys of caseworkers and receiving supervisors.</p> <p>Number of staff hired and number of staff leaving.</p> <p>Exit interview feedback</p> <p>Length of stay of casework staff</p>

	Establish a mentoring program for new caseworkers and promoted staff.	
Reduce recurrence by efficiently and effectively handling local reports of suspected child abuse and neglect, providing both rapid assignment to address urgent concerns and viable service alternatives when the situation does not meet statutory/regulatory requirements	<ol style="list-style-type: none"> 1. Review existing Monroe County procedures to ensure reports will be processed according to statute and regulation. 2. Request that OCFS approve re-instatement of the local hotline. 3. Work collaboratively with OCFS to address concerns and establish best practices around potential implementation of a local hotline to address child abuse and neglect concerns. 	<p>Track the number of calls received via the State Hotline for Monroe County and the percentage that are accepted for investigation. If possible, track subsequent reports for those that are not accepted. If the local hotline is re-instated, track the same information at the local level, as well as the number of callers referred to community and/or preventive services and those not referred for any service. Track subsequent referrals for each sub-type.</p> <p>Both recurrence rates and the number of incoming referrals should decrease as targeted service referrals are a proven method of primary prevention that directly correlates to a reduction in the future likelihood of child abuse and/or maltreatment.</p>

Protective / Prevention Services Strategy(s) for 2018-2020	Activities	What evidence will you use to know the strategy was effective?
Increase access to and referrals for preventive and community services.	<p>Budget for an increase in the number of purchased preventive slots.</p> <p>Modify the internal supervisory close case checklist to ensure families appropriately identified for services and that services are offered and referrals made in a timely manner.</p> <p>Provide RAP refresher training, as well as refresher training on available services and how best to make a match based on identified need.</p> <p>Hold ongoing group case conferences.</p>	<p>Expansion of preventive services that are community/home based and have proven to be most effective will improve access and improve outcomes.</p> <p>Evidence of effectiveness will be tracked via the number of preventive referrals made, the number of children and families receiving services and recurrence data for families who were referred, as well as not referred for services.</p>

Enhance community collaboration by holding fairs, presentations and establish a community collaborative task group.

The strategies listed will result in a decrease of 24 children who will experience recurrence.

Planning Team and Technical Assistance

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

Monroe County teamed up with Public Catalyst and NYS OCFS- Monroe Region to address the CFSR data findings and develop strategies to address the CFSR data and to bring Monroe County in line with both state and national data markers.

Team Members:

Pentheia Barnes, Public Catalyst; Julie Atkins, Public Catalyst; Howard Knolls, Casey Family of Agencies; Amy Natale-McConnell, Director - Child & Family Services - MCDHS; Kathy Cardilli, Administrator - MCDHS; Diane Barbato, Administrator - MCDHS; Rahimah Wynn, Sr. Caseworker, MCDHS; Thalia Wright, NYSOCFS- Monroe Region; Wendy Szmara, Buffalo Region NYS OCFS.

Floater: Brian Conheady, MCDHS C/FS Trainer; Jeannie Steven, Supervisor - Program Support; Claire Strohmeyer, NYS OCFS Albany, Dir. Continuous CQI/Data/

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

At this time, we have not identified any specific technical assistance needs, but will continue to work with our Regional OCFS Office at identifying and meeting such needs in the future.

Permanency / Prevention

Outcome

When it is necessary to place children in out-of-home care, it is a safe, short and stable experience concluding with permanent attachments to caring adults.

(Child Welfare Practice Model Permanency Outcome)

Indicator

We have noted that Monroe County had a Permanency Indicator 2 rate of **36.4%** which is comparable to the National Average of 43.6% during the Wave 3 timeframe.

(CFSR Round 3 Permanency Indicator)

Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

Based on local data, input from stakeholders, and business process mapping, Monroe County believes that the following underlying factor(s) contribute to our performance:

- High Caseloads
- High Turnover
- Frequency of push for suspended judgements from Court partners
- Large sibling groups with delays permanency have a significant impact on P2
- An underlying ACD created an added rationale from the court partners for settling on a suspended judgment at the filing of the TPR.

Factors (bright spots) that positively impact the outcome:

Child and Family Services has implemented a number of strategies that seem to have had a positive impact on facilitating permanency for many youth in care:

- Permanency reviews are done at 10 months; added a second permanency review at the 16-month mark
- Permanency roundtables
- Family Finding; focus on family engagement and diligent efforts
- Revision of transfer process to expedite the focus on permanency at the time of placement
- Additional supports to foster and adoptive parents

- Enhanced staffing of our Permanency Team to improve the timeliness of TPR writing
- Increased frequency of contacts between the Fatherhood Initiative Coordinator and Foster Care teams

Strategies and Measures

Based on these identified factors we plan to:

Permanency Strategy(s) for 2018-2020	Activities	What evidence will you use to know the strategy was effective?
<p>Improve the oversight, careful monitoring and planned detailing of Court Orders to ensure timely permanency.</p>	<ul style="list-style-type: none"> • Focus on the appropriateness of utilizing a suspended judgment to settle a TPR • For cases with Suspended Judgments, establish tight language within disposition to ensure clients are clear as to requirements to achieve reunification • Reduce the need to file violations of disposition or move to reunification more efficiently 	<p>Outcomes will be visible beginning with 2020 and 2021 in CFSR data. Additionally, Monroe County's Permanency Unit will track internal data that measures time frames by court room to identify where there are delays. Specific focus will be on tracking time from placement to adoption, placement to TPR filing, TPR filing to date freed, and date freed to adoption.</p>

Protective / Prevention Services Strategy(s) for 2018-2020	Activities	What evidence will you use to know the strategy was effective?
<p>Support children who have been placed in foster care to return to his/her family, where appropriate, safely and in the shortest amount of time possible.</p>	<ul style="list-style-type: none"> • 3 and 6 month permanency reviews to hold ourselves accountable to the urgency children deserve in the effort to achieve permanency • Track cases with large sibling groups to focus on timely permanency • Rapid Permanency Reviews will be held in 2018. • Quarterly mini-CFSR reviews will be held on 2 Preventive and 2 Foster Care cases. 	<p>Outcomes will be visible beginning 2020 and 2021 in CFSR data. Additionally, Monroe County's Permanency Unit will track internal data that measures time frames by court room to identify where there are delays. Specific focus will be on tracking time from placement to adoption, placement to TPR filing, TPR filing to date freed, and date freed to adoption.</p> <p>Quarterly CFSR results Annual CFSR Wave data</p>

The strategies listed will result in an increase of 3 more children discharging to permanency.

Planning Team and Technical Assistance

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

Monroe County teamed up with Public Catalyst and NYS OCFS- Monroe Region to address the CFSR data findings and develop strategies to address the CFSR data and to bring Monroe County in line with both state and national data markers.

Team Members:

Pentheia Barnes, Public Catalyst; Julie Atkins, Public Catalyst; Howard Knolls, Casey Family of Agencies; Sue Johnson, Administrator - MCDHS; Jackie Sofia, Administrator – MCDHS; Pat Heaman, NYSOCFS- Monroe Region; Michael Korytkowski, Supervisor – Permanency Team; Julie Millan, Caseworker – Residential Services; Brett Baker, Rochester Region Business Analyst

Floater: Brian Conheady, MCDHS C/FS Trainer; Jeannie Steven, Supervisor – Program Support; Claire Strohmeyer, NYS OCFS Albany, Dir. Continuous CQI/Data

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

At this time, we have not identified any specific technical assistance needs, but will continue to work with our Regional OCFS Office to identify and meet such needs in the future.

Youth and Young Adult

Outcome

As youth transition to adulthood, they benefit from services that promote healthy development, academic success and/or self-sustainability and safe living conditions.

(Adapted from Child Welfare Practice Model Outcomes)

Indicator

Other: We have noted that in Monroe County,

We have noted that in our County, the number of engaged youth involvement within our community has room for improvement.

(Counties who choose this indicator must inform with locally collected data as needed)

Underlying Factors

Based on local data, input from stakeholders, and business process mapping we believe that the following underlying factor(s) contribute to our performance:

(Please list at least one barrier; we encourage you not to exceed one or two barriers and one or two bright spots.)

Factors (barriers) that negatively impact the outcome:

The Rochester Monroe County Youth Bureau (RMCYB) has seen the level of involvement of Monroe County youth remain steady over the past few years based on the annually collected OCFS data. However, the RMCYB believes that the levels and in some areas, the quality of, youth involvement throughout the community has room for improvement. Numerous obstacles remain constant factors against youth involvement such as transportation, youth increasing their commitments in school studies and extracurricular activities, as well as after school jobs.

Transportation; motivation; scheduling; advertising/not knowing about opportunities

Factors (bright spots) that positively impact the outcome:

Desire to be a good person; school or club requirements for volunteer time; passion for the activities/volunteer option

Strategies and Measures

Based on these identified factors we plan to:

Youth and Young Adult Services Strategy(s) for 2018-2020	Activities	What evidence will you use to know the strategy was effective?
<p>Provide more opportunities for youth to be involved within our community while reducing factors that inhibit their participation</p>	<ol style="list-style-type: none"> 1. Create new while maintaining old relationships with organizations who have volunteer opportunities 2. Build partnerships with local businesses and organizations who can aid in the reduction of inhibitors. For example, the RGRTA, could aid in lessening transportation being an issue. 3. Build programming within the RMCYB to include more opportunities for involvement within the community. 	<p>RMCYB will track success of these strategies through documenting current partnerships, opportunities and programming. In future years we will annually compile a similar list. The list should grow and show that the strategies are successful.</p>
<p>Create relationships with more youth based organizations throughout Monroe County to reach more youth to increase programming.</p>	<ol style="list-style-type: none"> 1. Reach out to organizations within the community who provide youth involvement, and invite them to become involved with our Explore Monroe Program. This would provide all Monroe County youth with a "One Stop Shop" of opportunities. 2. The RMCYB will meet with churches, clubs, schools and other youth organizations to increase our reach to the base of youth whom we serve. 3. The RMCYB will build relationships with all of the members of the Youth Services Quality Council. This will give us a chance to recruit more youth from their programs and spark their interest in being active within the community. 	<p>As of 2018, the RMCYB will begin collecting new quantitative data on attendance of our programs and those with whom we partner with. Over the next two years, we will continue to build our database of attendance to be able to track successful programming and opportunities, and identify challenges relating to those programs which might be less well-attended.</p>

Implementing these strategies will impact the underlying factors noted above.

Planning Team and Technical Assistance

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

David Michael Barry, Jr., RMCYB Executive Director

Casey Jensen, RMCYB

Christina Coury, RMCYB

Kristen Verbanic, Monroe County Office for the Aging (MCOFA)

Sarah Tithof, Monroe County Office for the Aging (MCOFA)

As part of the RMCYB staff, Christina Coury and Casey Jensen serve as the main researchers and implementers of YDP funded programs, CHOICES, YAR and intergenerational events. Sarah Tithof and Kristen Verbanic serve the Monroe County Office for the Aging and serve as intermediaries between the two offices. The group will be meeting regularly to strategize best practices and brainstorm future intergenerational opportunities for youth to be involved with the elder population.

