

# **County Child and Family Services Plan**

## **2015 Update**

January 1, 2015 – December 31, 2015

### **MONROE County**

This Child and Family Services Plan contain county outcomes and strategies that respond to community needs. Specifically, the plan identifies Local Department of Social Services (districts) strategies in the areas of adoption, foster care, preventive, protective and other services for children, and protective and other services for adults. The plan also identifies Youth Bureau strategies for youth development and services for youth. In addition, it contains a description of public participation in the development of the Plan as well as estimates of expenditures and program information.

Amy Natale-McConnell (585) 753-6431

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Contact Person Phone

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Title Email

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**APPENDIX A  
Plan Signature Page**

We hereby approve and submit the Child and Family Services Plan for Monroe County Department of Social Services and Youth Bureau for the period of January 1, 2014, through December 31, 2014. We also attest to our commitment to maintain compliance with the Legal Assurances as outlined in Child and Family Services Plan Guidance Document.

<b>Commissioner County Department of Human Services</b>		
Type Name	Kelly A. Reed	<b>Date:</b>
Signature		
<b>Executive Director County Youth Bureau</b>		
Type Name	Michael Barry	<b>Date:</b>
Signature		
<b>Chair, County Youth Board</b>		
Type Name	Wendy Mervis	<b>Date:</b>
Signature		

I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Monroe County Probation Department for the period of January 1, 2014, through December 31, 2014.

<b>Director/Commissioner County Probation Department</b>		
Type Name	Robert Burns	<b>Date:</b>
Signature		
<b>Chair, County Youth Board</b>		
Type Name	Wendy Mervis	<b>Date:</b>
Signature		

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

<b>Chief Elected Officer</b> (or Chairperson of the legislative body if the county does not have Chief Elected Officer)		
Type Name	Maggie Brooks	<b>Date:</b>
Signature		

**WAIVER**

Complete and sign the following section if a waiver is being sought concerning the submission of Appendix I - Estimate of Clients to be served. Monroe County requests a waiver to 18 NYCRR 407.5(a)(3), which requests a numerical estimate of families, children, and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix I is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the **MONROE** County Child and Family Services Planning Process.

<b>Commissioner County Department of Social Services</b>		
Type Name	Kelly A. Reed	<b>Date:</b>
Signature		

**APPENDIX B-1**

List of Required Interagency Consultation – Protective Services for Adults

In the development of the Protective Services for Adults component of the Annual Implementation Report, Section 34-a (4) and Sections 473(2) (a) and (b) of the State Social Services Law requires that districts consult with other appropriate public, private and voluntary agencies in order to ensure maximum local understanding, coordination, and cooperative action in the provision of appropriate services to protective services clients. These include, but are not limited to: aging, health, mental health, legal and law enforcement agencies. List the interagency consultation in the chart provided below:

Agency Type	Agency Name	Dates or Frequency of Meetings*
Aging	Hoarding Task Force	As needed
	Aging Provider Agencies	As needed
	Catholic Family Center	Quarterly
Health	Monroe County Department of Public Health	As needed
	Area Hospitals (Strong, RGH, Highland, St. Mary’s, ParkRidge)	As needed
	Home Health Care Agencies (HCR, Interim Healthcare, Lifetime Care, Visiting Nurse)	As needed
	Medical Legal Collaborative for High Risk Seniors	Quarterly
Mental Health	Monroe County Elder Fatality Review Team	Quarterly
	MCDHS - Office of Mental Health – Unconnected Adults	Quarterly or as needed
	Area Mental Health Providers	As needed
	CCSI-SPOA (for adults)	As needed
Legal	Mon Co Law Department	Monthly
Law Enforcement	Local Law Enforcement Agencies	As needed
Other:	Lifespan Enhanced Multi-Disciplinary Team	Twice per month
	Homeless Committee	Monthly

**APPENDIX B-2 CHANGED**

List of Required Interagency Consultation – Child Protective Services

In the development of the Child Protective Services component of the Annual Implementation Report, Section 34-a(4) and Section 423 of the State Social Services Law requires that districts consult with local law enforcement agencies, the family court, and appropriate public and voluntary agencies including the societies for the prevention of cruelty to children. The family court judge or designated representative must be involved when the family court is consulted. List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Law Enforcement	Monroe County Multidisciplinary Child Abuse Team Administrative Committee	Monthly
	Monroe County Multidisciplinary Child Abuse Team Executive Committee	Four times per year
Family Court (judge or designee)	Monroe County Family Court Judges	Semi-Annually
	Enhanced Court Practices Collaborative	Quarterly
	Monroe County Law Dept.	Monthly
PINS Diversion lead agency	Juvenile Justice Council	Monthly
	JDAI Steering Committee	At least Quarterly; Subcommittees will meet more frequently
Public/Private Agencies	NYS Office of Children & Family Services – Regional Directors	Quarterly

\*List either dates of meetings or frequency (e.g., every third Wednesday of the month)

Detailed meeting information does not need to be included in the county plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

**APPENDIX B-3 CHANGED**

List of Required Interagency Consultation – Child Welfare Services

In the development of the Preventive, Foster Care, and Adoption Services for children component of the Annual Implementation Report, Section 34-a(4) and 409-d of the State Social Services Law requires that districts consult with other government agencies, authorized agencies, and other individuals and organizations concerned with the welfare of children residing in the district. List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Government Agencies	Mon Co Probation Dept.	Twice weekly
	MCDHS- Youth Bureau	Weekly
	MCDHS- Office of Mental Health	Weekly
	Monroe County Law Dept.	Monthly
	NYS Office of Children & Family Services – RRO	As needed
	Coordinated Care Services Inc.	Weekly
	Mon Co Dept. of Public Health	As needed
	NYS OCFS	As needed
Authorized Agencies	Alternatives for Battered Women	As needed
	Hillside Children’s Center	Bi-Monthly
	Villa of Hope	Bi-Monthly
	Ibero American Action League	Bi-Monthly
	Urban League of Rochester	Bi-Monthly
	Lifetime Assistance	Bi-Monthly
	Catholic Family Center	Bi-Monthly
	Society for the Protection and Care of Children	Bi-Monthly
	Mt. Hope Family Center	Bi-Monthly
	United Way of Greater Rochester	Monthly
	Children Awaiting Parents	As needed
	Lifespan	As needed
	EnCompass Resources for Learning	As Scheduled
Cayuga Home for Children	Bi-Monthly	

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	University of Rochester	Bi-Monthly
	Center for Youth Services	Monthly
Concerned Individuals/Groups	Greater Rochester Collaborative MSW Program	Monthly
	Attendees of the Public Hearing	At public hearing
	Crisis Nursery of Greater Rochester	As needed
	Children's Agenda	As needed
	Preventive Coalition	Quarterly

\*List either dates of meetings or frequency (e.g., every third Wednesday of the month)

Detailed meeting information does not need to be included in the county plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

**APPENDIX B-4 CHANGED**

List of Required Interagency Consultation – Child Care Services

Section 34-a(4) and 409-d of the State Social Services Law requires that, in the development of the Preventive, Foster Care, and Adoption Services for children component of the Annual Implementation Report, districts must consult with other government agencies, authorized agencies, and other individuals and organizations concerned with the welfare of children residing in the district. List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Government Agencies	Rochester City School District Bureau of Early Childhood Services	Early Childhood Dev Initiative – Bi-monthly meetings
	NYS OCFS	As needed
	New York State Public Welfare Association	As needed
Other Public/Private/Voluntary Agencies	Rochester Childfirst Network	MCDHS Day Care Advisory Group – as needed
	United Way of Greater Rochester	MCDHS Day Care Advisory Group –as needed
	Rochester Area Community Foundation	MCDHS Day Care Advisory Group – as needed
	Representatives from center based childcare providers	MCDHS Day Care Advisory Group –as needed
	CSEA/Voice Union	Quarterly Meeting or as needed
Concerned Individuals/Groups	Early Childhood Development Initiative	Early Childhood Dev Initiative – Monthly meetings
	Quality Council Advocacy Committee	Early Childhood Dev Initiative – as needed
	Children’s Agenda	Early Childhood Dev Initiative – as needed
	Children’s Institute	Early Childhood Dev Initiative – as needed
Child Care Resource and Referral Agencies	Child Care Council	MCDHS Day Care Advisory Group – Quarterly or more frequently as needed

**APPENDIX B-5\* CHANGED**

List of Required Interagency Consultation – Runaway and Homeless Youth

List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings
Department of Social Services	MCDHS - Financial Care Path	As needed
	MCDHS - Emergency Housing Unit	Monthly
	MCDHS - Emergency Assistance/ Food Stamps	As needed
	MCDHS - Child Protective Services	As needed
	MCDHS - Office of Mental Health- SPOA	As needed
	Family Access and Connections Team	As needed
RHYA Providers	Center for Youth Services	Monthly
	Hillside Family of Agencies – Hillside Alternatives for Independent Youth/Emergency Services	Monthly
	Salvation Army – Genesis House	Monthly
	Mercy Residential Services	Monthly
Other Public, Private and/or Voluntary Agencies	Rochester-Monroe County Continuum of Care	Monthly
	Homeless Services Network	Monthly
	Rochester City School District- Homeless Education Program	Monthly
	Empire State Coalition for Youth and Families	Annually

\*This Appendix is required only if the county receives RHYA funding.

**APPENDIX B-6 CHANGED**

List of Required Interagency Consultation – Youth Development

List the interagency consultation in the chart provided below.

Agency Type	Agency Name	Dates or Frequency of Meetings*
Taskforce	Expanded Learning Collaborative (ELC) with RCSD	Monthly
	Youth in Transition	As needed
	Intergenerational Fraud and Safety Summit	As needed
	Dignity for All Students Advisory Group to RCSD	Monthly
	ROC the Future	Bi-Weekly
Coalition	RMC Continuum of Care-Community Oversight Group	Monthly
	Youth Services Quality Council	Monthly
	Greater Rochester Afterschool Alliance (GRASA)	Monthly
	Capacity Building Partnership	Monthly
	R/HY Services Providers	Monthly
	Homeless Services Network (HSN)	Monthly
	Juvenile Justice Council	Monthly
	System of Care Leadership Team	Monthly
	Safe Harbour Task Force	Monthly
Youth Board	Rochester-Monroe County Youth Board	Monthly
Parent	Better Days Ahead Family Roundtable	Monthly
	Grandparents Raising Grandkids	Annual
Youth	Youth As Resources (YAR)	Monthly
	Spreading Wellness Around Town (SWAT)	As called
Community Providers	Monroe Mentors	Monthly

	ANYSYV Conference Call	Monthly
	Safe Harbour Conference Call (IOFA)	Monthly
Municipal Youth Board		

\*List either dates of meetings or frequency (e.g., every third Wednesday of the month)

Detailed meeting information does not need to be included in the county plan, but districts are directed to maintain meeting agendas and/or minutes for a period of five years.

**APPENDIX C**

List of Data Sources Used In Needs Assessment

**Instructions:** The list below contains common data sources often used in county planning. Please check all sources your county has used in the needs assessment performed for this plan. The list is not all-inclusive – if you have other sources of data, please indicate those as well.

Source	Check all used
1. NYS Touchstones Kids County Data Book	<input checked="" type="checkbox"/>
2. Kid’s Well-being Indicators Clearinghouse	<input checked="" type="checkbox"/>
3. Monitoring and Analysis Profiles	<input type="checkbox"/>
4. Child Care Review Service	<input checked="" type="checkbox"/>
5. U.S. Census Data	<input checked="" type="checkbox"/>
6. OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>
7. OCFS CFSR Data Packets	<input checked="" type="checkbox"/>
8. Adult Services Automation Project (ASAP)	<input type="checkbox"/>
9. Quality Youth Development System (QYDS)	<input checked="" type="checkbox"/>
10. Child Trends Data Bank	<input checked="" type="checkbox"/>
11. Prevention Risk Indicator/Services Monitoring System-PRISMS (OASAS)	<input type="checkbox"/>
12. NYS Department of Health	<input checked="" type="checkbox"/>
13. Surveys	
a. Communities That Care	<input type="checkbox"/>
b. Search Institute Survey	<input checked="" type="checkbox"/>
c. TAP Survey	<input type="checkbox"/>
d. United Way (Compass Survey or other: 2013-2019 Blueprint for Change)	<input checked="" type="checkbox"/>
e. Other (specify) Mon Co 2011 Youth Risk Behavior Survey	<input checked="" type="checkbox"/>
14. YASI Data	<input type="checkbox"/>
Other Data Sources (specify)	
15. CGR Community Status Report on Children (2/2010)	<input checked="" type="checkbox"/>
16. MAPS data (2011)	<input checked="" type="checkbox"/>
17. CCSI Juvenile Justice Data	<input checked="" type="checkbox"/>

18. Maternal/Child Health Report Card Update (February 2011)	<input checked="" type="checkbox"/>
19. US Bureau of Labor Statistics	<input checked="" type="checkbox"/>
20. ACT Rochester	<input checked="" type="checkbox"/>
21. Monroe County Office of Probation-Community Corrections	<input checked="" type="checkbox"/>
22. GRASA Quality Recommendation Report	<input checked="" type="checkbox"/>
23. Children’s Agenda 2013 Executive Study	<input checked="" type="checkbox"/>
24. 2013 Youth Master Plan	<input checked="" type="checkbox"/>
25. Poverty and the Concentration of Poverty in the Nine-County Greater Rochester Area (December 2013)	<input checked="" type="checkbox"/>

## Child and Family Services Plan Program Narrative

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### I. Outcome Framework/Mission/Vision

1. **If the district has one, please enter the district’s outcome framework, mission, and/or vision. (If your district does not have this, leave this area blank.)**

**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.*

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

2. **Describe your district’s demographic, economic, and social characteristics.**

In the 2012-2016 Child and Family Services Plan as well as the 2013 Update to the plan, Monroe County described our community across a variety of markers. This data is still relevant and accurately portrays Monroe County. With that said, there have been several local efforts/initiatives/reports that have “drilled” into the data in more depth and will be used to inform our efforts going forward. Below highlights some of the key learnings and identifies some of the challenges that Monroe County is facing.

### POVERTY IN MONROE COUNTY

In December 2013, the Rochester Area Community Foundation along with ACT Rochester issued a report titled “Poverty and the Concentration of Poverty in the Nine County Greater Rochester Area” ([ww.racf.org](http://www.racf.org)). The report states, “Poverty impacts all aspects of our community.... It destroys neighborhoods, saps community resources, impacts success of schools, results in increase in crime and victimization, increases in drug and alcohol use/abuse. In summary, it leaves many who are poor feeling hopeless and defeated.” Monroe County is a metro community thus what happens in some areas of the community impacts the entire community.

#### Facts about poverty in Monroe County<sup>1</sup>

- Rochester is the 5<sup>th</sup> poorest city (31.1%) in the country (among the 75 largest metro areas) (Buffalo is ranked 6<sup>th</sup>). The highest is Detroit at 36.2%.
- Rochester is the 2<sup>nd</sup> poorest among comparable sized cities in the United States
- Rochester is the city with the 3<sup>rd</sup> highest concentration of extremely poor neighborhoods (defined as census tracts with a poverty rate of 40% or higher) among the top 100 metropolitan areas in the country.
- Blacks and Hispanics are more likely to be poor than whites. In the region, the poverty rate for blacks stands at 34% and for Hispanics at 33%. For whites the rate is 10%. Blacks and Hispanics have a much higher rate of poverty in Rochester than they do elsewhere in New York State or in the nation.
- The US poverty rate for children under 18 living in poverty is 20%. In the City of Rochester, nearly half of the children (46%) are poor compared to 31% of the entire City population.

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<sup>1</sup> Poverty and the Concentration of Poverty in the Nine County Greater Rochester Area” ([ww.racf.org](http://www.racf.org)) 2013

- Population grew by 52% in the 9 county region between 1950 and 2010, however, the City of Rochester’s population declined by 37% over the same time period.
- Female head of households, especially those with children under the age of 5, experience a far greater poverty rate than other families (52% Monroe County /64% Rochester compared to rate of poverty for *all families* : 10% Monroe County / 28% City of Rochester)
- 35% of all rental housing in the 9 county region is in the City of Rochester. There are a total of 18 public housing facilities in Monroe County, 14 (78%) located in the City of Rochester
- The 9 county region lost 34% of the manufacturing jobs between 2000 and 2011. Monroe County lost 42%.
- Regional median household income dropped by 11% (14% in Monroe County). For the City of Rochester, the median income dropped 17% (poverty went up 5%). People, who lost manufacturing jobs, took service sector jobs so the less skilled workers have fewer employment options.

