

Cover Page

Monroe County County Child and Family Services Plan

NOVEMBER 1, 2024 – OCTOBER 31, 2029

DRAFT

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District Overview

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

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

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

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

Population Trends and Disparity

Monroe County is located in Western Upstate New York, centered on the City of Rochester, with nineteen (19) surrounding suburban and rural towns. Based on the most recent census estimates available (2023), Monroe County is home to 748,482. This represents a 1.4% decrease from 2020 and a 1.8% increase from 2000, indicating a generally stable population. The City of Rochester is home to 207,264 people, comprising 27.7% of Monroe County's population. This estimate represents a 1.9% decrease since 2020 and a 5.7% decrease from 2000. (Sources: US Census Bureau, American Community Survey Estimates 2023 and US Census Bureau QuickFacts)

As of 2020, 16% of Monroe County and 42% of Rochester residents were African American/Black, while Hispanic/Latino residents represented 9% of the County and 19% of Rochester's population. (Source: US Census Bureau QuickFacts) From 2000 to 2020, Black and Hispanic populations among children and youth increased from 32% to 41% of the County's population. Among adults, the Black and Hispanic populations increased from 19% to 26%. (Source: US Census Data) The Hispanic population is the fastest growing segment of Monroe County's total population, having increased by 79% in the County and 41% in the City of Rochester since 2000. During the same time period, the Asian population increased by 58% in the County and 49% in the City; the African American/Black population increased by 11% in the County and decreased by 4% in the City; while the white population has decreased by 4% in the County and 10% in the City. (Source: US Census Bureau via ACTRochester.org)

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

Older adults are the fastest growing age demographic in Monroe County, and the population is expected to increase in the coming years, which highlights a growing need for additional support services. (Source: Poverty in Later Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Between 2000 and 2021, the number of people ages 60 to 84 increased by 52% in Monroe County, while the number of people age 85 or older increased by 34%. In the City, the number of people ages 60 to 84 increased by 40%, while the number of people 85 and older decreased 33%. Residents aged 60 or older now account for 24% of Monroe County's and 17% of Rochester's population. (Source: US Census Bureau's American Community Survey via ACTRochester.org) Common issues associated with an aging population include, but are not limited to, transportation, housing, Medicare and Social Security, long term care, Alzheimer's,

caregiving, and elder abuse.

Approximately, 10.8% of the individuals in Monroe County under age 65 have some type of disability, which is defined as serious difficulties with the four (4) basic areas of functioning: hearing, vision, cognition and ambulation. According to the American Community Survey (ACS) 2018-2022, 30.6% of all households in Monroe County had one or more people aged 65 or older. An estimated 32.5% of households received Social Security and an estimated 26.3% of households received retirement income other than Social Security. Fourteen percent (14%) of children and youth ages 4-21 in Monroe County and 22% of children and youth in the City of Rochester are classified as "a student with a disability" and access special education services in school. (Source: New York State Education Department 2021-22 – data.nysed.org)

Academic achievement continues to vary between the County and the City and by race and ethnicity. After several years of gains in the graduation rate, the 2023 school year saw a small decrease across all racial and ethnic groups. While Monroe County schools perform on par with the rest of the state with graduation rates at 85%, the graduation rate in the Rochester City School District (RCSD) for a 4-year cohort during the 2022-23 school year was 67%, down from 71% from the previous year and up from 51% in 2015. (Source: data.nysed.gov) Graduation rates continue to vary by race and ethnicity. Countywide, 91% of Asian/Native Hawaiian/Other Pacific Islander students, 92% of white students, 72% of African American/Black students and 76% of Hispanic/Latino students graduated on time in 2023. Graduation rates for students in Rochester for 2023 are as follows: 82% of Asian/Native Hawaiian/Other Pacific Islander students, 68% of African American/Black students, 65% of Hispanic/Latino students and 64% of white students graduated on time. (Source: data.nysed.gov)

LGBTQ+ identities are an important facet of diversity within our community, and should be included in our planning, however local data is somewhat limited. According to a UCLA School of Law report based on Gallup Poll data, the city of Rochester has an estimated 4.3% LGBT adult population. (Source: UCLA School of Law, Williams Institute, LGBT Adults in Large US Metropolitan Areas, 2021). Approximately 20% of Monroe County students completing the Youth Risk Behavior Survey in 2021-22 identified as LGBTQ+ and were more likely to report mental health challenges and being a victim of violence than heterosexual and cisgender (non-LGBTQ+) peers. (Source: Monroe County Youth Risk Behavior Data 2021-22) Estimates show that 1.43% of youth in the US and 3% of youth in New York State (ages 13-17) are transgender. (Source: UCLA School of Law, Williams Institute, How Many Adults and Youth Identify as Transgender in the United States?, 2022) While the number of youth reporting sexual identity or gender issues at the time of Child Welfare intake is reportedly small, it is felt to be an under-representation, given the prevalence in the general population. The number appears to be growing overall and Monroe County DHS recognizes a need for services that can support these youth and their families.

CONNECTIONS between POVERTY and DISPARITIES

In August 2020, the Rochester Area Community Foundation, in collaboration with ACT Rochester, released "Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area" which was a follow up to their report of the same name released in 2017. These two reports followed a series of regional reports regarding poverty and focused more fully on the disparities in our community based on race and ethnicity, particularly as they are related to poverty and overall well-being. The report indicates that gaps between racial and ethnic groups are greater in the Rochester region than in New York State and across the United States. "Disparities impact individuals and families throughout their lives, and even into future generations. Wide gaps exist in child health and well-being; they continue through a child's academic experience; they persist through the working years; and they impact one of the largest sources of intergenerational wealth transfer – home ownership." (Source: Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area, ACT Rochester and The Community Foundation, 2020)

The overall poverty rate in Monroe County currently stands at 13.2%, slightly lower than New York State (14.3%), but higher than national levels (11.1%) as of 2022. Poverty is particularly concentrated within the city of Rochester with the overall poverty rate in 2022 reaching 28%, down slightly from 2021 (30.4%). (Source: US Census Bureau Quickfacts) According to Census data, the City of Rochester ranked third in poverty among the nation's seventy-five (75) largest metropolitan areas. (Source: RMAPI Press Release, December 2020 www.endingpovertynow.org; confirmed with 2022 US Census Bureau Quickfacts)

Poverty varies by age, with higher concentrations in the young and older populations of Monroe County and the City of Rochester. Countywide, nearly 17% of seniors (age 65 and over) live below 150% of the poverty measure, while in the City of Rochester 33% of those 65 and over do. (Source: Poverty in Later

Life: Rochester's Poverty Problem is a Problem Across the Lifespan, 2021) Similarly, 20% of children and youth (under 18) in the County live in poverty, while 46% of those under age 18 living in the City of Rochester do. (Source: US Census Bureau Geographic Profiles: Rochester, Monroe County) According to local news, when comparing mid-to-large-size cities based on 2020 US Census data, Rochester ranks second in the nation for percentage of children in poverty. (Sources: RochesterFirst.com article 3/29/2022: Nearly Half of All Children in Rochester Live in Poverty, Second-Highest Rate in the Nation)

Poverty rates are significantly higher for people of color, particularly children of color. The poverty rate in 2021 for Black people in the County was 32% and 36% in the City. However, the poverty rate for Black children is 46% in the County and 52% in the City. The poverty rate for Hispanic/Latino people is 29% in the County and 37% in the City and for Hispanic children, it is 35% and 47% respectively. By comparison, the poverty rate for white people in the County is 9% and 22% in the City and for white children, it is 11% and 36% respectively. (Source: US Census Bureau's American Community Survey via ACTRochester.org) Race matters, as does where you live, and where you live is frequently based on race. In all cases, children are affected by poverty at a greater rate than adults. (Sources: ACT Rochester and Hard Facts: Race & Ethnicity in the Nine County Greater Rochester Area, ACT Rochester and The Community Foundation, 2020)

Disparate rates by geography, race and ethnicity, and age, and linked to poverty are also seen in other wellness indicators. While the infant mortality rate average for 2017-2019 was 7.4 per 1000 live births in the County, it was 13 per 1000 in the City. (Source: NYS Department of Health via ACTRochester.org) Across the County in 2017-2019, the infant mortality rate for African Americans was 17 per 1000 live births, for Hispanics it was 8 and for whites it was 4 per 1000 live births. (Source: New York State Department of Health via ACTRochester.org) African American infants are nearly 2.5 times as likely as white infants to experience low birthweight, while Latino infants are twice as likely. (Source: Hard Facts Update: Race and Ethnicity in the Nine-County Greater Rochester Area, ACT Rochester and The Community Foundation, 2020) Graduation rates by race, ethnicity, and geography have been described above and reflect analogous disparities.

OCFS disparity data trends for Monroe County from 2021-2023 show that Hispanic and Black children and youth are three to four times (respectively) more likely than white children to be reported to CPS. Over the last few years, there has been an increase in families involved in a CPS report who have difficulty meeting basic needs (e.g., food, shelter, housewares, clothing). As children and youth become more deeply involved in the child welfare system, disparity grows, more so for Black children, who are five and a half times more likely to be admitted to foster care than their white counterparts. Hispanic children and youth are just under three and half times more likely to be admitted to foster care than their white counterparts.

Strategies to Address Disparities

Addressing Poverty:

The Monroe County Department of Human Services has historically partnered with multiple community initiatives and organizations to address the issues of poverty across the lifespan and across generations, racial and ethnic disparities, and the impact of trauma and toxic stress. There has been a move throughout the community towards collective impact and shared responsibility, with multiple initiatives to address the issues of poverty and racial disparities. State initiatives include the Rochester Anti-Poverty Task Force established in 2015, as well as the Empire State Poverty Reduction Initiative.

Local initiatives include, but are not limited to:

- The Rochester Monroe Anti-Poverty Initiative (RMAPI) – focuses on accessibility and affordability of basic needs and workforce development
- ROC the Future – strives to improve the academic achievement of Rochester's children as a means by which to address poverty
- Pathways to Prosperity – serves as a link between regional economic development and anti-poverty efforts focusing on the relationship between education, employment, and poverty
- Connected Communities – focuses on holistic revitalization of select neighborhoods
- Interrupt Racism Summit – Urban League of Rochester's yearly effort to provide resources to help the community identify, interrupt, and dismantle processes of systemic racism

- The Children’s Agenda – advocacy group focused on early childhood, education, health and well-being, poverty, and racial equity
- ACT Rochester – promotes use of timely and accurate data to learn, connect, and act for positive changes in the Monroe County region
- Great Schools for All – a coalition advocating for guaranteed access to excellent public education by promoting integration of low- and high-poverty areas
- HOPE585 - a non-profit organization with the mission to educate, enrich, and empower youth and families through programs and partnerships that give them hope and help them thrive
- Four specific programs from the City of Rochester to increase income and create future opportunities are in development or underway: the Guaranteed Basic Income pilot starting in spring 2023 (founded upon the belief that people in poverty are best positioned to make informed financial decisions that address their households’ needs), Just Law program (teaches 6th-9th graders in Rochester City School District [RCSD] about the legal system, the importance of school attendance, and developing strong writing skills), Pillars of Hope (local African American and Hispanic volunteers serve as role models for RCSD school students), and the Office of Financial Empowerment (financial resources and information to support residents and small businesses in reaching financial goals).

In January 2024, Governor Hochul announced that New York State would invest \$50 million to support selected anti-poverty initiatives targeted in Buffalo, Rochester and Syracuse. The City of Rochester in partnership with Monroe County is projected to receive \$25 million to support locally-driven efforts to address the immediate needs of children and families over the next three years. Planning is currently underway.

Addressing Racial, Ethnic, and other Disparities: Racism and inequity are woven into the fabric of society and as such, addressing them requires a multifaceted strategy. The following efforts are underway by Monroe County to address racial and ethnic disparities at the education, service, organization, and system levels:

1. Education and Training

Monroe County provides regular opportunities for mandated reporters to learn more about how to report abuse/maltreatment, the processes involved during investigations, and finding resources for families who are not appropriate for a CPS report but need services/supports to meet basic needs. Efforts include CFS 101 which provides a quarterly overview of Monroe County Child and Family Services; Superintendent Conference Days where CPS staff meets with school district social worker(s) and school counselor(s) about reports and resources; the Do Right by Kids (dorightbykids.org) website and monthly email newsletter developed and maintained by the Monroe County Department of Human Services to provide information about the reporting process and provides linkages to services; and Mandated Supporting Learning Opportunities where CPS provides education in partnership with community organizations about topics such as meeting basic needs, safe sleep for babies, gun violence, and Adverse Childhood Experiences (ACEs).

The Child and Family Services Division participated in the OCFS Race Equity Cultural Competency Assessment at the beginning of 2021 to gather information about policies, practices, and organizational factors that contribute to disparity and identify gaps between intent and outcomes, with an eye towards creation of an overarching training plan, as well as other initiatives. As a result, Monroe County in partnership with the regional OCFS office created a training plan to ensure agency wide awareness and understanding by establishing a shared language and knowledge baseline.

In addition to LGBTQ+ training as part of the “Equity Challenge,” two additional trainings have occurred. Prior to the pandemic, Child and Family Services staff and foster parents received training from a local LGBTQ+ support organization, Trillium, regarding awareness and support of youth who identify as part of the LGBTQ+ community. Planning is underway to resume this training. In addition, Child and Family Services has shared OCFS’ information about SOGIE Data Collection with staff and continues to encourage opportunities for training to increase staff’s knowledge about LGBTQ+ children, youth, and parents.

2. Process and Recruitment Initiatives:

Blind Removal Process: In late 2021, Monroe County re-established its Blind Removal Process to reduce or eliminate bias in decision-making when removal to foster care is being considered. The Blind Removal Committee, established in late 2020, reviewed data and focus group results from the previous iteration of the Blind Removal Process (2016-2018) to develop new and improved processes regarding meeting structure, record-keeping, and data collection and analysis. Throughout 2022, two teams were onboarded every month, with training in implicit bias and an orientation to the process. By the end of 2022, all teams were engaged in the process. Blind Removals are intended to decrease the overall number of children removed from their homes, as well as build a more equitable system of care. Disparate rates of foster care admissions for both Black and Hispanic children declined from 2022 to 2023.

Preventive Services Staff Diversity: DHS is working internally and with provider agencies to diversify staff to better reflect the racial and ethnic backgrounds as well as gender identity and sexual orientation of youth and families. Over the past 5 years contracted preventive programs have increased staff composition from 28% Black/African American to 38% in 2023. The number of male staff increased from 11% to 17% over the past five (5) years. In recent years as contracts were renewed, programs were required to respond to request for proposals which included a section about increasing staff diversity and this information is now part of their contract with Monroe County.

Foster Parent Diversity: Efforts to reduce disparities and better support youth in foster care involve recruitment of more diverse foster parents. Monroe County works with Metrix Marketing to actively recruit foster parents, focusing on urban communities and the Black, Latino and LGBTQ+ populations through various media and recruitment campaigns, including having foster parent recruitment tables at LGBTQ+ pride events. Working with the faith community to support recruitment is also underway.

Rapid Permanency Review: Following completion of the OCFS Race Equity Cultural Competency Assessment, Monroe County partnered with OCFS to plan and implement Rapid Permanency Reviews in the Fall of 2021. Having completed a round on children pending termination, the focus will shift to those awaiting adoption.

Continuous Quality Improvement: In the fall of 2023, Monroe County Child and Family Services (CFS) embarked on a journey to institute a formal Continuous Quality Improvement (CQI) system with special attention to reducing disparities in Child Welfare and will be woven into policies and practices. This work is continuing in 2024 with a newly hired Quality Coordinator, input from across the organization, and a commitment to develop sustainable processes for CQI success. With CQI, CFS will strive to become a "learning organization" while improving communication/transparency, using data to inform decisions, and employing a disparity reduction lens.

3. Service Delivery- Prevention, Foster Care, Permanency and Well-Being:

Monroe County employs several **Behavioral Health Specialists** to support youth, foster parents and DHS staff in developing knowledge of underlying needs that drive behavior, understand the impact of trauma and how it manifests in behavior, and develop additional strategies to manage behavior in the home.

Mobile Response and Stabilization Services, generously funded by OCFS and delivered by Hillside Family of Agencies, was implemented in 2023. The program is staffed with a Behavioral Health Specialist and a Peer Advocate. The service is available afternoons and evenings, seven (7) days a week to provide support to foster youth and families experiencing crisis, as well as support youth newly coming into care.

A **community supported foster home** program specifically for girls aging out of foster care opened in 2023 in partnership with HOPE585. The program stands as a pioneer initiative in Monroe County, with a specially trained foster mother who cares for and works with teen girls to build essential life skills for a seamless transition to adulthood. HOPE585 utilizes their Hope Rising Model anchored in the Science of Hope to increase and sustain well-being.

Promoting Reunification through Parenting, Attachment, Responsivity & Engagement (PREPARE) Monroe County, in partnership with The Society for the Protection and Care of Children (SPCC) developed and implemented the PREPARE program. Funded by a five-year federal grant from the Children's Bureau through the National Quality Improvement Center on Family-Centered Reunification (QIC-R), located within the University of Connecticut, PREPARE is designed to promote and accelerate family reunification

for children aged 0-5 by supporting parenting skills and strengthening healthy parent-child relationships.