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

None

PINS Diversion Services

The PINS Reform Law (Chapter 57 of the Laws of 2005) requires an LDSS's Consolidated Services Plan or its Child and Family Services Plan (Integrated County Plan) to include a Persons In Need of Supervision (PINS) diversion services section. This requirement applies to all counties and supports increased services to PINS youth and families, reduced use of detention, and collaboration to develop productive 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 county, **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

Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
a. Residential Respite (required)	
<p>Providers: Center for Youth Services - Center House; Salvation Army - Genesis House; Hillside - ERB</p> <p>Geographic Area: County</p> <p>Number of Youth Able to Serve: Varies</p>	<p><input checked="" type="checkbox"/> There is a service gap in this service</p> <p>If there is a gap:</p> <p>Reason for Gap: Currently utilize the R/HY system for respite on an as needed/as available basis. Those beds are often full resulting in a gap in respite options.</p> <p>Dates of Gap: Gap is ongoing</p> <p>Plan for Addressing Gap: The JDAI ATD Workgroup is currently discussing the issue of respite and what the need/demand for respite slots is and will be under RTA and for what age groups. They will report back to JDAI Steering Committee. Information will</p>

also be shared with DHS Administration as well as STSJP Workgroup to identify funds for purchasing additional respite slots/services.

b. Crisis Intervention 24 Hours

Providers:

URMC Mobile Crisis Team; RPD FACIT (Family Crisis Intervention Team)

Geographic Area:

County (URMC); City of Rochester (FACIT)

Number of Youth Able to Serve:

Unlimited

There is a service gap in this service

c. Diversion Services / Other Alternatives to Detention (required)

Providers:

Probation - ATD Team; Villa of Hope - VTCC; Villa of Hope - JRC (Juvenile Reporting Ctr); Hillside - RIY (Reinvest in Youth); Cayuga Centers - FFT; Caygua Centers - MST; Community Programs

Geographic Area:

Villa VTCC and Hillside RIY (city only); all others County

Number of Youth Able to Serve:

Varies

There is a service gap in this service

If there is a gap:

Reason for Gap:

There may be a gap in services for older youth.

Dates of Gap:

N/A

Plan for Addressing Gap:

Monroe County is exploring diversion program/service models that are effective with older youth. STSJP funds have been set aside for start-up of a new ATD /diversion program targeted to/for older youth. Monroe County is planning to issue RFP in Spring and target selecting vendor by June with program start-up in August.

d. Alternative Dispute Resolution Services (optional)

Providers:

Center for Dispute Settlement; Partners in Restorative Initiatives (PIRI)

Geographic Area:

County

Number of Youth Able to Serve:

Unlimited

There is a service gap in this service

e. Other

<ul style="list-style-type: none"> • On-site use of MAYSI-2 for screening Mental Health, Substance Abuse and Trauma Exposure, Countywide • CCSI MH/JJ Clinical Coordinators: countywide, • Genesee Mental Health On-Site @ Probation: countywide; number of youth served is limited by on-site time 	<p><input checked="" type="checkbox"/> There is a service gap in this service</p> <p>If there is a gap:</p> <p>Reason for Gap: Gap is in having community based mental health services that youth can get to (transportation issue) and that have immediate openings</p> <p>Dates of Gap: N/A</p> <p>Plan for Addressing Gap: Tracking where youth are referred to and results of the referrals (youth is unable to get appointment, long delays, etc.). Information will be reviewed by FACT Leadership Team. If issues identified, the team members will work on developing strategies to resolve gaps or barriers in accessing services.</p>
<p>f. Other</p>	
<p>Substance Abuse Screening/Assessment</p>	<p><input checked="" type="checkbox"/> There is a service gap in this service</p> <p>If there is a gap:</p> <p>Reason for Gap: Probation no longer has on-site assessment/evaluation services. Probation Officers will refer youth to Substance Abuse providers but challenges with getting youth to connect and secure evaluation/assessment within timeframes.</p> <p>Dates of Gap: 2017</p> <p>Plan for Addressing Gap: Probation Administration is exploring option to co-locate on-site substance abuse assessment and screening services at Probation.</p>

PINS Diversion Procedures

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

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

<p>PINS Diversion Services Protocol</p>	<p>Responsible Agency(ies)</p>
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a. Determines the need for residential respite services and need for alternatives to detention

Describe how provided:

When a youth comes to the PINS system in need of alternative or respite housing, the FACT Facilitator attempts to utilize family and friends as the first source of housing options. When those are exhausted or not available/viable, FACT Facilitators will explore with the youth and family other options including Hillside Respite and Youth Shelter system.

For those PINS youth who come to the attention of MCFC, the ATD Team screens PINS youth at their first appearance and speaks with family members. The ATD Team will work with the youth and family to identify alternatives to detention and prepare a recommendation to the court for viable alternatives.

- Probation
- LDSS
- Other
FACT

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

Describe how provided:

The FACT Information number is the first contact point. FACT staff will respond to callers by triaging the call, identifying the needs of the caller and youth. If the situation is one that requires services from a mobile or crisis service, the FACT Facilitator will link the youth and family to that system and follow-up to ensure that the crisis is being addressed. During non-office hours, a message will be on the FACT information line directing people to contact the police (911) in an emergency, or to contact 311 and/or Hillside Services Integration in order to speak with someone immediately, or to leave a detailed message including reason for the call and best method/time to reach the caller. Callers who leave messages are contacted the next business day.

- Probation
- LDSS
- Other
FACT

c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PIN eligibility determinations

Describe how provided:

Youth who are exhibiting PINS like behaviors (at-risk) will be considered eligible for PINS services. During both the initial contact and the face-to-face conference, FACT staff who respond to the initial PINS inquiry will identify the concerns of the youth and family, list the services and systems the youth and family have been involved with and the outcomes of that involvement, and explain the PINS system and the outcomes they can expect. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have made that connection.

All PINS eligible youth and families, as defined above, will be determined to be "eligible" for FACT. Per statute, there are no exceptions. Before any consideration for PINS petition filing, the case is presented to Probation Review Committee to make sure efforts exhausted and case is appropriate for petition.

If a youth has had previous contact with the PINS system, the assigned FACT Facilitator will review all available records. The FACT Facilitator will discuss with the youth and family what resources were helpful and the expectations they have of the PINS process. FACT will not exclude a youth from diversion services who has received diversion services in the past unless the youth refuses to participate in diversion

- Probation
- LDSS
- Other
FACT

services.

If a youth is currently missing/AWOL, the FACT Information Line Staff will gather basic information from the family and forward it to one of the two POs or the Sr. PO assigned to FACT who will go out and search for the missing youth. If the family is calling and a PO is available, the call will be directed to the SR. PO or one of the POs. If a youth is located, she/he will be assigned to a FACT Facilitator. If a youth is not able to be located, the POs will work with the family to prepare affidavits and file paperwork in MCFC to request a warrant. If the youth is then picked up on the warrant, the ATD Team will talk with the youth and family about options and next steps in the process.

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

Name of assessment instrument used:

- YASI
- YLSI
- Other
MAYSI-2

- Probation
- LDSS
- Other
FACT

Describe how provided:

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

NOTE: MONROE COUNTY ALSO USES THE MAYSI-2; FORM DOES NOT LIST THAT ABOVE AS AN OPTION

e. Works with youth and family to develop case plan

Describe how provided:

A FACT Facilitator will be assigned to the case and will stay with the youth and family through diversion services unless a geographic or school-based assignment is deemed appropriate and is preferable to the youth and family or the youth/family has previously engaged with another facilitator and would like to work with him/her again.

- Probation
- LDSS
- Other
FACT

f. Determines service providers and makes referrals

Describe how provided:

The FACT Facilitator utilizes the Connections' FASF (initial, 90 day) to develop a case plan including identification of needs and what services/resources the youth and family are being referred to. The FASF is continually re-assessed with the youth and family, as new information becomes available and updated.

- Probation
- LDSS
- Other
FACT

For youth referred to Probation Intake for Diversion services, the Probation Officer upon completion of the YASI Full Screen will develop a diversion plan jointly with the parent/guardian and the youth which outlines needs, services/programs referred to, behavioral expectations, and frequency of communication and follow-up between Probation, the youth and family. The case plan is continually re-assessed with the youth and family, as new information becomes available and updated. At the time the plan is developed, families are given information about other programs and services that they might access to address their needs.

If the FACT Facilitator decides to refer a youth and family for services to a community-based program, the FACT Facilitator will assist the family in making the connection or linkage. The FACT Facilitator follows-up with the family as well as the referral agency to ensure that the youth and/or family are connected to services. If the connection does not occur or is not successful, the FACT Facilitator will meet with the youth and family to reassess the needs and discuss other options.

If a youth and family are being referred to a formal diversion program or a preventive program (i.e., MST or FFT), the FACT Facilitator will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FACT Facilitator will remain open with the case and provides ongoing support and maintains contact with the youth and family until linkage is made.

If a youth's behavior is not improving and the need for further intensive diversion monitoring exists, the FACT Facilitator may, with the agreement/support of the family, transfer the case to Probation Juvenile Intake. The transfer would be subsequent to the Facilitator screening the case with a Supervisor and presenting the case to the Probation Review Committee (PRC). The PRC is a collaborative which includes invested parties who together determine if a transfer to Probation Diversion or petition to MCFC is warranted.

The FACT Facilitator will communicate in advance of transferring a case with Probation Juvenile Intake to discuss the reasons why and come to agreement as to who makes the referral and close the case.

g. Makes case closing determination

Describe how provided:

When it is determined that a case is ready to be closed by FACT, the FACT Facilitator will discuss the particulars with his/her supervisor and determine that no other services are needed, or the family no longer wants services from FACT. A closing summary is prepared as well as a closing letter that is sent to the youth and family. FACT utilizes the following closing categories: Referred to Probation, WD, Petitioned or Diverted/Adjusted.

When it is determined that a case is ready to be closed by Probation, the PO will discuss the particulars with his/her supervisor and determine that no other services are needed, or the family no longer wants services. Probation utilizes four (4) categories for case closings: Withdrawn, Successfully Diverted, terminated w/ Bar to Petition, or Terminated without Bar to Petition.

- Probation
- LDSS
- Other
FACT

PINS Diversion Services Plan

A. Planning Activities

Briefly describe all PINS Diversion Services Planning activities the county has engaged in related to this current plan. Include every organization in the county that are involved to date in the PINS Diversion Services planning process. Schools, law enforcement officials, and the local family court are critical partners. Respite service providers, youth bureaus, detention facilities, and others also are important to the planning process.

Describe the development of the PINS Diversion Services Plan and MOU:

Monroe County Probation and DHS have continued to work closely to address the needs of the PINS population. Since the implementation of its re-designed PINS system in January 2007, there has been continued collaborative oversight of the system. This collaborative oversight as well as using real time data and information to inform decision making has assisted in the early identification of issues and planful adjustments to the PINS system to ensure that it continues to respond to the needs of youth and families.

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

- System of Care (SOC) Leadership Team includes representatives from Probation, DHS and OMH. The Team meets to review data as well as identify service or system issues and develop strategies to address identified issues.
- JDAI: Monroe County began its JDAI efforts in earnest in 2014 after having been selected by Annie E. Casey and NYS OCFS as one of six pilot sites for the Juvenile Detention Alternatives Initiative (JDAI). Monroe County established a JDAI Steering Committee with broad representation to oversee implementation of JDAI. Probation and DHS co-chair the JDAI Steering Committee. Several sub-committees have been formed and are actively engaged, including Case Processing, Data, and Alternatives to Detention. While the Annie E. Casey JDAI model is focused on JDs, Monroe County began in 2017 to formally add PINS youth as a target population. Data on PINS are shared at Quarterly Steering Committee meetings as well as included in the on-going work of the Data Workgroup and the ATD Workgroup.
- Trauma Informed Practice: Monroe County Department of Human Services- Child and Family Services Division has identified the need for and made a commitment to having all staff participate in a 2-day Trauma Informed Child Welfare Practice Training to help staff begin to use trauma focused lens in their work with children and families. FACT staff are mandated to participate in this training. Monroe County Probation encourages the use of a trauma informed approach when working with youth. Probation encourages all Family Services POs to participate in training on implementing trauma informed care and decision making. The training will also be made available to Probation's Child and Family Services Division staff.
- PINS Truancy: Staff from Probation and FACT meet with the RCSD quarterly to discuss issues of truancy. In addition, both FACT Facilitators and Probation Officers are active members on the RCSD Attendance Team. Probation actively participates in the RCSD Attendance Stakeholders meetings.
- RCSD: RCSD Education Liaison convenes a quarterly meeting with Probation's ATD Supervisor, Monroe County Children's Center (MCCC)[Secure Detention], and JDAI Coordinator to review information/data on youth served/referred to the Education Liaison, case outcomes, unmet needs, gaps in services, etc.. That information is then brought to the ATD Workgroup or Data Workgroup or service area, depending on the issue to be addressed. The program provides 2

services: (1) develop an education plan and facilitate youth's successful reentrance into school from detention and share with court and Probation, and (2) provide consultation on education issues and access to services/programs to Probation Officers.