## **EDUCATION<sup>2</sup>**

Almost half of Rochester’s children are growing up in poverty, one of the highest rates in the nation. As noted by ACT Rochester through the ROC the Future Initiative “Growing up poor doesn’t make learning impossible, but it does make it more difficult. These children must overcome obstacles in their families and neighborhoods ranging from crime to homelessness to poor nutrition to inadequate health care.” Programs or initiatives working in isolation of each other without a coordinated focus on addressing key indicators, will likely result in the community seeing no noticeable movement and continued frustration in the inability to affect positive system change.

In 2013, ROC the Future issued a community report card that “took the temperature” of the community around several key indicators within 4 focus areas: Every Child is School Ready, Every Child is Successful, Every Child is Supported and Every Child is College and Career Trained. The following highlights a few of the key data points raised in the initial report card:

- 36% of Monroe County’s 4 year olds are registered for/attend a Pre-k program in 2011 (NYS level is 31%). In Rochester, 66% of the 4 year olds attended Pre-K programs and if Head Start is added in, the rate increased to 75%.
- 62% of the Pre-K children in RCSD scored delayed or below expected performance level on the Brigance Early Childhood Screen II.
- Using the measure of percentage of youth eligible for free or reduced meals, Rochester is the poorest large urban school district in NY with 88% of students eligible for free or reduce meals.
- The graduation rate in 2011 (for a 4 year cohort) was 79% for Monroe County schools. For the RCSD, the graduation rate was 49%. If race/ethnicity within the cohort is looked at for RCSD students, there is a noticeable difference in graduation rates within cohorts: 43% for black/African-Americans, 38% for Hispanics/Latinos, 39% for Asians and 58% whites.

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<sup>2</sup> ROC the Future Initiative Community Report Card; 2013

## **RACIAL DISPARITY<sup>3</sup>**

From education to politics, poverty to health, race affects all areas of our community. Facing Race, Embracing Equity – Rochester’s Racial Equity Initiative – launched in January 2013 to explore issues and foster conversation and cooperation around racial inequities in Rochester and the surrounding communities. ACT Rochester's Community Report Card revealed racial disparities and through several forums and conversations have raised up the issue of racial inequities. Below highlights some of the data presented in the initial community report card:

- 44% of the Black or African American children in Monroe County are living in poverty (49% of Black or African American children in the City of Rochester) and 43% of the Latino or Hispanic children in Monroe County are living in poverty (55% of Latino or Hispanic children in the City of Rochester).
- Only 14% of the Black or African Americans in Monroe County age 25 or older have a 4 year degree. For Latino or Hispanic adults, the percentage is slightly higher at 15%. Both of these are significantly less than 39% for white adults in Monroe County. In the City of Rochester, the numbers are even more disparate: 9%, 8% and 35% respectively.
- Seventy-three percent (73%) of Whites live in their own homes compared to 36% of Black or African Americans and 38% of Hispanic or Latino adults.
- Unemployment rate for Whites in Monroe County is 5.9% compared to 16.4% for Blacks or African Americans and 13.4% for Hispanic or Latinos.

Monroe County is now faced with having to look at this new, very sobering data and identify what steps can be taken to begin to address poverty, disparity and gaps in education. There is not a quick fix to the problems highlighted above and that have been raised during the course of numerous community conversations about these topics. Monroe County Department of Human Services will be using the information noted above to inform its’ policies and practices resulting in better outcomes for the youth and families it serves and thereby impacting the future of this community.

## **II. Planning Process**

### **Describe the district’s planning process and how that consultation informed your district’s needs assessment, priorities, and outcomes.**

The Monroe County Department of Human Services unites multiple human services under one vision and one organizational structure to improve outcomes for all Monroe County children, youth, adults and families. Planning for the implementation and improvement of human services in Monroe County is an ongoing process guided by three core priorities; 1) Safety; 2) Self-Sufficiency and Healthy Development; 3) Effective and Efficient Utilization of Limited Resources. The Department of Human Services utilizes an active internal and external planning process and a commitment to community engagement to assist in the implementation of its core priorities. DHS is actively engaged in multiple efforts to support the three core priorities and key strategic initiatives. Departmental leadership participates on multiple community initiatives, coalitions and partnerships and operates a significant number of internal efforts to advance progress toward our goals. DHS and the R/MCYB continually review

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<sup>3</sup> ACT Rochester's Community Report Card

reports/plans/data as they become available and use this information to inform both internal planning processes as well as external processes.

Non-profit organizations and governmental entities, including schools, municipalities and the County of Monroe are engaged in numerous efforts to address specific risks and problems, build skills and assets, and ameliorate the impact of multiple negative effects on children, youth and families. These initiatives, programs and collaboratives demonstrate a community-wide commitment to improving outcomes but in some instances the lack of integration and coordination has unintended negative impacts including duplication of effort, inefficient use of resources and conflicting understanding of evidence-based or best practices.

DHS looks for opportunities to join others to address issues through collaborative approach rather than “going it alone”. Recently the Rochester Area Community Foundation and the United Way initiated a joint venture called ACT Rochester. The goal of ACT Rochester is to build on community strengths to help solve our critical problems through community debate, discussion and engagement using objective, timely and independent data. In addition to a wide-array of community indicators, ACT Rochester interprets the information through trend summaries, charts and graphs. DHS is a participant and sees this initiative as a catalyst to bring diverse interests and organizations together and to mobilize efforts to effect positive change. Starting in 2013, ACT Rochester and its many collaborative partners including MCDHS, have embarked on a multiyear initiative called *Facing Race Embracing Equity*. This initiative explores issues and fosters conversation and cooperation, around racial inequities in Rochester and the surrounding communities.

#### R/MCYB

The Rochester-Monroe County Youth Bureau (RMCYB) is in a continually evolving planning process that assesses and analyzes data and youth needs as reports/plans/data become available. Based on reviewing studies such as the Youth Risk Behavior Survey, the Rochester Area Community Foundation Poverty Survey and the United Way Blueprint for Change, the RMCYB plans and prioritizes needs and services to optimally provide for Monroe County youth and their families. The RMCYB is a member of multiple groups including the Association of New York State Youth Bureaus (ANYSYB), Youth Services Quality Council (YSQC), the Safe Harbour Strategic Committee, the Greater Rochester After-School Alliance, and the Juvenile Justice Council. It is through these partnerships that the RMCYB advocates, collaborates and coordinates a multitude of youth service issues and initiatives. The RMCYB's priorities that stem from its' thorough and arduous planning are: stable living for runaway and homeless youth; high quality afterschool programming for youth in Monroe County; a youth development workforce and youth organizations implementing evidence based practices and programs based on the latest research; and to provide youth with healthy, safe, thriving environments through a coordinated and collaborative effort.

### III. Self Assessment

#### 1. Describe successes and achievements the district has experienced since the last plan update in each of the program areas listed below.

##### Child Protective Services

- Quality reviews continued throughout 2014. The quality review score improved from 89.5 (out of 100) in 2013 to 90 (out of 100) in 2014.
- Information about quality review measurements was provided to CPSI Supervisors throughout the year.
- In August 2014, Butler Institute provided mentoring and coaching to FAR caseworkers, Sr caseworkers, and supervisors. FAR staff have also participated in the following trainings: a Coaching Webinar through Butler, Increasing the Voice of the Children, and Coaching to Support FAR Case Practice and Supervision
- 97% of CPSI Supervisors, Sr. Caseworkers, and Caseworkers completed at least 6 hrs of mandated in-service training in 2014. Training topics included: self-awareness, KEYS, Trauma, CFT, D2L Stewards of Children, Recognizing Vicarious Trauma, Cornerhouse Forensic Interviewing, Domestic Violence, Adolescent Brain and Drugs, CPS Common Core and Response Training, and Psychotropic Medication
- Two casework supervisor positions that had been assigned to Staff Development to assist with implementation of FAR and FCT were reallocated to other responsibilities within C/FS.
- 27.3% of the 2014 CPSI cases were identified and served as FAR cases (n=1,586). 90% of families completed services via the FAR process. Data is being collected and evaluated through CCSI to measure FAR outcomes as they pertain to subsequent CPSI Indications, Article 10 petitions and removals of children to alternate placements. We are working to establish a baseline of data.
- FAR Staff participated in FAR Process and Practice Training, FAR Safety and Risk, and FAR Solution Focused. FAR Supervisors, Sr. Caseworkers, and administrators participate in supervisory training.
- FAR staff met with each Investigation Team to explain FAR practice, dispel misconceptions, and identify areas for improvement both in practice and in communication internally.
- In spring 2014, a process and instrument was developed to conduct monthly quality review of FAR cases.

	<ul style="list-style-type: none"> <li>• In June 2014, CPSI started monthly quality review with FAR cases. Feedback will be provided once several monthly reviews have occurred.</li> <li>• Two community collaboratives were held, one with school-based social workers and the second with our preventive partners. During collaboratives, FAR process and practice was explained in detail.</li> <li>• Community education sessions with schools were also held regarding both FAR and traditional CPS investigation practice and procedures.</li> </ul>
<p>Child Preventive Services</p>	<ul style="list-style-type: none"> <li>• The Preventive Database was updated in 2012 and will be reviewed in 2015 to see if additional updates are needed.</li> <li>• The MCDHS Preventive supervisor and liaison reviews the quarterly measures.</li> <li>• C/FS Administration will be working with Preventive Services staff and vendors to convene focus groups starting in the 2nd quarter 2015.</li> <li>• All preventive programs have 14 standard performance measures that they have to report on through Contract HQ on a quarterly basis. Programs report on their objectives quarterly through Contract HQ.</li> </ul>
<p>Foster Care</p>	<ul style="list-style-type: none"> <li>• 100% of all CPSM Supervisors, Sr. Caseworkers and Caseworkers completed at least 6 hours of mandated in-service training in 2014. Training topics included: CPS Investigation protocol, self-awareness, KEYS, Trauma, CFT, D2L Stewards of Children, Recognizing Vicarious Trauma, Family Finding, Cornerhouse Forensic Interviewing, Domestic Violence, Adolescent Brain and Drugs, CPS Common Core and Response Training, and Psychotropic Medication. All CPSM case workers and senior caseworkers and supervisors participated in 21 hours of investigation skills training in 2014.</li> <li>• No additional Visit Coaching training occurred 2014. All of the current staff at the Visitation Center had attended Marty Beyer’s Visit Coaching training in 2012. During 2014, coaching has been maintained through ongoing Visit Coaching between caseworkers and visitation workers.</li> <li>• The Healthy Futures grant ended in June, 2013.</li> <li>• In order for C/FS to strengthen and focus efforts to implement, deliver and maintain fidelity to the CFT model, two CPSM teams have been identified and designated to provide CFT to families active with CPSM. C/FS staff on these teams are trained in CFT.</li> </ul>

- Shared Parenting training was offered to all foster parents in 2014 and will continue to be offered to foster parents in 2015. The 3-session training was offered 4 times in 2014. In addition, DHS offered 6 MAPP groups in 2014 for new foster parents. Other trainings offered to foster parents include: Internet Safety, Lifebook, Saying Goodbye, Legal Issues, TPRs, Help, I've Been Reported to the Hotline, Constructive Confrontation, and Understanding Adolescents.
- Icebreakers meetings were offered to foster parents and birth parents engaged in new placements in 2014. These meetings will continue to be offered in 2015
- Functional Behavioral Approach (FBA) training was offered to all foster parents in 2014 and will continue to be offered in 2015. The 2-session training was offered 3 times in 2014.
- Trauma training was offered to foster parents in 2014 and will continue to be offered in 2015 The 4-session trauma training was offered to foster parents 3 times in 2014
- A survey was conducted in 2014 to elicit feedback from foster parents regarding training interest and needs. Opportunities for new and additional training in 2015 will be based on the results of the survey.
- Homefinding staff were trained in FBA. FBA training was also offered to all foster parents and staff in 2014. This training will continue to be offered in 2015.
- Support and training was provided to foster parents through our Homefinding team. Additionally, a new preventive program offered through Hillside Family of Agencies offers Intensive Family Support which assists foster parents and birth parents to understand and manage children's "Big Behaviors" and also to learn new strategies to promote positive behaviors in order to increase placement stability.
- Fifteen (15) Permanency Roundtable sessions were held for youth in 2014 and will continue to be held monthly in 2015. Status update reviews will be held at three months to assess progress and identify and address potential barriers to implementation of the PRT plan.
- Two recognition and appreciation events for foster parents and their families in 2014. Additionally, an opportunity was provided for foster parents to drop off their foster, adopted, and birth children for an afternoon "Fun Day" event sponsored and supervised by MCDHS staff in December to allow foster parents several hours

	<p>of free time during the holiday season. This event was well-received and very successful.</p> <ul style="list-style-type: none"> <li>• Family Finding Training was offered in 2014 and will continue to be offered in 2015. 19 staff members received Family Finding Training, and 5 were trained as coaches in 2014. Diligent efforts to identify, notify, and engage family members for children and youth who enter foster case were made in 2014 and will continue in 2015</li> <li>• The Fatherhood Initiative Coordinator facilitated and provided the Fatherhood Connection, a 13-week program for fathers and father-figures during 2014, and will continue to offer this program in 2015. Collaboration with our community partner, the Open Door Mission, has continued as they continue to host the day program. In 2014, The Salvation Army initiated and hosted an evening session of this program, which is anticipated to continue in 2015. We continue to identify and coach potential mentors for the Fatherhood Connection program.</li> <li>• The Fatherhood Initiative Coordinator met with staff individually and facilitated engagement with father on an individual basis in 2014. This will continue in 2015.</li> <li>• Boys 2 Men, an 8-week program for male youth, was offered throughout 2014 at various locations, including Westfall Rd, Jay St, and the Children’s Detention Center. This program will continue to be offered in 2015. In 2015, this program will expand to provide a specialized program for Unaccompanied Refugee Minor Youth in foster care, and this expanded program will be hosted by CFC.</li> <li>• Data was collected and analyzed regarding the reasons for foster home closings, and this effort will continue in 2015.</li> </ul>
Adoption	<ul style="list-style-type: none"> <li>• Family Finding training was provided to staff from the Adoption, Permanency, and YOU teams in addition to some CPSM staff in 2014, and coaching will continue through 2015. 19 staff members received Family Finding Training, and 5 were trained as coaches in 2014.</li> <li>• C/FS Administration decided to train staff on existing teams rather than establish a separate Family Finding Team. CPSM, YOU, and Adoption Staff will utilize Family Finding strategies/ tools/methodology with youth from their own units. Staff from the Permanency Team will provide support and engage in Family Finding work with children and youth who are active</li> </ul>

	<p>with their teams. Two permanency team caseworkers were trained in Family Finding. They will assist CPSM teams with family finding when administration and the CPSM team identify a need to seek family members.</p> <ul style="list-style-type: none"> <li>• MCDHS Adoption staff continued to work with CAP and Hillside Family of Agencies and their “Wendy’s Wonderful Kids” recruiters; this work will continue in 2015.</li> <li>• Additional C/FS staff were trained in permanency work resulting in an increase in the number of TPR petitions filed, the number of children freed, and the number of adoptions finalized in 2014.</li> <li>• The Parent for Every Child grant ended in 2013</li> <li>• Fifteen (15) Permanency Roundtable sessions were held for youth in 2014 and will continue to be held monthly in 2015. Status update reviews will be held at three months to assess progress and identify and address potential barriers to implementation of the PRT plan.</li> </ul>
<p>Detention</p>	<ul style="list-style-type: none"> <li>• The Alternatives to Detention (ATD) team continues to be funded by STSJP (Supervision and Treatment Services for Juvenile Program). ATD provides ATD services to JD youth as well as monitors PINS cases involved in MCFC (Monroe County Family Court).</li> <li>• Monroe County utilizes the ATD team to implement the DRAI (Detention risk Assessment Instrument) 24/7 and respond to all afterhours calls. Probation Administration is charged with all override responsibilities.</li> <li>• The JDAI (Juvenile Detention Alternatives Initiative) Steering Committee continues to meet regularly. Subgroups have been established for case processing and data collection. In the future, workgroups will be formed for ATD and JD 18.</li> <li>• JDAI Steering Committee continues to meet and work through various sub-committees. JDAI Coordinator meets with other NYS JDAI Coordinators and OCFS quarterly. Weekly conference calls with OCFS and Annie E. Casey to ensure fidelity to the model.</li> <li>• The JDAI Steering Committee will be forming an ATD sub-Committee which will be charged with looking at the continuum of diversion and ATD services; measuring effectiveness and recommending areas for additional services.</li> <li>• Data is continually tracked and reported to the JDAI Steering Committee. The JDAI Data Subcommittee is looking at ways to present data to be more informative</li> </ul>