Engaging Fathers: In 2023, Monroe County restructured and expanded fatherhood services, contracting with Coordinated Care Services Inc. (CCSI) for the Engaging Fathers Program. The focus is on finding and engaging fathers, as well as paternal extended families members to preserve culture and expand permanency options for youth in care.

Expanding services for LGBTQ+: Monroe County intends to develop and release a Request for Proposals (RFP) for an LGBTQ+ program for youth as one of the strategies as outlined in the body of the plan.

Meeting Basic Needs: For the last five (5) years, Monroe County has contracted with Care Portal, in partnership with HOPE585 to help meet basic needs through the posting of specific requests. Community members and faith-based groups pledge items and money to meet those needs. Care Portal has helped families increase stability by obtaining items such as furniture, clothing, household items, lock boxes, and door alarms. Monroe County also contracts with Hope Initiatives, an organization that provides families with portable cribs, beds, and other household items such as washers and dryers. Monroe County Preventive funds are also used for items that cannot be accessed through Care Portal and/or Hope Initiatives.

4. Organizational Initiatives:

Committee on Racial Equity (CORE): As a result of race equity training, this internal group was established in 2012 and continues to meet on a monthly basis. Comprised of leadership, staff development, mid-level supervisors, caseworkers, case aides and a planner, CORE promotes racial equity through organizational self-assessment, individual self-awareness, and diversity training for staff, as well as promotes equity awareness and practice change. The newly created Chief Community Engagement Officer position supports DHS' DEI work.

Diversity Action Plan: In 2022, MCDHS developed a Diversity Action Plan as part of the work of the countywide Office of Diversity, Equity, and Inclusion (DEI) to increase diversity across the agency. Implementation is underway and progress will be monitored.

Mental Health and Substance Use Task Force: In September 2020, the County convened a Mental Health and Substance Use Task Force to develop and implement strategies to address gaps in behavioral health emergency and crisis response systems, particularly around meeting the needs of BIPOC communities. Recommendations continue to be addressed under the leadership of the Community Services Director. (Source: Monroe County Mental Health and Substance Use Disorder Task Force Report – January 4, 2021)

5. Systems Initiatives:

Commission on Racial and Structural Equity (RASE): In June of 2020, the County partnered with the City of Rochester to launch The Commission on Racial and Structural Equity (RASE) (<https://rocrase.com/>). The report resulted in over 200 recommendations around six (6) over-arching themes and five (5) broad solutions. The Urban League now oversees the ongoing work recommended by the report and has developed workgroups to ensure implementation of the recommendations in eight subject areas: Criminal Justice & Policing, Human/Social Services, Education, Healthcare, Housing, Business Development & Job Creation, Services for Older Adults, and Mental Health and Addiction Services.

County Minimum Wage: As part of the effort by the Rochester-Monroe Anti-Poverty Initiative (RMAPI), in 2020, Monroe County raised the minimum wage for all County employees to \$15 an hour. RMAPI leadership stated the raise in minimum wage, is, "An important step in addressing persistent poverty as well as structural racism," (Source: Rochester anti-poverty agency reports progress in campaign to get employers to raise wages, WXXI News, February 6, 2022).

Office of Diversity, Equity, and Inclusion (DEI): Monroe County's DEI office was established and the Chief Diversity Officer appointed in 2020. Efforts and activities of the DEI office include: Language Access and Diversity Action planning across the County's departments; education about culture, inclusiveness, and belonging for County employees; community engagement about DEI; and communication and education about local, state, and federal laws associated with DEI. Monroe County has developed a local Minority and Women-owned business Certification program through the Office of DEI and has set

utilization goals for most county contracts at 12% for Minority Business Enterprises and 3% for Women Owned Businesses. The DEI office has been exploring other projects to dismantle inequitable systems and create access and opportunity for all.

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

Monroe County Department of Human Services is proud of the numerous initiatives, successes, and achievements over the past 5 years. Two new divisions have been created to better connect with the community and to support planning and the use of data to drive decisions. The Office of Community Engagement and Partnerships (OCEP) works to develop, promote, and enhance mechanisms for increased collaboration, communication, and supports with internal and external partners, as well as with consumers and potential consumers, resulting in improved access to MCDHS services. The Division of Research and Planning focuses on improving efficiencies, productivity, and outcomes by engaging in both short- and long-term planning and ensuring that data is accurate, timely and routinely utilized to inform decisions. The Research and Planning Division also seeks and coordinates grants, provides increased oversight of contract performance and compliance through enhanced metrics; produces state required plans; develops, implements, and evaluates programming and works to improve cross-system collaborations.

Child and Family Services has many initiatives and accomplishments to highlight. The Division crafted an excellent response to COVID, developing and enhancing service delivery alternatives, as well as new ways of doing business. The Division also worked to implement the Family First Preventive Services Act, which took effect in New York State on October 1, 2021. Several initiatives, including a Kinship Specialist Team and a Decision-Making Team around entrance into congregate care, were implemented. As a result, Monroe County has made significant progress in reducing the number of children placed in institutional (congregate) care placements in favor of more home-like settings. At the end of 2023, 16% of youth were placed in congregate settings, compared to 36% in 2015. However, 42% of the youth in congregate care settings are not placed under neglect orders, but as juvenile delinquents, meaning that just 10% of child welfare youth are placed in congregate care settings. Other success and highlights include:

- New recruitment and retention efforts have helped decrease caseworker vacancies significantly, including quarterly bonuses, increased time off, holding multiple open interview events, hiring a full-time recruiter, and waivers of the Civil Service exam with the HELP Program offered by the New York State Civil Service Commission.
- The *Engaging Fathers* program through CCSI began in January 2023 to improve Monroe County's work with fathers. In addition to fatherhood and young men's education groups, this program is assessing current practices for encouraging the involvement of fathers, developing a community-wide Fatherhood vision, and implementing strategies to connect absent and/or disconnected fathers.
- A training specific to Placement, Kin, and Permanency was locally developed and delivered to all Monroe County Child and Family Services staff in 2022.
- Monroe County DHS is the recipient of a 5-year demonstration grant from the United States Children's Bureau through the National Quality Improvement Center on Family-Centered Reunification (QIC-R) to support innovative programming which promote reunification and preserves, nurtures, and strengthens parent-child relationships, supportive community connections and resources. Monroe County, in partnership with The Society for the Protection and Care of Children (SPCC) has developed and implemented the PREPARE (Promoting Reunification through Parenting, Attachment, Responsivity & Engagement) program. PREPARE is designed to promote and accelerate family reunification for children aged 0-5 by supporting parenting skills and strengthening healthy parent-child relationships.
- In the fall of 2023, Monroe County Child and Family Services (CFS) embarked on a journey to institute a Continuous Quality Improvement (CQI) system that will be woven into policies and practices. This work is continuing in 2024 with a newly hired Quality Coordinator, input from across the organization, and a commitment to develop sustainable processes for CQI success. With CQI, CFS will strive to become a "learning organization" while improving communication/transparency,

using data to inform decisions, and employing a disparity reduction lens.

Preventive Services

- Monroe County annually provides preventive services through contracts with eleven (11) community-based agencies to provide twenty-one (21) programs to over 1,400 families and over 2,300 children and youth. In 2023, 98% of all children served avoided foster care and 98% of all families served avoided new, indicated CPS reports.
- Monroe County continues to assess and evaluate community need for and program efficacy of Preventive services, adding to existing programs and/or developing new ones as appropriate. Capacity was increased at both Cayuga Centers (providing MST and FFT) and the Youth Advocacy Program in 2023.
- The Preventive Services Unit continues to maintain and update a database which facilitates Preventive Services Unit's monitoring of contracts, tracking utilization and ensuring compliance with Connections requirements.
- Monroe County was successful in incorporating an EBP or promising practice into all preventive contracts, as well as incorporate measures of stress and functioning.

Foster Care

- Monroe County, in partnership with Hub585 and Senator Jeremy Cooney, opened a professional foster parent program in 2023. The foster home can accommodate up to 6 teenage girls. The program focuses on developing independent living skills, education, mentoring, community building, and skill building.
- HOPE585 provides respite activities for teens during the evening and on Saturdays. The program not only offers a break to those fostering teens, but also provides teens with the tools to be more successful in their homes, at school, and in the community. Skill building and recreational activities are provided through the lens of developing and improving interpersonal relationships.
- EnCompass provides a structured, academically focused day program for youth ages 10-18, who are suspended or refusing to attend school, with a focus on re-entry. They communicate directly with the youth's home school to manage academic work, and work on youth skill building.
- Monroe County started a Foster Parent Advisory Board in 2021. Co-facilitated by two foster parents with the support of Metrix Marketing, the group meets quarterly and as needed and strives to have foster parent voice included in the decision-making process, wherever possible.
- Metrix Marketing manages a foster parent mentoring program, which is administered in partnership with HOP585, to better support foster parents, particularly those who are new to fostering, as well as a foster parent support group. The support group meets monthly and provides childcare.
- Monroe County utilizes and is now involved in a State pilot for CarePortal. CarePortal is a link to the community to access goods and services which may otherwise not be possible, to support youth in their placements and by extension the foster homes and family homes in which they reside.
- Monroe County partnered with Children's Home of Wyoming County to open Foster Care Stabilization Unit, as a means by which to support children in crisis and preserve foster home placement in 2022.
- Monroe County DHS developed a Phase 2 Training Team in early 2024 to provide more in-depth training and support while actively working with an operating services unit.
- Highlights of the QIC-R Grant in 2023-2024 include the addition of Therapeutic Visitation to the research protocol, actively recruiting, supporting and incorporating parent partners with lived experience into programmatic decision making, as well as serving as a mentor to other parents in the program. The group is also actively involved in developing ways to safely advance family time and has created several tools to guide and support the process.
- Mobile Response and Stabilization Services, generously funded by OCFS and delivered by Hillside

Family of Agencies, was implemented in 2023. The program is staffed with a Behavioral Health Specialist and a Peer Advocate. The service is available afternoons and evenings, seven (7) days a week to provide support to foster youth and families experiencing crisis, as well as support youth newly coming into care.

Adult Services

- Monroe County developed its own internal APS Manual in 2020, which is available to staff electronically. The information in the manual includes processes, protocols, information on conducting intakes, assessments, ongoing cases, legal information, family type homes, and monthly reporting requirements. The manual and protocols are reviewed and updated as needed on an ongoing basis.
- Adult Guardianship and rep payee work was successfully incorporated into the work of the APS team, which required extensive protocol develop as the team took on many new tasks and functions.
- 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.
- In 2021, Monroe County partnered with Lifespan to apply for an Elder Justice Federal Grant and Lifespan was awarded the grant. Project implementation began in 2023 and the project was so successful that following the expiration of the grant, Monroe County committed to continued funding.
- APS continues to work in partnership with MCOFA, DHS Financial Assistance Division, HEAP, Lifespan, and local utility companies to address the needs of older adults by connecting them to services and working to rectify heat related issues, including coordination to repair/replace furnaces as needed, as well as billing issues.
- The Elder Source GRAPE resource book and/or the NY connects phone number is provided to all clients and families served by APS.
- A subsidy program, Project Anchor (similar to Section 8), was launched in late 2022. Project Anchor may be accessible to APS clients in serious housing situations such as homelessness. Additionally, Community Living and ARPA Funds were dedicated to assisting individuals so they can remain safe and clean in their homes.

Rochester Monroe County Youth Bureau has expanded their community outreach efforts by hiring new Youth Engagement Specialists who are responsible for assisting youth in crisis with intervention, problem solving, action planning and skill building by engaging in "authentic youth" development through a trauma-informed lens using a systems of care framework. Specific highlights are listed below.

- RMCYB expanded the number of youth sports organization that received funding from the Youth Educational Sports fund from 1 to 15. This will provide the opportunity for youth to participate in a positive youth development activity by working with our community partners who provide a variety of sports programming from horseback riding to lacrosse for under-served youth aged 6-17.
- The Annual Youth Bureau, Youth Awards was held on April 27, 2023. The event was very successful in soliciting over 80 nominations from across the County to recognize youth who are actively impacting their communities with positive influence on their peers and the adults around them. A record 300 guests attended. Adult youth advocates were also recognized for the good work that they do in our communities across Monroe County.
- RMCYB hosted a community event to bring youth serving partners together to break down barriers and silos. Providers were able to educate their colleagues on the services that their organizations provide to improve service delivery to the community. Coordinated in partnership with the Greater Rochester After School Alliance (GRASA), over thirty (30) agencies were in attendance. This initiative has led to monthly networking sessions via Zoom to continue sharing information.
- The RMCYB collaborated with the Monroe County Office of the Aging to plan and participate in the

following Inter-generational events: Salute to Seniors, Fall Clean Up, and the Holiday Ball.

- The RMCYB partnered with the Pirate Toy Fund for the 7th Annual Monroe County Toy Giveaway at the Blue Cross Arena in December where toys were distributed to over 500 children and families.

Child Care

The ChildCare Assistance Program has produced a number of highlights over the past five (5) years, centered around creating an improved user experience, streamlined processes and expansion of eligibility, as follows:

- The Monroe County website has been updated with application materials and an eligibility calculator.
- A ChildCare manual was created for providers.
- An internal electronic case repository and comment system was implemented to improve management and tracking of ChildCare cases.
- Through the creation of a ChildCare Certificate process, payment for care may be provided during the eligibility process for up to 30 days.
- Even before it became a requirement, Monroe County paid for the maximum number of absences during the public health emergency.
- Implementation of both a weekly payment process and a 12-month payment guarantee.
- Workforce Development Initiative (WDI) cases were integrated after that program ended.
- Eligibility has been expanded to 300% of the Federal Poverty Level and 85% of the Area Median Income.
- Monroe County conducted significant clean-up of vendor data in preparation for direct deposit.
- Monroe County fully implemented the ChildCare and Attendance (CCTA) system for all TANF and Low-Income Child-Care cases.
- On a monthly basis, the Financial Assistance Coordinator and Finance Director review the list of all open child care cases, as well as those closed the previous month, to determine the county's financial ability to open new cases the following month.
- A case review process for childcare 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.
- Monroe County now contracts with Baden Street Settlement for Childcare Navigation Services to support families in finding the care they need.
- Monroe County recognizes the importance of childcare in post-pandemic recovery and the need to support families and children as they return to work and school. The expanded allowable absence policy instituted during the pandemic was permanently adopted and the parent fee percentage was reduced from 20% to 10%. Effective February 1, 2022, Monroe County further reduced the parent fee percentage to 1%.

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

Monroe County Department of Human Services utilizes their Research and Planning Division to drive, coordinate and support the planning process. Each program area works closely with either the Director or the Quality Assurance Coordinator, together with data, contracting, finance and legal staff, as well as external partners to ensure that needs are assessed in each area, priorities are developed and desired outcomes defined. Goals, strategies and activities are developed, as are metrics to evaluate effectiveness

and ensure progress towards both short and long-term goals. Monroe County also holds a Public Hearing and incorporates suggestions and feedback in finalizing the plan.

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

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

MCDHS-LDSS

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

MCDHS -RMCYB

The core RMCYB funding source is NYS OCFS for Runaway and Homeless (RHY1 and RHY2), and Youth Development Programming (YDP). Youth Sports Education Funding and Youth Team Sports Funding has also recently been allocated to the RMYCB. Funded programs provide a variety of sports and team sports activities for a broad range of youth in underserved communities throughout the City of Rochester and Monroe County. The RMCYB partners with MCOFA to assist in funding intergenerational programming. The RMCYB often partners with other funders to support youth development programs. In prior years, RMCYB funding was approximately 99% state and 1% local. With the addition of Youth Engagement Specialists, state funds now account for approximately 78% of the budget, with County funds comprising the other 22%, demonstrating Monroe County's on-going commitment to youth. The RMCYB distributes and monitors OCFS funding to municipal recreation centers and contracted non-profit organizations that focus on positive youth development.

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

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

MCDHS- LDSS

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

MCDHS-RMCYB

The RMCYB promotes a joint coordinated and collaborative approach to impacting youth and family outcomes. The RMCYB's resource allocation process reinforces this strategy by recognizing opportunities to work closely with other funders and relevant parties to implement a joint investment approach whereby new funding decisions and requests for proposals are conducted as cooperative ventures rather than in isolation. The RMCYB utilizes an Expression of Interest (EOI)/RFP

process for distribution of Youth Bureau funding allocations. Selection decisions are made by the RMCYB Executive Director, the Commissioner of Human Services and MC Department of Finance. Final approval is with the Monroe County Legislature.

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

Monroe County has a web-based contract management and tracking system called Contrack HQ. This system is designed to track contractor performance on outcome objectives; per unit costs; results of in-house evaluation/tracking and program/service utilization, allowing the County to identify effective programs/services more quickly. The contract system complements the Getting to Outcomes (GTO) model tracking performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the system, facilitating oversight and monitoring of performance. These systems assist the division with identifying contractors who are not meeting expectations early enough to allow for technical assistance. Additionally, the Department of Human Services Research and Planning team works to explore opportunities for improvement, use data to inform decision making, and enhance key performance indicators.