- VTCC/JRC: Villa of Hope holds a quarterly meeting with Probation (Supervision and ATD Team), DHS Preventive Services and JDAI Coordinator to discuss program utilization for both programs, developing issues/concerns, problem solving and program tweaking to ensure that youth are successful in the program and that youth eligible for the program are being referred. Data is shared and concerns/issues may be brought back to the ATD workgroup as well as to the Preventive Services Administrator.

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

List stakeholder and service agency involvement in planning:

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

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for 2017. Specifically, please provide the following as whole numbers (not %):

Number of Youth carried over from previous year:

59

Number of PINS Diversion Services referrals filed by parents:

456

Number of PINS Diversion Services referrals by schools:

158

Number of PINS Diversion Services referrals by police:

1

Number of PINS Diversion Services referrals by victim:

0

Number of PINS Diversion Services referrals other sources:

5

Please identify other sources:

DHS=2; CBA =3

Number of PINS Diversion Services cases closed as Successfully Diverted:

561

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

137

Number of PINS Diversion Services cases that remain open:

54

C. Data Collection

How was data collected?

- PINS and JD data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including detention, Probation, DHS, OCFS, and Family Court. The data obtained and any issues of concern are discussed. If warranted, subcommittees or work groups are formed to address issues identified via this review. The PINS data breakdown for 2017 listed in B above, was provided by Monroe County Probation.
- The Alternative Program Review Committee (APR) (committee reviews all youth where Probation is considering recommending placement or where Family Court is requesting out of home placement to look for alternative community based options) has established a centralized data base that is used to discuss individual youth.
- The Non-Secure Detention Review Committee (comprised of DHS, Probation, and Hillside Non-Secure Detention) meets weekly to review all youth in Non-Secure Detention to look for opportunities to move youth faster through the system and reduce LOS (length of stay). The committee identifies systemic issues as well as department issues and raises concerns to Administration.
- DHS tracks monthly numbers of PINS and JD as well as maintains a system indicator/reporting tool that captures and reports PINS and JD intakes, petitions, detention admissions and ATD admissions. This data is further broken down by race.

D. Pre-PINS Diversion Efforts

Is your county performing any pre-PINS diversion techniques?

Yes

No

If "Yes" please list and describe:

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

E. Needs Analysis

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

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

Monroe County has been working diligently over the last several years with a renewed focus on bringing down the numbers of PINS complaints, petitions, probation, placement and detention admissions: 58% reduction in PINS Intakes from 2014 (1,383) to 2017 (576); 63% reduction in PINS Petitions from 2014 (376) to 2017 (137); 53% reduction in PINS Probation from 2014 (167) to 2017 (78); 56% reduction in PINS Placements from 2014 (77) to 2017 (33); and a 34% reduction in PINS Detention Admissions from 2014 (550) to 2017 (358).

PINS Intakes

The majority of PINS (intake) youth consistently come from 6 zip codes within the City of Rochester: 14621, 14611, 14605, 14609, 14606 and 14613. Three of these zip codes (14621, 14609 and 14611) account for about a third of all PINS complaints filed. These neighborhoods are some of the most challenged neighborhoods in the City of Rochester with the highest poverty levels, high crime rates, poorest housing, limited medical and dental services and almost no indigenous human services/resources. The residents in these neighborhoods are predominately African-American/black and Latina/Latino. Approximately 70% of PINS youth are identified as being youth of color.

In 2017, funding for FACT (Family Access and Connections Team) shifted to preventive dollars which required that the program utilize the Connections system for case management. Previously, FACT had used Probation Caseload Explorer system which resulted in all FACT cases being opened in CE. In August, FACT ceased using CE system for opening cases which appears to have resulted, at least in part, to the reduction in PINS Intake numbers in the preceding chart. Monroe County will be monitoring the numbers closely in 2018 to see if in fact this is the result in the practice change or if there are other things impact the decrease.

PINS PETITIONS

Probation has implemented several strategies to reduce the number of PINS cases petitioned to MCFC. Probation implemented a Probation Review Committee (PRC) to review PINS cases where the Probation Officer or FACT Facilitator is considering referring the case to MCFC to ensure all community options have been exhausted prior to petition. Probation has also worked with RCSD to reduce the number of PINS-T cases being filed. Probation also has a Sr PO and two POs located at FACT who respond to calls from families when a youth is missing/AWOL. Probation staff will go out and search for the missing youth. If they are able to locate the youth, they will be assigned a FACT facilitator to work with the youth and family to address the behaviors that lead to the running incident. If a youth is unable to be located, the Probation Officers assigned to FACT will work with the family to file the necessary paperwork with MCFC to secure a PINS warrant for runaway. In those instances where a youth who is in the care/custody of DHS and who AWOLs from care, the DHS CW will meet with ATD staff to prepare necessary paperwork and with Law Department to file the necessary court papers to secure a warrant. DHS Administration has clarified their expectations with DHS staff and Residential Facilities around each's responsibility to attempt to search out AWOL youth before requesting a warrant.

When considering closing categories for PINS court cases over the last 3 years, there is a decrease in the percentage of cases resulting in a PINS finding (defined as Probation, Placement, or CD). In data provided by OCA, in both 2014 and 2015, 54% of the cases had a PINS finding however in 2016, that dropped to 48%. Forty-two percent (42%) or 141 cases (out of 173) in 2016 were either WD or Dismissed. What is not known in the data is if there were co-occurring cases and one case was dismissed but a determination was made on a companion case. However, it is of concern that more than 1/3 of the cases in 2016 were WD or Dismissed. It bodes for a conversation about who are these cases, why were they WD or Dismissed and what else might have been done to meet the youth's needs instead of court processing.

MCFC has also seen a significant decrease in the average number of outstanding PINS warrants monthly. In 2015, the average number of outstanding PINS warrants per month was 63. For 2017, that had dropped to an average of 37 per month. This impacts the number of youth picked-up on PINS warrants and detained. There are likely several factors that have influenced this decrease but the efforts of the ATD Team noted below is most likely a major contributor to the decline in outstanding warrants.

PINS DETENTION

Monroe County has experienced a significant decrease in the number of youth admitted to detention (34% reduction between 2014 and 2017) as well as in days of care (38% reduction: 4,943 in 2014 to 3,050 in 2017). There has been no reduction in number of detention beds to account for the decrease in either admissions or days of care. Monroe County has entered into a contract with a neighboring county to purchase in 2018, 2 seasonal non-secure beds to ensure adequate bed availability during historical peak period (February - September).

Monroe County utilizes two (2) alternatives to detention programs to prevent youth from being remanded and for those that are, to advocate for their release and placement with an alternative to detention resource.

ATD Team: The ATD Team serves both JD and PINS (for PINS, they must reside outside of the City of Rochester). The ATD Team provides evening and weekend field work home visits, curfew checks, school checks, and referrals to community based services as needed. The Alternatives to Detention team provides assessment and recommendation to the Court relative to the use of Electronic/GPS monitoring as an ATD. At this time, there is not a limit on the number of clients served via ATD or EM/GPS.

VTCC: The Villa Tracking and Curfew Check program is operated by Villa of Hope and provides evening and weekend field work home visits and curfew checks. Results of the contacts are recorded and reported to MCFC. Staff also follow-up with schools and conducts school checks.

Over the last two years, Probation's ATD team has implemented several practice changes and strategies which appear to have had a positive impact on the detention numbers. They are as follows:

- **Immediate Probation Response (IPR)** When a youth/family fail to appear (FTA) for court, in lieu of a FTA warrant, the Monroe County Family Court Judge can make a referral to the ATD Team. An ATD Officer will immediately attempt to locate the youth/family and if successful, inform them when/where to appear and provide any assistance necessary to facilitate their appearance in Court. This program began in May 2016. For 2017, there were a total of 30 referrals and 25 avoided a warrant being filed.
- **TeleTask Services** Prior to all scheduled Court dates, the ATD team will notify the client by way of an electronic notification system of their next upcoming Court appearance via text and phone. Notifications are done three days and one day in advance to ensure all Court appearances are made. Starting in 2017, both text and phone messages are also available in Spanish. The ATD Administrative Assistant tracks the failure to appear rate for PINS and JDs. In 2017, the FTA rate for PINS youth involved in ATDs was about 90%.
- **PINS PDS** All PINS petitions when filed are reviewed by the MH/JJ Clinical Coordinator to see if there are any mental health needs and if so, he will reach out to families and offer

assistance/support. An assigned ATD Probation Officer will contact the family, identify any concerns, make appropriate referrals, and notify family of upcoming Court dates.

- **ATD Court Liaison in Part 1/Youth Part Court** The ATD Court Liaison Senior Probation Officer is assigned to MCFC Part 1 to make recommendations to the Court on behalf of youth who could benefit from ATD Services in lieu of detention. On October 1st, 2018 when the RTA (Raise the Age) legislation begins, Probation will have the Sr. Probation Officer Court Liaison assigned to Part 1 in Family Court and the Youth Part. This position will advocate for the use of ATD services with this new population.
- **Resource Cabinet** The ATD team has established a clothing cabinet with school uniforms, book bags with school supplies, alarm clocks, duffel bags, hygiene bags etc. to address needs of youth and encourage/support them. Also available for the youth are gift cards for coats, foot wear, food and transportation. In 2017, the ATD team secured larger denominations of gift cards to allow families the ability to purchase beds and/or mattresses as there seemed to be an increase of bedbug infestation in Monroe County making such purchases inevitable.
- **Recognition Dinner** In 2017 Monroe County Probation began to document and utilize the newly developed Graduated Intervention Grid. Part of these interventions includes providing incentives for respondents who are doing well and remaining out of placement. Monroe County utilized wrap-around funds to assist with planning the first successful Recognition Dinner at Probation. Respondents and their families were honored at a catered dinner at which guest speakers (including local Family Court Judges) and a respondent speaker delivered messages of encouragement and positive feedback along with Certificates of Achievement and a small gift to acknowledge their positive adjustment. Due to the positive feedback from both youth and families, Probation will work towards holding 2 recognition dinners in 2018 (Spring and Fall)

In looking at data on PINS youth that were detained in 2017:

- 58% of the admissions were remands and average LOS was 8 days
- 42% of the admissions (154) were warrants (involved 84 individual youth) with an average LOS was 6 days
- 104 admissions (35 separate youth) or 28% were active with DHS-C/FS at the time that they were admitted and accounted for 642 days of care
- 4 other youth identified as B2H accounted for 11 admissions and 76 days of care

While Monroe County has seen a significant drop in detention numbers and days of care, the county continues to lag behind its JDAI counterparts in reducing the numbers of PINS youth detained. Some issues raised by a review of data are:

1. What can be done to reduce youth's repeat admission on warrants?
2. What strategies will reduce the number of PINS AWOLs from NSD/Northaven and from MCFC?
3. Is there an opportunity to link with DHS CWs to reduce the number of youth active with DHS that are detained?
4. How many PINS youth released from NSD are linked to ATD at the time of their release?
5. What strategies or processes are other counties using to reduce the numbers of their youth detained as PINS?