	<p>to local planning efforts.</p> <ul style="list-style-type: none"> <li>• Monroe County set aside some STSJP funds to be utilized to fund a new Alternative to Detention service. Monroe County did not contract for any new ATDs in 2014 but anticipates doing so in 2015. Monroe County did add a p/t MH/JJ Clinical Coordinator and an Education Liaison position. Monroe County is projecting contracting with a non-profit for a Family Navigator to start 1<sup>st</sup> quarter 2015 to assist families who have children involved in the juvenile justice system.</li> <li>• In Spring 2014, Monroe County identified a team to participate in RED (Racial Ethnic Disparity) Training conducted by the Burns Institute. In 2015, Monroe County is going to imbed RED into the JDAI Process.</li> <li>• Study participants were identified in Spring 2014 and data collected throughout the 3<sup>rd</sup> and 4<sup>th</sup> quarter of 2014. Data is being finalized and then will be submitted to OFC for analysis. Expect completed report by 2<sup>nd</sup> quarter 2015.</li> </ul>
<p>Youth Development</p>	<ul style="list-style-type: none"> <li>• All Youth Bureau events, programs, and initiatives in 2014 were created employing the 40 Assets. The Annual Youth Awards recognized youth and adults in the community for their efforts.</li> <li>• Agreement between DHS and RACF (Rochester Area Community Foundation) to share space at the Youth Bureau for ELT (Expanded Learning Collaborative) continues. The RMCYB Executive Director participates in monthly ELT and GRASA meetings.</li> <li>• The RMCYB Executive Director participates in monthly GRASA meetings.</li> <li>• RMCYB staff started taking classes with Universal Class. Implemented the CHOICES Seminars with Spencerport High School Students to train upperclassmen to teach underclassmen proper techniques in leadership and other various assets.</li> <li>• Integrated new NYSOCFS YDP funding stream keeping municipalities and non-profit county partner's funding flat for 2014.</li> <li>• YAR grant from RACF approved for 2014-2015 to enable youth directed-youth conducted funding of youth driven projects</li> <li>• Continue partnership with Center for Youth Services (CYS) to lead the Safe Harbour initiative which focuses efforts to help victims of Sex Trafficking and Commercial Sexual Exploitation</li> </ul>

	<ul style="list-style-type: none"> <li>• Created EXPLORE MONROE in 2014. EXPLORE MONROE will go live in Spring 2015.</li> <li>• Continue to lead the monthly meetings of “Monroe Mentors”. Created and distributing “Monroe Mentors’ newsletters.</li> <li>• Created ‘CHOICES’ with Spencerport High School to train upperclassmen to teach underclassmen proper techniques in leadership and other various assets.</li> <li>• The Annual Youth Awards recognized youth and adults in the community for their efforts.</li> <li>• Partnered with the County Executive’s Office and Communications Department to create “Monroe200”</li> <li>• Template created by DHS Commissioner and RMCYB Executive Director. Looking to implement in 2015.</li> <li>• Intergenerational programming was developed to foster relationships between youth and seniors, which included the Conkey Cruisers, the Inter-Generational Holiday Ball, and the Inter-Generational Fishing Derby.</li> </ul>
<p>Runaway &amp; Homeless Youth</p>	<ul style="list-style-type: none"> <li>• Collaborative work with Runaway and Homeless Youth Service providers and MCDHS Emergency Housing Unit continues.</li> <li>• The Community Homeless Coordinator attends weekly implementation planning meetings with CCSI, CFC, and 211 which were collaborative awarded County and City ESG funds for implementation of Coordinated Access.</li> <li>• The 24 Hour agreement was maintained in 2014.</li> <li>• Salvation Army Genesis House housed 182 homeless youth (this number does not include the last quarter of the reporting year). 71% of the 182 youth discharged were discharged to stable living. 64% received independent living skills geared to prevent recurring homelessness.</li> <li>• Center for Youth’s Center House housed 218 youth (this number does not reflect the last quarter of the reporting year). 78% of the 218 youth that were discharged to stable living; 78% received independent living skills geared to prevent recurring homelessness.</li> <li>• The Community Homeless Coordinator (Rebecca Miglioratti), in conjunction with OCFS, monitored the Genesis House and Center House.</li> <li>• Hillside has closed most of their housing and they changed the age they serve for their remaining house. They withdrew their application for certification. DHS has not monitored Melita House yet.</li> </ul>

	<ul style="list-style-type: none"> <li>• Attends Quarterly Runaway and Homeless Youth Advisory Committee meetings held at OCFS where funding opportunities are discussed and brought back to local providers. The Community Homeless Coordinator is on the executive committee for the local Continuum of Care and is an active participant in the annual Super NOFA process for local HUD funding</li> <li>• 211 will start another pilot for coordinated access in January, 2015. They will implement coordinated access with the calls that they are already receiving. 211 will add additional staff in February 2015, and they will undergo a month of training before they begin to field calls. Availability of hospitality beds may present as an issue in 2015, as shelters have had to minimize the number of hospitality beds that they can offer.</li> <li>• Community Homeless Coordinator attends monthly HSN community meetings as well as holds a seat on the steering committee.</li> <li>• In 2014, the need for a media policy for CoC was discussed. 4 vacant board member seats were filled; with 6 remain to be filled. The annual stakeholder meeting will be held 2/10/15. A goal of the CoC for 2015 is to gain more strategic direction.</li> <li>• Worked with Rochester City School District and other school districts to obtain and maintain McKinney Homeless Education Funds.</li> <li>• In January 2014, the Community Homeless Coordinator in conjunction with youth homeless services providers held a drop-in event for HUD’s Annual Point in Time count. This was the second year that our community was able to count youth that were doubled up or “couch surfing.” These numbers will be used to show the need for continued funding for runaway and homeless youth programs.</li> <li>• The Project to Reunite Families grant terminated 4/30/2014</li> <li>• The Homeless Youth Project terminated 3/31/2014</li> </ul>
<p>Domestic Violence</p>	<ul style="list-style-type: none"> <li>• APS regularly collaborates with emergency housing for adults that have capacity. APS and Lifespan work together on Shelter and Respite when there is a client who needs a higher level of care and is in need of emergency shelter due to abuse or neglect.</li> <li>• Cases that have had 3 or more intakes/closings are generally opened for assessment.</li> <li>• APS Staff including Supervisor, Caseworkers and Administrator provide presentations regarding APS</li> </ul>

	<p>services and Elder Abuse to community agencies, organizations, church groups and medical programs. There are usually several presentations per month. APS has co-presented with Lifespan on 6 occasions.</p> <ul style="list-style-type: none"> <li>• Lifespan EAPP programs/services provided in 2014:             <ul style="list-style-type: none"> <li>- Provided 511 individuals with counseling, accompaniment to court and advocacy for individual’s seeking Orders of Protection</li> <li>- referred 465 DV victims to Legal Aid Society for Orders of Protection</li> </ul> </li> <li>• Continue to contract with ABW. In 2014, ABW provided:             <ul style="list-style-type: none"> <li>- 511 individuals in the DV intensive Intervention Court with counseling, court accompaniment, education, referrals and advocacy;</li> <li>- 465 individuals were assisted to secure Orders of Protection in DV Intensive Intervention Court</li> </ul> </li> <li>• The psycho educational group for Abusers is called S.E.A.M. Lifespan ran one group in 2014 from Sept to Nov. There were four court ordered participants who attended and successfully completed the program. There is a group scheduled for March 2015. There are usually 2 sessions per year as long as there are sufficient referrals from Court.</li> <li>• In 2014, 84 families were provided court ordered visitation.</li> <li>• In 2014, the domestic violence hotline received 4903 calls, and 53% were callers looking for help for the first time.</li> <li>• In 2014, ABW served 89 families and 132 children.</li> <li>• Safe Havens grant ended on September 30, 2014 , and is continued with funding now under the Justice for Families Grant.</li> <li>• ABW expanded its emergency shelter from 38 to 40 beds to better meet community need and minimize its waitlist.</li> <li>• As of October 1, 2014, SPCC has taken the lead on this and grant funds are now funneled through SPCC. The new SPCC’s Office on Violence Against Women, Justice for Families will continue to have availability to serve 75 families and 125 children a year.</li> </ul>
<p>Adult Protective Services</p>	<ul style="list-style-type: none"> <li>• APS staff participated in a number of trainings including Automated Project Training, Intervention in Self Neglect, Adult Abuse Training Institute, Lifespan’s Stop Elder Abuse and Mistreatment (S.E.A.M) Training, and Legal Aspects Update. New</li> </ul>

APS CWs attended the New Worker Institute multi-day training. APS staff also participated in Self-Awareness Training which was mandated for all DHS staff.

- APS Supervisor has been involved on a homeless committee working with those who have been chronically homeless. The group has been successful in helping these individuals by helping to find long term housing.
- APS Administrators and APS Supervisors continue to maintain financial management services to help at-risk adults stabilize housing.
- APS regularly collaborates with emergency housing for adults that have capacity. APS and Lifespan work together on the Shelter/ Respite when there is a client who needs a higher level of care and is in need of emergency shelter due to abuse or neglect.
- Cases that have three or more intakes/closings are generally opened for assessment and reviewed, and this work is ongoing.
- Files of those who die in their home continue to be reviewed.
- Meetings with the County Legal Dept. continued in 2014.
- APS staff, including Caseworker, Supervisors and Administrators, provides presentations regarding APS Services and Elder Abuse to community agencies, organizations, church groups and medical programs. These usually amount to several presentations per month. APS and Lifespan have co-presented on 6 occasions.
- APS received 174 utility disconnect notices in 2014.
- In June of 2014, APS took over the management of our own chore service cases after some reorganization in the DHS Home Support Unit. APS has coordinated ongoing home chore service for 5 clients. APS had coordinated one time heavy chore service for 6 individuals who were at risk due to hoarding problems.
- APS had continued to be involved with Lifespan's Enhanced Multi-Disciplinary Team that meets twice per month. APS presents case scenarios and participates in planning and providing ongoing investigation and services with others in this collaboration.
- Lifespan and APS continue to exchange referrals in order to provide the most appropriate intervention. APS and Lifespan have co-managed approximately 25

	<p>cases throughout 2014.</p> <ul style="list-style-type: none"> <li>• APS staff attended a 3 day grantee orientation, 4 day Law Enforcement Train the Trainer and a subsequent TOT to prepare for local direct service cross training.</li> <li>• The Multi-Disciplinary Training Team has provided five (5) 8 hour trainings to law enforcement regarding Elder Abuse and Neglect. There are 5 more trainings scheduled for 2015.</li> <li>• Training to government service staff, victim assistance staff and victim services providers will occur in Mid 2015 through 2016.</li> <li>• APS participated in the local Kickoff Event on 10/30/14.</li> <li>• APS Supervisor has been an active participant in working with a Homeless Committee focusing on housing for the chronically homeless and those suffering from Mental illness. They have been successful in helping 57% of these individuals locate housing following significant period of homelessness.</li> <li>• Homeless Committee which includes representatives from APS and Emergency Housing has been focusing on housing for the chronically homeless and those suffering from Mental illness.</li> </ul>
<p>Child Care</p>	<ul style="list-style-type: none"> <li>• Financial assistance coordinator and finance director review monthly list of all daycare cases currently open and those closed the previous month to determine financial ability for the county to open new cases the following month.</li> <li>• Division director review all fair hearing decisions to ensure consistency with daycare regulations.</li> <li>• DHS is continuing to work with Control Tech and OCFS to roll out CCTA department wide by mid-2015.</li> <li>• In 2014, daycare was centralized to one team, and co-located with Payables and SIU (investigation). DHS is standardizing review process guidelines to ensure that at least 6% of all cases are reviewed.</li> </ul>

**2. Noting the data and trends as identified in Appendix C; and the cumulative district consultations (Appendices B-1 to B-6), describe the underlying conditions or factors that influence your performance in meeting the needs of children, youth, adults and families (as applicable) in each of the following program areas:**

Child Protective Services

- DHS continued to expand the use of the FAR model in to respond to abuse and neglect allegations differently in a strength-based and family-lead model in an attempt to better serve children and

	<p>families and address their needs so that subsequent allegations can be reduced or eliminated. FAR implementation has shown some promise. DHS is working with CCSI to evaluate FAR model/implementation.</p> <ul style="list-style-type: none"> <li>• The numbers of reports/allegations of abuse and neglect have continued to rise (2011: 6,434 vs. 2014: 7,665) while the percentage of indicated reports has increased slightly to 25% for 2014 (up from 23% in 2013). Of the reports, 93% were alleged maltreatment and 7% were alleged abuse. About 27% (1,586) of the open CPSI cases were served as FAR cases down from 29% for 2013. As of Mar 21, 2014 (the latest data available in the data warehouse), Monroe’s recurrence rate was 7.5%.</li> <li>• DHS continues to have significant vacancies in caseworkers in CPSI. The mean monthly rate of overdue investigations increased by 60.6% in 2014 (from 11.7 in 2013 to 18.8 in 2014). The mean monthly caseload per worker also increased by 23.1% (from 13.4 in 2013 to 16.5 in 2014). These increases are due to the high staff vacancy within CPSI. DHS will be exploring various strategies to increase staff retention and caseload size reduction.</li> <li>• DHS saw an increase in the number of youth and families presenting with significant trauma histories. These life experiences had and continue to have a significant influence in how individuals receive services and the success of those services. DHS has mandated that all Child and Family Services staff participate in trauma training. Ongoing trauma and trauma related training will continue.</li> </ul>
<p>Child Preventive Services</p>	<ul style="list-style-type: none"> <li>• In 2013, contracted preventive services served 1,524 families with a total of 2,951 children. Seventy-six percent (76%) of the children were children of color. The average cost per child for preventive services was \$2,172 compared to the average residential cost per child of \$124,438 per year. The majority of families served were headed by single mothers (64%). In 2013, 97% of the children avoided foster care placement and 95% of the families avoided a new CPS report. There were a total of 929 cases closed in 2013 with 49% of them closed as having successfully completed their service plan. Preventive programs are reporting seeing more families and children with significant mental health</li> </ul>

	<p>needs who are unable to access mental health services. Programs are also reporting significant domestic violence and trauma issues seriously impacting families. Adolescents who are being served are reporting more depression and histories of trauma and neglect and demonstrating PINS behaviors. Preventive programs have started to see an increase in refugee families who are being referred that present with additional barriers of language and culture. There are gaps in local resources able to serve the refugee populations.</p>
<p>Foster Care</p>	<ul style="list-style-type: none"> <li>• DHS has stabilized the CPSM caseloads to 6-7 families per CPSM CW on average. DHS is continuing to work to recruit/train/retain CWs which should further alleviate any increases in individual caseloads and bring caseloads back to 5-6 cases on average per CPSM CW.</li> <li>• There was a 28.9% reduction in the number of youth admitted to foster care between 2009 (418) and 2014(297).</li> <li>• The number of children/youth that remained placed in foster care more than 90 days between 2009(113) and 2014 (147) has increased. However, due to the concerted effort within Child and Family Services Division, the total number of youth in care at the end of year (as of 12/31) has been reduced from 724 in 2007 to 400 as of 12/31/2014. For those youth admitted to foster care, DHS is committed to reducing their LOS (length of stay) in foster care. DHS has embarked on several initiatives to impact the LOS including Building Bridges, Family Finding, CFT and Fatherhood Initiative. DHS is committed to tracking data to measure if these initiatives are impacting LOS.</li> <li>• The number of children discharged from foster care was 474 in 2010, and 317 in 2014. Of those discharged, 68.4% (324) in 2010 and now 69.4% (220) in 2014 were discharged to the care of a parent or relative.</li> <li>• The number of youth who are placed with DHS as the result of a PINS matter has fluctuated over the past several years: 201=77, 2011=61, 2012=84, 2013=81 and 2014=77. The reason for the fluctuation is not fully understood when the number of PINS Complaints and petitions continue to fall. In 2015, DHS will be conducting an analysis of the post discharge outcomes of the juvenile justice</li> </ul>