MCDHS-LDSS

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

Preventive Services:

The method for monitoring preventive contracts is highly developed and includes case, program, and systems monitoring. Case monitoring is conducted through progress notes and the Family Assessment and Service Plan (FASP) completed by the service providers. MCDHS preventive caseworkers/liaisons review all notes and FASPs to identify risk of placement, ensure goals are aligned with case needs, services are being provided and the minimum number of home visits are made. Contract providers are required by Monroe County to measure family or child functioning and ability to manage stress. Each agency has chosen a tool to measure these outcomes, which must be approved by Monroe County. Each contract is assigned a liaison who works with vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Utilization rates are expected to be maintained, are closely monitored, and are discussed at every bi-monthly Preventive Coordinators meeting. Providers are required to enter quarterly performance measures into ContrackHQ. The Preventive Supervisor and/or Senior Caseworker review the information in ContrackHQ for accuracy. The Preventive Administrator reviews, approves or otherwise addresses quarterly performance measures. If issues are noted, the Administrative Caseworker will meet with the provider to address performance issues and develop a plan. Overall contract performance is reviewed at least quarterly and additionally as needed. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through data that are routinely maintained on a case, program, and service basis. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process and forms the basis for the preventive program's annual report. The data is also used in budgeting/planning processes throughout the year.

Foster Care:

Improved management of purchased foster care remains a high priority for MCDHS. For purchased foster care programs, monitoring is primarily done at the case level and is intended to ensure that regulatory standards are met in addition to ensuring that the clients' needs are met. Case monitoring is conducted through regular review of FASPs, regular attendance at service plan conferences, and attendance at court hearings. Therapeutic Foster Care is monitored via defined performance measures and regular meetings between the responsible Administrator and the TFC program. Data provided by NYS (COGNOS, MAPS) is helpful in monitoring, the total foster care system but needs to

be much more accessible and current if it is to be used for contract monitoring or to ask more sophisticated systems-related questions. As a result, MCDHS has created a data team within the Research and Planning Division to create data dashboards, more thoroughly address trends and provide more real time data.

Adult Protective Services:

All contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. The Financial Management Services program at Balanced Care submits monthly financial ledger sheets for clients. Databases maintained at DHS and at Balanced Care 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. Lifespan submits a semiannual report of each case mutually served by Adult Protective and the Elder Abuse program. The program also submits an annual statistical report of all case activity and a summary of public awareness activities in the community.

MCDHS- RMCYB

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

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

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

Child Welfare Introduction

Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for themselves and their children. Each district seeks to improve outcomes that support the achievement of the state and federal safety, permanency, and well-being goals.

The outcomes identified in the New York State Child Welfare Practice Model are listed below and the strategies the districts will implement to reach these outcomes are listed throughout this county CFSP.

New York State Child Welfare Practice Model Outcomes

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

Data Indicators and Developing Outcome Measures

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

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

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

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

Child Protective Services

Safety Outcomes

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

Resource Inventory, Needs Assessment, and Unmet Needs

1. What services and supports are currently being provided to children, youth, and families to meet the outcomes identified above?

The primary goal of Child Protective Services (CPS) is to ensure that children are safe in their homes. To meet this goal in Monroe County, there are a variety of services and supports provided to children and families.

Monroe County CPS partners with families, youth, and community partners to meet family needs. While assessing safety and risk, CPS partners with families to determine their informal supports (e.g., community, friends, neighbors, faith-based groups, and relatives), and leverages those supports to reduce risk and enhance safety. CPS also collaborates with families to identify service needs and makes linkages to community-based services (e.g., mental health, substance use, domestic violence) or to Monroe County contracted Preventive services available through eleven (11) community-based agencies representing twenty-one (21) programs. Preventive services include generalized support to help families avoid foster care placement/further CPS involvement (e.g., parenting skill development, connection to community resources) and specialized assistance to support parents with disabilities, provide crisis intervention and/or mental health support, and address sexual abuse and problematic sexual behaviors. To address youth challenged with more complex needs including, but not limited to, truancy, absconding from the home, and substance use issues, CPS connects youth and families to the Family Access and Connection Team (FACT). Complex Child Protective Investigations may also include internal case conferences and high risk reviews to identify and connect families to services that will safely keep children in their homes.

Over the last few years, there has been an increase in families involved in a CPS report who have difficulty meeting basic needs (e.g., food, shelter, housewares, clothing). For the last five (5) years, Monroe County has contracted with Care Portal to help meet these needs through the posting of specific requests. Community members and faith-based groups pledge items and money to meet those needs. Care Portal has helped families increase stability by obtaining items such as furniture, clothing, household items, lock boxes, and door alarms. Monroe County also contracts with Hope Initiatives, an organization that provides families with portable cribs, beds, and other household items such as washers and dryers. Monroe County Preventive funds are also used for items that cannot be accessed through Care Portal and/or Hope Initiatives.

Monroe County provides regular opportunities for mandated reporters to learn more about how to report abuse/maltreatment, the processes involved during investigations, and finding resources for families who are not appropriate for a CPS report, but need services/supports to meet basic needs. Efforts include:

- CFS 101: This quarterly training provides an overview of Monroe County Child and Family Services.
- Superintendent Conference Days: CPS staff meets with school district social worker(s) and school counselor(s) about reports and resources.
- Do Right by Kids (dorightbykids.org) website and monthly email newsletter: Developed and maintained by the Monroe Department of Human Services, this website and newsletter answers

questions about the reporting process and provides linkages to services. Available to the community, all mandated reporters and CFS 101 attendees are encouraged to visit the website and subscribe to the newsletter.

- **Mandated Supporting Learning Opportunities:** CPS provides education in partnership with community organizations about topics such as meeting basic needs, safe sleep for babies, gun violence, and Adverse Childhood Experiences (ACEs).

In the Fall of 2023, Monroe County Child and Family services (CFS) embarked on a journey to institute a Continuous Quality Improvement (CQI) system that will be woven into policies and practices. This work is continuing in 2024 with a newly hired Quality Coordinator, input from across the organization, and a commitment to develop sustainable processes for CQI success. With CQI, CFS will strive to become a "learning organization" while improving communication/transparency, using data to inform decisions, and employing a disparity reduction lens.

In August 2024, Hope585 launched the Reimagine Initiative, "a community-driven response to child poverty and neglect to narrow the front door to child welfare." Monroe County Child and Family Services is committed to and actively involved with this effort. The Initiative's goal is to "keep children safe with their families, and minimize unnecessary and costly CPS involvement." This 2-year initiative will use Human-Centered Design to convene stakeholders who will deeply explore local challenges and opportunities to meet their goal.

2. Based on review safety related data, what are the current needs of children and families served?

According to OCFS Key Performance Indicator data, the three most frequently identified elements on the Risk Assessment Profile (RAP) for indicated reports in 2023 were Domestic Violence/Dysfunctional Relations, Mental Health and the children's needs not being prioritized. The three most frequently reported allegations in 2023 included inadequate guardianship, physical abuse and medical neglect.

During investigations, Monroe County CPS has found that parents/caretakers are in need of services and supports that address substance use, mental health challenges, anger management, parenting issues, housing issues, and domestic violence. The top needs for children are mental health treatment, trauma exposure, and behavioral challenges, which is supported by RAP data.

Monroe County has an internal data system that provides real time information about the number and source of reports received. Data from 2021-2023 shows that approximately two thirds of Monroe County reports of abuse and maltreatment come from mandated reporters, primarily schools, medical providers, and law enforcement. Agencies/entities within the city of Rochester (i.e., Rochester City School District, hospitals, and Rochester Police Department have higher number of reports than their suburban counterparts.

OCFS disparity data trends for Monroe County from 2021-2023 show that Hispanic and Black children and youth are three to four times (respectively) more likely than white children to be reported to CPS. As children and youth become more deeply involved in the child welfare system, the gap widens and disparities increase, more so for Black children and youth, despite the use of a Blind Removal process. Nonetheless, Monroe County continues to commit to reducing disparities under local control, while striving to understand the data and advocating for child welfare system level change.

3. What needs, if any, are currently unmet by the existing service array?

Domestic Violence: There is an apparent gap in services for survivors and offenders of domestic violence, which if available, could increase safety and permanency. There is currently insufficient safe housing for all survivors and their child(ren), despite local provider's efforts. Monroe County has also consistently lacked community providers who focus on offender rehabilitation.

Housing: Families are challenged with limited safe and affordable housing opportunities in Monroe County. Families cannot locate apartments or homes that are within their budget and emergency housing placements are filled quickly. Monroe County recently opened a shelter for families experiencing homelessness, but data is not yet available to assess the impact on the degree of homelessness in the

community. Project Anchor, an additional housing program in Monroe County, assists families with rental assistance, but the need outweighs available funding, forcing program administrators to open the eligibility portal for short periods of time. Section 8's waiting list is long and is closed to new applicants. Families unable to locate stable housing, often stay temporarily with family and friends and move quite often.

Intellectual and Developmental Disabilities (I/DD) and "Behavioral" Challenges: CPS has worked with an increasing number of children with I/DD and behavioral challenges over the past few years. These children and youth present with complex, cross-systems needs that exceed their parent's ability to safely care for them. Supports and services for these children in the community are limited by staffing shortages, eligibility restrictions and narrow funding streams. An increasing number of Child Protective referrals are being made by hospitals when parents decline to take their children home without adequate supports and services in place. As a result, children are boarding in hospitals while CPS staff, medical providers and families work tirelessly to develop safe discharge plans.

District 5-Year Goal

1. Based on the above assessment, what is your district's 5-year goal to meet any unmet needs and reach the safety outcome?

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

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

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

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress
<p>Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.</p> <p>Activity</p> <ul style="list-style-type: none"> Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development. 	<p>December 31, 2025</p>	<p>Supporting materials (e.g., manual, processes/protocols) to guide quality improvement practice will be developed and implemented.</p>

<p>Collect and further analyze Risk Assessment Profile (RAP) data, with added attention to racial/ethnic disparities, to identify most prominent risk factors to further explore gaps, inform community supports and reduce disparities.</p>	<p>December 31, 2025</p>	<p>Next steps to address gaps and reduce disparities will be identified based on a more thorough analysis of RAP scores.</p>
<p>Increase educational opportunities for and collaborate with mandated reporters and community members, addressing service and system needs, and focusing on proactive community-based intervention prior to Child Welfare involvement (i.e., OCFS' "Mandated Supporter" message) whenever possible.</p> <p>Activities</p> <ul style="list-style-type: none"> • Adapt and develop educational opportunities as needed to promote intervention prior to Child Welfare involvement. Outreach will include: Do Right by Kids website and newsletter, promotion of My Way Finder, HEARS line, Monroe County Mental Health mobile app, CFS 101 and other presentations and share widely with CFS staff. • Utilize the Office of Community Engagement and Partnerships to attend community events and promote a "mandated supporter" message. • Actively partner in the Reimagine Initiative with Hope 585 to "narrow the front door" to child welfare. 	<p>December 31, 2026</p>	<ul style="list-style-type: none"> • Number of presentations adapted and newly developed materials that promote assistance to families prior to Child Welfare involvement. • Number of presentations held, community events attended, and an increase in subscribers and website visits to Do Right by Kids. Solicit and collect feedback on training and events. • Attendance at and participation in HOPE585's Reimagine Initiative.

Child Preventive Services

Preventive Services Outcomes

- Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for themselves and their children. (OCFS Practice Model Outcome)
- Services must be sufficient to be individualized to meet the unique needs of children and families served by the agency.

Resource Inventory, Needs Assessment, and Unmet Needs

1. What services and supports are currently being provided to children, youth, and families to meet the outcomes identified above?

Preventive programs take many different forms, including specialized and general interventions, while concentrating on the needs of children/youth, parents/caregivers, or the whole family. Services may be court-ordered or can be started based on family and/or child and youth needs, when children are at risk of entering or re-entering out-of-home placement or who are in foster care and working towards reunification. Preventive services in the form of case management are also provided to families where an Article 10 petition has been filed and the children remain at home under an order of supervision or placed by the court with relative/kin caretakers, in accordance with OCFS requirements. In addition, these families can also receive contracted Preventive service(s) as described above. In 2023, Monroe County filed 185 Article 10 petitions involving 413 children.

Specialized services include, but are not limited to, supporting parents with disabilities, providing crisis intervention and/or mental health support, addressing sexual abuse and problematic sexual behaviors, using evidence-based models for specific needs, and providing afterschool programs for youth and skill building with teen parents, as well as supporting youth to avoid first-time or continued involvement with the justice system. Generalist preventive programs are also available to provide customized care and skill building to children, youth, and families and often include case management to assist in meeting needs and reducing risk of future out-of-home placement. MCDHS strives to maintain a unique mix of contracted preventive programs to meet community needs. Monroe County has a vast array of contracted preventive services, currently contracting with eleven (11) agencies for twenty-one (21) different programs. Contracted programs include:

- Catholic Charities Family and Community Services: Generalist services with specialized counseling available for sexual abuse survivors
- Cayuga Centers: Multi-systemic Therapy (MST); Functional Family Therapy (FFT)
- Child Care Council: Active Parenting; Incredible Years
- Family Counseling of the Finger Lakes: Sex abuse and sexualized behavior counseling; Strength at Home (DV program for offenders)
- Hillside: Family Preservation; Generalist program with specialized services available for kin caretakers; Family Support Services; Family Finding
- Lifetime Assistance: Generalist services for parents with disabilities
- Mt. Hope: Child and Parent Psychotherapy; Cognitive Behavior Therapy; Interpersonal Psychotherapy; PATHS; Teen Hope Program
- SPCC: Family Trauma Intervention Program
- Together in Youth: Pathways Program (generalist services)

- Villa of Hope: Generalist program and After Care
- Youth Advocate Program

Of the families receiving contracted preventive services in 2023, 98% were able to avoid foster care and 98% avoided a new indicated Child Protective report while active with the service.

In 2023, Monroe County restructured and expanded fatherhood services, contracting with CCSI for the Engaging Father's Program. This program aims to develop and promote a community-wide fatherhood vision across youth-serving systems. Staff partner with caseworkers to locate and find fathers who have a child in out-of-home placement, assess their needs, encourage their involvement in planning for their children, and deliver comprehensive Fatherhood and Young Men's development and education groups, workshops, and classes.

In the Fall of 2023, Monroe County Child and Family Services (CFS) embarked on a journey to institute a Continuous Quality Improvement (CQI) system that will be woven into policies and practices. This work is continuing in 2024 with a newly hired Quality Coordinator, input from across the organization, and a commitment to develop sustainable processes for CQI success. With CQI, CFS will strive to become a "learning organization" while improving communication/transparency, using data to inform decisions, and employing a disparity reduction lens.

2. Based on a review of current data, what are the needs of children and families served?

To understand challenges and identify potential solutions, MCDHS uses information submitted by providers, child welfare data, and data gathered from referral sources about individuals served by preventive programs. Monroe County maintains its own Preventive Services database and data presented here is sourced from that local database. Many families receiving preventive services are faced with complex and multi-faceted social, economic, behavioral health, and interpersonal difficulties. In 2023, 1251 families received a contracted preventive service. Most families receive only one preventive service during the year; those with higher needs may receive two or more. Between 2020-2023, families who accessed two or more programs increased by 66%, so even though numbers of families served decreased from the prior year, the needs of families have required the same amount or more support. The 2023 data shows nearly one out of every two families struggle with parenting issues and two out of five families have mental health challenges. Domestic violence and housing are challenges for one out of every four families served by Preventive Services.

Children receiving preventive services in 2023 experienced a wide variety of challenges as identified at referral. The top challenges in 2023 were: parents with mental health issues, exposure to trauma, behavioral challenges, mental health issues, problems in school, lack of housing and exposure to domestic violence. Over 7,800 challenges were identified for the 2,050 children served in 2023, resulting in an average of 3.8 challenges per young person, a steady increase from 2.6 in 2020. Community data from the Youth Risk Behavior Survey (2021-2022), shows approximately 20% (one in five) of Monroe County students identified as LGBTQ+, but their presence in the child welfare system can go unnoticed and is likely under-reported.

Preventive services in Monroe County are effective for many families. Of the 784 families whose contracted preventive services ended in 2023, 75% either partially (25%) or successfully (50%) completed their service plans, which is an increase over previous years, particularly among families who experienced partial success. MCDHS remains hopeful this trend continues and these families, while not completing the program, still obtain some positive outcomes.

Of the cases where an Article 10 petition was filed, the top four safety concerns included mental health, substance abuse, homelessness and domestic violence. This data is collected locally at the time of transfer from CPS investigations to CPS Management.

The 2023 data around ethnicity/race of families served with preventive services is consistent with 2022 data, only varying by 1-2 percentage points in some categories. The largest group served are youth who identify as Black (46%), followed by white (20%), Hispanic (16%), and Multi-Racial (15%) youth.

3. What needs, if any, are currently unmet by the existing service array?

Monroe County has lacked sufficient programs in the community to work with perpetrators of domestic violence (DV). Support exists for victims of domestic violence, but few options exist to address rehabilitation with the abuser. Monroe County recently contracted with Family Counseling of the Finger Lakes to provide a program called "Strength at Home," and is planning a pilot to evaluate its effectiveness.

While the number of youth reporting sexual identity or gender issues at the time of case opening/intake is reportedly small, it is felt to be an under-representation, given the prevalence in the general population. The number appears to be growing overall and CFS recognizes a need for services that can support these youth and their families.