PINS Placements

The PINS Placement numbers have continued to decline. The 2017, 33 youth were placed which represents a 56% decrease in placements from the 2014 number of 77. This decline is attributable to a combination of diversion efforts as well as practice changes. There is not a definitive reason for this

decline. It should be noted that Monroe County also saw a decline (53%) for the same time period in the number of PINS placed on Probation: 2014 -167 to 2017 -78. The average number of days from Initial filing to Disposition has remained relatively stable from 2014-2016: 125 days to 118 days, even though the number of petitions filed dropped. Continued tracking of these and other data points will occur in 2018 as well as discussions with key stakeholders around the data and what it tells us relative to how the system is operating.

Monroe County still exceeds almost all other large counties in the number of PINS youth placed out of home in congregate care. Monroe County will continue to review data and look for opportunities to reduce reliance on out-of-home placement.

F. Desired Changes

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

For each outcome:

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

Desired Change	Numerical or Percentage Change Sought	Identify Outcome (for PINS Diversion Services population)	Strategy / Plan to achieve (who, what, and when)
Change #1			
Reduce the number of PINS cases closed by Probation Juvenile Intake as Terminated w/no Bar to Petition and referred to Family Court.	33%	No more than 33% of the closed cases will be closed as Terminated w/No Bar to Petition	<ul style="list-style-type: none"> • Provide ongoing in-service training opportunities to Probation staff on emerging community resources and issues impacting youth. (Probation, DHS, CCSI, OMH) Ongoing • Continue to implement the Incentive and Intervention Grid. Identify what is working to support youth and expand those options where possible and update the Grid as needed. (Probation) • Continue to utilize the Probation Review Committee (PRC) to review PINS cases

			<p>where the Probation Officer or FACT Facilitator is considering referring the case to MCFC to ensure all community options have been exhausted prior to petition (Probation/FACT)</p> <ul style="list-style-type: none"> Track reasons why cases are being closed and referred to petition to identify gaps in services or resources. Communicate identified gaps back to FACT Leadership Team. (Probation, DHS, OMH)
Change #2			
Increase the number of PINS youth screened at FACT to identify those who have co-occurring conditions to develop effective cross system treatment plans.	65%	65% of new youth opened at FACT will complete a MAYSI-2 within 1 month	<ul style="list-style-type: none"> Continue to offer MAYSI-2 to youth coming to FACT (FACT, Probation) Ongoing Track results of MAYSI-2 screens & outcomes of linkages/referrals to other service providers (FACT, Probation, OMH) Ongoing P/T MH/JJ Clinical Coordinator will review MAYSI-2 screens and collaborate with FACT staff on making referrals/linkages (CCSI MH/JJCC) Report outcomes to Leadership Team (FACT, Probation, OMH) Annually
Change #3			
To identify an array of respite/alternative housing options for PINS youth			<ul style="list-style-type: none"> Meet with representatives from DHS, OMH, CBO and Youth Bureau to identify existing respite options and gaps in resources (Probation/DHS) Collect data on housing needs of local PINS youth (Probation/JDAI Coordinator) Develop a plan to address any gaps (Probation/JDAI Coordinator) Present plan to JDAI Steering Committee and Juvenile Justice Council (Probation)

Adult 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

Selected 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

Describe below the underlying conditions related to your goal in your county. Use the prompt questions in the accompanying resource materials to help guide your thinking.

Needs:

In Monroe County, 21% of the residents are 60+. By 2020, it is estimated that there will be 128,000 residents age 65+ with 18,000 ages 85+. About 81% of the people 65 or older live in the suburbs and 19% live in the City of Rochester. In Monroe County, the majority (58%) of the 65+ population is female with 89% of this age group identified as white, 8% African-American/Black, 3% Latino and 2% Asian. County-wide, 7% of the seniors are below the poverty rate and another 9% are between 100-149% of poverty. Slightly more than 30% have a disability of some form. The 65+ population living in the City fare worse than their counterparts in the suburbs with 40% having a disability, 15% below the poverty level with another 17% between 100 -149% of poverty. In a review of cases currently open with APS (intake, assessment or ongoing), the majority of cases (approximately 25%) are concentrated in three of the highest City poverty zip codes: 14620, 14621 and 14609 zip codes. The 14609 zip code represents an area of Monroe County that has the highest population of age 65+ and is considered one of the areas with the highest concentration of poverty, poor housing, few indigenous human services, lack of grocery stores, etc.

A 2010 NYS study of the prevalence of elder abuse estimates that as many as 260,00, or one in thirteen, older adults become victims of elder abuse each year in our state. The study also found that for every known case, 24 are unknown to authorities. Elder abuse occurs in every neighborhood and income strata. Financial exploitation (theft or money or property, accessing money without permission) is the most common form of elder abuse. *Source: Age Wave: The changing demographic landscape of America and Greater Rochester, Lifespan of Greater Rochester Inc. 2017*

Monroe County has two APS teams, consisting of 10.5 Caseworkers, two Senior-Caseworkers and two Supervisors. The average caseload for a APS Caseworker in 2017 was 20.4 cases. Monroe County received 1,433 calls to the APS hotline which is a 29% increase from 2012 when 1,108 calls were received by the hotline. The APS Sr. Caseworker screens all the calls to determine if it will be closed for intake or opened for assessment. In 2017, approximately 70% of calls were closed at intake. Of the calls

received, financial or other exploitation followed by neglect by a Caretaker are consistently the top two risk factors reported over the past five years.

APS staff in Monroe County believe an identified need is to further educate Medicaid Service Coordinators from OPWDD, mental health service coordinators, Health Homes staff, and Aid services on the criteria of taking an APS report and the ability of APS to take involuntary action against a client. It has also been observed through the screening process, that hospitals often call in reports before fully exploring all options for safe discharge planning.

Resources:

In Monroe County provides a range of resources/services for and to the older adult population through direct services from MCDHS via APS and MCOFA, MCDHS contracts with CBOs, collaborative efforts/initiatives and community based agencies.

Monroe County Child and Family Services contracts with Catholic Family Center and Lifespan on behalf of Adult Protective Services. The Catholic Family Center contract provides rep payee services (75 slots) and case management services (135 slots). Monroe County meets with CFC at least quarterly as a part of contract monitoring and planning. The contract with Lifespan is for capacity evaluations. APS also meets with Lifespan on a regular basis.

Monroe County APS has a working relationship with the Monroe County Office of the Aging (MCOFA). The following programs are funded or provided by MCOFA:

- Adult daycare services at the Park Place Southwest;
- Caregiver Assistance via the Alzheimer's Association and Hillside of Agencies SKIP Generations Program;
- Health Promotion with the Health Insurance Information, counseling and Assistance Program (HIICAP);
- Catholic Family Center's Expanded in home support through services; counseling through their elderly community outreach, STAR program which provides friendly visiting, housekeeping, light chore service and escorted transportation to medical appointments or grocery stores for frail, isolated persons in Monroe County.
- Lifespan's respite services for the elderly; Financial Assistance services; Senior Community Service Employment Program; OASIS educational program focusing on education, information, cultural and health fitness,
- Legal services with Law NY;
- Nutrition Assistance with home delivered meals, nutrition education and counseling with a registered dietician, meals on wheels Program, and Nutrition program meal sites at 21 locations across Monroe County.
- Transportation services to and from senior centers and their programs.

Monroe County APS also participates in the Greater Rochester Medical-Legal collaborative. The Medical-Legal Collaborative was formed in 2004 as a community partnership for high-risk elders. Members include Law NY, Anthony Jordan Health Center, Eldersource, Visiting Nurse Service, Lifetime Care, the office of the Aging, Ibero-American Action League and the Community Place of Greater Rochester. The collaborative uses the medical-legal model of care, which has been proven effective in improving the quality of care and life for patients and parents to an older adult population. The goals of the collaborative have been to improve health outcomes for elders by providing an integrated delivery of medical, legal and care management services. The collaborative has sponsored grant projects through its member agencies including the provision of legal services to residents of senior housing and naturally occurring retirement communities designed to educate residents about advance planning and assistance with the execution of health care proxies and other advance care tools. The collaborative has also been joined by community agencies serving the northeast quadrant of Rochester to assist in development of a plan for a medical-legal project in the 14621 zip code. The collaborative meets every other month.

Lifespan's Eldersource has a team of professionals that can provide guidance, advocacy and information on services in our community for the aging population and their caretakers. The

Eldersource website has a valuable resource guide that outlines local program and services.

Monroe County's New York Connects provides information on how and where to access Home and Community Based Long-Term Care Services. NY Connects provides comprehensive and unbiased information and assistance for all long-term care services regardless of age. This information includes screening for social and medical needs, financial status, available service options regardless of payer source, comprehensive needs assessment, service/care coordination, and public education.

Strategies and Activities

Describe below the strategies related to your chosen goal and the activities you will attempt to further them. Use the prompt questions in the accompanying resource materials to help guide your thinking.

Strategy 1: Increase outreach and awareness of the Adult Protective Services Criteria and referral process in efforts to reduce inappropriate referrals.

Activities:

1. Review our local power point and the Gatekeepers Information and Toolkit, formulating a comprehensive presentation relative to our community needs and information on APS guidelines and criteria. Develop a pre and post survey to assess the participants understanding of the material presented.
2. Target and hold quarterly presentations using the Gatekeepers Information and Toolkit for key stakeholders including but not limited to hospitals, OPWDD Medicaid Service Coordinators, Mental health Service Coordinators, Health Homes staff and aid services and programs that serve the 14621 and 14609 zip codes.

Strategy 2: Continue to partner and collaborate with local organizations to serve vulnerable and aging adults with appropriate services.

Activities:

1. For cases that are closed (from ongoing services), APS Caseworkers will provide family and/or clients with NY Connects and GRAPE contact information to increase awareness of and access to community services once APS is no longer active.
2. Continue to participate in collaborative and planning meetings with key partners including Catholic Family Center, Med-Legal Collaborative, Lifespan, Monroe County Office for the Aging and other key stakeholders on cases opened for assessment and ongoing services.
3. Co-manage selected cases with Lifespan's Elder Abuse Prevention program to reach optimal outcomes and reduce risk to older adult clients.

Strategy 3: Provide training to APS staff on topics such as cultural awareness/understanding, assessment, engagement skills with hard to serve clients, emerging community resources and services and other relevant topics. APS staff will participate in at least 6 training hours per year.

Activities:

1. Staff development will provide information and promote trainings that can benefit APS staff.
2. Staff will share materials and key information learned at trainings during team meetings.
3. Administrators, Casework Supervisors, and Senior Caseworkers will invite community partners and service providers to attend and share information/ resources with APS staff at team meetings.

Measuring and Monitoring

Describe below how you will measure and monitor your strategies and activities to ensure effectiveness.

Use the prompt questions in the accompanying resource materials to help guide your thinking.

Strategy 1: The administrators and supervisors of APS in Monroe County will keep track of presentations that are provided in the community including what agency/group information was presented to, the date of the presentation, number attending and results of pre/post survey to assess participants level of learning from the presentation materials and discussion.

Strategy 2: APS staff will document in progress notes that they provided the client with NY Connects and GRAPE (Greater Rochester Area Partnership for the Elderly) ElderPages.com at the time of closing. Contracts with CFC and Lifespan will be monitored quarterly that include a review of CFC and Lifespan's performance and measures. Administrators and Supervisors will maintain copies of minutes from the various collaborative meetings attended in master files located in APS offices. Meetings/planning will MCOFA will be tracked on a log. Co-managed cases will be tracked in a log which will be reviewed by Supervisors and Administrators.