	<p>prevention and intervention programs to identify opportunities to adjust program models and services to support reduction in the number of PINS placements.</p> <ul style="list-style-type: none"> <li>• As OCFS is continuing to reduce/cap their beds, Monroe County has seen an increase in the number of JD youth placed with DHS (1 in 2008 to 43 in 2012 back to 17 in 2014) while at the same time reducing the number of Monroe County youth (JDs and JOs) placed with OCFS (124 in 2008 to 54 in 2012 to 41 in 2014). With no new funds or additional community level support from OCFS available to the local community to provide supports to these more challenging youth, there is concern that recidivism will increase putting these youth further into the system. DHS and the Juvenile Justice Council will continue to monitor the JD placements and the outcomes of those placements. As NYS moves forward towards raising the age, further demands on limited resources will force communities to redefine/revise its continuum of services.</li> <li>• Visit Coaching has been difficult to implement with many of the families due to transportation issues of families, frequent cancellation/changes in visits and visits being changed by MCFC from supervised to in-home/unsupervised. In 2015, Monroe County will begin contracting its visitation services out to a not-for-profit organization that will continue visit coaching. Anticipated start date with this new vendor is April 2015.</li> </ul>
<p>Adoption</p>	<ul style="list-style-type: none"> <li>• Monroe County has seen a decline in the number of adoptions finalized annually from a high of 89 in 2006 to 29 in 2014. Monroe County has fewer children in foster care (December, 2007: 803 children in care compared to December 2014: 466 in care). DHS's efforts through its' contracted preventive services, family engagement, Family Finding, and Visit Coaching have contributed to higher numbers of children remaining at home with parent, being safely discharged to parent, or being discharged to other family resources. DHS has also seen a decrease in the number of children freed for adoption (2008: 79 children compared to 2014: 36 children).</li> <li>• DHS continues to be concerned about the possibility that some pre-adoptive placements or adoptions are</li> </ul>

	<p>at risk of disrupting. DHS through the Preventive Services Unit has recently contracted with Hillside Family of Agencies to provide Intensive Family Support which works with the foster/adoptive parent to understand and manage the child/youth’s behavior while also working with the youth to develop skills and reduce big behaviors. For those youth who have mental health issues/concerns, DHS works with B2H to provide support and services to children and youth who become freed, working to help the child/youth develop skills to reduce big behaviors and providing respite to the adoptive parents thus stabilizing the adoptive placement. In 2015, DHS brought on board a Behavioral Health Specialist to work with our foster/adoptive parents and youth to assist in accessing appropriate community mental health services. DHS will continue to monitor the effectiveness of these resources/services.</p>
<p>Detention</p>	<ul style="list-style-type: none"> <li>• Monroe County’s juvenile arrest numbers have dropped significantly from 1,186 in 2010 to 751 in 2013 (36.5% decrease). Police detentions have dropped as well from 322 in 2010 to 131 in 2013 (58% decrease). While statistics show that the overall juvenile delinquent numbers are decreasing, the numbers as they relate to youth of color are still unacceptably high. Monroe County’s juvenile crime rate is down from 250 per 10,000 per capita in 2005 to about 130 per 10,000 per capita in 2013. Approximately 80% of the youth arrested in Monroe County were African-American/black and 12% were Latino/Hispanic. Black and Hispanic youth are overrepresented in the juvenile justice system</li> <li>• In early 2014, Monroe County’s 35 bed Children’s Center closed down and the program was relocated to a smaller facility in Rush. Initially, the facility was certified for 10 youth and has been increasing incrementally during 2014 as renovations/repairs have been completed. By mid-2015, the facility should be at 20 youth. Since the closing of the Children’s Center-Westfall Road, Monroe County has utilized 1,026 days of out of county care for Monroe County JD and JO youth that could not be housed at the new facility due to bed limitations. The reduction in beds has put an increase demand on local ATD resources. Issues of family access for visitation, police drop-offs, court transports, etc. continue to be worked on.</li> </ul>

	<ul style="list-style-type: none"> <li>• Monroe County administered 330 DRAIs in 2014. &amp;1% of the youth were identified as youth of color and 14% were identified as Hispanic/Latino. 27% (90) of the DRAIs were completed after-hours. Monroe County’s override rate was 28% significantly less than the state average of 53%. Monroe County will be reviewing its DRAI plan to ensure that DRAIs are being done consistent with state guidelines and local practice.</li> <li>• Monroe County has been involved in alternatives to detention for a number of years now but the rates of secure and non-secure detention and placement numbers continue to exceed those of comparable counties especially for PINS youth. Monroe County will be analyzing the outcomes of the various ATD programs over the last several years to determine what works/what does not with the goal to further reduce the number of youth detained.</li> <li>• There is a need to expand the use of research-based models that are effective in reducing youth’s penetration into the juvenile justice system. Monroe County plans to utilize some STSJP funds to expand the array of ATD services in 2015 for both PINS and JD youth.</li> </ul>
<p>Youth Development</p>	<ul style="list-style-type: none"> <li>• There is an ongoing need to provide professional development learning opportunities for youth workers and their organizations in effective program practices and characteristics. There is also a need to work jointly/collaboratively with other funders and planners to address issues and areas that impact outcomes for youth. Due to lack of funding, less than 10% of county youth are involved with positive youth development programs.</li> <li>• There continues to be a need to increase support to youth living in high poverty. The child poverty rate in the seven-county Rochester region has increased yet remains lower than the state and nation. Monroe, Wayne, and Orleans counties have the highest percentage of children living in poverty (16%-18%).</li> <li>• More than 40% of Rochester's children live in poverty, and more than two-thirds of children in the city live in single-parent households.</li> <li>• From 2005 to 2011, rates have increased or remained the same for all assets. In 2011, youth</li> </ul>

	<p>most frequently reported receiving support from their family and having supportive adults in their lives, at 84.1% and 84.1% respectively. Sixty-eight percent (68%) of surveyed youth reported receiving encouragement at school, an increase from 2009 levels, and 83.7% reported that their family has clear rules.</p>
<p>Runaway &amp; Homeless Youth</p>	<ul style="list-style-type: none"> <li>• Funding for Runaway and Homeless Youth programs in NY State / Monroe County has decreased more than 62% since fiscal year 2008. This reduction in funding has stressed the RHY providers in our community, making it challenging to provide services to this high needs population. Despite this challenge providers and MCDHS have maintained a high level of quality services. There continues to be a need for funding both prevention services and temporary emergency housing specifically for youth in our community.</li> <li>• In 2014, there were 525 unduplicated youth that received emergency shelter that were processed through the Department of Human Services Emergency Housing Unit             <ul style="list-style-type: none"> <li>- 245 (47%) were placed in the youth shelter system</li> <li>- 237 (45%) were placed in the adult shelter system</li> <li>- 43 (8%) were placed in hotels</li> </ul> </li> </ul>
<p>Domestic Violence</p>	<ul style="list-style-type: none"> <li>• Though calls to the domestic violence hotline have decreased since 2006 (6,254 calls), there was a 21.1% increase in number of calls between 2013(4049 calls) and 2014 (4936 calls). Of note, September 2014 experienced a 40% jump in calls compared to the prior three Septembers following the national media attention around a domestic violence incident. The increased call volume has continued well into 2015. In 2014, 53% of total calls to the domestic violence hotline were from callers reaching out for help for the first time.</li> <li>• In 2014, ABW expanded its emergency shelter from 38 to 40 beds to better meet community need and minimize its waitlist, which was 645 in 2013.</li> <li>• A critical community gap remains in supervised visitation slots for victims of domestic violence, stalking, or sexual assault where the child(ren) has court ordered visits with non-custodial parent(s). The need for supervised safe locations for parent exchanged was also identified as a gap. MCDHS, ABW, and SPCC have been working on the Safe Havens project, which provides 7 days a week</li> </ul>

	<p>supervised visitation and exchanges.</p> <ul style="list-style-type: none"> <li>• The 2014-2015 JFF contract is a \$25,000 reduction in funding to provide services to the same number of children and families (contracted to serve 75 families/125 children).</li> <li>• Domestic violence rates in our suburban and rural communities are nearly twice the statewide rates. There is a gap in ABW’s ability to provide mobile advocacy and counseling services outside of the Rochester core area. ABW continues to explore opportunities to fund a Mobile Advocate position who would meet with clients in public places to bring services into underserved and remote sections of our community.</li> <li>• Lifespan’s psycho-educational group, SEAM-Stop Elder Abuse and Mistreatment, is a multi-week curriculum that is offered several times a year for perpetrators of elder abuse. Monroe County is continuing to see incidents of elder abuse.</li> </ul>
<p>Adult Protective Services</p>	<ul style="list-style-type: none"> <li>• APS saw a leveling off of utility referrals/disconnect cases.</li> <li>• MCOFA continues to contract with Lifespan for the EAPP program. In 2014, Lifespan EAPP served 412 cases of suspected elder abuse for investigation and further action. Around 79% of these involve a close family member as the alleged perpetrator.</li> <li>• Adult Protective served 1,613 clients in 2014. Adult guardianships in 2013 were 160. Financial management cases are remaining around 95 per year.</li> <li>• MCOFA averages about 2 cases per month concerning availability of high-risk emergency housing options and services. MCOFA continues to work collaboratively with APS and FCP to respond to calls.</li> <li>• There are more than 120,000 people over that age of 60 in Monroe County. MCOFA, APS, FCP and the Veteran Service Agency continue to work together to meet the needs of this diverse group of residents with limited resources.</li> <li>• MCOFA is keenly aware of the increase of grandparents raising grandchildren. MCOFA contracts with Crestwood Children’s Center SKIP Generations to provide a resource to grandparents caring for their grandchildren when the parents are unwilling or unable to do so.</li> </ul>
<p>Child Care</p>	<ul style="list-style-type: none"> <li>• Approximately 72% of the Monroe County families</li> </ul>

do not have a ‘stay at home’ parent. There is a growing need for a range of quality child care options and Pre-K programs. Many programs are not available for the hours that some families need or are located in areas that families cannot get to without transportation.

- In 2014, child care subsidies were provided to an average of 6,620 children monthly with 35.4% in centers, 40.8% in family daycare settings and 23.7% in informal care settings. There were an additional 147 kids served on average in 2014 through the facilitated enrollment grant with WDI.
- There is a need for additional state or donated funds to subsidize more children in quality child care programs.
- DHS identified a problem in CCTA system. Monroe County currently uses the SOR option in CCTA. The SOR option inhibits DHS’s ability to implement CCTA fully. The CCTA programmers will be providing a pros/cons document to DHS to assist DHS in deciding if staying with the SOR option will facilitate implementation.

#### IV. Priority Program Areas

**From the Self-Assessment in Section III, please identify the program areas that the district has determined to be priorities.**

Analysis of the information reviewed for this plan as well as information gleaned from the many interagency consultations and an analysis of relevant data and trends, clearly demonstrates that Family Development, Youth Development and Community Development continue to be key areas of concern. Growing reports of child abuse and neglect and continued poor outcomes for children, youth and families around safety, self-sufficiency and healthy development continued to reinforce Monroe County’s Core Priorities:

- Safety- Protection and Support of Monroe County’s most Vulnerable Children and Adults

Safety and protection for Monroe County’s children, youth and families is a critical value and priority. Children and youth who live in safe and healthy environments are more likely to thrive and less likely to be placed in an out-of-home setting.

- Self-sufficiency and Healthy Development

Healthy communities are comprised of children, youth, adults and families at their highest level of self-sufficiency and development. MCDHS seeks to assist individuals and families in achieving and maximizing their capacities and potential through coordinated, comprehensive and results-oriented services and supports.

- Effective and Efficient Utilization of Limited Resources

A comprehensive approach to improving outcomes for children, youth, adults and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Focused resources must be effective, evidence-based and if possible, coordinated with a continuum of services to eliminate or reduce duplication and increase efficiency.

The Outcomes and Strategies identified in the next section demonstrate how Monroe County will continue to move forward to address its’ core priorities within the ten areas identified by OCFS.

## V. Outcomes

- 1. Outcomes are based on the district’s performance as identified through the data and trends noted in the Self-Assessment. Outcomes should be expressed as desired changes within each program area to address the underlying conditions or factors as noted in the district’s self-assessment. The outcomes must also be related to the use of OCFS funding, and/or required areas of services by the social services district and Youth Bureau. If the county receives RHYA funding, outcomes and strategies must be included and should address the coordination of available resources for runaway and homeless youth. Districts may incorporate outcomes from their Child and Family Services Review Program Improvement Plans. Districts are required to address at least two of the following State-determined adult service goals.**
  - a. Impaired adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
  - b. To pursue appropriate legal interventions to address situations where impaired adults are at risk of harm, are unable to make informed decisions, and are refusing necessary services.
  - c. To utilize multi-disciplinary community resources to improve assessments as well as develop service plans which reduce risk and protect adults.
  - d. To provide protective services in the least restrictive manner, respecting the adult’s rights to self-determination and decision-making.

List the district’s outcomes for each program area below:

Child Protective Services	<ol style="list-style-type: none"> <li>1. Improve the quality of CPS investigations</li> <li>2. Increase the number of families engaged in the FAR process</li> <li>3. Increase the number of families engaged in the Child and Family Team (CFT) process</li> <li>4. To identify youth who may be a victim of sexual trafficking and link them to appropriate services/resources.</li> <li>5. Enhance the skills of C/F supervisors and Sr. Caseworkers using the KEYS model in order to support line staff retention <b>NEW 2015</b></li> </ol>
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Child Preventive Services	6. Implement performance-based contracting for preventive funded services
Foster Care	7. Increase the number of families engaged with the Child and Family Team Process 8. Reduce the number of youth in foster care who move 3 or more times 9. Increase the number of youth who are safely, and permanently reunified with their family <b>NEW 2015</b> 10. Enhance the skills of C/F supervisor and sr. caseworkers using the KEYS model in order to support line staff retention. <b>NEW 2015</b>
Adoption	11. Increase the number of freed youth who have an identified adoptive resource
Detention	12. Reduce the number of 1-4 day admissions to Secure and Non-Secure Detention
Youth Development	13. To increase youth development opportunities throughout Monroe County through the continued use of the 40 Developmental Assets 14. To increase the knowledge and skills of youth service providers' staff and programs to implement evidence-based/research-based practices and programs in youth development 15. To fund effective, high quality youth development programming and events for youth in the community 16. To increase quality and effectiveness of collaborative efforts in the community with R/MCYB partners and with other organizations 17. To maintain present intergenerational programming and search out new opportunities for youth and seniors to collaborate in positive community building programs and events.
Runaway & Homeless Youth	18. To increase access to stable, long-term living conditions for Runaway and Homeless youth 19. To continue, and strengthen prevention and support services to RH/at risk youth to help them address the root causes of their homelessness 20. To collect and collate data, create materials, facilitate meetings with elected officials and seek out and apply for existing and new funding opportunities to increase overall funding for R/HY providers in Monroe County
Domestic Violence	21. Abused, neglected or exploited adults will be identified and served confidentially in their own homes 22. To provide legal services to indigent victims of domestic violence.( <b>NEW 2015</b> ) 23. To provide opportunity for supervised visitation with non-custodial parent(s) and supervised exchange services to victims of domestic violence, child abuse, sexual assault, and stalking.
Adult Protective Services	24. Increase the ability of exploited and vulnerable adults

	to live safely in the least restrictive setting
	25. To utilize multi-disciplinary community resources to improve assessment as well as develop service plans to reduce risk and protect adults.
Child Care	26. Low income families will achieve stability and continuity of child care within the funding resources available

**2. Identify quantifiable indicators (measures) of the desired changes in order to track progress.**

Child Protective Services	<ol style="list-style-type: none"> <li>1. Improve quality review score to 93% by 12/2016 (a 15% increase)</li> <li>2. By 12/2016, 25% of CPSI cases will be served as FAR cases <ul style="list-style-type: none"> <li>- 80% of FAR families will complete services via the FAR process</li> <li>- No more than 15% of the FAR families who complete will have a subsequent CPSI indication within 2 years</li> </ul> <p>By 12/2016, a sampling of 5% - 10% of FAR cases will achieve a quality review score of 90% or better.</p> <p>By 12/2016, increase community understanding of FAR as a valid child protective response. 90% of those participating will report a better understanding of the FAR process.</p> </li> <li>3. By 12/2016, 20% of all CPSM cases will utilize the CFT model <ul style="list-style-type: none"> <li>- 80% of CPSM families completing services will assess the CFT model/process as helpful</li> <li>- No more than 20% of the CPSM CFT cases that close will have a subsequent CPSI allegation during the life of the case</li> </ul> </li> <li>4. By 12/2014, 100% of youth identified as victims of sexual trafficking or commercial sexual exploitation will be assessed for service needs and participate in their own goal setting: <ul style="list-style-type: none"> <li>- 80% will stabilize their housing;</li> <li>- 60% will access health/mental health services;</li> <li>- 60% will utilize aftercare supports;</li> <li>- 50 will be provided housing.</li> </ul> </li> <li>5. 80% of Casework staff will receive 1hr weekly</li> </ol>
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	<p>one-on-one supervision. <b>NEW 2015</b>              80% of Casework staff will have an individual professional development plan. <b>NEW 2015</b></p>
Child Preventive Services	<p><b>6.</b> 25% of preventive funded services will have performance -based contracts by 12/2016.</p>
Foster Care	<p><b>7.</b> By 12/2016, no more than 15% of children will re-enter foster care within 1 year of their discharge. 90% of youth discharged will be discharged to family or will be discharged with a permanent connection to an adult.</p> <p><b>8.</b> No more than 15% of youth in foster care will have 3 or more moves during their foster care stay</p> <p><b>9.</b> Conduct supervised or monitored visitation for 90% of the families referred by MCDHS and ordered by Family Court for supervised visitation <b>NEW 2015</b></p> <p><b>10.</b> 80% of Casework staff will receive 1hr weekly one-on-one supervision <b>NEW 2015</b>              80% of Casework staff will have individual professional development plans <b>NEW 2015</b></p>
Adoption	<p><b>11.</b> By 12/2016, 90% of freed youth will have at least one potential adoptive or custodial resource identified and engaged</p>
Detention	<p><b>12.</b> By 12/2016, reduce the number of youth detained in Secure Detention who are charged as a juvenile delinquent and who score low on the NYS DRAI to no more than 25% of the population annually. Reduce the overall number of PINS youth being detained annually by 20%</p>
Youth Development	<p><b>13.</b> 80% of the planned positive youth development and asset building activities/events will meet participation targets              85% of participants will report increasing their understanding of the 40 developmental assets              80% of participants and programs will report increased knowledge and skills as measured by appropriate tools specific to the opportunity presented</p> <p><b>14.</b> 85% of youth development providers will meet their specified program outcomes based on the measures indicated in their contracts.</p> <p><b>15.</b> 85% of collaboratives will be introduced to or operate from a common youth development framework to maximize services and coordination of needs/issues of youth</p> <p><b>16.</b> 85% of collaboratives will be introduced to or</p>