There remains a shortage of providers/services for youth with Intellectual and Developmental Disabilities (I/DD) and behavioral challenges. When parents decline to have their child discharged home following hospitalization due to ongoing safety concerns and lack of supports, Child Protective Services reports are being made. Be it through participation in planning meetings with the hospitals, long waiting lists for services, lack of options through the Office for People With Developmental Disabilities (OPWDD) or the Office of Mental Health (OMH), or the preventive data cited herein, all signs point to growing challenges for this population. Therefore, CFS is seeking additional programs and solutions to support children and their families with these needs.

District 5-Year Goal

1. Based on the above assessment, what is your district's 5-year goal to meet any unmet needs and reach the prevention outcome?

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

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

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

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress
Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change. Activity:	December 31, 2025	Supporting materials (e.g., manual, processes/protocols) to guide practice will be developed.

<ul style="list-style-type: none"> • Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development. 		
<p>Continue to assess effectiveness of existing preventive service contracts.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Hold Coordinator’s meetings every other month. • Conduct case reviews with an eye towards specific areas for quality improvement. • Monitor performance measures via Monroe County’s contracting system. • Produce a Preventive Services annual report. 	<p>December 31, 2025</p>	<p>90% of preventive contracts between Monroe County Child and Family Services and voluntary agencies will achieve their outcome measures.</p>
<p>Create greater access to services aimed to serve DV offenders, youth who identify as LGBTQ+, and youth with I/DD, significant behavioral challenges and mental health needs.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Pilot a domestic violence offenders’ program with Family Counseling Services of the Finger Lakes. • Develop and release a Request for Proposals (RFP) for an LGBTQ+ program for youth. • Advocate and collaborate to increase community supports and services for youth with I/DD, significant behavioral challenges, mental health needs, and other needs as identified. 	<p>December 31, 2026</p>	<p>The number of new service options for each of the three (3) identified areas will be tracked.</p>
<p>Build a culture of service collaboration.</p> <p>Activities:</p> <ul style="list-style-type: none"> • The Director of Family Services will hold a cross-system convening to discuss youth with complex needs and identify strategies for improved partnerships and collaboration, as well as establish a steering committee/ workplan to 	<p>December 31, 2025</p>	<p>A cross-system convening steering committee and/or workplan will be developed;</p> <p>The numbers of CFS 101 presentations held and to whom they were presented will be tracked.</p>

continue the momentum of the convening.

- Hold CFS 101 presentations to assist agencies with understanding Child and Family Services.

Evidence Based Services

Name of the EBP:

MST

Target Population(s) to be served:

Families with at-risk adolescents, 11 to 18 years of age with truancy, substance involvement, delinquency or other maladaptive behaviors. Youth must have a family unit, an IQ above 70, and are not actively homicidal, suicidal, psychotic or have sexual-offending behaviors.

How will the district monitor the implementation and effectiveness of the EBP?

Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.

Name of the EBP:

FFT

Target Population(s) to be served:

Families with at-risk adolescents, 11 to 18 years of age with truancy, substance involvement, delinquency or other maladaptive behaviors. Youth must have a family unit and are not actively homicidal, suicidal, psychotic or have sexual-offending behaviors.

How will the district monitor the implementation and effectiveness of the EBP?

Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.

Name of the EBP:

Motivational Interviewing

Target Population(s) to be served:

Motivational Interviewing (MI) is set to be provided to families served by contracted Generalist Programs, which include Hillside, Villa of Hope, Together for Youth and Catholic Charities Family and Community Services. Generalist programs serve families (with children ages 0-18) at risk of foster care placement or families with children in out of home placement who will be reunified within 3-6 months.

Agencies providing generalist services plan to utilize MI as workers are trained in this EBP.

How will the district monitor the implementation and effectiveness of the EBP?

Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services. Additionally, Connections updates, once implemented, will assist in monitoring fidelity and use of MI.

Name of the EBP:

Child Parent Psychotherapy

Target Population(s) to be served:

Primary caregivers and their children (0-5) in CPP receive weekly home, Center-based or telehealth psychotherapy with fidelity to the evidence-based intervention. A therapist is assigned to each family, who provides intervention throughout the course of treatment. Sessions include the parent/caregiver and child together, as well as individual sessions with caregivers or children as needed. CPP has 35 slots available and case management will be determined by Mt. Hope's Preventive Services Coordinator, on a case-by-case basis, in consultation with the MCDHS preventive service unit. Intervention will occur for 10 to 12 months. This length of treatment is supported by research literature regarding providing the essential building blocks of socioemotional development to foster secure parent-child relationship formation. Treatment includes trauma processing, developmental guidance, emotion processing, and dyadic relationship development to support the family as indicated. CPP can be done with a stable identified caregiver, including a foster parent, grandparent or other resource, and the child.

How will the district monitor the implementation and effectiveness of the EBP?

Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.

Name of the EBP:

Inter Personal Therapy (IPT)

Target Population(s) to be served:

IPT is available to parents or adolescents (ages 13-19) with depressive symptomatology who acknowledge the need for treatment. IPT involves 12-16 one-hour sessions of therapy. IPT is delivered in accordance with the treatment manual. Clients identify and learn to cope with personal problems and understand their relationship to the depression. Helping clients understand their depression and the impact the symptoms have on their functioning, will improve their ability to function in many areas of their lives, including being better able to meet their children's needs. Treatment sessions focus on information gathering and clarification of onset of depression, addressing problematic relationship areas, whereby they devise ways of better handling issues outside of sessions, and a focus on termination, addressing areas of improvement and planning for future situations. Sessions are provided in clients' homes, via

telehealth, or at the Center, depending on availability of transportation and on client need.

How will the district monitor the implementation and effectiveness of the EBP?

Progress notes and FASPs are reviewed for quality compliance. Performance measures are required that reflect the practice and outcomes of the EBP and also include measures related to the avoidance of foster care and subsequent maltreatment while a preventive program is providing services.

DRAFT

Foster Care Maintenance and Services

Permanency Outcomes

- When it is necessary to place children in out-of-home care, it is a safe, short, and stable experience concluding with permanent attachments to caring adults. (OCFS Practice Model Outcome)
- Children have permanency and stability in their living situations.

Resource Inventory, Needs Assessment, and Unmet Needs

1. What services and supports are currently being provided to children, youth, and families to meet the outcomes identified above?

Monroe County has a wide range of services and supports in place for children who must be placed in foster care, as follows: Those include:

Contracted Specialized Placements

- HOPE585's groundbreaking community supported foster home program opened in 2023. The program stands as a pioneer initiative in Monroe County, with a specially trained foster mother who cares for with teen girls on the brink of aging-out of foster care, working with them to build essential life skills for a seamless transition to adulthood. HOPE585 utilizes their Hope Rising Model anchored in the Science of Hope to increase and sustain well-being.
- Therapeutic Foster Care is available through contracts with Hillside, Children Awaiting Parents, Together for Youth, and Pathways.
- Group Home settings are available through contracts with Together for Youth, Elmcrest, Children's Home of Wyoming Conference (CHOWC), Community Maternity, Home Space, New Directions, and St. Catherine's Center for Children.
- CHOWC operates a local non-specified/flexible short-term 7-bed group home which supports youth who require stabilization while referrals are pending for other levels of care.
- Residential Treatment Center (RTC) placement contracts include Elmcrest, CHOWC, Hillside, Gateway Longview, House of Good Shepard, New Directions, St. Anne's Institute, St. Catherine's Center for Children, Child and Family Services of Erie County, William George Agency, and Whitney Academy (MA).
- Supervised Independent Living Program (SILP) contracts include CHOWC, Villa of Hope, Gateway Longview, Home Space, and New Directions.

Contracted Preventive Programs/Other Contracts

- Encompass' Lighthouse Program provides a structured, whole-child academic and social-emotional support day services program using a youth-centered approach to children ages 10-18 during daytime hours when school is not available. In addition to providing academic and recreational activities, the program focuses on general skill building, including independent living skills, and improving peer relationships.
- Engaging Fathers: In 2023, Monroe County restructured and expanded fatherhood services, contracting with CCSI for the Engaging Fathers Program.
- Supervised Visitation Program and Therapeutic Visitation Program is provided through a contract with the Society for the Protection and Care of Children (SPCC).
- Contracted Preventive programs support youth in foster care as described in the *Child Preventive*

Services section of this plan.

- The Mobile Stabilization and Response Services program, generously funded by OCFS and delivered by Hillside Family of Agencies, is staffed with a Behavioral Health Specialist and a Peer Advocate. Mobile Stabilizations and Response Services is available afternoons and evenings, seven (7) days a week to provide support to foster youth and families experiencing crisis, as well as support youth newly coming in to care.
- Starlight Pediatrics provides high quality, trauma-informed health care and medical services for children and youth in foster care in Monroe County. The clinic follows a youth while in foster care and can continue to follow them post-discharge, if the family so chooses. A Monroe County caseworker embedded in the Starlight Clinic partners with the CPS caseworker to ensure the foster youth's medical needs are met and coordinates services identified through the service plan and by the medical providers.

Additional Supports and Strategies

- The Decision-Making Team (DMT) is a multidisciplinary team that reviews the needs of children for whom a higher level of care is being considered. DMT consists of members from the Family Access and Connection Team (FACT), Office of Mental Health (OMH), and Child and Family Services (CFS) members/teams, including Residential Services, a Behavioral Health Specialist, Youth Opportunity Unit, Home Finding and Preventive, as well as involved service providers.
- A Behavioral Health Specialist working within the Home Finding Unit supports foster homes and youth placed in those homes.
- In 2021 Monroe County was awarded a five-year federal grant from the Children's Bureau through the National Quality Improvement Center on Family-Centered Reunification (QIC-R), located within the University of Connecticut to support innovative programming which promote reunification and preserves, nurtures, and strengthens parent-child relationships, supportive community connections and resources. Monroe County, in partnership with The Society for the Protection and Care of Children (SPCC) has developed and implemented the PREPARE (Promoting Reunification through Parenting, Attachment, Responsivity & Engagement) program. PREPARE is designed to promote and accelerate family reunification for children aged 0-5 by supporting parenting skills and strengthening healthy parent-child relationships.
- In the fall of 2023, Monroe County Child and Family Services (CFS) embarked on a journey to institute a Continuous Quality Improvement (CQI) system that will be woven into policies and practices. This work is continuing in 2024 with a newly hired Quality Coordinator, input from across the organization, and a commitment to develop sustainable processes for CQI success. With CQI, CFS will strive to become a "learning organization" while improving communication/transparency, using data to inform decisions, and employing a disparity reduction lens.
- HOPE585 partners with Monroe County Child and family services to provide skills and hope children to foster care so that they can have fulfilling lives. HOPE585 programs include youth mentoring, Camp HOPE, respite care, Care Portal, cash assistance, and reunification support.
- Monroe County has implemented a Foster Parent Advisory Board to ensure that foster parent's issues and concerns are heard and addressed. Co-facilitated by two foster parents with the support of Metrix Marketing, the group meets quarterly and as needed. We strive to have foster parent voice included in our decision making process, where ever possible. A Foster Parent Portal has also been created.
- Monroe County Child and Family Services actively participates in the local Child Welfare Court Improvement Project.

2. Based on a review foster care related data, what are the current needs of children and families served?

Foster care data is available through the OCFS Data Warehouse and is also tracked locally. In 2023, 252 children were admitted to foster care. Although up slightly from 2022, 2023 admissions represent a 31%

decrease from 2019. Monroe County successfully discharged 243 children from foster care in 2023 with 44% being reunified, 24% discharged to relatives and 14% achieving permanency through adoption. As of the end of 2023, there were 432 children in foster care, a decrease of 14.5% from 2020. Additionally, throughout 2023 there were on average slightly more than 200 children and youth living with kin, having been placed there by the court. Over recent years, Monroe County has made significant progress in reducing the number of children placed in institutional (congregate) care placements in favor of more home-like settings. At the end of 2023, 16% of youth were placed in congregate settings, compared to 36% in 2015. However, 42% of the youth in congregate care settings are not placed under neglect orders, but as juvenile delinquents, meaning that just 10% of child welfare youth are placed in congregate care settings.

Historically, the highest percentage of admissions into foster care were for children aged 0-2. With children so young, the needs of families centered around lack of parenting knowledge/skills, as well as mental health and substance use. There was a shift in 2023, when the highest percentage of admissions were for youth aged 14-17, representing 27% of all admissions. Also higher than in the past was the percentage of youth (22%) aged 14-17 in care at the end of 2023. With this shift in population, the types of needed services focus more on youth mental and behavioral health and effectively managing the complexities of adolescence and the transition to young adulthood.

The average length of time in foster care for children and youth discharged in 2023 and early 2024 was 18 months. The children and youth who stay in care longer than that may be challenged with more complex behavioral or mental health needs, which require longer term treatment and/or more significant youth and/or family support.

The Monroe County Decision Making Team (DMT) is a committee working to make stable, long-term, community-based living placements a reality for youth in foster care with challenges that are complex and sometimes cross system (i.e. OMH, OPWDD, Probation/justice involvement). The multi-disciplinary DMT reviewed a total of 207 unique youth between January 2021 and April 2024 and 57% of those youth had prior and/or current cross system involvement. The most common challenges identified amongst these youth included mental health concerns, physical and verbal aggression, leaving home without permission, and substance use. Additionally, 78% of youth reviewed presented with four (4) or more challenges and 16% of them presented with seven (7) or more challenges.

OCFS disparity data trends for Monroe County from 2021-2023 show that Hispanic and Black children and youth are three to four times (respectively) more likely than white children to be reported to CPS. As children and youth become more deeply involved in the child welfare system, disparity grows, more so for Black children, who are five and a half times more likely to be admitted to foster care than their white counterparts. Hispanic children and youth are just under three and half times more likely to be admitted to foster care than their white counterparts. Monroe County utilizes a blind removal process when placing children in care, and disparity rates for foster care admissions for both Black and Hispanic children declined from 2022 to 2023. Monroe County continues to commit to reducing disparities under local control, while striving to understand the data and advocating for child welfare system level change.

3. What needs, if any, are currently unmet by the existing service array?

Placements and services for children with significant behavioral issues, high mental health needs, and/or children with developmental disabilities are insufficient to meet the need. The lack of services and placement options is present across the continuum. Many of these children are eligible for OPWDD or OMH community services or placements yet are not receiving the services they need. This is leading to children being placed in foster care, in homes that are unable to manage their complex behaviors, which can result in increased movement of these youth between foster homes and to and from the hospital.

Too many youth in care are experiencing multiple placement disruptions. More data collection and analyses is needed to better inform and formulate intervention strategies.

District 5-Year Goal

1. Based on the above assessment, what is your district's 5-year goal to meet any unmet needs and reach the permanency outcome?

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

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

Children in foster care will experience fewer placement disruptions.

Strategies to Meet the Goal

Strategy

Target Implementation Date

Measure of Progress

Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.

Activity:

- Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development.

December 31, 2025

Supporting materials (e.g., manual, processes/protocols) to guide practice will be developed.

<p>Collect and/or assess existing data to analyze and understand reasons for multiple placement disruptions and the needs of youth and foster parents.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Explore trends in backgrounds and situations of youth with multiple placement disruptions. • Explore foster homes and/or CFS process challenges creating less stability, those with more stability, and reasons for these inconsistencies. • Identify root cause(s) and begin developing a plan to meet youth needs 	<p>December 31, 2025</p>	<p>Existing data will be identified and new data collection processes will be developed where needed.</p> <p>Data will be analyzed, and monitoring processes will be established and documented.</p> <p>Root cause(s) will be identified for multiple placement disruptions.</p>
<p>and improve identified CFS process challenges.</p> <ul style="list-style-type: none"> • Examine Mobile Stabilization and Response Services data to determine effective prevention and intervention strategies. 		
<p>Improve collaboration among system partners to collectively meet the needs of youth with complex needs/ challenging behaviors.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Focus extra attention of overall data analysis on youth with complex needs/challenging behaviors. • The Director of Family Services will hold a cross-system convening to discuss youth with complex needs and identify strategies for improved partnerships and collaboration and establish a steering committee/ workplan to continue the momentum of the convening. 	<p>December 31, 2025</p>	<p>Data analysis will be completed, identifying contributing factors and potential strategies to better support youth with complex needs.</p> <p>Cross-system convening steering committee and/or workplan will be developed and underway.</p>

Adoption Services

Adoption Outcome

- Children in foster care who are unable to return to their families are provided permanent homes to develop the capacity to live independently upon achieving adulthood.

Resource Inventory, Needs Assessment, and Unmet Needs

1. What services and supports are currently being provided to children, youth, and families to meet the outcomes identified above?

Monroe County has services and supports for children going through the adoption process, including:

- A dedicated team of adoption specialists helps youth and families prepare for and transition towards adoption and post-adoption services and supports which will be similar to those available to children without child welfare involvement, except for adoption financial subsidies to assist youth.
- Prior to finalization of an adoption, all of the children and youth with a permanency goal of Adoption are considered to be in foster care and all supports and services listed in the *Foster Care Maintenance and Services* section of this plan are also available to them.
- The OCFS Photolisting service connects potential adoptive resources with adoptable children and youth.
- Hillside's Wendy's Wonderful Kids program locates adoptive resources and supports the youth and family with readiness for adoption.

In the Fall of 2023, Monroe County CFS embarked on a journey to institute a Continuous Quality Improvement (CQI) system that will be woven into policies and practices. This work is continuing in 2024 with a newly hired Quality Coordinator, input from across the organization, and a commitment to develop sustainable processes for CQI success. With CQI, CFS will strive to become a "learning organization" while improving communication/transparency, using data to inform decisions, and employing a disparity reduction lens.