Strategy 3: Staff development will monitor training credits for APS caseworkers and record trainings attended. 75% of our APS staff (at least 10) will have attended and completed the minimum annual training hours. Community presenters will be invited to share information at APS team meetings at least 3 times per year. Dates and information on the presentations will be tracked in meeting minutes by the Casework Supervisors and Administrators.

Goal

Selected 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

Describe below the underlying conditions related to your goal in your county. Use the prompt questions in the accompanying resource materials to help guide your thinking.

Needs:

In reviewing data reports from ASAP for the last five years, consistently the top two 16A risk factors have been 1) *Financial or Other Exploitation* and 2) *Neglect by Caretaker*. The top 16B risk factor has been *neglecting own basic needs*. The top additional risk factors include 1) mentally ill and 2) poor housing conditions. These two additional risk factors have steadily been on the rise. In 2012 19% of our referrals received noted a risk factor of mental illness and by 2017, that percentage rose to 37%. For the risk factor of poor housing conditions, the rate rose from 7% in 2012 to 24% in 2017. This increase in the frequency of issues of poor housing conditions has supported the feedback from our APS staff that dirty houses and hoarding have become a growing problem in our community. There is no official local or state centralized data base on hoarding and its prevalence in the general community or specifically the over 65 population.

Monroe County had approximately 40 Article 17-A cases and 71 Article 81 cases in 2016. In 2017, APS saw a 10% increase in Article 17-A cases (44) and a 6% decrease in Article 81 (67) cases. In 2017, APS received 61 guardianship referrals. The majority of the referrals came from area hospitals. In 2017, APS worked on 178 guardian or possible guardian cases (this does not include regular calls, intakes, assessments for ongoing cases for APS). The 178 includes 61 guardianships sent over from local hospitals to be completed after hospital began the process

In April 2017, one of our APS units started formally tracking clients that were being reported to the APS hotline three times or more in a 12-month period. To date, approximately 40 cases have been identified and reviewed from this list to further assess the risk factors, service needs, what services were provided or referrals made on the previous calls and what is causing the individuals to continue to call the hotline.

Resources:

There is currently a Hoarding Task Force in Monroe County. The task force consists of representatives from the Office of Mental Health, Humane Society, Lifespan, NY Connects, APS, Public Health, Fresh Start Cleaning Company, City Code Enforcement, and 211. The Mental Health Association provides a self-help group for individuals with hoarding issues.

Lifespan has been leading the Enhanced Multi-Disciplinary Team (EMDT) which meets twice a month and focuses on financial exploitation. Monroe County APS has been an active participant in this group. APS presents case scenarios and participates in planning and providing ongoing investigation and services with others in this collaborative team.

APS has a structured process to review and consult on cases with the County Law Department to determine if a guardianship petition should be pursued. This occurs formally monthly and as well as on an as needed basis.

In 2015, the "No Wrong Door Team" (NWD) was started. NWD consists of representatives of each of the NY Connects partners required by Standard 1.1. and of the Specialized NWD partners designated by OPWDD and OMH. The Local NWD Implementation Team meets monthly to establish seamless linkages, communication strategies, best practices and other local implementation strategies that align with the NY Connects State Program Standards and State NWD Operating Protocols. The Local NWD Implementation Team also identifies and works on addressing barriers that may be impeding implementation, cultural change within each system needed to foster effective collaborative working relationships to improve service delivery, and other issues that may hinder implementation of the NY Connects State Program Standards and/or State NWD Operating Protocols.

Strategies and Activities

Describe below the strategies related to your chosen goal and the activities you will attempt to further them. Use the prompt questions in the accompanying resource materials to help guide your thinking.

Strategy 1: Enhance quality review of APS cases to ensure appropriate service delivery, linkage to resources and planning.

Activities:

1. APS will continue to participate on the No Wrong Door Team to discuss high risk cases.
2. APS will review cases that have had 3 or more intake closings within 12 months to determine if a more in-depth assessment of the individuals needs/situation should occur.
3. APS Administrators and Supervisors will review files of deaths of APS clients who die in their home (non-dormitory settings) to identify opportunities for practice/policy changes and areas for improvement in delivery of services and training to APS staff.
4. Continue involvement with Lifespan's Enhanced Multi-Disciplinary Team (EMDT) focusing on financial exploitation.
5. Continue to meet monthly with County Law Department regarding client specific issues/cases.
6. Difficult Case Review meetings will be held monthly with APS staff to enhance peer critical thinking skills and staff awareness and use of community resources. Any training needs identified will be shared with staff development.

Strategy 2: Increase information and resources and then create intervention and recurrence strategies around the problem of hoarding in our community.

Activities:

1. APS will meet with NY Connects and members of the Monroe County Hoarding Task Force to develop a shared definition of hoarding and collaborate on how to track cases and collect/report data.
3. Starting in 2018, APS staff will complete a hoarding risk assessment at the 72-hour assessment for those cases identified as involving hoarding or hoarding like behaviors.
4. APS will continue to attend and be an active member of the Monroe County Hoarding Task Force.
5. APS will work with members of the hoarding task force to identify strategies and interventions that can be further developed and/or implemented in Monroe County based on information, data collection and community resources.
6. APS Casework Supervisors and Administrators will research effective strategies and interventions being used in other areas (including evidence based practices) to address/respond to hoarding behavior that could be used in local practice.

Measuring and Monitoring

Describe below how you will measure and monitor your strategies and activities to ensure effectiveness. Use the prompt questions in the accompanying resource materials to help guide your thinking.

Strategy 1: APS Supervisors and Administrators will keep track and document attendance at collaborative meetings. Cases that are discussed for assessment and planning at the No Wrong Door team, EMDT, legal consults, by administrators and in group supervision will be documented. Ideas and strategies for improvement of assessment and service delivery will be discussed in team meetings and in supervisions.

Strategy 2: Data collection will be formalized, tracked and reviewed to identify trends. Data will be shared with the Hoarding Task Force on a quarterly basis; and new strategies implemented to respond to hoarding will be tracked and data shared with the Hoarding Task Force.

Child Care

Appendix K: Child Care Administration

Describe how your district is organized to administer the child care program, including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of child care for:

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

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

Item	Amount
a. FFY 2016-2017 Rollover funds: <i>(available from the NYSCCBG ceiling report in the claiming system)</i>	\$196,950.00
b. Estimate FFY 2017-2018 Rollover Funds:	\$0.00
c. Estimate of Flexible Funds for Family Services transferred to the NYSCCBG:	\$0.00
d. NYSCCBG Allocation 2018:	\$35,942,061.00
e. Estimate of Local Share:	\$4,221,021.00
Total Estimated NYSCCBG Amount:	\$40,360,032.00
f. Subsidy:	\$38,360,032.00
g. Other program costs excluding subsidy:	\$0.00
h. Administrative costs:	\$2,000,000.00

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

Function	Organization	Amount of Contract
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<input checked="" type="checkbox"/> a. Subsidy eligibility screening	Workforce Development Corporation	\$0.00
<input type="checkbox"/> b. Determining if legally-exempt providers meet OCFS-approved additional local standards <i>(must be noted in Appendix Q with the corresponding additional standard)</i>		\$
<input type="checkbox"/> c. Assistance in locating care		\$
<input type="checkbox"/> d. Child care information systems		\$
<input type="checkbox"/> e. Payment processing		\$
<input type="checkbox"/> f. Other <i>Please specify function:</i>		\$

Appendix L: Other Eligible Families if Funds are Available

Listed below are the optional categories of eligible families that your district can include as part of its County Plan. Select any categories your district wants to serve using the NYSCCBG funds and describe any limitations associated with the category.

Optional Categories	Option	Limitations
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
2. PA families or families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the caretaker is:		
a) participating in an approved substance abuse treatment program	<input checked="" type="radio"/> Yes <input type="radio"/> No	
b) homeless	<input checked="" type="radio"/> Yes <input type="radio"/> No	
c) a victim of domestic violence and participating in an approved activity	<input checked="" type="radio"/> Yes <input type="radio"/> No	

d) in an emergency situation of short duration	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization limited to requests submitted in writing and subject to administrative approval on a case-by-case basis.
3. Families with an open child protective services case when child care is needed to protect the child.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
4. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the child's caretaker:		
a) is physically or mentally incapacitated	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to families with written documents from the family's treating physician/mental health professional indicating the reason for the incapacity, its expected duration, and that the applicant is unable to provide care.
b) has family duties away from home	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to actively seek employment for a period up to six months. Child care services will be available only for the portion of the day the family is able to document is directly related to the caretaker engaging in such activities.	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to families already in receipt of a low-income daycare subsidy; coverage can continue for up to thirty (30) days to seek new employment.
6. PA families where a sanctioned parent or caretaker relative is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
7. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in:		
a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate in high school
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	<input checked="" type="radio"/> Yes <input type="radio"/> No	Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; GED program must be in addition to 17.5 hours of weekly employment.

<p>c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth-grade level</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</p>
<p>d) a program providing literacy training designed to help individuals improve their ability to read and write</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</p>
<p>e) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</p>
<p>f) a two-year full-time degree granting program at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate's degree or certificate of completion</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization is limited to student/parent caretakers (under the age of 21) who maintain a minimum 2.0 GPA; program must be in addition to 17.5 hours of weekly employment.</p>
<p>g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization for program must be in addition to 17.5 hours of weekly employment.</p>
<p>h) a prevocational skill training program such as a basic education and literacy training program</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization for program must be in addition to 17.5 hours of weekly employment.</p>
<p>i) a demonstration project designed for vocational training or other project approved by the Department of Labor</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	<p>Authorization for program must be in addition to 17.5 hours of weekly employment.</p>
<p><i>Note: The caretaker must complete the selected programs listed within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.</i></p>		
<p>8. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associate's degree or certificate of completion and that is reasonably expected to lead to</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	

<p>an improvement in the caretaker's earning capacity) as long as the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.</p>		
<p>9. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associate's degree or a certificate of completion that is reasonably expected to lead to an improvement in the caretaker's earning capacity as long as the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>10. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program leading to a bachelor's degree and that is reasonably expected to lead to an improvement in the caretaker's earning capacity as long as the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p>11. Families with incomes up to the 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in a program to train workers in an employment field that currently is or is likely to be in demand in the future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program, provided that child care services are only used for the portion of the day the caretaker is able to document is directly related to the caretaker engaging in such a program.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	

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

I. Reasonable Distance

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

1. The following defines "reasonable distance":

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

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

This has been the established/approved DHS policy.

II. Recertification Period

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

- Six months
- Twelve months

III. Family Share

"Family Share" is the weekly amount paid towards the costs of the child care services by the child's parent or caretaker. Your district must select a family share percentage from 10% to 35% to use in calculating the amount of family share. The weekly family share of child care costs is calculated by applying the family share percentage against the amount of the family's annual gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by the district:

35%

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

IV. Very Low Income

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

"Very Low Income" is defined as 165% of the State Income Standard.

V. Federal and Local Priorities

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

a. Very low income as defined in Section IV:

- Rank 1
- Rank 2
- Rank 3

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

- Rank 1
- Rank 2
- Rank 3

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

homelessness:

- Rank 1
- Rank 2
- Rank 3

2. Does the district have local priorities?

- Yes
- No

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

None

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

I. Case Openings When Funds Are Limited

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

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

II. Case Closings When Sufficient Funds Are Not Available

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

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

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

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

If closing based on income...

- The district will close cases starting from the highest income to the lowest income.
- The district will close cases based on income bands, starting from the highest income band to the lowest income band.