	<p>operate from a common youth development framework to maximize services and coordination of needs/issues of youth</p> <p>17. 85% of the planned intergenerational programming activities/events will meet participation targets</p>
Runaway & Homeless Youth	<p>18. 85% of youth receiving emergency shelter through RHYA funded providers will leave the shelter for a long- term stable living environment</p> <p>19. 85% of youth receiving emergency shelter and / or support services through RHYA funded providers will access the appropriate services to address the underlying causes of their homelessness</p> <p>20. 100% of RHY providers will receive funding increases for shelters and support services</p>
Domestic Violence	<p>21. 80% of individuals contacting Lifespan, ABW or DHS regarding concerns about abuse and neglect of adults will be referred for further intervention.</p> <p>22. 70% of the DV victims will follow the case to conclusion and obtain a permanent order. 90% of domestic violence cases will report no further violence 30 days to 6 months after case closure <b>NEW 2015</b></p> <p>23. 80% of families identified by the ABW Court Liaison in need of supervised visitation and exchanges with non-custodial parent(s) will be provided opportunity supervised visitation at the Visitation Center.</p>
Adult Protective Services	<p>24. By 12/2016, 90% of APS cases will be found to be in compliance with all state regulations and corresponding timeframes</p> <p>25. By 12/2016, 75% of APS cases opened for assessment and ongoing services will be served using multi-disciplinary resources and collaboration.</p>
Child Care	<p>26. Increase the number of child care subsidy cases closed for financial ineligibility reasons and/or aging out by 5%.</p>

**VI. Strategies to Achieve Outcomes**

1. Describe strategies that will be implemented to achieve the identified outcomes, including those strategies that support your Child and Family Services PIP outcomes. Each strategy should include the timeframe for completion and a designation of what agency(ies) or department(s) is/are responsible for implementation. Explain how OCFS- administered funding supports achievement of outcomes. Strategies must be related to the achievement of outcomes. If the county

receives RHYA state aid, the strategies must provide for the coordination of all available county resources for those populations.

Child Protective Services

1. Continue CPSI Quality Review Process with a sampling of CPSI cases on a monthly basis. **(CPSI Admins; CPSI Supervisors) Ongoing**
  - Continue to provide feedback to CPSI Supervisors and Sr CW about the Quality Review measurements and work with the CPSI supervisory staff to address areas needing improvement. **(CPSI Admins; CPSI Supervisors) Ongoing**
  - Provide training to CPSI staff on topics that are pertinent to good quality investigations of suspected child abuse and neglect. Staff will be mandated to have at least 6 hours of additional training per year. **(Staff Development) Ongoing**
2. Provide training and coaching of staff on the FAR model **(FAR Supervisors; Admin) Ongoing**
  - Develop local capacity for mentoring and coaching of FAR caseworkers. **(Staff Development) by 1/2016**
  - Provide FAR training to all CPSI staff to expand the department’s ability to deliver CPSI services via the FAR model within the current footprint of staffing. **(C/FS Admin) by 12/2016**
  - Provide training to CPSI-FAR staff (and any new CWs) on topics such as cultural awareness/ understanding, trauma, assessment, interviewing skills, CFT, etc. Staff will be mandated to have at least 6 hours of additional training per year. **(Staff Development) Ongoing**
  - Begin the FAR Quality Review Process with a sampling of CPS cases on a monthly basis **(CPSI Admins, FAR Supervisors) 2014 - Ongoing**
  - Provide feedback to FAR Supervisors and Sr CWs about the Quality Review outcomes/measures and work with FAR supervisory staff to address areas needing improvement. **(CPSI Admins, Far Supervisors) 2014 - Ongoing**
  - Host 2 community education events per year to explain FAR. **(CPSI Admins, Far Supervisors) 2014 Ongoing**
3. Establish two DHS C/FS supervisory positions to coordinate and deliver ongoing training to staff in CFT facilitation and coaching **(C/FS Director) 1/2012**
  - Conduct an analysis of outcomes for CFT cases and for cases not using the CFT process. **(C/FS**

**Administration) June 2015 -Ongoing**

- All CPS Management Supervisors will be trained as CFT coaches. **(DHS Trainers; C/FS**

**Administration) 1/2013**

- Form 2 CPSM-CFT Teams to deliver services to families utilizing CFT best practices and evaluate the outcomes for families compared to traditional CPSM outcomes **NEW 2015**

- Provide training to Management casework staff on best practices and relevant interventions. Staff will be mandated to have at least 6 hours of additional training per year. **(Staff Development) Ongoing**

- Provide trauma training to all Foster Parents. **(Home Finding) Started 1/2014**

- Increase the engagement of father in a meaningful participation in the lives of their children. **(C/FS Administrators, Fatherhood Initiative Coordinator, CPSM Teams) Ongoing, Started 1/2014**

4. Contract with the Center for Youth to serve as lead for Safe Harbour; receive MC Legislature/County Executive approval **(Mike Barry) 2014**

- Participate on the Safe Harbour Steering Committee Ongoing **(Mike Barry, Rebecca Miglioratti, Bob Way) Ongoing**

- Establish internal liaisons within DHS to facilitate the identification of trafficked or potentially trafficked youth, serve as a resource person to DHS staff on the topic of trafficking, maintain a list of available resources and assist DHS staff in linking youth to Safe Harbour and other programs/services. **(Mike Barry, Bob Way) 2014**

- Develop a process for identifying trafficked youth involved in URM, CPSI, CPSM, Preventive and Runaway/Homeless. **(Mike Barry, Rebecca Miglioratti, Bob Way) REVISED 2015**

5. Keys Practice Reflection Survey will be given to all CPSM Admins, Supervisors, Sr Caseworkers and Caseworkers to assess the current level of supervision provided to staff. **(Staff Development, C/FS Director, Mt. Hope Liaison) March 2015 NEW**

- Compare results of March 2015 survey with Keys Practice Reflection Survey administered in March 2014 to CPSI staff. Identify areas that have shown improvement and areas that still need to be addressed. Present information to C/FS

	<p>Administration. (Mt. Hope Liaison, Staff Development) May 2015 NEW</p> <ul style="list-style-type: none"> <li>- Develop and implement a plan to address survey results comparison. (C/FS Admins, C/FS Director, Staff Development, CPSI Supervisors) June 2015 – Ongoing NEW</li> <li>- Develop a process for Admin review/oversight of supervision documentation at the team level. (C/FS Admins, C/FS Director) September 2015 NEW</li> <li>- Provide skills clinics 4 times per year for Supervisors (C/FS Admins, C/FS Director, Staff Development) Starting 2015 – Ongoing NEW</li> <li>- Identified and train 3-5 facilitators to staff the Peer Development Groups (C/FS Admins, C/FS Director, Staff Development) September 2015 – Ongoing NEW</li> <li>- Form at least three (3) peer development groups for Supervisors and Sr Caseworkers to discuss supervision challenges, training needs and peer input.</li> <li>- The groups will meet monthly. Facilitators will be keeping meeting minutes which will include an agenda and attendance for each meeting. (C/F Facilitators, C/FS Admins, C/FS Director) September 2015 – Ongoing NEW</li> </ul>
<p>Child Preventive Services</p>	<p>6.Update the preventive data base (DHS IS; Preventive Services Supervisor) Ongoing</p> <ul style="list-style-type: none"> <li>- Review data on program performance (Preventive Services; DHS C/FS Administration) Ongoing</li> <li>- Convene a series of focus groups with Preventive Agencies to develop performance measures and data collection instruments for a pilot performance based contract model to be implemented in 2015. (Preventive Services, DHS C/F Services Administration) REVISED Starting 3/2015</li> <li>- Select programs in consultation with the Preventive Agencies, to participate in the pilot performance based contract model in 2015. (DHS C/FS, Preventive Services, County Contract Office) REVISED 2015-2016</li> <li>- Prepare a report summarizing outcomes for those programs/services piloting performance measures. (Preventive Services) 6/2016</li> <li>- Develop a plan for expanding performance based contracting to other preventive services. (Preventive Services; County Contract Office,</li> </ul>

Foster Care	<p><b>C/F Services Administration) 2016</b>          – Define/refine measures of outcome performance for preventive programs <b>(Preventive Services Unit; County Contract Unit, provider agencies) 2015-2016</b></p> <hr/> <p>7.Continue training and coaching of Management caseworkers and Visitation Center staff on Visit Coaching to improve the quality of visits between the parent and child. <b>(Staff Development) Ongoing</b>          -Provide training to all foster parents and birth parents using the “Shared Parenting” curriculum <b>(Homefinding Team) 2012 Ongoing</b></p> <p>8.Hold birth parent and foster parent “Icebreaker” meetings when new family foster care placement occurs. <b>(Homefinding Staff, CPSM CW) Ongoing</b>          -Train Homefinding staff on FBA (Functional Behavioral Approach) so they can train foster parents on FBA. <b>(Staff Development; Homefinding) 2012 Ongoing</b>          -Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice. <b>(C/FS Administration) Ongoing</b>          -Convene monthly Permanency Roundtables to address the permanency needs of youth in care and identify barriers and strategies to achieve permanency for children and youth in foster care, as well as the needs of freed youth in need of an adoptive resource. <b>(C/FS Administration) Started 1/2014, Ongoing</b>          -Provide training to Foster Parents and MCDHS staff on Matt Pierce/ Functional Behavioral Approach <b>(Homefinding; Staff Development) 2012 Ongoing</b>          -Collect and analyze data on reasons foster homes close. Develop/refine “retention efforts” strategies to increase support to valued foster families considering closing. <b>(Homefinding ; FCI; C/FS Admins) 6/2012</b>          -Increase support &amp; training for foster families <b>(Homefinding) Ongoing</b>          -Survey Foster parents to identify what they would like to have training on. <b>(Homefinding) Ongoing</b>          -Hold two annual foster parent recognition events</p>
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**(C/FS Admin; Homefinding) Annually**

9. Approved provider will have the capacity and ability to schedule, provide, manage, oversee, and document visitation services in a variety of setting, including the county's visitation center, the parent's home, foster home, correctional facility, or an alternative community-based site **(approved provider, 2015) NEW**

-The selected service provider must have the capacity to schedule, provide, manage, oversee, and document at minimum 725 visits monthly, or 825 visitation hours **(approved provider, 2015) NEW**

-Structure all visitation services to develop connectivity between Starlight Pediatric services and the visitation center co-located at the building on East Henrietta Rd. **(approved provider, 2015) NEW**

-DHS will have access to an online or virtual calendar or other scheduling mechanism so that DHS staff can identify open slots, missed or cancelled visits within 24 hrs of scheduled visits.

**(Approved Provider, CPSM and Foster Care Intake Staff, 2015) NEW**

-DHS will have access to case notes recorded in Connections to monitor compliance of service delivery including number of visits, visitation hours, and implementation of practice models. **(All approved DHS staff, 2015) NEW**

-Establish a shared database for DHS and approved provider to monitor compliance of service delivery including number of visits, visitation hours, and implementation of practice models **(Approved provider and DHS Children and Family Services staff, 2015) NEW**

-Schedule visitation to coincide with medical appointments whenever possible to allow both foster and biological parents the ability to connect in meeting the needs of the child(ren). **(Approved provider, 2015) NEW**

-Documentation of parent-child interactions and behaviors during the visitation. Update case notes in the Connections system within 3 days of visitation **(Approved Provider, 2015) NEW**

10. Keys Practice Reflection Survey will be given to all CPSM Admins, Supervisors, Sr Caseworkers and Caseworkers to assess the current level of supervision provided to staff. **(Staff Development,**

	<p><b>C/FS Director, Mt. Hope Liaison) March 2015 NEW</b></p> <p>-Compare results of March 2015 survey with Keys Practice Reflection Survey administered in March 2014 to CPSI staff. Identify areas that have shown improvement and areas that still need to be addressed. Present information to C/FS Administration. <b>(Mt. Hope Liaison, Staff Development) May 2015 NEW</b></p> <p>-Develop and implement a plan to address survey results comparison. <b>(C/FS Admins, C/FS Director, Staff Development, CPSI Supervisors) June 2015 – Ongoing NEW</b></p> <p>-Develop a process for Admin review/oversight of supervision documentation at the team level. <b>(C/FS Admins, C/FS Director) September 2015 NEW</b></p> <p>-Provide skills clinics 4 times per year for Supervisors <b>(C/FS Admins, C/FS Director, Staff Development) Starting 2015 – Ongoing NEW</b></p> <p>-Identified and train 3-5 facilitators to staff the Peer Development Groups <b>(C/FS Admins, C/FS Director, Staff Development) September 2015 – Ongoing NEW</b></p> <p>-Form at least three (3) peer development groups for Supervisors and Sr Caseworkers to discuss supervision challenges, training needs and peer input. <b>(C/FS Admins, C/FS Director, Staff Development) September 2015 – Ongoing NEW</b></p> <p>-Peer Development Groups will meet monthly. Facilitators will be keeping meeting minutes which will include an agenda and attendance for each meeting. <b>(C/F Facilitators, C/FS Admins, C/FS Director) September 2015 – Ongoing NEW</b></p>
Adoption	<p><b>11. Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice. (C/FS Admin) Ongoing</b></p> <p>-Identify and train a small team of staff to serve as Family Finding Resource/Support Team who will work with MCDHS CWs to conduct searches utilizing various computer systems and programs, to identify possible family members/adults supports for youth. <b>(C/FS Admin; Staff Development) Ongoing</b></p>

	<ul style="list-style-type: none"> <li>-Continue to support CAP activities (C/F Services) <b>Ongoing</b></li> <li>-Work with CAP and Hillside Children’s Center through their Wendy’s Wonderful Kids grant to do child specific recruitment of adoptive homes. (C/F Services) <b>Ongoing</b></li> <li>-Train additional MCDHS staff in adoption and permanency work to facilitate permanency for freed children and youth. (Staff Development) <b>Ongoing</b></li> <li>-Work with “A Parent for Every Child” Advisory Board and grant staff to identify potential resource families for selected Monroe County freed youth in the OMRDD, OMH and DJJOY populations. (C/F Services Admin) <b>Ongoing</b></li> <li>-Convene monthly Permanency Roundtables monthly to address the permanency needs of youth in care and freed youth in need of adoption.(C/FS Administration) <b>Started 2014</b></li> </ul>
<p>Detention</p>	<p><b>12.</b>Maintain the Alternatives to Detention (ATD) Team to complete screening on all youth arrested by police on JD matters and/or youth who have a pending PINS petition as well as supervise youth assigned to an ATD resource and make reports to the court. (Probation; DHS) <b>Ongoing</b></p> <ul style="list-style-type: none"> <li>-Continue to implement the DRAI in the field 24/7 to inform decisions to detain a youth (Probation; Law Enforcement Council; JDAI Steering Committee; DHS) <b>Ongoing</b></li> <li>-Continue to facilitate meetings of the JDAI Steering Committee to oversee the implementation of the system of ATD resources and to track utilization and outcomes. (DHS; Probation) <b>Ongoing</b></li> <li>-Support the development and continuation of alternatives to detention programs such as Encompass and HCC’s RIY program. (DHS; Probation; JDAI Steering Committee) <b>Ongoing</b></li> <li>-Continue to seek outside funding to expand the array of alternatives to detention resources/programs. (DHS; Probation) <b>Ongoing</b></li> <li>-Maintain a system of diversion alternatives from pre-filing to post adjudication for PINS and JD youth that reduces the reliance on detention (C/FS Admin; Preventive Services; Probation) <b>Ongoing</b></li> <li>-Continue collaborative work with Probation,</li> </ul>