2. Based on a review adoption related data, what are the current needs of children and families served?

In 2023 in Monroe County, 51 children were freed and 34 children were adopted. One-hundred percent of children adopted in 2023 had subsidies in place at the time of discharge. As of 12/31/23 there were 87 children in care with a goal of adoption. The average time from a child being freed for adoption to that adoption being finalized in 2023 was 13 months. Once a youth's adoption is finalized, the Monroe County Adoption team's services are complete, so connection to future supports and services prior to adoption is essential.

3. What needs, if any, are currently unmet by the existing service array?

Finding adoptive resources for youth and locating support for youth experiencing the effects of trauma have proven challenging. Local adoption-specific data about the complexity of youth needs and the resultant stability of adoptive resource placements is incomplete. Anecdotally, there have been concerns about adopted youth returning to foster care post-adoption, but hard data is limited. It may be that connecting youth to supports such as trauma counseling, mental health treatment, preventive services,

OPWDD services, medical assistance, Health Home care management, and/or educational services/advocacy earlier on in the process would help improve long-term functioning and adoptive stability. There is a gap in services to best assess and support readiness for adoption prior to an adoption, as well as post-adoption supports, including those for reoccurring trauma grief and loss, particularly when transitioning through future developmental milestones.

Timelines to a child being freed and then adopted can be lengthy. Services are needed throughout the adoption process to decrease the time to permanency, while also focusing on the stability of the adoptive placement.

District 5-Year Goal

1. Based on the above assessment, what is your district's 5-year goal to meet any unmet needs and reach the permanency outcome?

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

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

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

Strategies to Meet the Goal

Strategy	Target Implementation Date	Measure of Progress
<p>Develop a comprehensive Continuous Quality Improvement (CQI) system that is integrated into processes, using data and evidence to inform rapid cycle change.</p> <p>Activity:</p> <ul style="list-style-type: none"> Engage a cross functional group of CFS workers to develop a system and culture that embraces and promotes quality development. 	<p>December 31, 2025</p>	<p>Supporting materials (e.g., manual, processes/protocols) to guide practice will be developed.</p>
<p>Develop an inventory of potential post-adoption resources for children, youth and families.</p> <p>Activity:</p> <ul style="list-style-type: none"> Identify and research 	<p>December 31, 2026</p>	<p>An inventory of community-based supports and services that could potentially support adopted children and their adoptive families will be created.</p>

<p>community-based resources experienced in meeting the needs of adoptive children, youth, and families. Include resources to support youth and families in stabilizing both adoptive placements and permanency post adoption.</p>		
<p>Collect new and/or assess existing data to identify barriers in processes and practices that delay timely adoptions.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Institute Rapid Permanency Reviews with freed children. • Assess RPR data, as well as other local and state data to assess process and practice barriers to timely adoption. Develop new data collection/analysis processes as needed. • Begin to track and/or use data from disrupted adoptions and adopted youth who re-enter foster care to understand trends and considerations for improvement. 	<p>December 31, 2025</p>	<p>Processes that measure and monitor the timeliness of adoptions and input from adoptive youth and families are developed and documented. Data is analyzed to develop next steps.</p>

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 fullest extent possible.

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

(Adapted from the NYS Adult Services Practice Model Outcomes)

Goal:

Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.

Needs and Resource Assessment

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.

Individuals served by Adult Protective Services (APS) are among the most vulnerable residents within Monroe County. They include older adults who are frail, mentally ill, developmentally challenged, and/or suffering from acute and chronic physical illness or disabilities, dementia and conditions associated with aging. The lack of housing and availability at facilities such as group homes, assisted living and nursing homes, has added extra challenges to securing needed programs and services for vulnerable and aging adults.

The demographic landscape of America has changed. The largest generation of American history, the "baby boomers," is aging. By 2030, about 72 million people will be over age 65. By 2032, the number of people age 65+ is expected to exceed the number of children under age 15 for the first time. More older Americans are living alone. According to the United States Census Bureau, as of 2022, 18.9% of individuals in Monroe County were aged 65 or older. Additionally, 10.8% of the individuals in Monroe County under age 65 have some type of disability, which is defined as serious difficulties with the four (4) basic areas of functioning: hearing, vision, cognition and ambulation. According to the American Community Survey (ACS) 2018-2022, 30.6% of all households in Monroe County had one or more people aged 65 or older. An estimated 32.5% of households received Social Security and an estimated 26.3% of households received retirement income other than Social Security.

Monroe County receives on average slightly over 1000 intake calls to its local hotline. In 2023, Monroe County received 965 referrals in total. As in years past, the majority of referrals are for age 60+, two-thirds of which are for females.

The Commissioner of Social Services may be assigned Guardianship to an individual only when a person has been deemed by the court to lack the capacity to make decisions for themselves and there is no other willing or suitable family or individual to assume guardianship. Monroe County can file a petition with Family Court and request to become guardian when there appears to be no one else willing and able to do so responsibly. Petitions for guardianship can also be filed by third parties and Monroe County may be ultimately appointed as guardian through that court matter. Monroe County received twenty-eight (28) new guardianship appointments in 2023, five (5) of which were filed by APS. All others were filed by third party entities, which typically includes hospitals, nursing homes or a family member. In total, APS managed one-hundred twenty (120) guardianships in 2023. Of these, forty two (42) were Article 17A Guardianships and seventy-eight (78) were Article 81 Guardianship. Over the past five (5) years, total

guardianships managed have ranged between 106-140 per year.

APS can also serve as representative payee for individuals who are having difficulty paying their bills or otherwise manage their financial affairs with their Social Security income. The appointment of a "rep payee" to the local district can be made involuntarily with proper documentation to Social Security, once other options have been exhausted. APS clients may also have a third party rep payee in place such as a group home, nursing home or other responsible entity. In 2023, the number of total APS clients who required rep payee service was 102; forty (40) of those were managed by Catholic Charities Family and Community Services/Balanced Care; sixty-two (62) were managed by another party which could include, but is not limited to, an OPWDD group home, Lifespan, a nursing home, or a family member. In the past five (5) years, the total number of clients (including guardianship cases) that required a rep payee ranged between 98-145.

For many years, Monroe County contracted with Catholic Charities Family and Community Services (CCFCS) to provide guardianship, case management, financial counseling and representative payee services. In 2023, Monroe County ceased its contract with Catholic Charities Family and Community Services due to staffing and program abilities. In 2024, Monroe County fully assumed responsibility for guardianship cases and sought new vendors capable of performing high quality case management and/or financial management services. Monroe County plans to focus on building our staff's skills, knowledge and abilities and contract with capable agencies/vendors to provide high quality services to our APS clients who need protection through rep payee services and/or guardianship.

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

Activities:

1. Establish two separate teams under APS; the intake and assessment team and the Guardianship Team.
2. Provide skill training and development within each specialized area.

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

Activities:

1. Utilize newly purchased software "Accufund" to manage client's funds, pay bills and track finances for guardianship and rep payee clients directly managed by APS.
2. Embed 3 new positions within Monroe County Finance dedicated to working on APS clients and fund management.
3. Contract with Balanced Care to provide rep payee services for APS clients.

Strategy 3: Increase outreach and awareness of the Adult Protective Services criteria and referral process in efforts to reduce inappropriate referrals.

Activities:

1. Provide our comprehensive presentation, which includes information on services, as well as APS guidelines and criteria, to agency providers within the community.
2. Target and hold quarterly presentations entitled "Child and Family Services 101" which includes information on the APS referral process and criteria. These presentations are available to anyone in the community and are accessible through Monroe County Department of Human Services' Office of Community Engagement and Partnerships.
3. Attend community awareness events to educate the public about APS services and criteria.

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-Measuring and Monitoring: Two fully functional teams will be established with clearly defined and separate and distinct responsibilities.

Strategy 2-Measuring and Monitoring: Budgets for APS clients will be established through a partnership between APS caseworkers and the DSS finance team that ensure our ability to marshal client assets and pay their bills. Monthly meetings between finance and APS staff will be held to review each clients' finances on at least a quarterly basis, using the Accufund system, which tracks funds on an individual basis and provides reports to monitor accounts. The Administrative Caseworker will monitor the contract with Balanced Care, reviewing performance measures and acting as a liaison to trouble shoot where necessary. Clients served by Balanced Care will be tracked and monitored by APS staff through the Balanced Care portal.

Strategy 3-Measuring and Monitoring: APS administrators and supervisors will track presentations and community events where APS information is provided, to include the date of the presentation/event, the number of persons in attendance and the results of pre/post surveys to assess participants level of learning from the presentation materials and discussion.

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.

Monroe County puts forth significant effort towards conducting proper intakes by performing thorough screenings and making accurate determinations as to which individuals meet the criteria for APS intervention. On average, 80% of referrals made to APS in Monroe County can be resolved and closed during the three-day intake process. The remaining 20% are assigned to a caseworker for further assessment. The top three (3) risk factors at the time an APS call was made in 2023 were mental illness (46%), poor housing conditions (20%), and environmental hazards (18%), similar to 2022. Of note, the total percentage of calls APS received for mental illness has increased over the last 10 years. Monroe County continues to address these major risk factors by working diligently with our Office of Mental Health and other community mental health-based programs and by participating in workgroups and projects with partnering agencies in our community. APS staff frequently work with our Emergency Housing Unit and Net offices around housing issues. Although financial exploitation is not one of the top three (3) concerns cited in calls to APS, it is still a leading risk factor and, as a result, APS collaboratives with Lifespan to address these issues through a multidisciplinary team (EMDT) lead by Lifespan. The team consists of police, legal representatives, financial advisors and leading providers of elder care and adult services in our community. The Administrative Caseworker also participates in community workgroups including the Long-Term Care Council and Medical Legal Collaborative.

Monroe County has increased the number of referrals closed at intake over the past three (3) years due to an increase in staff handling hotline calls in conjunction with the implementation of a program called "Elder Justice" through Lifespan. Lifespan was awarded the Elder Justice Innovation grant from the US Health and Human Services Administration for Community Living Administration on Aging in 2021. With this grant, a Lifespan worker is co-located with Monroe County APS staff, with a focus on adults over 60 who, at any time during the intake or assessment phases, are at risk of continued mistreatment or self-neglect and who could benefit from aging services to stabilize their situation, prevent recurrence of

harm, and improve their functioning and quality of life beyond the period of crisis intervention provided by APS. Clients are quickly assessed through joint visits, and then linked to critical services through Lifespan for nutrition, health and wellness, caregiver supports and elder abuse prevention. The project demonstrated that a closer collaborative relationship between APS and aging service providers can result in more robust engagement with community services, more durable stabilization of health and safety measures, and improved client autonomy and satisfaction with quality of life. SUNY Brockport staff from the Department of Social Work assisted with the project evaluation. Between May 1, 2022 and February 29, 2024, a total of 144 APS clients were referred to the Lifespan Elder Justice Program. Although the grant which funded this program came to an end in 2023, due to its great success, Monroe County has committed to continued funding of the Lifespan Elder Justice Program in 2024, which was awarded through a request for proposals. Monroe County plans to continue to utilize this program and continue to build its collaborative spirit and quality to best serve aging adults in our community.

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: Monroe County will improve engagement with services on the part of older APS clients with complex needs and facilitate timely access to community services in order to produce better health and welfare outcomes.

Activity:

1. Monroe County will contract with Lifespan for Elder Justice Program. The program will fund:
 - A co-located Social Work Project Coordinator (SWPC) who participates in case reviews with APS Caseworkers to discuss potential referrals to the Lifespan Elder Justice team. The SWPC facilitates the referral to Lifespan and carries a caseload of APS referred clients.
 - Two Social Work Care Managers who conduct home visits, assessments, care planning, and link patients to community-based, Aging Network services.
 - An LPN Healthcare Coordinator who connects clients to healthcare providers, schedules and attends medical appointments with the client, arranges for transportation, provides follow-up health literacy education, conducts medication reconciliations, and ensures engagement with primary care and completion of preventative health screens.

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

Activity:

1. Monroe County will participate in the EMDT facilitated by Lifespan, the Long-Term Care Council and the Medical Legal Collaborative.

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-Measuring and monitoring: Monroe County will establish and keep record of performance measures for the Elder Justice program which include:

- # of clients served
- Enrollment with Health Care Coordination
- Client linked to at least one community-based support service
- Number of APS older adults referred and enrolled who access urgent client needs funds

- # of clients enrolled in LPN Healthcare Coordination that successfully attend routine and preventative medical appointments.

Strategy 2-Measuring and Monitoring: Meeting minutes for each collaborative group will be kept and reviewed.

DRAFT

Youth and Young Adult Supports

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

Positive Youth Development

Positive youth development is an intentional, pro-social approach that constructively engages youth within their communities, schools, organizations, peer groups, and families; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths. Quality youth development programs should include the following features:

- Physical and psychological safety
- Appropriate structure that provides clear limit-setting, rules and expectations
- Supportive relationships
- Opportunities to belong: meaningful inclusion regardless of gender, ethnicity, sexual orientation, or disability
- Positive social norms
- Support for efficacy (ability to produce effects) and mattering (be of importance) by engaging, empowering, and challenging youth to make a difference
- Opportunities for skill-building
- Integration of family, school, and community efforts

Your county's strategies should cut across all disciplines that help children grow from early childhood, through adolescence, and into adulthood to become competent and healthy adults who have developed to their fullest potential.

Youth Bureau Information

1. Official name of Youth Bureau:

Rochester-Monroe County Youth Bureau

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

100%

If not 100%, please list other responsibilities:

|

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

Yes No

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

Thalia Wright, Commissioner, DHS

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

Full time:

3

Part time:

2

Youth Board Information

1. Please list all members of the Youth Board:

Name	Address	Employer	Professional / Community Affiliations
Wendy Mervis (Chair)		Camp Good Days	
Jailyn Figueroa (Youth)		Student (RCSD)	
Patrick McDermott (Youth)		Student (RCSD)	
Valerie Douglass		Center For Youth Services	
Stanley Martin		City of Rochester	
Bill Selke		Retired	
Tremain Harris		City of Rochester	
Tonia Burton		Monroe County Libraries	
Neil Flood		Webster School District	
Shannon Grieve (nominee)		Town of Irondequoit	
Hazel Roberts (student, nominee)		Student (RCSD)	
Mason Waller (nominee)		Student (Brighton)	
Rahimah Wynn (nominee)		Rochester City School District	
Tony Jordan		Monroe County	

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

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

4

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

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

3. The youth board meets:

- Monthly
- Quarterly
- Semi-annually
- Other

Please explain:

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

County Need

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

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

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

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

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

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

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

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

- The Rochester-Monroe County Youth Bureau will collaborate with community partners to host focus groups that include both parents and youth regarding out of school time programming, youth sports activities, and youth employment. Our partners have also disseminated surveys to program providers to gain information regarding program challenges, enrollments within various zip codes and transportation concerns for programs/participants. Information collected will be used by the collaborators which includes funders, the City of Rochester, and the community libraries to inform future programming for underserved children in Monroe County.
- The Youth Bureau staff will take the opportunity to discuss program challenges, concerns and potential emerging trends during site visits with YDP programs. Discussions will help inform the County as to individual and community-wide program needs.

Goals

1. What activities does the Youth Bureau have planned for the coming year to address the needs identified above?

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

- **Rewire CBT** - The Youth Bureau Staff is in the process of learning the evidence based Rewire CBT, created by the Roca Impact Institute in partnership with Massachusetts General Hospital. Rewire CBT uses a Cognitive Behavioral Theory (CBT) street-based approach which reduces violence, helps people cope with trauma, anxiety, and depression, and ultimately prevents crime. As has been proven in multiple studies, CBT is a critically important approach that can help change the lives of young people who are involved in gangs, gun violence, and substance abuse. The Youth Bureau

along with other County agencies are in the process of implementing this training into work with youth involved in our mentoring program, as well with community-based agencies who work with youth across the County.

- **Youth Services Quality Council (YSQC)** - The Youth Bureau seeks to revitalize this Monroe County collaborative comprised of various community organizations which come together to see youth thrive. The goal of YSQC is to find innovative ways to collaborate with one another, join forces to advance our organizational mission and create opportunities to learn new skills as professionals working with youth. By increasing membership of the YSQC, the consortium will allow for better collaboration and increased training opportunities for youth serving staff members throughout Monroe County.
- **Youth Program Services Locator** - Complete an electronic, County-wide program and services locator to provide an easy, accessible information web-based tool for youth, parents and service providers across Monroe County.
- **Monroe County Youth Employment Team** - The Youth Bureau along with several Monroe County Departments have formulated a committee to support positive, grassroots employment opportunities for underserved, justice involved and disconnected teens. Youth employment provides many positive youth development elements that lead to the positive development teen employees. The team will support agencies that provide employment services to teens that include obtaining work permits, physicals and document completion which can present barriers to some youth seeking employment. The goal of this committee is to increase the number of youth employment applicants who complete the process, as well as receive employment opportunities.

2. What innovative programming will be supported with any of the (YDP, YSEF and YTS) funding streams this year?

A Horse's Friend - Provides the opportunity for youth ages 7-17 who have social challenges or have had contact with the justice system to learn responsibility, youth development and empathy through caring for horses and learning how to ride. The program exposes youth to a unique sport to which they would otherwise not have access, due to challenges that include cost, transportation, and awareness.