If using income bands, list the bands, starting from the one that will be closed first:

- Band 1: 195% up to 200% of SIS
- Band 2: 190% up to, but not including, 195% of SIS
- Band 3: 185% up to, but not including, 190% of SIS
- Band 4: 180% up to, but not including, 185% of SIS
- Band 5: 175% up to, but not including, 180% of SIS
- Band 6: 170% up to, but not including, 175% of SIS
- Band 7: 165% up to, but not including, 170% of SIS
- Band 8: 160% up to, but not including, 165% of SIS
- Band 9: 155% up to, but not including, 160% of SIS
- Band 10: 150% up to, but not including, 155% of SIS
- Band 11: 145% up to, but not including, 150% of SIS
- Band 12: 140% up to, but not including, 145% of SIS
- Band 13: 130% up to, but not including, 140% of SIS
- Band 14: 120% up to, but not including, 130% of SIS
- Band 15: 110% up to, but not including, 120% of SIS
- Band 16: 100% up to, but not including, 110% of SIS

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

III. Waiting List

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

- No
- Yes

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

I. Fraud and Abuse Control Activities

1. Describe below the criteria the district will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy payments in addition to procedures for referring such applications to the district's front-end detection system.

Monroe County utilizes two methodologies for identifying and investigating fraud: Front End Detection System (FEDS) and Back End Detection System (BEDS).

FEDS

FEDS referrals on Child Care cases are determined at all eligibility interviews using the Electronic Investigation System and the Child Care/Day Care Indicators as approved in the FEDS Plan. Below list Monroe County's Child Care Indicators:

Child Care Indicators for Provider Daycare:

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

Child Care Indicators for Clients

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

Income Eligible Child Care eligibility staff will screen new applications for assistance as they are received. A Senior Eligibility Evaluator will complete a Child Care FEDS referral for all applications having an approved indicator. Child Care FEDS referrals will be sent to and processed by the Monroe County Special Investigations Unit Investigators. Collateral contacts may be made, DMV Searches, City Tax Assessment, County Clerk Search, Department of Labor Search, U.S. Postal check, landlord,

employer, a review of case file, a home visit, and related items as necessary depending on the Child Care Indicators.

The application process will not be interrupted while waiting for the results of an investigation.

BEDS

In addition to the Front-End Detection investigations, Monroe County employs a Back-End Detection System (BEDS) for investigative activity as well. There are a growing number of children being cared for by legally exempt providers in the child's home. The local Child Care Council does not have authority or oversight for this group of Legally Exempt providers. Monroe County DHS has found a relatively high incidence of fraudulent activity, including collusion between parent and provider in these cases.

During the course of any fraud investigation (provider fraud or parent fraud) the LDSS may make announced or un-announced site visits during a provider's licensed care hours. For legally-exempt providers, announced or un-announced site visits will occur during the hours they are authorized to provide care. The OCFS licensor or the Child Care Council staff often assist the LDSS throughout the investigation.

2. Describe the sampling methodology used to determine which cases will require verification of an applicant's or recipient's continued need for child care, including, as applicable, verification of participation in employment, education, or other required activities.

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

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

In addition to the BEDS investigations of in-home care, the LDSS will investigate all cases involving: referrals received through the LDSS fraud hotline, from OCFS, from Child Care Council, from internal daycare payables. Monroe County will investigate absent parents, parents employed by a temp agency or working varying hours, self-employed parents, and parents out of compliance with OTDA/OCFS/LDSS program mandates.

The LDSS daycare payables staff reviews all attendance information utilizing the Child Care Time & Attendance (CCTA) system to identify providers who may be billing the LDSS for care provided outside their licensed/statutory authority (i.e., over-capacity, non-traditional hours, etc) and refer investigations for those cases with anomalies in provider/parent signatures, parent fees and dates attended vs. dates authorized.

Child Care Authorizations are for 1 year. Two months prior to the recertification date, a batch mail is sent out with a renewal application along with instructions on what supporting documents need to be included is re-applying/renewing child care subsidy. The Day Care Evaluator for the case will review the materials and notify the parent(s) if any additional information is needed or something is missing. Supervisors complete a random sample supervisory review of 6% of all cases to ensure quality and consistency in case processing.

For new child care cases that have been opened where there was not complete supporting documentation (i.e., parents started new job and had only 1 or 2 pay stubs), the Day Care Evaluator will follow-up with the parent to secure any additional documentation needed.

3. Describe the sampling methodology used to determine which providers of subsidized child care services will be reviewed for the purpose of comparing the child care provider's attendance forms for children receiving subsidized child care services with any Child and Adult Care Food Program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

When Monroe County is investigating a case of suspected child care fraud, the investigators will reach

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

II. Inspections of Child Care Provider Records and Premises

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

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

The district must report violations of regulations as follows:

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

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

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

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

- Legally-Exempt Child Care**
- In-Home
 - Family Child Care
 - Group programs not operating under the auspices of another government agency
 - Group programs operating under the auspices of another government agency
- Licensed or Registered Child Care**
- Family Day Care
 - Registered School-Age Child Care
 - Group Family Day Care

Day Care Centers

Small Day Care Centers

Appendix N: District Options

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

I. The district selects:

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

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

1. The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
2. The district has chosen to use Title XX funds for the provision of child care services (complete Appendix P).
3. The district has chosen to establish additional local standards for child care providers (complete Appendix Q).
4. The district has chosen to make payments to child care providers for absences (complete Appendix R).
5. The district has chosen to make payments to child care providers for program closures (complete Appendix S).
6. The district has chosen to pay for transportation to and from a child care provider (complete Appendix T).
7. The district has chosen to pay a differential rate for licensed or registered child care providers that have been accredited by a nationally recognized child care organization (complete Appendix T).
8. The district has chosen to pay a differential rate above the required 5% minimum differential rate for child care services during non-traditional hours (complete Appendix T).
9. The district has chosen to pay a differential rate for child care providers caring for children experiencing homelessness above the required minimum differential rate (complete Appendix T).
10. The district has chosen to pay a differential rate in excess of the 25% maximum differential rate for child care providers that qualify for multiple differential rates to allow sufficient access to child care providers or services within the district (complete Appendix T).
11. The district has chosen to pay up to 75% of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 hours of training, which has been verified by the Legally-Exempt Caregiver Enrollment Agency (complete Appendix T).
12. The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).

- 13. The district has chosen to make payments to child care providers who provide child care services exceeding 24 consecutive hours (complete Appendix U).
- 14. The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U).
- 15. The district requests a waiver from one or more regulatory provisions. Waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix U).
- 16. The district has chosen to pay for breaks in activity for low income families (non-public assistance families) (complete Appendix U).
- 17. The district has chosen to use local equivalent(s) of OCFS required form(s). Prior to using a local equivalent form the district must obtain OCFS, Division of Child Care Services (DCCS) written approval. **Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.**

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

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

(Local Equivalent to OCFS 2114 - Approved 5-23-2017)

The local equivalent form will be uploaded to Plan Documents.

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

Appendix O: Funding Set-Asides

I. Total NYSCCBG Block Grant Amount, Including Local Funds

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

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

Category:

Description:

Category:

Description:

Category:

Description:

Category:

Description:

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

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

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

Category:

Description:

Category:

Description:

Category:

Description:

Appendix P: Title XX Child Care

1. Enter the projected total of Title XX expenditures for the plan's duration: **\$3,894,681**

Indicate the financial eligibility limits (percentage of State Income Standard) your district will apply based on family size. Maximum reimbursable limits are 275% for a family of one or two, 255% for a family of three, and 225% for a family of four or more. Districts that are utilizing Title XX funds only for child protective and/or preventive child care services must not enter financial eligibility limits as these services are offered without regard to income.

Family Size	Eligibility Limit
Two People	%
Three People	%
Four People	%

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

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

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

- Yes
 No

If yes, describe eligibility criteria:

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

- Yes
 No

If yes, describe which families will receive priority:

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

- Yes
 No

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

- Yes
 No

Appendix Q: Additional Local Standards for Child Care Providers

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

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

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

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

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

named as an indicated subject

Local criminal background check

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

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

Site visits by the district

Other

Please describe:

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

2. Check below the type of child care program to which the additional local standard will apply and indicate the roles of the persons to whom it will apply in cases where the standard is person-specific.

Legally-exempt family child care program

Provider

Provider's employee

Provider's volunteer

Provider's household member age 18 or older

Legally-exempt in-home child care program

Provider

Provider's employee

Provider's volunteer

Legally-exempt group provider / program not operating under the auspices of another government agency

Provider / director

Provider's employee

Provider's volunteer

Legally-exempt group provider / program operating under the auspices of another government or tribal agency

Provider / director

Provider's employee

Provider's volunteer

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

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

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

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

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

c. The district will not apply this additional local standard when **the informal provider is younger than 18 years** of age.

3. Districts are responsible for implementation of the additional local standard unless they have a formal agreement or contract with another organization. Check the organization that will be responsible for the implementation of the additional local standard.

Local social services staff

Provide the name of the unit and contact person.

Allan Jarvie, SIU Supervisor, DHS Special Investigation Unit 585-753-6886

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

Provide the name of the agency and contact person.

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

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

Yes

No

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

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

Monroe County will apply the same health and safety standards to legally- exempt (L-E) family and L-E in-home child care program sites as are applied to housing units for public assistance recipients in accordance with Social Service Law 143-B, in determining whether violations may pose a health or safety risk to children. Attached is a listing of property violations determined by the Monroe County Department of Public Health that pose significant risk of health or safety concerns. Monroe County will, for each location where subsidized L-E family and L-E in-home childcare is provided within the county, determine, to the extent possible, whether there are open property code violations for the site where

the L-E family and L-E in-home childcare will be provided.

Monroe County will process the Child Care Facility System (CCFS) referrals for this additional standard at the time of the initial enrollment and at re-enrollment. Additionally, Monroe County will investigate a L-E family or L-E in-home child care site from any hotline, whistleblower, complaint, or other outside tips or concerns where the L-E family or L-E in-home child care is being provided that may have open health or safety violations.

a. To initiate the additional standards check, per NYS OCF policy, the CCFS will automatically generate an e-notice referral for where the applicable L-E family and L-E in-home childcare is being provided within the county.

b. SIU Investigator received the e-notice referral and enters the information into a spreadsheet including the municipality that the program site is located in. The SIU Investigator will contact the appropriate municipality or access on-line data bases to determine if there are any health and safety violations consistent with the list provided by the Monroe County Health Department (attached).

- i. For L-E family and L-E in-home care provided within the City of Rochester, Monroe County Department of Human Services (DHS) staff will access a public website(s) managed by the City of Rochester's Conservation Bureau Violations Codes that are listed on the website are determinations made by the City of Rochester or the Municipal Property Bureau. Monroe County DHS staff will review all property code violations identified on the City of Rochester's website and compare them against the attached list of Property Conservation Violation Codes designated as "health and safety" violations by the Monroe County Director of Public Health.
- ii. When L-E family and L-E in-home child care is being provided within Monroe County, but outside the Rochester City limits, Monroe County DHS staff will place telephone calls to those Municipality Property Bureau to determine if they have identified open property code violations. Monroe County DHS staff will confirm by telephone with that Municipality's Property Bureau if open code violations exist. The same list of "health and safety" violations designated by the Monroe County Director of Public Health is applied to all municipalities for assessing potential risk to children receiving L-E family and L-E in-home care.

c. When there is a current, open health and safety code violation/s for an enrolled or enrolling providers of L-E family and L-E in-home child care site, a Monroe County Special Investigations Unit (SIU) Investigator will conduct a visit of the property and will contact the L-E family and L-E in-home child care provider to discuss and evaluate the open code violation/s. Prior to a visit, the investigator will check the L-E family and L-E in-home provider's status in CCFS to determine if the provider has withdrawn their application or has been denied. If the L-E family or L-E in-home provider has not withdrawn or been denied, the district will run the program site address thru Citytax or the municipality's Property Bureau to see if open health and safety code violations have been resolved prior to a visit.