	<p>OCFS, Casey Family Programs and DCJS to address DMR/DMC in Monroe County. <b>(C/FS Admin; Probation) Ongoing</b></p> <p>-Continue to track juvenile justice system data including ATD related data and report quarterly to the ATD Steering Committee <b>(DHS) Ongoing</b></p> <p>-Complete the JDAI Detention Utilization Study and use the findings to develop a JDAI multi-year work plan. A Prospective Detention utilization Study will be from 2/1/2014-8/1/2014. <b>(JDAI Coordinator, C/FS Administration, Probation Administration) REVISED 2014/2015</b></p> <p>-Work with the JDAI Steering Committee to implement the JDAI initiative in Monroe County with fidelity to the JDAI model. <b>(JDAI Coordinator, C/FS Administration, Probation Administration) NEW 2014</b></p>
<p>Youth Development</p>	<p><b>13.</b>Increase partnerships to incorporate asset building language throughout the community as well as continue to explore asset based community development (ABCD) approach to increase natural supports for youth and families <b>(Julie Allen Aldrich, Mike Barry, Flo Dorsey, Christina Coury) Ongoing</b></p> <p>-Continue to support Capacity Building core foundation learning series <b>(Mike Barry) Ongoing</b></p> <p><b>14.</b>Staff training to employ “Train the Trainers” methods for youth to pass on positive life strategies of other youth <b>(Mike Barry, Christina Coury) 2014- Ongoing</b></p> <p><b>15.</b>Continue supporting OCFS QYDS implementation <b>(Mike Barry, Kathleen Vahl, Christina Coury) Ongoing</b></p> <p>-Continue partnerships with other funders and planners on systemic change efforts that can improve outcomes for youth in our community as funds continue to decrease. <b>(Mike Barry) Ongoing</b></p> <p>-Create and sustain an interactive website that offers youth information on and access to a variety of resources and opportunities. <b>(Mike Barry, Christina Coury) 2014 Ongoing, NEW</b></p> <p><b>16.</b>Lead and participate in Mentoring Roundtables <b>(Mike Barry, Christina Coury) Ongoing</b></p> <p>-Continue to support the Greater Rochester After School Alliance (GRASA) to improve quality of afterschool programs <b>(Mike Barry) Ongoing</b></p> <p>-Continue collaborative partnerships on behalf of</p>

	<p>youth development and improving systemic issues and systems for youth (<b>Mike Barry, Christina Coury</b>) <b>Ongoing</b></p> <p>-Conduct annual Legislative Youth Awards (<b>Mike Barry, Sean Delahanty, Flo Dorsey</b>) <b>Ongoing</b></p> <p>-Create a Youth Master Plan by leveraging existing partnerships to identify gaps/redundancies in service and program provision. The plan will be used to inform decision making on what are cost efficient and effective programs and services for positive youth development that meet the needs of youth and families. (<b>Kelly Reed, Mike Barry</b>) <b>2014-2015</b></p> <p><b>17.</b>Continue to partner with MCOFA to develop intergenerational opportunities and partnerships for youth and seniors (<b>Julie Allen Aldrich, Mike Barry,</b>) <b>Ongoing</b></p>
<p>Runaway &amp; Homeless Youth</p>	<p><b>18.</b>Continue to work collaboratively with the Runaway and Homeless Youth Service providers, MCDHS and other community agencies through the Runaway and Homeless Youth Providers meetings and sub-committee meetings. (<b>Rebecca Miglioratti</b>) <b>Ongoing</b></p> <p>-Continue implementation of the 24 hour agreement (<b>Rebecca Miglioratti</b>) <b>Ongoing</b></p> <p><b>19.</b>Continue to monitor programs, collect and aggregate data and create materials to assess, support and maximize the work of R/HY programs. (<b>Rebecca Miglioratti</b>) <b>Ongoing</b></p> <p>- Pathways for Youth groups for teen heads of household who are receiving Temporary Assistance to assist them in completing high school or GED with the end goal of self-sufficiency. Activities include presentations on life skills, health education, parenting workshops, budgeting, career exploration, mock interviews, college tours, etc. (<b>Rebecca Miglioratti; Housing Unit</b>) <b>2015 Ongoing</b></p> <p><b>20.</b>Continue participation on CoC workgroup to design and plan a Single Point of Entry (SPOE) for housing and homeless individuals (<b>Rebecca Miglioratti</b>) <b>Ongoing</b></p> <p>-Continue participation on the Homeless Services Network (HSN) and HSN Advocacy Committee (<b>Rebecca Miglioratti</b>) <b>Ongoing</b></p> <p>-Continue participation on the Monroe County Continuum of Care (CoC) and the Executive</p>

	<p>Committee (<b>Rebecca Miglioratti</b>) <b>Ongoing</b>          -Continue to research funding opportunities and strategies and apply for funding for R/HY programs  <b>(Rebecca Miglioratti) Ongoing</b></p>
<p>Domestic Violence</p>	<p><b>21.</b>Explore opportunities to contract for high risk emergency housing slots and services for adults unable to remain independent due to emergency situations (<b>APS Administrator, OFA</b>) <b>2013 Ongoing</b>          -Review cases that have had 3 or more Intake Closings within 18 months to determine if a more in-depth assessment of the situation should occur. (<b>APS Supervisors</b>) <b>Ongoing</b>          -Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with the most appropriate service (<b>APS</b>) <b>Ongoing</b>          -Continue to contract with Lifespan EAPP program (<b>OFA, APS Supervisor</b>) <b>Ongoing</b></p> <p><b>22.</b>Indigent victims of domestic violence will be referred to Legal Aid Society(<b>DART, RPD, Mon Co Public Defender’s Office, ABW</b>) <b>2015-Ongoing</b>          -Legal Aid Society will interview and screen up to 60 individuals, provide representation in civil legal matters resulting in orders of protection and permanent orders (<b>Legal Aid Society, FCP</b>) <b>2015-Ongoing</b>          -Legal Aid will prepare an annual report to DART, Probation, and DHS documenting numbers served and outcomes. (<b>Legal Aid</b>) <b>2016</b></p> <p><b>23.</b>Continue to contract with ABW for crisis hotline, court advocacy, shelter and counseling. (<b>FCP</b>) <b>Ongoing</b>          -Continue to support Lifespan’s psycho-education group for perpetrators of elder abuse. (<b>FCP</b>) <b>Ongoing</b>          -Expand the current capacity of supervised visitation and exchange services offered by 75 families per year through implementation of Safe Havens grant. (<b>SPCC; DHS Admin</b>) <b>2013 - Ongoing</b></p>
<p>Adult Protective Services</p>	<p><b>24.</b>Provide training to APS staff on topics such as cultural awareness/understanding, assessment, engagement skills with hard to serve clients, emerging community resources and services, etc. (<b>Staff Development</b>) <b>Ongoing</b></p>

-Re-establish the multi-disciplinary High-Risk Committee to discuss clients who are living in high risk situations in the community and develop plans to reduce risk and stabilize the individuals using a multi-system approach. **(APS Admin) 1/2012**

-Maintain financial management services and rep payee resources through contracts with community agencies/organizations such as CFC as well as through the County to enable at-risk adults to stabilize housing and reduce need for emergency related services. **(APS Administrator; APS Supervisors) Ongoing**

-Explore opportunities to contract for high risk emergency housing slots and services for adults unable to remain independent due to an emergency situation. **(APS Administration) 2013**

-Review cases that have had 3 or more Intake Closings within 18 months to determine if a more in-depth assessment of the situation should occur. **(APS Supervisors) Ongoing**

-Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with the most appropriate service **(APS) Ongoing**

-Review data on utility disconnect notices/cases involving elderly or impaired adults to identify individuals with frequent notices of disconnect. Work with MCDHS Financial Care Path, HEAP, OFA, Lifespan and local utility companies to identify and address underlying problems to reduce the likelihood of continuing disconnect threats/notices. **(APS, FCP, OFA) Ongoing**

-Review files of deaths of APS clients who die in their home (non-dormitory settings) to identify opportunities for practice/policy changes and areas for improvement in delivery of services and training to APS staff. **(APS Administrator) Ongoing**

-Strengthen the working relationship between APS and the DHS Home Support Unit so as to fully utilize available services which will assist in maintaining clients in the community for longer periods of time. **(APS Supervisors; Home Support Unit Supervisor) Ongoing**

**25.**Continue involvement with Lifespan's Enhanced Multi-Disciplinary Team- focusing on financial exploitation. **(APS Supervisors and**

	<p><b>Administrator) 1/2014 - Ongoing</b>          - Co-manage selected cases with Lifespan’s Elder Abuse Prevention Program to reach optimal outcomes and reduce risk to adult clients. <b>(APS Supervisors, Administrator and CWs) Ongoing Started 1/2014</b>          -Serve as one of 4 partners on the OVW Abuse in Later Life Grant which will assist MC APS in recognizing, investigating and providing a coordinated community response to enhance services for victims of elder abuse, neglect and exploitation. <b>(APS Administrator) 2014-2016</b>              - Attend OVW sponsored law enforcement and direct services training. <b>(APS Administrator) 2014</b>              - Provide a minimum of 9 local interactive trainings for law enforcement personnel. <b>(APS Administrator) 2014-2015</b>              - Provide at least 6 local trainings to government service staff, victim assistance and victim service providers. <b>(APS Administrator) 2015-2016</b>              - Work with Lifespan and other partners to plan and implement project activities including the Kick- off Event, Planning and Implementation of effort to provide outreach and direct services to victims. <b>(APS Administrator) 2014-Ongoing</b>          -Continue to meet monthly with County Legal Dept. regarding client specific issues/cases. <b>(APS CWs, APS Supervisors, APS Administrator, DSS Legal) 2014-Ongoing</b>          -Work with DHS Emergency Service Team and Financial Care Path to identify and address factors contributing to the chronic use of emergency services, such as homelessness, repeated evictions, and chronic need for emergency housing. <b>(APS CWs, APS Supervisors, APS Administrator, FCP staff and Rebecca Miglioratti/Emergency Housing) 2014 -Ongoing</b>          -Assess and address services needed to improve the living conditions and stability of the older adult population. <b>(APS CWs, APS Supervisors, APS Administrator, Rebecca Miglioratti/Emergency Housing) 2014 -Ongoing</b></p>
<p>Child Care</p>	<p><b>26. Monitor case closing ratio on a monthly basis (Financial Assistance Coordinator) Ongoing</b></p>

- Review child care fair hearing outcomes. Utilize hearing results to adjust policy/practices as appropriate. **(Financial Assistance Coordinator)**

**Ongoing**

-Continue to roll out CCTA **(Financial Assistance Coordinator) by 12/2016**

-Implement a random CSR case review for child care cases. 6% of Child Care eligibility transactions are assigned for full supervisory review to ensure quality and consistency in case processing **(Income Eligible Day Care, Financial Assistance Coordinator) 2013-2016 NEW**

## VII. Plan Monitoring

1. **Describe the methods and the processes that will be used by the district to verify and monitor the implementation of the Child and Family Services Plan and the achievement of outcomes.**

The MCDHS Planning Unit will be responsible for the monitoring and implementation of the Child & Family Services Plan in collaboration the R/MCYB and MCDHS Administration.

R/MCYB staff will report to R/MCYB Administration their achievements related to the outcomes identified in the plan and identify any modifications needed to the outcomes as written. OCFS funded organizations report data to R/MCYB during the annual RAP process. Reports will also be given to the R/MC Youth Board.

## VIII. Financing Process

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

### MCDHS-LDSS

The Department of Human Services-LDSS uses three major sources of funds to support Child Welfare, Youth, Adult, and Child Care services - federal, state, and local government. For 2010, the total cost of these services was \$141 million with \$59 million reimbursed by the federal government, \$38 million by state government and \$44 million from the county government. In recent years both the federal and the state governments have been funding much of the services through block grants which has the effect of making any new costs 100% local and discourages the development of new programs. In light of continuing reductions in state and federal

funding, Monroe County has implemented strategies to change the way services are provided thereby reducing costs but still maintaining the safety, security and stability for children and families. An example of this is local efforts that have resulted in the reduction in the number of youth placed out of home as well as reducing lengths of stay for those youth placed out of their home. Monroe County will continue to work with the Office of Children and Family Services and the New York Public Welfare Association to develop a funding structure that will allow counties to respond to increased/emerging needs and encourage increased investment in preventive services. Within DHS, the three divisions will look for opportunities to blend funding streams to support critical services and staff. DHS continues to look for opportunities to apply for grant funds to support its' pilot projects as well as a collaborative partner with other community entities to support new community initiatives.

#### MCDHS -R/MCYB

The core RMCYB funding source is NYS OCFS for Runaway and Homeless, and general youth services (SDDP and YDDP/YI funding streams have been combined by NYS OCFS for 2014). The RMCYB also receives federal HUD funds for homeless youth services, and the Rochester Area Community Foundation funds to support YAR and Capacity Building Project. The RMCYB also partners with MCOFA to assist funding with intergenerational programming. The RMCYB's selection and investment in programs and strategic initiatives requires that resources be prioritized within three core priority areas: Child & Family Safety, Self-Sufficiency and Healthy Development, Effective and Efficient Utilization of Limited Resources. The RMCYB's recognizes that funds allocated to support a youth development program often make up a portion of the funds required to implement a program and that other funders are partners in this funding investment. Thus it is essential in resource allocation decisions to maximize input and feedback from all parties involved in the program investment. The current program budget of the RMCYB is 95% state funds and 5% county funds. The OCFS funding formula for YDDP/YI has gone from a high of \$6.50 per youth to \$1.94 per youth currently. It has not been possible to maintain previous service levels. The RMCYB also oversees funding to municipal youth bureaus. Decreases in state and county funds, as well as special member items requires that the RMCYB seek funding partnerships and other funds to support program models that are effective and can serve the many youth that could benefit from programming.

- 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 has implemented a web-based contract management and tracking system called ConTrack HQ. This system is designed to track contractor performance on their outcome objectives as well as calculate per unit costs; results of in-house evaluation/tracking; program/service utilization; etc. Monroe County feels that this new contracting process is enabling the county to identify effective programs/services quicker. This new contract system complements the GTO model

and tracks performance and outcomes for each contract. Contractors are required to enter quarterly outcome and performance data into the contract shell. This facilitates oversight and monitoring of contract performance to ensure that funds are being wisely spent. It will also assist the county in identifying those contractors who are not meeting expectations early enough to allow county staff to follow-up with the vendor and provide assistance to enable them to meet the contract expectations.

Monroe County has a policy to use either Requests for Proposals (RFP) or Requests for Qualifications (RFQ) process when either funds become available and there is a desire to purchase new services or when there is an interest in possibly changing vendors. RFP/RFQs are advertised on the County's website and clear guidelines for applying are posted. All proposals are reviewed utilizing a clear set of criteria and a defined review process. MCDHS – LDSS and R/MCYB 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” and criteria for service is mandated by need and regulation. Ancillary services including preventive services and community optional preventive services are developed and implemented based on need.

#### MCDHS-RMCYB

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

As noted previously, the RMCYB utilizes a Request for Proposals for Youth Bureau funds through the County Purchasing. Selection decisions are made by RMCYB staff, Youth Board members, and the Commissioner of Human Services with involvement of other relevant parties in the process including other funders, youth and family consumers, or other appropriate representatives as related to the nature of the investment opportunity (i.e. investments to support success in school may include school representatives or investments to improve neighborhoods may include neighborhood association representatives). Final approval is with the Monroe County Legislature.

## **2. Describe how purchase service contracts will be monitored.**

- a. **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.**

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 purchase services: Preventive Services, Foster Care and Adult Protective Services.