Confidence Through Fitness with Sean - This program will offer displaced, disconnected and/or system involved youth a variety of fitness and mental health activities and programs. Participants will have access to typical gym and fitness equipment such as weights and weight machines, cardio machines, a 15' trampoline, aerobic equipment, battle rope and TRX stations, a half basketball court and climbing rope.

3. What opportunities are being funded for youth under YDP this year?

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

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

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

Youth Program Services Locator - Complete an electronic County-wide program and services locator to provide an easy, accessible information web-based tool for youth, parents and service providers across Monroe County.

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

Program Monitoring

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

Monroe County has a web-based contract management and tracking system called 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 division with identifying contractors who are not meeting expectations early enough to allow for technical assistance to foster improvement and implement change as needed. Additionally, the Department of Human Services has a Research and Planning team which supports RMCYB to more thoroughly examine contracts to explore opportunities for improvement, to use data to inform decision making, and to enhance key performance indicators.

2. Please indicate the frequency of monitoring:

- Quarterly
- Semi-annually
- Annually
- Other

Please explain:

Planning Team and Technical Assistance

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

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

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

- Donette Scott, Chief Community Engagement Officer, Department of Human Services

2. Please identify any technical assistance or training needs, if any that would help the youth bureau effectively support positive youth development and services for runaway and homeless youth in the coming year. Please be as specific as possible.

Continue sharing opportunities for professional development through online sessions as well as in-person.

3. What are some of the noteworthy accomplishments of the Youth Bureau, Municipalities, and Programs from the previous year?

- Expanding Community Outreach by hiring new Youth Engagement Specialists who are responsible for assisting youth in crisis with intervention, problem solving, action planning and skill building by engaging in "authentic youth" development through a trauma-informed lens using a systems of care framework.
- RMCYB expanded the number of youth sports organization that received funding from the Youth Educational Sports fund from 1 to 15. This will provide the opportunity for youth to participate in a positive youth development activity by working with our community partners. Youth sports programs will provide a variety of sports programming from horseback riding to lacrosse for under-served youth aged 6-17.
- The Annual Youth Bureau Youth Awards was held on April 18, 2024. The event was very successful in soliciting over 100 nominations from across the County to recognize youth who are actively impacting their communities with positive influence on their peers and the adults around them. We had a record attendance with over 300 guests in attendance. We also had the opportunity to recognize some adult youth advocates for the good work that they do in our communities across Monroe County.
- RMCYB hosted a community event to bring youth serving partners together to break down barriers and silos. Providers were able to educate their colleagues on the services that their organizations provide to improve service delivery to the community. RMCYB collaborated with the Greater Rochester After School Alliance (GRASA) and its partners to coordinate the session. Over thirty (30) agencies were in attendance. This initiative has led to monthly virtual networking sessions to continue sharing information.
- The RMCYB collaborated with the Monroe County Office of the Aging to plan and participate in the following Inter-generational events: Salute to Seniors, Fall Clean up, and the Holiday Ball.
- The RMCYB partnered with the Pirate Toy Fund for the 7th Annual Monroe County Toy Giveaway at the Blue Cross Arena in December where toys were distributed to over 500 children and families.
- The Monroe County Youth Bureau along with several community partners hosted a "Teen Parent Empowerment" event. The event purpose is to assist teen parents with services to support their personal growth and development, career opportunities and provide awareness of supports available to their families.

Runaway and Homeless Youth Services

Person Submitting Report

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

Name:

Rebecca Miglioratti

Title:

Community Home Coordinator

Agency:

Monroe County DHS

Email Address:

rebecca.miglioratti@dfa.state.ny.us

Phone:

585-753-5732

Services & Needs

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

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

Include, at minimum, the following characteristics:

i. Age:

This data includes youth served by Center for Youth programs, calls to the Center for Youth Crisis hotline and by adult homeless service providers

12 YO - 1

13 YO - 1

14 YO - 12

15 YO - 16

16 YO - 34

17 YO - 57

18 YO - 186

19 YO - 182

20 YO - 142

21 YO - 149

22 YO - 149

23 YO - 120

24 YO - 106

Additionally, thirty-four (34) missing and runaway youth ages 11-17 were served in the PINS Diversion program; seven (7) of them were petitioned to Family Court as PINS runaways.

ii. Gender identity / expression:

Female - 625

Male - 351

Trans Female - 5

Trans Male - 4

Transgender unspecified - 11

Non-Binary - 10

Other Identity - 4

Among the PINS runaway population, approximately 62% were female (up from 57% in 2022).

iii. Sexual orientation:

This data includes RHY served by Center for Youth only.

Heterosexual - 237

Gay - 13

Lesbian - 9

Bisexual - 47

Questioning/Unsure - 11

Other - 15

Unknown - 58

iv. Race / ethnicity:

American Indian, Alaska Native, or Indigenous - 5

Asian or Asian American - 15

Black, African American, African non-Hispanic - 616

Black, African American, African and Hispanic - 55

Middle Eastern or North African - 3

Multiracial, non-Hispanic - 12

Multiracial, Hispanic - 8

Native Hawaiian or Pacific Islander - 6

White, non-Hispanic - 154

White, Hispanic - 128

Unknown - 8

Among the PINS Runaway population, approximately 59% were Black/African American (up from 49% in 2022) and 8% were white (decreased from 12% in 2022). The remainder of youth were characterized as "other". Approximately 35% identify as Hispanic. Of PINS petitioned to Family Court, 71% were Black/African American and 29% were of "other" race/ethnicity.

v. Primary language spoken by youth:

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

vi. Child welfare involvement or history:

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

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

Place not meant for habitation - 134

Emergency Shelter - 171

Foster care or group home - 6

Hospital or other residential non-psych facility - 18

Psychiatric hospital or other psych facility - 17

Jail, prison, or juvenile detention facility - 19

Residential project or halfway house with no homeless criteria - 1

Transitional Housing for homeless persons - 22

Hotel or Motel - 28

Staying or living in a friends room, apartment or house - 184
Staying or living in a family members room, apartment or house - 266
Rental by client, no ongoing housing subsidy - 26
Rental by client, with ongoing subsidy - 8
Unknown - 32

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

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

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

Monroe County Statistics:

- NYS Division of Criminal Justice's latest report from 2020 states that there were 1,038 reports of missing youth, aged 17 and under, and that 95% of those reports were suspected runaways.
- Rochester Monroe County CoC reported 464 young people ages 18 – 24 who accessed homeless shelters in 2023.
- PINS Diversion runaway youth (ages 11-17) accounted for 87% (n=34) of all PINS Diversion cases in 2023 (total cases n=39) and 100% (n=7) of PINS petitions to Family Court.

In 2023, The Center's Youth Crisis Hotline Received:

- 559 calls from youth asking about emergency housing.
- 108 calls from pregnant/parenting youth seeking assistance with housing stabilization and resources.

In 2023, The Center Served:

- Over 400 unduplicated contacts with street-involved youth under the age of 18 who were at risk of sexual exploitation, trafficking, and homelessness in our Street Outreach Program.
- 105 unduplicated RHY ages 12 - 17 and provided over 1,200 nights of care in our youth emergency shelter.
- 66 RHY ages 16 – 24 in our Maternity Group Home and Transitional Living Programs.

An additional 300-400 requests are estimated to go unmet in the community due to a lack of appropriate resources (i.e., mental health and/or chemical dependency treatment, identified needs requiring a higher level of care, youth is too old or too young for available programs). Based on experience, and regional data, we believe there are at least **1,000 RHY annually** in our community. In 2016, the only emergency shelter specifically for young mothers under the age of 18 closed, and only five short years later in 2021, the only other youth shelter in Monroe County serving RHY ages 16-20 closed, leaving less than 50 emergency shelter and transitional living beds for RHY in our area at The Center for Youth Services.

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

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

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

In 2023, over 40% of RHY served by The Center reported mental health concerns and 25% of 18–25-year-olds entered into Monroe County's HMIS were identified with a mental health disorder.

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

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

A special report, Poverty and the Concentration of Poverty in the Nine County Greater Rochester Area, published by The Rochester Area Community Foundation in December 2017, found that Rochester continues to rank 4th in overall poverty among the nation's 75 largest metropolitan areas and 1st in overall poverty, child poverty, and extreme poverty among comparably sized cities. The same report indicates that 49% of Spanish-speaking children in Rochester (as compared with 35% statewide and 28% nationally) are living in poverty, giving Rochester the rank of 6th in the nation for Latino child poverty

among the 244 largest cities in the U.S. Approximately 1 in 5 children live in families receiving public assistance: 19% of students in Monroe County and 86% in Rochester City Schools qualify for the Free/Reduced Lunch Program.

Like cities across the nation, rent has increased dramatically after the end of COVID's eviction moratorium while entry-level wages have not. This leaves young people on their own with even fewer safe housing options. Couch-surfing results in increased risk for trafficking and other forms of abuse. In 2023, The Center received over 200 referrals for their Safe Harbour Program that serves youth at-risk of or who have been trafficked.

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

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

Monroe County has a Coordinated Entry System across Rapid Rehousing (RRH), Permanent Supportive Housing (PSH) and Empire State Supportive Housing Initiatives programs. Individuals and families are prioritized using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VISPDAT) which is an evidenced based assessment tool used to prioritize those with the highest needs and barriers to accessing and maintaining safe permanent housing. Vacancies within RRH, ESSHI and PSH programs are filled using the community prioritization list so available resources are available to those with the highest degree of need.

RMCYB staff will continue to hold a seat on the CoC Executive Board and carry out the goals established in the CoC's strategic plan to eliminate youth and family homelessness.

RMCYB staff will continue to attend the Homeless Services Network community meetings and participate in a yearly needs assessment which will mold the local priorities when making HUD NOFA funding decisions.

RMCYB staff will continue to participate in the review, rating, ranking and allocation process for HUD dollars that are successfully awarded to Monroe County each year.

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

NA

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

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

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

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

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

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

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

Please see attached uploads.

Additionally, specific to youth who are missing or have runaway, parents/guardians may contact the Family Access and Connection Team (FACT) for assistance. FACT Information Line staff gather basic information from the family and forward it to one of the two Probation Officers or the Senior PO assigned to FACT, who will search for the missing youth. Probation makes an exhaustive search: checking social media, following up leads from family, friends and school. When a youth is located, she/he may be assigned to a FACT Facilitator for further assessment and service. On the rare occasion where a youth cannot be located, the PO will work with the family to prepare affidavits and file paperwork in Monroe County Family Court to request a warrant. If/When the youth is brought in on the warrant, the ATD Team will talk with the youth and family about service needs, options and next steps and will assess the situation for alternatives to Pre-Dispositional Placement, making referrals as appropriate.

Municipal RHY Service Planning Process

1. List the partners consulted by the municipal youth bureau and DSS in composing this plan.

Suggested partners include but are not limited to: the municipal RHY services coordinator, program managers at OCFS-certified RHY programs, Continuum of Care (CoC) board members, youth advisory board, McKinney-Vento liaisons, etc.

The Community Homeless Coordinator consulted with the Center for Youth Services RHY program staff/director as well as the

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

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

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

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

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

Yes

No

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

Municipal Information

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

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

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

30 days for any youth, or up to **60 days** with consent in writing from youth and parent, guardian, or custodian

60 days for any youth 14 years or older, or up to **120 days** with consent in writing from youth and parent, guardian, or custodian

Not applicable

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

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

18 months

24 months

Not applicable

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

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

Yes

No

Not applicable

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

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

Yes

No

i) If the county will **not** allow RHY programs receiving municipal RHY funds to provide services to homeless young adults, briefly explain why that decision was made:

5. List the following information for the RHY service coordinator and any additional designees who are permitted to provide any required notice to OCFS per policies 19-OCFS-ADM-05 and 19-OCFS-ADM-06:

Name	Agency or Organization	Title	Email	Phone
Rebecca Miglioratti	MCDHS	Community Homeless Coordinator	rebecca.miglioratti@dfa.state.ny.us	585-753-5732
Tony Jordan	RMCYB	Executive Director	TonyJordan@monroecounty.gov	585-753-6548

RHY Service Coordinator

1) Designation and duties of the municipal RHY services coordinator

Coordinator's Name:

Rebecca Miglioratti

Agency or Organization:

MCDHS

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

Social Services and Youth Bureau

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

20%

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

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

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

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

Runaway/Homeless Youth (RHY) funds provide for the coordination, planning and monitoring of a continuum of community-based services targeted toward youth, in accordance with the RHY Act. The RHY Coordinator oversees and monitors current program services, as well as plans for the development of enhanced/new services to address gaps/obstacles to service the target population. RHY programs are monitored on an annual basis by OCFS Regional Staff and MCDHS Community Homeless Coordinator. All active youth files and a sampling of closed files are reviewed to ensure youth needs are being met including educational services and transportation to and from educational programs.

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

Program #Center House

Address	Program Director	Operating Certificate Number
128 Seneca Parkway Rochester, NY 14613	Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-11-1-01

- The county contracts with this program for RHY services.
- The county contracts with this program for PINS respite services.
The value of the contract is \$75000 per year, regardless of program utilization.
- This program will receive OCFS RHY funds in the plan year.

Ages of youth the program is certified by OCFS to serve:		Under 18	
Maximum length of stay offered to runaway youth by the program:		60-120	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)	
Target population	All persons	Target population	All persons
13	13	13	13

Transitional Independent Living Programs (Supported and Group Residences)

Program #Chrysalis House

Address		Program Director		Operating Certificate Number	
1900 South Ave. Rochester, NY 14620		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		D18-17-3-01	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)			
Target population	All persons	Target population	All persons		
8	16	16	16		

Program #New Beginning House 139 Upper

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

Program #New Beginning House 141 Down

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

Program #New Beginning House 141 Upper

Address		Program Director	Operating Certificate Number	
141 Field St Upper Rochester, NY 14620		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	D18-22-4-15	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
2	2	2	2	

Program #CYS TILP 150 Devonshire Court #2

Address		Program Director	Operating Certificate Number	
150 Devonshire Court Apt 2 Rochester, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net	2353	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:			Other (16-21)	
Maximum length of stay offered to youth by the program:			24 months	
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
2	2	2	2	

Program #CYS TILP 150 Devonshire Ct. # 10

Address		Program Director	Operating Certificate Number	
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150 Devonshire Ct Apt 10 Rochester, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2354
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:				Other (16-21)
Maximum length of stay offered to youth by the program:				
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
2	2	2	2	

Program #CYS TILP 150 DEVONSHIRE CT #1

Address		Program Director		Operating Certificate Number
150 DEVONSHIRE CT APT 1 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2355
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:				Other (16-21)
Maximum length of stay offered to youth by the program:				
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
1	1	1	1	

Program #CYS TILP 150 DEVONSHIRE CT #4

Address		Program Director		Operating Certificate Number
150 DEVONSHIRE COURT CT #4 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2356
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.				
Ages of youth the program is certified by OCFS to serve:				Other (16-21)
Maximum length of stay offered to youth by the program:				
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)		
Target population	All persons	Target population	All persons	
1	1	1	1	

Program #CYS TILP 150 DEVONSHIRE CT. #5

Address		Program Director		Operating Certificate Number
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150 DEVONSHIRE CT. APT 5 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2357	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1		1	1		1

Program #CYS TILP 150 DEVONSHIRE CT. #6

Address		Program Director		Operating Certificate Number	
150 DEVONSHIRE CT. APT 6 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2358	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:					
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1		1	1		1

Program #CYS TILP 150 DEVONSHIRE CT. #7

Address		Program Director		Operating Certificate Number	
150 DEVONSHIRE CT APT 7 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2359	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1		1	1		1

Program #CYS TILP 150 DEVONSHIRE CT #8

Address		Program Director		Operating Certificate Number	
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150 DEVONSHIRE CT. APT 8 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2360	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1	1	1	1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #11

Address		Program Director		Operating Certificate Number	
150 DEVONSHIRE CT. APT 11 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2361	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1	1	1	1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #12

Address		Program Director		Operating Certificate Number	
150 DEVONSHIRE CT APT 12 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2362	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1	1	1	1	1	1

Program #CYS TILP 150 DEVONSHIRE CT #14

Address		Program Director		Operating Certificate Number	
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150 DEVONSHIRE CT. APT. 14 ROCHESTER, NY 14619		Valerie Douglas 585-473-2464 vdouglas@centerforyouth.net		2363	
<input type="checkbox"/> The county contracts with this program for RHY services. <input type="checkbox"/> The county contracts with this program for PINS respite services. <input checked="" type="checkbox"/> This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Other (16-21)	
Maximum length of stay offered to youth by the program:				24 months	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population		All persons	Target population		All persons
1		1	1		1

Additional Residential Programs Available to RHY

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

Non-Residential Programs

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

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

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

- Hotline
- Street Outreach
- Drop-in Center
- Case Management

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

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

Target Population (age and other relevant demographics):

The Street Outreach Program provides on-the-street services, including crises and survival care and referral information to street youth in an attempt to increase their personal safety and encourage them to partner with us to leave the streets for a more stable living environment.