- i. If the open health and safety code violations have been resolved, the additional standard will be considered "*Met*" indicating that the L-E family and L-E in-home site does not have health and safety code violations.
- ii. "*Not Met*" indicates that the L-E family and L-E in-home child care site has open health and safety violation (1) were identified and that those violations may pose a health and safety risk for children receiving care at the child care site and that the L-E family or L-E in-home child care provider was unwilling or unable to clear the violations in the time frames set forth by the municipality or (2) the municipality determined that the property was uninhabitable due to and issued a vacate order. The violation/s does not affect the parent's eligibility. Monroe County will inform parents that they need to find a new child care provider and the reason(s) why.
- iii. The additional standard is considered "*Not Applicable*" if the L-E family and L-E in-home site is outside of Monroe County.

d. The district will notify the EA within 25 days of the CCFS e-notice referral, as to whether the standard is "*Met*" or "*Not Met*" or "*Not Applicable*" utilizing an electronic worksheet approved by NYS OCF (5-23-2017) in collaboration with the Child Care Council, Inc. (enrollment agency).

- "*Met*" indicates that the L-E family or L-E in-home site does not have health and safety code violations.

- “Not Met” indicates that the L-E family or L-E in-home child care site has open health and safety violation (1) were identified and that those violations may pose a health and safety risk for children receiving care at the child care site and that the L-E family or L-E in-home child care provider was unwilling or unable to clear the violations in the time frames set forth by the municipality or (2) the municipality determined that the property was uninhabitable due to and issued a vacate order.
- “Not Applicable” indicates the L-E family care or L-E in-home care site is outside of Monroe County for children living in Monroe County. Monroe County will not apply this standard when care is provided outside of Monroe County.

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

1. The Standard will be applied:

- At initial enrollment and re-opening
- At each re-enrollment

2. The district will assess compliance with the additional local standard:

- During the enrollment **review** period, and the district will notify the Enrollment Agency of the results within 25 days from the E-Notice referral date.*
- During the 12-month enrollment period, and the district will notify the Enrollment Agency of the results promptly. Note that this option is always applicable to an additional local standard requiring participation in CACFP.*

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

Monroe County Department of Human Services has partnered with the City of Rochester and the Lead-Free Coalition of Rochester and Monroe County to identify best practices in mitigating health and safety risks for children in our community, particularly children living in poverty. We have informally reviewed LE provider applications for the past three years and identified between 5.5% and 8% of LE provider applications are for sites flagged by the City of Rochester as having open code violations that would be classified as “health and safety” violations by the Director of Public Health. Additionally, 35% of the properties with identified health and safety violations have an identified lead paint hazard. This additional standard will assist providers, parents and the community in minimizing environmental health and safety hazards to children receiving care in L-E family and L-E in-home child care sites.

Please see uploaded list of Health & Safety Violation Codes.

Appendix R: Payment to Child Care Providers for Absences

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

- Day care center

- Group family day care
- Family day care
- Legally-exempt group
- School-age child care

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

- Yes
- No

3. Base Period:

- 3 months
- 6 months

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

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a Month	0	3	3
Base Period	0	18	18

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

Payment will only be allowed for open Child & Family Services cases (LDSS case prefix SO) in which the child is to appear in court or keep appointments related to the provision of preventive, FC, adoption or child protective services, or other needs as identified in the child's service plan.

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

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

Note. Legally exempt family child care and in-home child care providers are not eligible to receive payment for absences.

Appendix S: Payment to Child Care Providers for Program Closures

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

Monroe County: Child Care

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

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

- Yes
- No

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

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

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

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

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

- No
- Yes

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

II. Differential Payment Rates

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

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

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

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

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

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

- No
- Yes

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

10%

IV. Sleep

1. Does the district choose to pay for child care services while a caretaker that works a second or third shift sleeps?

- No

Yes

2. The following describes the standards the district will use to evaluate whether to pay for child care services while a caretaker that works a second or third shift sleeps, as well as any limitations pertaining to payment:

Childcare to allow a parent to sleep may be paid with Administrative approval and supporting documentation under the following circumstances: special circumstances include parents working night shift requiring sleep during the day and the child(ren) are below school-age or the care is during school breaks.

3. Indicate the number of hours allowed by your district per day (maximum number of hours allowed is eight).

6

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

I. Child Care Exceeding 24 Hours

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

On a short-term or emergency basis

The caretaker's approved activity necessitates care for 24 hours on a limited basis

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

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

II. Child Care Services Unit (CCSU)

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

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

18-year-olds

19-year-olds

20-year-olds

OR

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

18-year-olds

19-year-olds

20-year-olds

2. Describe the criteria your district will use to determine whether or not 18-, 19-, or 20-year olds are included in the CCSU.

Financial criteria only, when inclusion of the 18/19/20 year old makes the household eligible for assistance.

III. Waivers

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

IV. Breaks in Activities

1. Districts may pay for child care services for low-income families during breaks in activities either for a period not to exceed two weeks or for a period not to exceed four weeks when child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period. If your district will pay for breaks in activities, indicate below for how long of a break that the district will pay for (check one):

Two weeks

Four weeks

2. Districts may provide child care services while the caretaker is waiting to enter an approved activity or employment or on a break between approved activities. The following low-income families are eligible for child care services during a break in activities (check all that are eligible):

Entering an activity

Waiting for employment

On a break between activities

Non-Residential Domestic Violence Services

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

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

Please provide the information required below.

County Contact Person

County Contact Person:

Denise Read

Phone Number:

(585) 753-6173

E-Mail address:

Denise.Read@dfa.state.ny.us

Program Information

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

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

Agency Name:

Lifespan Inc.

Program Name (if different):

Business Address:

1900 Clinton Avenue South, Rochester, NY 14618

Contact Person:

Paul L. Caccamise

Telephone number:

(585) 244- 8400

E-mail Address:

pcaccamise@lifespan-roch.org

Program Requirements

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

All questions must be answered

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

Lifespan's Elder Abuse Prevention Program (EAPP) was initiated in 1987 and has operated continuously since then. The program is one of 30 programs serving older adults and their caregivers at Lifespan. EAPP provides investigation and casework intervention in cases of older adults abused or neglected by trusted third parties including family members. Each year the program investigates about 200 cases of elder abuse in Monroe County. Approximately 80% of perpetrators each year are close family members.

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program and how special needs populations are accommodated?

All clients in the EAPP program are served without regard to income. Eligibility is determined by allegations of abuse or neglect and the willingness of the client to cooperate with EAPP staff. Services are provided in the client homes for the most part. EAPP has one social worker who speaks Spanish; Lifespan has other bilingual staff that can be called into cases for clients whose primary language is not English. Lifespan also has a contract with Language Intelligence to provide translation service in other languages. Lifespan also operates an ASL Interpreting Services program and provides ASL interpreting services for deaf clients when needed.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

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

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	M-F	8:30 - 4:30	EAPP provides services through telephone contacts with clients and their caregivers and through home visits.	Lifespan	8.0 FTE Social Workers
Information and Referral	7 days/week	24hrs/day	I & R through Eldersource	Afterhours calls are taken by Lifeline. Referrals are then transmitted to EAPP staff via the PeerPlace aging services database.	8.0 FTE Social Workers
			EAPP social workers advocate for clients and support clients in self-advocacy in a number of areas: the criminal justice system	Service is usually provided in client homes; EAPP social	8.0 FTE

Advocacy	M-F	8:30 - 4:30	including accompaniment to file Orders of Protection and to court hearings, the healthcare system, and with financial institutions and with creditors.	workers also accompany clients to court hearings and other appointments	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 STEAM program)	Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other appointments.	8.0 FTE Social Workers
Community Education and Outreach	M-F	8:30 am - 4:30 pm; some evenings	EAPP staff offer presentations for public ad training for professionals on elder abuse to thousands of individuals in Monroe County as well as other locations in NYS annually. EAPP offers information on elder abuse via the local media, e.g., on local radio and articles in print publications in Monroe County.	Trainings and presentations are given in the community throughout Monroe County.	Lifespan VP for Program; EAPP Program Director
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	As scheduled	As scheduled	EAPP also offers a unique psycho-educational group program for perpetrators of elder abuse (the Stop Elder Abuse and Mistreatment or SEAM program)	Lifespan	2 EAPP Social Workers

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

Staffing Requirements

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

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

Do NOT give names or resumes of program staff

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Lifespan VP for Program	Program oversight/strategic planning/conducts training in elder abuse/conducts research on elder abuse	LMSW; 32 years of experience in adult protective and elder abuse
EAPP Program Director	Program management/clinical supervision/program monitoring/budget preparation/offer training in elder abuse/conducts research in elder abuse	LMSW; 29 years in elder abuse services
EAPP Social Workers (8.0 FTEs)	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

Program Name (if different):

Business Address:

PO Box 39601, Rochester, NY 14604

Contact Person:

Bonnie DeVinney, President and Chief Executive Officer

Telephone number:

(585) 232-5200 Ext. 226

E-mail Address:

CEO@WilloCenterNY.org

Program Requirements

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

All questions must be answered

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

WILLOW (formerly ABW) is a not-for-profit agency serving victims of domestic violence in Rochester and Monroe County, New York. In addition to providing Residential Domestic Violence Services (38-bed emergency domestic violence shelter for victims of DV and their children), WILLOW also offers non- residential DV services that help 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 benefits. In fact, most of the clients using Non-residential services reside in the local community.

Non-Residential Services Include:

Monroe County: Non-Residential Domestic Violence Services

- 24-HOUR CRISIS HOTLINE - Provides access to the shelter, information, referrals and counseling. Victims of domestic violence, concerned family members, friends, and community professionals utilize WILLOW's Crisis Hotline.
- WALK-IN COUNSELING - Short-term individual counseling is available for extremely urgent situations.
- CHILDREN'S SERVICES- Group services for children whose mothers are participating in community support groups.
- TRANSITIONAL SUPPORT SERVICES – Provides small groups, topic focused groups, open community support groups advocacy and individual consultation is available to victims of domestic violence residing in the community who are coping with the effects of an abusive relationship on themselves and their lives.
- COURT ADVOCACY PROGRAM - WILLOW advocates are stationed at the Domestic Violence Intensive Intervention Court and the Integrated Domestic Violence Court located at the Hall of Justice. This program assists victims who are petitioning this part of Family Court for an Order of Protection and provides support in both IDV and DVIC Courts. This is a collaborative program with Legal Aid Society of Rochester. Clients can obtain court accompaniment, civil legal services for obtaining orders of protection and ongoing support and advocacy throughout the court process.
- DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAM: A preventive, educational program for youth and those that work with youth in academic and community based settings throughout Monroe County.
 - COMMUNITY SPEAKER'S BUREAU - Individualized presentations about domestic violence and agency services to professional and community groups

Describe the eligibility criteria for clients utilizing the services of the non-residential domestic violence program and how special needs populations are accommodated?

WILLOW is open to all residents in Monroe County who disclose as victims of domestic abuse and/or family members of victims of domestic violence. WILLOW also serves victims of domestic violence who come from other NY counties and states. All services are provided without regard to income. Staff and volunteers are trained to work with a wide variety of individuals and families. WILLOW has bilingual staff and volunteers available for all programs. Staff and volunteers participate in cultural diversity training. The agency has also made itself accessible to the hearing impaired community by establishing a designated TTY line and contracts with ASL interpreters for services. WILLOW was part of a state-wide task force in developing and implementing training for victims of domestic violence who are disabled including training for advocates of domestic violence prevention serving the deaf, hard of hearing and latency deaf community. The facility is handicap accessible as well.