Preventive Services: The method for monitoring preventive contracts is highly developed and includes case monitoring, program monitoring and systems monitoring. Case monitoring is done primarily on the basis of FASP forms completed by contract agencies. MCDHS preventive caseworkers review all FASPs to insure that the risk of placement is clear, goals are measurable and achievable, needed services are being provided, the minimum number of home visits were made, etc. Contract agencies, funders and DHS staff worked together and developed a common tool, Family Assessment Functioning, to measure if family function improved. The form is being implemented throughout all the preventive contract programs and is used to identify critical areas in casework and to aid in creating more focused service plans that address presenting issues and reduce risk factors for the youth and family. Each contract is assigned a monitor who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Utilization rates are closely monitored and as a general rule, are expected to be maintained at a 90% or above, and are discussed at every bi-monthly Preventive Coordinators meetings. Overall contract performance is reviewed yearly at contract renewal time or on an *as needed basis* as problems arise. All preventive programs are subject to periodic program and financial audits. Systems monitoring is done through data that are routinely maintained on a case, program, and service basis. This includes data on type and length of service, client characteristics, demographic information, cost, and staffing patterns. This data is incorporated into the contract monitoring process but also forms the basis for the preventive program's annual report and is used in budgeting/planning processes throughout the year.

Foster Care: Improved management of purchased foster care remains a high priority for MCDHS. For purchased foster care programs, monitoring is primarily done at the case level and is intended to insure that regulatory standards are met in addition to insuring that the clients' needs are met. Case monitoring is done through the regular review of FASPs, through regular attendance at service plan conferences, and through attendance at court hearings. While these activities allow us to make some inferences about how well particular programs are performing, they do not provide the level of information that a defined contract monitoring system can provide. Data provided by NYS (CCRS, MAPS) is helpful in monitoring the total foster care system, but needs to be much more accessible for us to do additional analysis if it is to be used for contract monitoring or to ask more sophisticated systems-related questions.

Adult Protective Services: Adult Protective Services in Monroe County has two major contracts with local agencies: Family Service of Rochester (FSR)/Catholic

Family Center for financial management services and Lifespan for elder abuse services. Family Services provides rep payee, guardianship, financial counseling, and Power of Attorney services for up to 275 Adult Protective clients. Lifespan runs the Elder Abuse Prevention Program (EAPP), which provides public education and publicity around elder abuse and intervenes in cases of maltreatment of the elderly. In both cases the programs' contracts detail eligibility criteria, referral procedures, performance expectations and reporting requirements. In the case of the Financial Management Services program at FSR, FSR submits financial ledger sheets for clients in the program on a monthly basis. Summaries of casework activity are also submitted on a monthly basis. Databases maintained at DHS and at FSR track client involvement in the program and monitor timeliness of report submission. In guardianship cases, a copy of the annual accounting, which is required by law to be submitted to NYS Supreme Court, is also sent. Bi-monthly meetings with the FSR Program Administrator and the Adult Protective supervisors are held to discuss case problems, contract compliance and ongoing program issues. Lifespan submits a semiannual report of each case mutually serviced 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. The three cornerstones to the investment decision process: (1) alignment, (2) program model effective characteristics, and (3) performance, form the basis for the program review. The RMCYB incorporates five components to fulfill its oversight responsibilities with direct contract agencies: (1) self-report, requiring agency submittal of information; (2) on-site monitoring; (3) assessment and evaluation; (4) financial systems review; and (5) expenditure review. At minimum, site visits occur once per year. The RMCYB uses results from the monitoring processes in planning and funding decisions in a variety of ways including: redesigning program components and methodology due to identification of needs or issues not responsive to the program model or effective in producing outcomes for participants; increases or decreases in funding based on changes in alignment, priority or performance; defunding vendors not in compliance with contract standards; identifying roles for the RMCYB and Youth Board to take on specific issues; addressing training and technical assistance needs of line staff as well as supervisory/management staff; discussions with joint investment partners regarding implications for changes or modifications. When programs/services are jointly funded, collaboration occurs with other joint funders on program assessment performance findings and joint actions to address issues, redirect resources to higher priority and/or enhance/expand to high performing and high priority programs to ensure a continuum of effective, quality services and programs

The RMCYB also fulfills its oversight responsibilities with municipalities via (1) self-report; (2) specific 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 or observe programming.

## APPENDIX D

### Relationship Between County Outcomes and Title IV-B Federal Goals

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List each district outcome that supports or relates to achievement of the federal goals identified below. Many of your outcomes are listed under your Child and Family Services Review PIP, and should be included here.

#### **Title IV-B of the Social Security Act, Subpart I**

**Goal 1:** Families, including nuclear, extended, and adoptive families, will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their heritage; and in planning their children's future.

Outcomes:

1, 2, 3, 4, 5, 6, 7, 13, 14

**Goal 2:** Children who are removed from their birth families will be afforded stability, continuity, and an environment that supports all aspects of their development.

Outcomes:

1, 2, 3, 4, 5, 6, 7, 18

**Goal 3:** Victims of family violence, both child and adult, will be afforded the safety and support necessary to achieve self-sufficiency (adult) and/or to promote their continued growth and development (child).

Outcomes:

1, 2, 3, 4, 5, 6, 7, 8, 13, 16, 17

**Goal 4:** Adolescents in foster care and pregnant, parenting, and at-risk teens in receipt of public assistance will develop the social, educational, and vocational skills necessary for self-sufficiency.

Outcomes:

2, 3, 5, 6, 7, 9, 10, 11, 12, 13, 14, 18

**Goal 5:** Native American families, including nuclear, extended, and adoptive families, will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their heritage; and in planning their children's future.

Outcomes:

3, 4, 5, 6, 7

**APPENDIX E -**  
**Public Hearing Requirements**

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

Date Public Hearing held:

Date Public Notice published:

Name of Newspaper:

Number of Attendees: Though a notice for the Public Hearing was posted in both The Daily Record and on the County of Monroe's website,

Areas represented at the Public Hearing:

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Health      | <input type="checkbox"/> Legal          | <input type="checkbox"/> Child Care      |
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Mental Health  | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Aging       | <input type="checkbox"/> General Public |  |
| <input type="checkbox"/> Other:      | <input type="checkbox"/> Other:         | <input type="checkbox"/> Other:          |

Issues/Questions identified at the Public Hearing:

**APPENDIX F - REQUIRED**  
Program Matrix

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Each district will enter their Program Information into the Welfare Management System (WMS). Instructions for completing this process are located in the Plan Guidance Document. Answer the questions below related to the information you entered into the WMS system.

1. Are there changes to the services your county intends to provide during the County Planning cycle?

No  Yes

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

**APPENDIX G**  
Technical Assistance Needs

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

## APPENDIX H

### Memorandum of Understanding Between the District Attorney's Office and Child Protective Services

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Chapter 156 of the Laws of 2000 (the Abandoned Infant Protection Act) went into effect in July 2000, and was **amended effective August 30, 2010**. This law is intended to prevent infants from being abandoned in an unsafe manner that could result in physical harm to them. Please send an electronic copy of your signed MOU with your County Plan or include a narrative summary of the cooperative procedures to be followed by both parties in the investigation of incidents of child abuse and maltreatment, consistent with their respective obligations for the investigation or prosecution of such incidents, or as otherwise required by law.

- Copy of active MOU is being sent with the County Plan.
- Active MOU is not attached, but a narrative summary is provided below.

#### **Narrative Summary:**

##### INVESTIGATION OF CHILD ABUSE AND MALTREATMENT

The IMPACT Team is a collaborative effort of the Rochester Police Department, Monroe County Sheriff's Office, Monroe County Department of Human Services, Monroe County District attorney's Office, Monroe County Attorney's Office, rape Crisis Services of Planned Parenthood, Rochester City school district, Bivona Child advocacy Center, and the Golisano Children's Hospital at Strong REACH Program. The goal is to provide the most comprehensive and effective investigation of child physical and sexual abuse, while minimizing additional trauma to the child.

The areas covered by the MOU include structure, objectives, case assignments, joint CPS/law enforcement response protocols, emergency removals, medical examinations, physical and evidentiary evidence, interviewing, resource sharing, record keeping and supervision/oversight of the collaborative team. The MOU has been agreed to by all parties. It is reviewed annually by the participating agencies.

##### ABANDON SAFE CHILD ACT

Monroe County defined the local process for complying with the Abandoned Infant Protection Act through a MOU between the Monroe County District Attorney's Office and the Monroe County Department of Human Services. The MOU builds upon the procedures and protocols outlined in the Monroe County IMPACT Team Guidelines for Child Abuse Investigations. The MOU was revised to be in compliance with changes to the law that occurred in August 2010. The MOU is reviewed annually by the participating agencies.

**APPENDIX I**  
2012 Estimates of Persons to Be Served

Required only if the district does not seek a waiver, as noted on Appendix A

Type of Care/Service	Total*	Children	Adults
Adoption			
Child Care			
Domestic Violence			
Family Planning			
Preventive Child Mandated			
Preventive Child Non-Mandated			
Child Protective Services			
Child Protective Services Investigation			
Unmarried Parents			
Preventive – Adults			
Protective Services Adults – Services			
Protective Services Adults – Investigation			
Social Group Services Senior Citizens			
Education			
Employment			
Health Related			
Home Management			
Homemaker			
Housekeeper/Chore			
Housing Improvement			
Information and Referral			
Transportation			

\*Total equals children plus adults

**County Child and Family Services Plan – 2015 UPDATE; OCFS APPROVED 7/18/2015**

<b>Type of Care/Service — Foster Care</b>	<b>Total</b>	<b>Non JD/PINS Child</b>	<b>OCFS JD/PINS Child</b>	<b>DSS JD/PINS Child</b>
Institutions				
Group Homes/Residences				
Agency Operated Boarding Homes				
Family Foster Care				
Unduplicated Count of All Children in Care				

<b>Type of Care/Service – Adult</b>	<b>Total</b>	<b>Adults</b>
Residential Placement Services		

**APPENDIX J-1 CHANGED**

**Non-Residential Domestic Violence Services (Complete a Copy for Each Program)**

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In accordance with the Domestic Violence Prevention Act and subsequent budget provisions, districts are required to provide non-residential services to victims of domestic violence, either directly or through a purchase of service agreement. Whether provided directly or through a purchase of service, each program must be approved through the Child and Family Services Plan process. Non-residential domestic violence programs must comply with 18 NYCRR Part 462. Please provide the information required below.

County: **MONROE**

Phone Number: (585) 753-6519

County Contact Person: Denise Read

E-mail Address: [Denise.Read@dfa.state.ny.us](mailto:Denise.Read@dfa.state.ny.us)

**SECTION A**

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**Program Closure**

Complete this section if an approved non-residential domestic violence program “closed” during the previous year.

Name of program:

Date closed:

Reason for closing:

**SECTION B**

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

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

Agency Name: **Lifespan**

Business Address: 1900 Clinton Avenue South, Rochester, NY 14618

Contact Person: Paul L. Caccamise

Telephone Number: (585) 244- 8400

E-mail Address: [pcaccamise@lifespan-roch.org](mailto:pcaccamise@lifespan-roch.org)

**Program Requirements**

- 1. Seventy percent of the clientele served must consist of victims of domestic violence and their children. This program is intended to be a separate and distinct program offering specialized services for victims of domestic violence. Describe how the program is separate and distinct and how it fits into the overall agency.**

Lifespan’s Elder Abuse Prevention Program (EAPP) was initiated in 1987 and has operated continuously since then. The program is one of 30 programs serving older adults and their caregivers at Lifespan. EAPP provides investigation and casework intervention in cases of older adults abused or neglected by trusted third parties including family

members. Each year the program investigates about 200 cases of elder abuse in Monroe County. Approximately 80% of perpetrators each year are close family members.

- 2. Services must be provided regardless of financial eligibility; services must be provided in a manner that addresses special needs, including physically handicapped, hearing impaired, and non-English speaking; and services must address the ethnic compositions of the community served. Describe the eligibility criteria for clients of the non-residential domestic violence program and how special needs populations are accommodated.**

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

- 3. There must be evidence that the program is needed, based on the number of persons to be served and evidence that the indicators used are realistic. Provide an estimate of the number of victims of domestic violence needing non-residential services and description of the indicator/data used to determine that estimate.**

Need is based on the number of elder abuse cases served by EAPP on an annual basis in which the perpetrator is a close family member including husband, wife, partner, adult son or daughter, brother, sister, son-in-law or daughter-in-law or grandchild. Each year EAPP receives over 200 new cases of elder abuse from Monroe County; typically, in over 160 of these cases the perpetrator is a family member.

- 4. Where are the non-residential domestic violence services provided? Describe the type of location (e.g. at the business office, at the school, etc.). The specific should not be included and should not be identifiable from the information provided.**

Almost all EAPP services are provided in the client's home. EAPP staff sometimes also accompanies clients to Family Court or criminal court.

- 5. Explain how the location(s) where the non-residential domestic violence services are provided to ensure the safety of the persons receiving services and the confidentiality of their identities. Do not provide the location addresses.**

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.

**6. All of the core services listed in 18 NYCRR 462.4 must be provided directly by the program, as defined in the regulations, and must be provided in a timely manner. For each of the core services listed below, include:**

**a. Days and hours the service is available**

Office Hours: 8:30 am - 4:30 pm M-F; 24 hrs/7 days through I & R through Eldersource

**b. How the service is provided**

EAPP provides services through telephone contacts with clients and their caregivers and through home visits.

**c. Where the service is provided, when the service is provided at a location other than the program location (i.e., accompanying the client to court)**

Service is usually provided in client homes; EAPP social workers also accompany clients to court hearings and other appointments.

**d. Details specific to this program other than program location.**

EAPP also offers a unique psycho-educational group program for perpetrators of elder abuse (the SEAM program).

**Telephone Hotline Assistance**

**Include hotline operation hours and detail the methods currently being used for the operation of the hotline service (e.g. coverage, staff responsibility, any technology used).**

EAPP can be accessed by social work staff from 8:30 am – 4:30 pm M-F. Clients and referral sources may also access the program by calling Eldersource at a 24 hour access phone number. Through a contract with ABVI, afterhours calls are taken by LifeLine. Referrals are then transmitted to EAPP staff via the PeerPlace aging services database.

**Information and referral**

I & R is provided by EAPP social work staff, by the Eldersource Telephone Specialist and by LifeLine Telephone Specialist.

**Advocacy**

**Describe all types offered, including accompaniment.**

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.

### **Counseling**

**Describe all types offered, including individual and group.**

EAPP social workers counsel clients individually; EAP also offers a unique psycho-educational group program for perpetrators of elder abuse (the Stop Elder Abuse and Mistreatment or SEAM program).

### **Community Education and Outreach**

**Describe methods used, target audience, and messages conveyed. If there is more than one domestic violence provider in the community, describe how the outreach activities are coordinated.**

EAPP staff offer presentations for the public and training for professionals on elder abuse to thousands of individuals in Monroe County as well as other locations in NYS each year. In 2010, EAPP reached over 2,000 individuals in this way. EAPP also offers information on elder abuse via the local media, e.g., on local radio talk shows and through articles in print publications in Monroe County. EAPP is also a member of the Monroe County Domestic Violence Council.

**Optional Services** (e.g., support groups, children’s services, translation services, etc.)

The SEAM Program is an optional service; it is one of the few programs for perpetrators of elder abuse in the nation.

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

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

- Do not give names
- Resumes are not required

**Title: Lifespan VP for Program**

Responsibilities:

Program oversight/strategic planning/conducts training in elder abuse/conducts research on elder abuse

Qualifications:

LMSW, 26 years of experience in adult protective and elder abuse

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**Title: EAPP Program Director**

Responsibilities:

Program management/ clinical supervision/ program monitoring/ budget preparation/ offers training in elder abuse/ conducts research in elder abuse

Qualifications:

LMSW, 22 years in elder abuse services

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Title: **EAPP Social Workers (4.5 FTEs)**

Responsibilities:

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

Qualifications:

MSW or BSW and experience working with older adults

**APPENDIX J-2 CHANGED**

**Non-Residential Domestic Violence Services (Complete a Copy for Each Program)**

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In accordance with the Domestic Violence Prevention Act and subsequent budget provisions, districts are required to provide non-residential services to victims of domestic violence, either directly or through a purchase of service agreement. Whether provided directly or through a purchase of service, each program must be approved through the Child and Family Services Plan process. Non-residential domestic violence programs must comply with 18 NYCRR Part 462. Please provide the information required below.

County: **MONROE**

Phone Number: (585) 753-6519

County Contact Person: Denise Read

E-mail Address: [Denise.Read@dfa.state.ny.us](mailto:Denise.Read@dfa.state.ny.us)

**SECTION A**

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**Program Closure**

Complete this section if an approved non-residential domestic violence program “closed” during the previous year.