Choose the time frames that best align with the program's hours of operation (Select all that apply):

- 8:00 AM—4:00 PM
- 4:00 PM—12:00 AM (midnight)
- 12:00 AM (midnight)—8:00 AM

Choose the days of the week that best align with the program's hours of operation (Select all that apply):

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

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

- Hotline
- Street Outreach
- Drop-in Center
- Case Management

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

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

Target Population (age and other relevant demographics):

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

Choose the time frames that best align with the program's hours of operation (Select all that apply):

- 8:00 AM—4:00 PM
- 4:00 PM—12:00 AM (midnight)
- 12:00 AM (midnight)—8:00 AM

Choose the days of the week that best align with the program's hours of operation (Select all that apply):

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

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

- Hotline
- Street Outreach
- Drop-in Center
- Case Management

Agency Name:

Center for Youth Services

Program Name:

Crisis Hotline

Program Address:

905 Monroe Ave

Program Director:

Valerie Douglas

Program Phone Number:

585-271-7670

Program Director Email:

Vdouglas@centerforyouth.net

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

Target Population (age and other relevant demographics):

Youth in crisis.

Choose the time frames that best align with the program's hours of operation (Select all that apply):

- 8:00 AM—4:00 PM
- 4:00 PM—12:00 AM (midnight)
- 12:00 AM (midnight)—8:00 AM

Choose the days of the week that best align with the program's hours of operation (Select all that apply):

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

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

- Hotline
- Street Outreach
- Drop-in Center
- Case Management

Agency Name:	Program Name:
Center for Youth Services	Rapid Rehousing
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	Vdouglas@centerforyouth.net
<input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.	
Target Population (age and other relevant demographics):	
Assists in locating safe and affordable permanent housing, cash assistance for rental and security deposit payments and ongoing case management services for up to 2 years.	
Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):
<input type="checkbox"/> 8:00 AM—4:00 PM <input type="checkbox"/> 4:00 PM—12:00 AM (midnight) <input type="checkbox"/> 12:00 AM (midnight)—8:00 AM	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
Non-residential RHY Service Provided (Select all that apply):	
<input type="checkbox"/> Hotline <input type="checkbox"/> Street Outreach <input type="checkbox"/> Drop-in Center <input type="checkbox"/> Case Management	

Agency Name:	Program Name:
Center for Youth Services	Safe Place
Program Address:	Program Director:
905 Monroe Ave	Valerie Douglas
Program Phone Number:	Program Director Email:
585-473-2464	Vdouglas@centerforyouth.net
<input type="checkbox"/> This program will receive OCFS RHY funds in the plan year.	
Target Population (age and other relevant demographics):	
The Center for Youth has partnered with community businesses and municipalities in the Greater Rochester region to provide approximately 300 designated sites for Safe Place, a national youth outreach program that launched in Rochester in 2006. Safe Place has educated thousands of young people locally about the dangers of running away or trying to resolve difficult, threatening situations on their own. In a crisis, a youth can go to a Safe Place site in the Rochester area to access immediate help and services from trained professionals at The Center for Youth.	
Choose the time frames that best align with the program's hours of operation (Select all that apply):	Choose the days of the week that best align with the program's hours of operation (Select all that apply):

- 8:00 AM—4:00 PM
- 4:00 PM—12:00 AM (midnight)
- 12:00 AM (midnight)—8:00 AM

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

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

- Hotline
- Street Outreach
- Drop-in Center
- Case Management

OCFS Support

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

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

None at this time.

Differential Response to Children (RTLA legislation)

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

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

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

A. Differential Response for Children Procedures

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

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

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

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

Not Applicable

The intake process includes at a minimum the following:

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

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

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

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

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

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

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

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

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

Name of assessment instrument(s) used:

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

Other

If you selected "Other," please specify:

Monroe County's FSC-FACT has a standard of practice to inform eligibility, intake, assessment and referral for youth and families. Eligibility is determined by the FSC Administrative Assistant, who screens referrals with the assistance of the Program Director and/or Supervisory Staff. Assessment and referral for DR-RTLA referred youth and families is assigned to one of two (2) Senior FSC-FACT facilitators, to support consistent assessment of strengths, needs and challenges. FSC-FACT utilizes the MAYSI-2, along with a Family Lead Online Assessment Tool (FLOAT) and a HOPE Scale Assessment. These tools are used to identify needs, consider individualized vulnerabilities, and ensure responsiveness to the youth/family culture. Both the FLOAT and Hope Scale are family driven; youth & family respond indicating needs, strengths, and challenges.

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

- Monroe County's Family Support Center (FSC) – FACT program oversees and implements the DR-RTLA.
- Not Applicable

The DR-RTLA assessment will include an assessment of

- the current safety of the child and safety concerns related to the child's behaviors that led to the DR-RTLA referral, which could include but is not limited to the safety of other children in the family;
- the eligible child's and family's strengths, concrete needs, and challenges or concerns;
- any individualized vulnerabilities;

- cultural considerations; and
- indicators of child sex trafficking.

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

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

Please check all that apply

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

If you selected "Other," please specify:

4. Plan development and successful intervention engagement process

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

- Monroe County's Family Support Center (FSC) - FACT oversees and implements the DR-RTLA.
- Not Applicable

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

The plan development process will

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

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

It is also required that the LDSS support the family through a facilitated referral process to agreed-upon interventions. Family team meetings or other family-led collaborative forums may provide the best opportunity for the child and family to meet new providers, to promote continuity of care, and for team members to align strategies and resources to best support the child and family.

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

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

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

- Monroe County's Family Support Center (FSC) - FACT oversees and implements the DR-RTLA.
- Not Applicable

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

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

B. Planning Activities

Briefly indicate below all the planning activities that the locality has engaged in related to the 5-year planning of the DR-RTLA program.

Partners included in the 5-year planning of the DR-RTLA:

Please check all that apply

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

If you selected "Other," please specify:

FSC-FACT, as a service to support youth and families of Monroe County and implementing the differential response since the inception of the law, has a standard of practice to inform eligibility, intake, assessment and referral for youth and families, which is closely aligned to the implementation and planning activity needs of the DR-RTLA program. FACT was identified as the appropriate entity, within the FSC, as lead for the DR-RTLA program for this reason and maintain

ongoing collaboration around implementation. Adjustments to the plan are made as needed, based on the input of the collaboration. The DR-RTLA planning and implementation is reviewed quarterly by the collaborating partners, at a FSC Committee meeting.

The LDSS collaborative planning activities for the 5-year planning of the DR-RTLA plan included:

Please check all that apply

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

If you selected "Other," please specify:

1

C. Differential Response Child Population

Please provide the following data for the DR-RTLA child population for **January 1, 2023, through December 31, 2023**. If the answer is zero, please indicate such and *do not leave any blank areas*. Specifically, please provide the following as whole numbers (not %):

Number of referrals to DR-RTLA by law enforcement:	12
Number of referrals to DR-RTLA by parents:	0
Number of referrals to DR-RTLA by schools:	0
Number of referrals to DR-RTLA by other sources:	0
Number of total DR-RTLA eligible cases:	12
Number of eligible children 7 years old at referral to DR-RTLA:	0
Number of eligible children 8 years old at referral to DR-RTLA:	1
Number of eligible children 9 years old at referral to DR-RTLA:	2
Number of eligible children 10 years old at referral to DR-RTLA:	0
Number of eligible children 11 years old at referral to DR-RTLA:	9
Number of total DR-RTLA-eligible cases for which participation was declined by family:	6

D. Reduction of System Involvement

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

The DR-RTLA for eligible children will reduce their likelihood of interaction with the juvenile justice and child welfare systems in the future through the following strategies:

Please check all that apply

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

If you selected "Other," please specify:

1

E. Promoting Safety and Well-being

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

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

Please check all that apply

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

If you selected "Other," please specify:

1

F. Reducing Adverse Impacts

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

Monroe County: Differential Response to Children (RTLA legislation)

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

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

Please check all that apply

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

If you selected "Other," please specify:

1

G. Monitoring Activities

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

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

Please check all that apply

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

If you selected "Other," please specify:

1

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

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

compliance with the record retention schedules for the DR-RTLA records.

H. Funding

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

No Yes

I. Training

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

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

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

Mandated reporter training is completed to provide the skills and knowledge staff need to understand and fulfill reporting responsibilities on how to identify and address issues of abuse, neglect, and maltreatment. Additionally, training topics such as 'Trauma Informed Care' and cultural competence trainings are offered in ongoing series. FSC-FACT continues to explore and offer available training options for staff for engaging with younger youth and relating to potential services available to the DR-RLTA eligible population.

Please provide the anticipated frequency of this training:

Mandated reporter training is completed at time of hire/orientation for new staff, and then annually as a minimum, for existing staff. Other potential training opportunities are made accessible as they become available and can be offered. Training opportunities on a broad range of topics and curriculum are offered in ongoing series, through out the year. Some trainings are mandated for all staff, while other topics are available electively, based in roles and professional development.

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

- an overview of the LDSS DR-RTLA structure and referral processes;
- contact information for the LDSS DR-RTLA and hours of operation (must at a minimum align with normal business hours of the LDSS);
- eligibility criteria for the differential response and the LDSS processes that will be followed should the referred child not be eligible for the DR-RTLA;

- the requirements of the differential response, including but not limited to monitoring of the child's progress in interventions and follow-up timeframes, and the differential response case completion;
- the voluntary nature of the differential response and the interventions offered to the eligible child and their family;
- information regarding the current continuum of services, supports, and opportunities in the district; and
- record retention schedules for the DR-RTLA.

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

N/A

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

Please check all that apply

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

If you selected "Other," please specify:

Training of non-district staff is identified by partners engaged in and implementing interventions of the DR-RTLA. This includes, but is not limited to those partners indicated above.

Please provide the anticipated frequency of this training:

The frequency of training and training needs is guided by each specific partner. FSC-FACT is accessible for ongoing guidance and collaboration in implementing the DR-RTLA.

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

J. Technical Assistance

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

No Yes

K. Differential Response for Children Contact

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

This information will be posted publicly on the OCFS website.

Name:

Leslie Barnes

Title:

Director of Family Support Center

Email Address:

lesliebarnes@monroecounty.gov

Phone Number:

585-753-2631

DRAFT

Persons in Need of Supervision (PINS) Diversion Services

The PINS Reform Law (Chapter 57 of the Laws of 2005) requires that a Local Department of Social Services (LDSS) Consolidated Services Plan or Child and Family Services Plan (Integrated County Plan) include a Persons In Need of Supervision (PINS) diversion services section. PINS reform legislation (Part K of Chapter 56 of the Laws of 2019) includes the elimination of the use of detention for PINS youth as of January 1, 2020.

These requirements apply to all localities and support increased community-based services to PINS youth and families, and collaboration at the local and regional level to develop effective responses to status offenders and their families.

Please note that the information in this form is specific to the **PINS Diversion Services population and process** in your locality or jurisdiction, **not** to the post-petition PINS population or the juvenile delinquent (JD) population.

Designation of Lead Agency

Counties should configure their PINS diversion services according to their individual efficiencies and strengths. The designation may be changed in the future through an update to the plan or at the time of the next plan submission. While the LDSS is required to identify one lead agency, cooperative procedures may require other agencies to perform certain functions or services.

Select the Lead Agency for PINS Diversion Services:

- Probation
- LDSS

This is a change in Lead Agency from the previous year.

Inventory of PINS Diversion Service Options

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

Service Categories

Residential Respite (required)

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

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

- No
- Yes

Please specify the limitations:

Center for Youth, operating the respite program serves youth aged 12-17.

There is a service gap in residential respite services

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

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

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

No

Yes

Please specify the limitations:

FACIT (Rochester Police Department's Family Crisis Intervention Team) and the City of Rochester's Person in Crisis (PIC) team are available only to City of Rochester residents. Other services, including University of Rochester's Mobile Crisis Team and Monroe County's Forensic Intervention Team (FIT) are available community wide to all residents. Sometimes Law Enforcement Agencies have to make the initial response (depending on how a call is dispatched).

There is a service gap in crisis intervention services

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

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

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

No

Yes

Please specify the limitations:

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

There is a service gap in diversion services / other alternatives to pre-dispositional placement

Conducts sexual exploitation screening and assessment (required service component)

Providers:

Monroe County Family Support Center- Family Access & Connection Team.

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

- No
 Yes

There is a service gap in sexual exploitation screening

PINS Diversion Services Procedures

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

PINS Diversion Services includes at a minimum the following:

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

Responsible Agency(ies):

- Probation
 LDSS
 Other

Please specify:

FSC- FACT

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

Responsible Agency(ies):

- Probation
 LDSS
 Other

Please specify:

FSC- FACT

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

- accepting referrals for PINS diversion services,

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

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FSC- FACT

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

Name of assessment instrument used:

YASI

YLSI

Other

Please specify:

MAYSI-2, FLOAT, HOPE Scale

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FSC- FACT

e. Conducting the sexual exploitation screening and assessment

Name of screening instrument used:

Rapid Indicator Tool

Child Sex Trafficking Indicators Tool

Other

Please specify:

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FSC- FACT

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

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FSC- FACT

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

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FSC- FACT

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

Responsible Agency(ies):

Probation

LDSS

Other

Please specify:

FSC- FACT

PINS Diversion Services Documentation

Where are your PINS Diversion Services documented?

Caseload Explorer

Locally Maintained File

Other

Please specify:

PINS Diversion Services Plan

A. Planning Activities

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

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

- Current data assessment
- Community needs assessment
- Meetings with juvenile justice stakeholders
- Focus groups with families and/or youth
- Other stakeholder meetings
- Other

Please specify:

Partners included in the planning of the PINS Diversion Services:

- School Districts
- Youth Bureau
- Probation Department
- Family Court Personnel
- Runaway and Homeless Youth Providers
- Dispute Resolution Center
- Families and/or Youth
- Law Enforcement Officials
- Local Department of Social Services
- Respite Service Providers
- Anti-trafficking Providers
- Community/Faith-based Organizations

Other

Please specify:

B. PINS Diversion Services Population

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

Number of PINS Diversion Services cases carried over from previous year:	5
Number of Total PINS Diversion Services referrals:	39
Number of PINS Diversion Services referrals filed by parents:	37
Number of PINS Diversion Services referrals by schools:	1
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:	0

Please identify other sources:

N/A

Number of Total PINS Diversion Services cases closed:	36
Number of PINS Diversion Services cases closed as Successfully Diverted:	22
Number of PINS Diversion Services cases closed as Unsuccessful and Referred to Petition:	10
Number of PINS Diversion cases closed for other reasons (include Withdrawn and Terminated with Bar to Petition):	4
Number of PINS Diversion Services cases that remained open at end of calendar year:	8

C. Pre-PINS Diversion Efforts

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

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

- No
 Yes

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

FSC-FACT is the initial contact point. FSC-FACT staff work with youth and families to identify the

issues and resolve them using community-based resources.

Does your county collect data on Pre-PINS services?

- No
 Yes

Number of youth who received Pre-PINS services in calendar year 2023:

692

D. Focus Areas of Need

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

For each area of need:

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

Focus Area #1

Select Focus Area:

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

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

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

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

staff/facilitators in positive strategies in working with youth who identify as LGBTQ+.

- Record data and maintain outcomes of youth served, to inform effective implementation efforts and guide where gaps/adjustments in supports can be made.

Focus Area #2

Select Focus Area:

Other (please specify)

If "Other," please specify:

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

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

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

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

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

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

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

- No
- Yes

Please specify:

Technical assistance supports surrounding assessment tools or screening methods that have been effectively established in providing specific and dedicated supports to younger aged youth, would be beneficial. Support in any existing evaluation or evidence based tools that have been successfully adapted and shown to be effective in assessing younger aged youth would be of assistance.

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

- No
- Yes

Please specify:

Monroe County has robust interventions and initiatives in PINS Diversion Services. A challenge is that the majority of services serve older youth (i.e., 12 years +) and there are currently no dedicated or specific programs focusing on younger youth (i.e., 11 years or younger). Currently, younger youth are referred to programs that co-mingle with older youth. Training and best practice collaborations would be beneficial in strategies and programming aimed specifically for those younger (11 years or less) youth. Additionally, training resources and strategies addressing youth (especially younger aged youth) displaying problematic sexualized behaviors is a need.

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

- No
- Yes

Please specify:

Monroe County is comprised of culturally diverse communities, with a broad range and varying needs of those neighborhoods, based on where they are located in the County. Affirmative efforts continue to be engaged by the County in addressing equity and disparity, but this remains a challenges as disparity rates continue to rise. Assistance, training and support in successfully addressing these needs, would be greatly beneficial to existing and development of new strategies.

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

No

Yes

F. PINS Diversion Services Lead Agency County Contact

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

Name:

Cynthia Smith

Title:

Assistant Chief Probation Officer - Monroe County Family Services Division

Email Address:

CynthiaSmith@monroecounty.gov

DRAFT

PINS Pre-dispositional Placement Services

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

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

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

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

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

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Child Care Assistance Program (CCAP)

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

Part One: NYS Child Care Block Grant

I. Administration

1. Total estimated NYSCCBG funds available:	\$119342432
2. Estimate of local share:	\$4221021
3. Projected spending for FFY 2024–2025:	\$86368895
4. Estimated number of children being served:	6858
5. Method of provision (vouchers, contracts, etc.):	direct payments to child care providers

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

- Yes No

II. Waiting List

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

- Yes No

III. 24-Month Eligibility

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

- Yes No

IV. Preliminary Eligibility

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

- Yes No

V. Interim Eligibility

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

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

VI. Reasonable Distance

The following defines "reasonable distance":

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

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

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

VII. Transportation

Are there circumstances where the district will reimburse for transportation?