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)

The WILLOW 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 the means by which any client of WILLOW's confidentiality is to be protected.

Services offered by the Transitional Support Services, and Children's Services are provided in a confidential secured building. The Court Advocacy program is on site at the Hall of Justice to assist victims in obtaining an order of protection. The prevention and educational outreach is offered in the community and in schools.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
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Telephone Hotline Assistance	7 days/week	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	full-time, part-time and per diem counselors
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Information and Referral	7 days/week	24 hrs/day	All staff are trained to provide information and referrals about domestic violence, Willow resources and community resources. This is done via phone or in-person. Willow is a major resource to the community as a depository of information regarding community resources and services.	Undisclosed; confidential location	full-time, part-time and per diem counselors
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Provide advocacy on an individual case basis and at the community and system wide levels. WILLOW advocates to 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	(#s vary)1 FT Intake Specialist; 2 FT Case Managers; 1 FT Care
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Advocacy	M-F	8 – 5; evening hrs as needed	<p>advocates with all 17 law enforcement agencies and crime victims' assistance programs in Monroe County and with the MC District Attorney's Office for prosecution of criminal acts perpetrated against victims of abuse. WILLOW works with schools, employers and landlords to advocate for services needed for victims and their children. They work closely with the Monroe County Department of Human Services to assist victims in obtaining Public Assistance, Medicaid and Food Stamps as needed.</p>	In the community	<p>Coordinator; 1 FT Children's Program Coordinator; 1 FT Shelter Services Coordinator; 1 FT Shelter Supervisor; 1 FT Shelter Manager; volunteers and interns</p>
Counseling	M-F	8 -5; evening hrs as needed	<p>Services include safety planning, individual counseling, support groups and topic-focused groups to assist victims in recovering from trauma; information and referral, advocacy and support to victims transitioning from emergency shelter to community living.</p> <p>Domestic Violence Prevention Education Program (DVPEP): Educational based program works with youth to inform and promote the development of skills necessary to achieve healthy, violence-free</p>	Undisclosed at non-residential site	<p>3 FT Counselors and 1 FT Mobile Advocate; volunteers and interns</p>

Community Education and Outreach

M-F

Business Hours; Evenings (as needed) Weekends (as needed)

interpersonal relationships. This program is offered in academic settings, including elementary, junior and senior high schools, and area colleges as well as youth service providers. Companion presentations are provided to parents of youth participating in the DVPEP as well as to adult groups throughout the community. Community Speaker's Bureau: Conduct presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human services organizations, professional groups, businesses and professional training programs.

Throughout the community

1 FT Prevention Education and Training Manager; 1 PT Prevention Educator; Speakers Bureau Programs are provided by the Prevention staff listed above as well as members of Willow's Executive Committee

Court Advocacy Program (CAP): Willow advocates work with victims of domestic violence that are seeking orders of protection at the Hall of Justice. Willow provides victims with counseling, support, safety planning, court accompaniment, and information and referrals to other Willow programs as well as other community-based programs. Safety First: Provides

CAP:1 FT CAP Coordinator; 1 FT Court Advocate; 1

Optional Services (e.g., Support Groups, children's services, translation services, etc.)

M-F

Business Hours (some evenings if needed)

counseling, safety planning, advocacy and information and referrals to victims of domestic violence that are working with Monroe County Child Protective Services. Project Stronger: Works with Mt. Hope Family Center staff to provide counseling to child victims of domestic violence. HEAL: Working in collaboration with the University of Rochester, the HEAL program provides support and services including obtaining virtual orders of protection for victims of domestic violence who are receiving services through Strong Memorial Hospital

CAP: Hall of Justice; Safety First: Mon Co SPC- ST. Paul Street; Project Stronger: UofR/Strong Hospital; HEAL: Mt. Hope Family Center

Mobile Advocate; volunteers and interns;; Safety First: 2 FT Safety First Advocates;; Project Stronger: 1 FT Mobile Advocate;; HEAL: 1 FT HEAL Advocate

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

Staffing Requirements

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

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

Do **NOT give names or resumes of program staff**

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Asst Executive Director	Oversight of WILLOW's non-residential and residential programs	MPA
Transitional Support Services (TSS) Coordinator	Oversee all aspects of the TSS program, provide individual, group and advocacy services	MS in Counseling

Shelter Director	Oversight of all staff and programming for WILLOW's crisis hotline and non-residential children's services	BSW
DV Prevention Education Coordinator	Develop, organize, implement and provide education prevention programming for youth	Domestic Violence Counselor RCADV Certification
Court Advocacy Program (CAP) Coordinator	Oversee all aspects of the CAP program	BS
Full-time Counselors (13); per diem counselors (16)	Provide counseling, support, advocacy and information and referral services	Education ranges from Associate in Arts to Master degrees; participate in 3 week intensive training

Title XX Program Services Matrix

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

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

Each district must designate a worker (or workers) who will receive the yearly notice that the Title XX Matrix is available for the district's update. The district must provide the state with the worker's name and user identification number.

Each district must update its WMS Title XX Matrix as necessary, and submit it to the state for review. Districts are not able to alter state-mandated fields. The updates are done by a district worker who has been assigned security function 180 by the district's LAN administrator (this does not have to be the same person who receives the annual update notice). 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) is available with step by step instructions on how to complete the Appendix F Title XX Program Services Matrix. The link to the CBT is: <https://www.hslcnys.org/hslc/Content/DLT01/3748/player.html>
- [Click Here for Instructions to Complete the Program Matrix](#)

Are there changes to the services your county intends to provide during the 2018 Child and Family Services Planning cycle?

- Yes
- No

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

List of Data Sources

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

Data Source	Safety	Permanency	Youth & Young Adult	Adult Services
KWIC (Kid's Well-being Indicators Clearinghouse)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Census Data	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Trends Data Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Information System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYS OCFS Data				
MAPS (Monitoring and Analysis Profiles)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QYDS (Quality Youth Development System)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Family Services Plan Child Level Data	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OCFS Juvenile Detention Automated System (JDAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Detention Risk Assessment Instrument System (DRAIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OCFS Agency Online Profile (OAOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YASI data (Youth Assessment & Screening Instrument)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Harbour: NY program data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adult Services Automation Project (ASAP.Net)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Adult Protective Services (APS.Net)—NYC only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Surveys				
County Search Institute Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities That Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAP Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way (Compass Survey or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Other Data Sources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specify Any Other Data Sources:			SAMHSA data	1. 2010 NYS Study of the Prevalence of Elder Abuse 2. <i>Age Wave: Changing demographic landscape of America and Greater Rochester, Lifespan of Greater Rochester Inc. 2017</i>

Required Interagency Consultations

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

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

Agency Type	Safety	Permanency	Youth and Young Adult	Adult Services
Health ⁴		Starlight Pediatrics		Monroe County Department of Public Health
Mental Health ⁴	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health	Monroe County Office of Mental Health (Hoarding Task Force)
Youth Bureau ³			Rochester Monroe County Youth Bureau (RMCYB)	
Department of Probation ³	Monroe County Department of Probation-Community Corrections	Monroe County Department of Probation-Community Corrections		
Societies for the Prevention of Cruelty to Children ¹	Society for the Protection and Care of Children	Society for the Protection and Care of Children		
Law Enforcement ^{1,2,4}	Rochester Police Department, Monroe County Sheriff's Department, New York State Troopers	Monroe County Sheriff's Department, Rochester Police Department	Juvenile Justice Committee	Rochester Police Department/211 (Hoarding Task Force & E-MDT)
Aging ⁴			Monroe County Office for the Aging	Monroe County Office of the Aging
Legal ^{1,4}	Monroe County Law Department, Children's Services Unit	Monroe County Law Department, Children's Services Unit		Greater Rochester Medical-Legal Collaborative

Family Court (judge or designee) ¹	Monroe County Family Court	Monroe County Family Court		
Local Advisory Council ^{1,2,3}	Monroe County Planning Committee	Monroe County Planning Committee	Rochester Monroe County Youth Board	
Other Relevant Government Agencies		NYS OCFS		City of Rochester Code Enforcement (Hoarding Task Force)
Child Care Resource and Referral Agencies				
RHYA Providers ³	Center For Youth		Center for Youth Services; Salvation Army-Genesis House	
Other Public / Private / Voluntary Agencies ^{1,4}	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University of Rochester, Lifetime Assistance, Ibero American Action League, Urban League	Hillside Children's Center, Cayuga Centers, Villa of Hope, Mt. Hope Family Center, University Or Rochester, Lifetime Assistance, Ibero American Action League, Urban League		Lifespan
Other (#1)				Catholic Family Center
Other (#2)				

1. Must be consulted when developing Safety / Prevention section of the Plan.
2. Must be consulted when developing the Permanency / Prevention section of the plan.
3. Must be consulted when developing the Youth and Young Adult section of the plan
4. Must be consulted when developing Adult Services section of the Plan

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2017

Memorandum of Understanding (MOU)

Multidisciplinary Team (Partner Agencies)

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

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

In signing this Memorandum of Understanding (MOU), each collaborating member agrees to participate on the MDT according to the *Multidisciplinary Team Child Abuse Guidelines*, to the best of their abilities. It is further agreed that this MOU will be in effect for one year, and that the *Multidisciplinary Team Child Abuse Guidelines* and resource commitments of each collaborating member will be reviewed annually.

Bivona Child Advocacy Center
Mary E. Whittier, Executive Director *Mary E. Whittier*

Brighton Police Department
Mark Henderson, Chief of Police *Mark Henderson*

Brockport Police Department
Daniel Varrenti, Chief of Police *Daniel Varrenti*

Catholic Family Center
Marlene Bessette, President & CEO *Marlene Bessette*

East Rochester Police Department
Steven Clancy, Chief of Police *St Clancy*

Fairport Police Department
Sam Farina, Chief of Police *Sam Farina*

Gates Police Department
James Vanbrederode, Chief of Police *James Vanbrederode*

Greece Police Department
Patrick Phelan, Chief of Police *Patrick Phelan*

Irondequoit Police Department
Richard Tantalo, Chief of Police *Richard Tantalo*

Linden Oaks Specialized Assessment and Treatment Services
Thomas Neilans, PhD, Partner *Thomas Neilans, PhD*

Monroe County Department of Human Services
Corinda Crossdale, Commissioner *Corinda Crossdale*

Monroe County District Attorney's Office
Sandra Doorley, District Attorney *Sandra Doorley*

Monroe County Law Department
Michael Davis, County Attorney *Mark Maves on behalf of Michael Davis*
Mark Maves

Monroe County Sheriff's Office

Patrick M. O'Flynn, Sheriff Patrick M. O'Flynn

New York State Police

Richard Allen, Major Richard S. Allen

Ogden Police Department

Christopher Mears, Chief of Police Chris Mears

Planned Parenthood of Central Western New York

Michelle Casey, President & CEO Michelle Casey

REACH Program, Golisano Children's Hospital at University of Rochester

Nina Schor, MD, Ph.D, Pediatrician-in-Chief
Dr. Elizabeth Murray Elizabeth Murray

Rochester Police Department

Michael Ciminelli, Chief of Police Michael Ciminelli

Rochester Regional Health

Robert J. Nesselbush, Executive Vice President,
Chief Operating Officer Robert J. Nesselbush

Villa of Hope

Christina Gullo, President/CEO Christina M. Gullo

Webster Police Department

Joseph Rieger, Chief of Police Joseph Rieger

Date completed 4/4/17