Yes No

Part Two: Title XX Child Care

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

Yes No

I. Administration

1. Total estimated Title XX funds available:	\$3608948
2. Projected spending for FFY 2024–2025:	\$4087505
3. Estimated number of children being served:	300
4. Method of provision (vouchers, contracts, etc.):	direct payments to child care providers

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

Yes No

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

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

Yes No

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

Yes No

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

- Yes No

III. Programmatic Eligibility

Please select which families your district chooses to serve:

1. Families Receiving Temporary Assistance:

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

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

- Yes No

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

- Yes No

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

- Yes No

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

- Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

IV. Case Closing When Funds Are Limited

Select one of the options listed below:

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

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

V. Waiting List

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

Yes No

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

I. Differential Payment Rates

1. Districts must complete the Differential Payment Rate Percent (%) column in the table below for each of the four differential payment rate categories. The state requires a minimum differential of 5% for licensed and registered providers for homelessness and for all providers for non-traditional hours. For these categories, the district must enter "5%" or, if it chooses a higher rate, up to 15%.

The differential payment rate categories for legally exempt providers for homelessness and for nationally accredited programs are optional. 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%). If the district selects a differential payment rate for nationally accredited programs, that rate must be in the range of five percent (5%) to 15 percent (15%). If the district selects a differential payment rate for legally exempt providers for homelessness, the rate may be from 1 percent (1%) to 15 percent (15%).

Differential Payment Rate Category	Differential Payment Rate Percent
Homelessness: Licensed and Registered Providers <i>State required minimum of 5%</i>	5%
Homelessness: Legally Exempt Providers	5%
Non-traditional Hours: All Providers <i>State required minimum of 5%</i>	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%

2. For providers that qualify for multiple differential payment rates, the total percentage 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. If your district wants to establish a total differential 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.

N/A

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

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

or more hours of training annually and the training has been verified by the legally exempt caregiver enrollment agency.

Yes No

2. If yes, indicate the percent (71%–75%), not to exceed 75%, of the child care market rate established for registered family day care.

75%

III. Enhanced Market Rates for Legally Exempt Group Child Care Programs

Answer both questions:

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

Yes No

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

Yes No

If a district chooses to establish both legally exempt group child care enhanced rates and a program is eligible for both enhanced rates, then the enhanced market rate must be based on the percentages selected for each individual market rate, up to a maximum of 87%.

IV. Sleep

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

Yes No

V. Child Care Exceeding 24 Hours

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

Yes No

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

On a short-term emergency basis

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

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

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

VI. Child Care Services Unit (CCSU)

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

Yes No

If yes, please answer the following:

a. The district will include the following in the CCSU

(Check all that apply)

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

OR

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

(Check all that apply)

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

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

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

VII. Waivers

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

Yes No

VIII. Notices

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

- Yes No

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

- Yes No

Part Four: Additional Local Standards for Child Care Providers

Does the district choose to implement any additional local standards?

- Yes
 No

Part Five: Fraud and Abuse Control Activities

I. Child Care Front End Detection Plan

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

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

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

Other
Please specify:

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

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

Applications received by the district are assigned to an eligibility evaluator for review and an eligibility determination. As a part of the review, the staff looks for criteria that match the FEDS indicators. As appropriate, based on those matches, the application is referred to our Special Investigations Unit. We use an electronic referral database to send the FEDS referral and any relevant documentation to the investigative unit. Referrals are assigned to available investigators on a rotating basis.

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

An Investigator receives the referral through our internal electronic referral database. The assigned investigator reviews the application and starts to make collateral contacts based on the FEDS indicators noted. They review information related to the client, including address, household composition, income and verification of need for care. Information related to the provider is reviewed, including information in CCFS and CCTA as well as business records, if applicable. The investigator utilizes all available resources to make a determination of the acceptable risk of fraud. All investigative notes are kept within the electronic database for future reference. The investigator also advises the Child Care Team of their recommendations via the electronic database.

c. Describe the process used to submit the Monthly report to OCFS by the tenth of the following month including the title of the responsible staff member(s).

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

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

N/A

II. Program Integrity

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

Describe the sampling methodology and review process:

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.

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

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

Describe the sampling methodology and review process:

Monroe County generates and reviews a monthly report 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.

Monroe County will also investigate, on a case by case basis, the following issues, and in doing so, will address the issues stated above:

- referrals received through the LDSS fraud hotline:
- referrals from OCFS
- referrals from Child Care Council
- referrals from internal daycare payables – over-capacity, non-traditional hours,
- over-capacity, non-traditional hours, anomalies in provider/client signatures, parent-fees and dates
- attended vs. dates authorized
- absent parents
- parents employed by a temp agency or working varying hours
- self-employed parents
- parents out of compliance with OTDA/OCFS/LDSS program mandates

III. Inspections of Child Care Provider Records and Premises

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

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

The district must report violations of regulations as follows:

- Violations by a licensed or registered child care provider must be reported to the applicable Office of Children and Families (OCFS) Regional Office.

- Violations or areas of non-compliance by an enrolled or enrolling legally exempt child care provider must be reported to the applicable Enrollment Agency.

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

- Yes No

Select the organization that will be responsible for conducting inspections:

- Local social services staff

Provide the name of the unit and contact person:

Tracy Barnes, Special Investigations Unit

- Contracted agency

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

Legally Exempt Child Care

- In-Home
- Family Child Care
- Group programs

Licensed or Registered Child Care

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

Non-Residential Domestic Violence Services

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

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

Please provide the information required below.

Indicate Service Provision

Please check one.

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

County Contact Person

County Contact Person:

Denise Read

Phone Number:

5857536173

E-Mail address:

denise.read@dfa.state.ny.us

Program Closure

Agency / Program Name:

Date Closed:

Reason for Closing:

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

Program Information

Agency Name:

Lifespan of Greater Rochester Inc.

Program Name (if different):

Upstate Elder Abuse Center-Elder Abuse Prevention Program

Business Address:

1900 Clinton Avenue South, Rochester, NY 14618

Contact Person:

Paul L. Caccamise

Telephone Number:

(585) 244-8400 x115

Email Address:

pcaccamise@lifespan-roch.org

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

Effective Date:

January 1, 2024

End Date:

December 31, 2024

Funding Sources:

This program is funded by a combination of local, state and federal funding.

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

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

- Will be provided to **any victim of domestic violence** as defined in 18 NYCRR Part 462.2(e).
- Will be on a group eligibility basis. **Individual application for services will not be required.** A victim need only provide oral and/or documentary information to establish they are victim of domestic violence as defined in 18 NYCRR Part 462.2(e).
- Will be **voluntary** for the domestic violence victim and provided in a **trauma-informed, survivor-centered, and culturally responsive manner.**
- Will be **provided to all victims of domestic violence** regardless of race, creed, color, national

origin, sexual orientation, gender identity or expression, military status, sex, marital status, disability, predisposing genetic characteristics, alien or non-qualified alien, or limited English proficiency.

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

Program Requirements

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

All questions must be answered

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

Elder Abuse Prevention Program (EAPP), a program within the Upstate Elder Abuse Center at Lifespan of Greater Rochester, was initiated in 1987 and has operated continuously since then. The program is one of 30 programs serving older adults and their caregivers at Lifespan. EAPP provides investigation and casework intervention in cases of older adults abused, neglected or financially exploited by trusted third parties including family members. Each year the program investigates over 230 cases of elder abuse in Monroe County. Approximately 80% of perpetrators each year are close family members.

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

All clients in the EAPP program are served without regard to income. Eligibility is determined by allegations of abuse or neglect and the willingness of the client to cooperate with EAPP staff.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Services are provided in the client homes for the most part. Lifespan has bilingual staff who can be called into cases for clients whose primary language is not English. Lifespan also has contracts with professional interpreting services to provide interpreting services in other languages. Lifespan also has a contract with the Center for Disability Rights for ASL Interpreting Services for Deaf clients when needed. For clients who come to Lifespan offices for interviews, meeting or for workshops, Lifespan conference rooms are equipped with assistive listening hearing loops to provide communication access for persons who use hearing aids with T-coils.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

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

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

Core Services Chart

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

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

Community Education and Outreach	M-F	8:30 am - 4:30 pm; some evenings available	EAPP staff offer presentations for public and training for professionals on elder abuse to thousands of individuals in Monroe County as well as other locations in NYS annually. EAPP offers information on elder abuse via the local media, e.g., on local radio and articles in print publications in Monroe County.	Trainings and presentations are given in the community throughout Monroe County.	Lifespan VP for Program; EAPP Program Director; EAPP staff
Language Access Services	See Program Requirements above.				

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

Optional Services Chart

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

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

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

Staffing Requirements of the non-residential domestic violence program

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

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

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

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
----------------	------------------------------	----------------------------

Lifespan VP for Program	Program oversight/strategic planning/conducts training in elder abuse/conducts research on elder abuse	LMSW; A minimum of 1 year of experience as a supervisor is required.
EAPP Program Director	Program management/clinical supervision/program monitoring/budget preparation/offer training in elder abuse/conducts research in elder abuse	LMSW; A minimum of 1 year of experience as a supervisor is required.
EAPP Social Workers (6.0 FTEs) (Includes LMSW Program Director)	Investigation of elder abuse cases/counsels victims of elder abuse/ works with law enforcement and other community agencies to intervene in cases of elder abuse and set up safety plans for victims/offer training in elder abuse	MSW or BSW and experience working with older adults.

Agency Name:

Willow Domestic Violence Center

Program Name (if different):

Business Address:

PO Box 39601, Rochester, NY 14604

Contact Person:

Meaghan de Chateaufieux

Telephone Number:

(585) 232-5200 Ext. 223

Email Address:

MeaghanD@WillowCenterNY.org

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

Effective Date:

January 1, 2024

End Date:

December 31, 2024

Funding Sources:

This program is funded by a combination of private, local, state and federal funding.

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

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

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

Program Requirements

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

All questions must be answered

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

Willow Domestic Violence Center is a not-for-profit agency serving victims of domestic violence in Rochester and Monroe County, New York. In addition to providing Residential Domestic Violence Services (a 49-bed emergency domestic violence shelter for victims of DV and their children), Willow also offers non-residential domestic violence services that provide a full continuum of support for victims of domestic violence and their children. Participants in this program do not need to be housed in the emergency shelter to access these services. In fact, most of the clients using non-residential services reside in the local community.

Non-Residential Services Include:

- 24-HOUR CRISIS HOTLINE - Provides information, referrals and counseling as well as access to the shelter and non-residential programs. Victims of domestic violence, concerned family members, friends, and community professionals utilize Willow's Crisis Hotline.
- INDIVIDUAL COUNSELING – Short term one on one individual counseling.
- SUPPORT GROUPS - Topic focused groups and open community support groups, for victims of domestic violence residing in the community who are coping with the effects of an abusive relationship.
- CHILDREN'S SERVICES- Services for children whose parent (mother or father) is participating in individual counseling or community support groups.
- COURT ADVOCACY PROGRAM – Willow advocates are stationed at the Monroe County Hall of Justice. This program assists victims who are petitioning Family Court for an Order of Protection and provides support in both IDV and DVIIC Courts. This is a collaborative program with Legal Aid Society of Rochester. Clients seeking an order of protection can obtain counseling, information, referrals and court accompaniment from Willow as well as civil legal services from Legal Aid.
- MOBILE ADVOCACY – Mobile Advocates work with victims of domestic violence and community partners at various locations throughout the county. Advocates provide counseling, safety planning, advocacy and information and referrals to victims, at a safe location, and at a point in time

that is critical to their well-being.

- DOMESTIC VIOLENCE PREVENTION EDUCATION PROGRAM: A preventive, educational program for youth and adults in both academic and community-based settings throughout Monroe County.

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

Willow programs, which are confidential and free of charge, are open to all victims of domestic violence in Monroe County regardless of race, creed, color, national origin, sexual orientation, gender identity or expression, military status, marital status, or disability.

Describe how special needs populations, including non-English speakers, disabled, and hearing impaired, are accommodated?

Willow staff have credentials, experience and education that meet the requirements of their position and comply with NYSOCFS regulations. Willow strives to hire staff that reflect the diversity of those we serve. Willow has staff that are bi-lingual (including ASL) and it places a high priority on recruiting and hiring staff that are bi-lingual and culturally sensitive, either by targeted hiring of bi-lingual, bi-cultural staff or by providing appropriate cultural training. Cultural sensitivity is integral to building trust so that victims are more likely to take the steps necessary to enhance their safety. The expertise of staff from diverse backgrounds and experience is called upon to help ensure that our programming is accessible, culturally sensitive and relevant to our community. This translates into a diverse multi-skilled staff who are available to address the unique needs of all victims and their families including victims from the Deaf and LGBTQ communities. When necessary, Willow secures interpreters for non-English speakers.

All Willow facilities, including our emergency shelter, are handicap accessible and meet ADA requirements.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Willow's non-residential program is located in a confidential location in Monroe County for the protection of its clients. It is in a secure location that is not accessible to the general public. Client confidentiality is an important component of Willow services to protect clients who are seeking help from further victimization and to provide a safe environment for disclosure of domestic violence incidents. Willow has specific and strict policies and procedures regarding client confidentiality.

The Court Advocacy program is on site at the Hall of Justice to assist victims in obtaining an order of protection. Prevention and educational outreach are offered in the community and in schools.

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

Data is pending.

Core Services Chart

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

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

			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.		
Counseling	M-F Weekends as needed	8 -5; evening hrs as needed	Services include safety planning, individual counseling, support groups and topic focused groups to assist victims in recovering from trauma; information and referral, advocacy and supports to victims transitioning from emergency shelter to community living.	Undisclosed, Confidential Location at non-residential site	All Willow programs provide counseling including: Hotline, Counseling Center, Mobile Advocacy, Court Advocacy, Safety First, Project Stronger, HEAL
Community Education and Outreach	M-F, weekends as needed.	8-5 Evenings as needed	Educational based program works with youth/young adults to inform and promote the development of skills necessary to achieve healthy, violence-free interpersonal relationships. Programs are offered in academic settings, including elementary, junior and senior high school, and area colleges, as well as youth service providers. Companion programs	Throughout the community	1 full-time Director of Prevention Education; 1 full-time Educator, staff listed above, as well as members of Willow's Executive and Leadership Teams

			are available for parents. Community Speakers Bureau: Conduct presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human service organizations, professional groups, businesses and professional training programs.		
Language Access Services	See program Requirements above.				

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

Optional Services Chart

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

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

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

Staffing Requirements of the non-residential domestic violence program

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

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

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

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Chief Operating Officer	Oversight of Willow's non-residential and residential programs.	Masters' degree and 5 years of experience (including supervisory experience)

Director of Advocacy services	Oversight and supervision of all Willow community programs.	Masters' degree and 5 years of experience (including supervisory experience)
Manager of Counseling Services	Oversees and supervises Counseling Center, STRONGER and Hotline operations.	Masters' degree and 3 years of experience (including supervisory experience)
Counseling Center Counselors	Provides individual counseling and facilitate groups for victims of domestic violence in the community.	Masters' degree and 1 year of experience
Hotline Case Manager	Provides crisis counseling, safety planning, referrals, information and support to hotline callers.	Associates degree in Human Services and 1 year of experience
Housing Stability Case Manager	Provides case management, safety planning, referrals, information and support to survivors.	Associates degree in Human Services and 1 year of experience
Mobile Advocate	Provides advocacy, case management, support, referrals and safety planning to survivors in the community.	Bachelor's degree in Social Work or related field is required plus 1 year experience
HEAL Advocate	Provides advocacy, case management, support, referrals and safety planning to survivors on-site at URMC in collaboration with the HEAL team.	Bachelor's degree in Social Work or related field is required plus 2 years' experience
Human Trafficking Case Manager	Provides advocacy, case management, support, referrals and safety planning to survivors of human trafficking.	Bachelor's degree in Social Work or related field is required plus 1 year experience
CAP Advocate	Provides advocacy, case management, support, referrals, drafting of petitions and safety planning to survivors on-site at the Hall of Justice in collaboration with Family Court.	Associates degree in Human Services
Safety First Advocate	Provides advocacy, case management, support, referrals, safety planning and coordination in collaboration with CPS.	Bachelor's degree in Social Work or a related field and a minimum of 3 years of direct service experience
Manager of Advocacy Services	Oversees and supervises the Court Advocacy Program (CAP), Safety First, HEAL and Mobile Advocacy services.	Masters' degree and 3 years of experience (including supervisory experience)
Director of Prevention Education	Develops, organizes and facilitates prevention programs and supervises Prevention Education staff.	Bachelor's degree (Masters preferred) and 3 years of experience

Prevention Educator	The Prevention Educator is responsible for working under the supervision of the Director of Prevention Education to plan and conduct dating and domestic violence education in schools, colleges and at community-based agencies throughout Monroe County.	Bachelor's Degree in Health Education, Social Work, Human Services or related field required, or 2 years' experience
Manager of Deaf IGNITE Programs and Services	Oversees and supervises Deaf IGNITE programming and services.	Bachelor's Degree in Social Work or related field is required, 2 years' experience
Deaf IGNITE Coordinator	Provides advocacy, case management, support, referrals, safety planning and prevention education for deaf and hard of hearing survivors and the community.	Bachelor's Degree in Social Work or related field is required, 1 year experience

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