Name of program:

Date closed:

Reason for closing:

**SECTION B**

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

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

Agency Name: **Alternatives for Battered Women**

Business Address: PO Box 39601 Rochester, NY 14604

Contact Person: Catherine Mazzotta, Executive Director

Telephone Number: (585) 232- 5200

E-mail Address: [CathyM@abwrochester.org](mailto:CathyM@abwrochester.org)

**Program Requirements**

- 1. Seventy percent of the clientele served must consist of victims of domestic violence and their children. This program is intended to be a separate and distinct program offering specialized services for victims of domestic violence. Describe how the program is separate and distinct and how it fits into the overall agency.**

Alternatives for Battered Women (ABW) is a not-for-profit agency serving victims of domestic violence in Rochester and Monroe County, New York. In addition to providing Residential Domestic Violence Services ( 38-bed emergency domestic violence shelter for victims of DV and their children), ABW also offers non-residential DV services that help provide a full continuum of support for victims of domestic

violence and their children. Participants in this program do not need to be housed in the emergency shelter to access these benefits. In fact, most of the clients using Non-residential services reside in the local community.

Non-Residential Services Include:

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

**2. Services must be provided regardless of financial eligibility; services must be provided in a manner that addresses special needs, including physically handicapped, hearing impaired, and non-English speaking; and services must address the ethnic compositions of the community served. Describe the eligibility criteria for clients of the non-residential domestic violence program and how special needs populations are accommodated.**

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

violence who are disabled including training for advocates of domestic violence prevention serving the deaf, hard of hearing and latency deaf community. The facility is handicap accessible as well.

**3. There must be evidence that the program is needed, based on the number of persons to be served and evidence that the indicators used are realistic. Provide an estimate of the number of victims of domestic violence needing non-residential services and description of the indicator/data used to determine that estimate.**

- Shelter/Hotline:  
4,877 callers; 1,682 were first-time callers  
420 women and children received shelter
- Prevention and Education:  
605 presentations took place reaching 14,409 students (representing high schools, junior high schools, alternative high schools, colleges, adult ed programs, and youth groups).
- Speakers Bureau:  
123 presentations were conducted by staff and volunteers to raise community awareness and reach out to victims. Presentations were made to community groups, human services organizations, and businesses reaching 3,111 individuals.
- Transitional Support Services:  
215 unduplicated clients received individual counseling  
518 unduplicated clients attended community support groups, topic-focused groups and DV education groups
- Court Advocacy Programs:  
1,804 victims received services through the Court Advocacy program

**4. Where are the non-residential domestic violence services provided? Describe the type of location (e.g.at the business office, at the school, etc.). The specific should not be included and should not be identifiable from the information provided.**

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

**5. Explain how the location(s) where the non-residential domestic violence services are provided to ensure the safety of the persons receiving services and the confidentiality of their identities. Do not provide the location addresses.**

The ABW 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 ABW services to protect clients who are seeking help from further victimization and to provide a safe environment for disclosure of domestic violence incidents. ABW has specific and strict

policies and procedures regarding the means by which any client of ABW's confidentiality is to be protected.

**6. All of the core services listed in 18 NYCRR 462.4 must be provided directly by the program, as defined in the regulations, and must be provided in a timely manner. For each of the core services listed below, include:**

e. Days and hours the service is available

See below by program type

f. How the service is provided

See below by program type

g. Where the service is provided, when the service is provided at a location other than the program location (i.e., accompanying the client to court)

See below by program type

h. Details specific to this program other than program location.

See below by program type

**Telephone Hotline Assistance**

**Include hotline operation hours and detail the methods currently being used for the operation of the hotline service (e.g. coverage, staff responsibility, any technology used).**

24 hour crisis hotline: operates 24/7 and provides counseling, support, advocacy, information and referral for victims of domestic violence and their families. The crisis hotline provides information on all of ABW's services as well as community resources and is the point of access for the emergency shelter. There are 13 full-time counselors and 16 per diem counselors who receive a 3 week intensive training and regular supervision. Educational degrees vary from Associate of Arts to Masters' degrees. ABW makes use of trained volunteers for the hotline as well. Additionally the crisis hotline has a designated TTY line for the deaf, hard of hearing and latency deaf population.

**Information and referral**

All staff are trained to provide information and referrals about domestic violence, ABW resources as well as community resources. This is done via phone or in person and is available 24 hours a day. ABW is a major resource to the community as a depository of information regarding community resources and services.

**Advocacy**

**Describe all types offered, including accompaniment.**

In general, all of ABW's staff provide advocacy on an individual case basis and at the community and system wide level. ABW advocates to provide support for victims of domestic violence in obtaining entitlement benefits, appropriate health and mental health care, orders of protection and in other legal proceedings related to abuse. ABW frequently advocates with all 17 law enforcement agencies and crime victims' assistance

programs in Monroe County and with the MC District Attorney's office for prosecution of criminal acts perpetrated against victims of abuse.

ABW 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.

ABW is an active leading member of the Rochester and Monroe County Domestic Violence Consortium. This group is made up of service providers, law enforcement, legal community, medical professionals, schools and a variety of other professionals who work with the DV community. The consortium meets monthly and advocates throughout the community as well as at the state and federal level for programs, services and legislation that addresses the needs of victims of domestic violence.

#### Court Advocacy Program

The Court Advocacy Program's advocates are located in the Integrated Domestic Violence court and the Domestic Violence Intensive Intervention Court of Family Court. These advocates provide counseling, advocacy and referral to legal and community resources for victims and their children. Additionally ABW advocates accompany victims to court and provide support throughout their court processes. This project includes a joint program between ABW and Legal Aid Society of Rochester so those victims seeking orders of protection to enhance their safety can obtain legal representation. This program operates in the Hall of Justice during regular business hours, Monday through Friday.

#### **Counseling**

**Describe all types offered, including individual and group.**

#### Transitional Support Services

Provides individual counseling, support groups and topic-focused groups to assist victims in recovering from trauma obtaining information on domestic violence including its impact on children and developing safety and service plans. These are offered at the non-residential site during regularly scheduled hours or as needed.

#### **Community Education and Outreach**

**Describe methods used, target audience, and messages conveyed. If there is more than one domestic violence provider in the community, describe how the outreach activities are coordinated.**

ABW and LifeSpan are the only certified non-residential service providers in Monroe County, New York. ABW and LifeSpan have a long history of collaboration. LifeSpan works exclusively with Elder Abuse which focuses on seniors and caretakers of seniors. ABW and LifeSpan provide services jointly to clients and ABW refers clients to LifeSpan, who need the specialized services provided by LifeSpan's Elder Abuse program. ABW has also provided services to clients referred by Lifespan.

Domestic Violence Prevention Education Program (DVPEP)

Educational based programs work with youth to inform and promote the development of skills necessary to achieve healthy, violence-free interpersonal relationships. This program is offered in academic settings, including junior, senior high schools, area colleges and training programs as well as youth service providers and faith communities. Companion presentations are provided to parents of youth participating in the DVPEP.

Community Speaker's Bureau

Provides presentations to raise community awareness and reach out to victims. Presentations are made to community groups, human services organizations, professional groups, businesses and professional training programs.

Services provided by the Speakers' Bureau and Domestic Violence Prevention Education Program are normally delivered Monday through Friday during daytime business hours. However, educational programs are also offered in the evening and on weekends

**Optional Services** (e.g., support groups, children's services, translation services, etc.)

Children's Services

Supportive counseling sessions, play groups and structured activities for children who have been exposed to domestic violence. These are offered in the non-residential program during regular and evening business hours. Other hours are available on an as needed basis. These are offered in the residential program 7 days a week.

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

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

- **Do not** give names
- Resumes **are not** required

Title: **Executive Director**

Responsibilities:

Oversight of Alternatives for Battered Women

Qualifications:

MSW, LCSW

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Title: **Assistant Executive Director**

Responsibilities:

Oversight of ABW's non-residential and residential programs

Qualifications:

MPA

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Title: **Shelter Director**

Responsibilities:

Oversight of all staff and programming for ABW's crisis hotline and non-residential children's services.

Qualifications:

BSW

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Title: **DV Prevention Education Coordinator**

Responsibilities:

Develop, organize, implement and provide education prevention programming for youth.

Qualifications:

Domestic Violence Counselor RCADV Certification

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Title: **Transitional Support Services (TSS) Coordinator**

Responsibilities:

Oversee all aspects of the TSS program, provide individual, group and advocacy services.

Qualifications:

MS Counseling

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Title: **Court Advocacy Program (CAP) Coordinator**

Responsibilities:

Oversee all aspects of the CAP program

Qualifications:

BS

**APPENDIX K - CHANGED**

**(CHILD CARE SECTION APPROVED BY OCFS 7/7/2015)**

Child Care Administration

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

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

Public Assistance Families: **MCDHS Division of Financial Assistance**

Transitioning Families: **MCDHS Division of Financial Assistance**

Income Eligible Families: **MDHS Division of Financial Assistance**

Title XX: **MCDHS Division of Child & Family Services**

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

FFY 2014-2015 Rollover funds (available from the NYSCCBG ceiling report in the claiming system: .....	\$0.00
Estimate FFY 2015-16 Rollover Funds .....	\$0.00
Estimate of Flexible Funds for Families (FFS) for child care subsidies.....	\$0.00
NYSCBG Allocation 2014-15 .....	\$36,259,399.00
Estimate of Local Share .....	\$0.00
<b>Total Estimated NYSCCCBG Amount</b> .....	<b>\$36,359,399.00</b>
<b>a. Subsidy</b> .....	<b>\$34,446,429.00</b>
<b>b. Other program costs excluding subsidy</b> .....	<b>\$0.00</b>
<b>c. Administrative costs</b> .....	<b>\$1,812,970.00</b>

Does your district have a contract or formal agreement with another organization to perform any of the following functions? **Yes- MOU**

Function	Organization	Amount of Contract
<input checked="" type="checkbox"/> Eligibility screening	Workforce Development Corp	\$0
<input type="checkbox"/> Determining if legally-exempt providers meet State-approved additional standards		
<input type="checkbox"/> Assistance in locating care		
<input type="checkbox"/> Child Care Information Systems		
<input type="checkbox"/> Other		

**APPENDIX L**

**Other Eligible Families if Funds are Available (Required)**

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

Optional Categories	Option	Limitations
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. PA families or families with income up to 200% of the State Income Standard when the caretaker is: <ul style="list-style-type: none"> <li data-bbox="240 730 860 806">a) participating in an approved substance abuse treatment program</li> <li data-bbox="240 884 406 915">b) homeless</li> <li data-bbox="240 1031 662 1062">c) a victim of domestic violence</li> <li data-bbox="240 1178 834 1209">d) in an emergency situation of short duration</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="922 730 1003 806"> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                             </li> <li data-bbox="922 884 1003 959"> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                             </li> <li data-bbox="922 1031 1003 1106"> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No                             </li> <li data-bbox="922 1178 1003 1253"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No                             </li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1101 730 1425 831">This is covered under the child care guarantee for PA families</li> <li data-bbox="1101 884 1425 984">This is covered under the child care guarantee for PA families</li> <li data-bbox="1101 1031 1425 1131">This is covered under the child care guarantee for PA families</li> <li data-bbox="1101 1178 1442 1383">Authorization limited to requests submitted in writing and administrative approval. LDSS remains sole authority on granting approval on a case-by-case basis.</li> </ul>
3. Families with an open child protective services case when child care is needed to protect the child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Families with income up to 200% of the State Income Standard when child care services are needed because the child’s caretaker: <ul style="list-style-type: none"> <li data-bbox="240 1598 776 1629">a) is physically or mentally incapacitated</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="922 1598 1003 1673"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No                             </li> </ul>	Authorization is limited to families with written documents from the family’s treating physician/mental health professional indicating the reason for the incapacity, its expected duration, and that the applicant is unable to provide care.

**County Child and Family Services Plan – 2015 UPDATE; OCFS APPROVED 7/18/2015**

Optional Categories	Option	Limitations
b) has family duties away from home	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Families with income up to 200% of the State Income Standard when child care services are needed for the child’s caretaker to actively seek employment for a period up to six months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Authorization is limited to families already in receipt of a low-income daycare subsidy; coverage can continue for up to thirty (30) days to seek new employment.
6. PA families where a sanctioned parent is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Families with income up to 200% of the State Income Standard when child care services are needed for the child’s caretaker to participate in: <ul style="list-style-type: none"> <li data-bbox="240 856 906 1003">a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district</li> <li data-bbox="240 1024 906 1129">b) an education program that prepares an individual to obtain a NYS High School equivalency diploma</li> <li data-bbox="240 1234 906 1423">c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level</li> <li data-bbox="240 1444 906 1570">d) a program providing literacy training designed to help individuals improve their ability to read and write</li> <li data-bbox="240 1675 906 1843">e) English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English</li> <li data-bbox="240 1885 906 1913">f) a two-year full-time degree granting program</li> </ul>	<ul style="list-style-type: none"> <li data-bbox="922 856 1084 1003"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No               </li> <li data-bbox="922 1024 1084 1129"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No               </li> <li data-bbox="922 1234 1084 1423"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No               </li> <li data-bbox="922 1444 1084 1570"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No               </li> <li data-bbox="922 1675 1084 1843"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No               </li> <li data-bbox="922 1885 1084 1913"> <input checked="" type="checkbox"/> Yes               </li> </ul>	<ul style="list-style-type: none"> <li data-bbox="1101 856 1458 1003">Authorization is limited to student caretakers who maintain 85% attendance rate in school</li> <li data-bbox="1101 1024 1458 1213">Authorization is limited to student caretakers who maintain 85% attendance rate; GED program must be in addition to 17.5 hours of weekly employment.</li> <li data-bbox="1101 1234 1458 1423">Authorization is limited to student caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</li> <li data-bbox="1101 1444 1458 1633">Authorization is limited to student caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</li> <li data-bbox="1101 1675 1458 1864">Authorization is limited to student caretakers who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</li> <li data-bbox="1101 1885 1458 1913">Authorization is limited to</li> </ul>

Optional Categories	Option	Limitations
<p>at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate degree or certificate of completion</p>	<input type="checkbox"/> No	<p>student caretakers who maintain a minimum 2.0 GPA; program must be in addition to 17.5 hours of weekly employment.</p>
<p>g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Authorization for program must be in addition to 17.5 hours of weekly employment.</p>
<p>h) a prevocational skill training program such as a basic education and literacy training program</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Authorization for program must be in addition to 17.5 hours of weekly employment.</p>
<p>i) a demonstration project designed for vocational training or other project approved by the Department of Labor</p> <p><b>Note:</b> The parent/caretaker must complete the select programs listed under number seven within 30 consecutive calendar months. The parent/caretaker cannot enroll in more than one program.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Authorization for program must be in addition to 17.5 hours of weekly employment.</p>
<p>8. PA recipients and low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associate’s degree or certificate of completion and that is reasonably expected to lead to an improvement in the parent/caretaker’s earning capacity) as long as the parent(s) or caretaker is also working at least 17½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>9. PA recipients and low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associate’s degree or a certificate of completion that is reasonably expected to lead to an improvement in the parent/caretaker’s earning capacity as long as the parent(s) or caretaker is also working at least 17½ hours per week. The parent/caretaker must demonstrate his or her</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

## APPENDIX M

### Reasonable Distance, Very

#### Low Income, Family Share, Case Closing and Openings, Recertification Period, Fraud and Abuse Control Activities (Required)

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##### Reasonable Distance

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

The following defines “reasonable distance”: Within one hour travel time from daycare site to work site or work site to daycare site.

Describe any steps/consultations made to arrive at your definition: This has been the established/approved DHS policy.

##### Very Low Income

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

“Very Low Income” is defined as **165%** of the State Income Standard.

##### Family Share

“Family share” is the weekly amount paid towards the costs of the child care services by the child’s parent or caretaker. In establishing family share, your district must select a percentage from 10% to 35% to use in calculating the family share and justify this percentage decision. The weekly family share of child care costs is calculated by applying the family share percentage against the amount of the family’s annual gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by the county **35%**.

Describe the district’s justification for the family share percentage selected:        %

**Note:** The percentage selected here must match the percentage selected in Title XX Program Matrix in WMS.

##### Case Closings

The district must describe below how priority is given to federally mandated priorities and describe local priorities. If all NYSCCBG funds are committed, the district will discontinue funding to those families that have lower priorities in order to serve families with higher priorities. Describe below how districts will select cases to be closed in the event that there are insufficient or no funds available.

1. Identification of local priorities in addition to the required federal priorities (select one).

- The district has identified local priorities in addition to the required federal priorities (Complete Section 2)
- The district has not identified local priorities in addition to the required federal priorities (Complete Section 3).

2. Describe how priority is given to federally mandated priorities and describe local priorities. If all NYSCCBG funds are committed, the district will discontinue funding to those families that have lower priorities in order to serve families with higher priorities.

Describe in the space below how the district will select cases to be closed in the event that there are insufficient or no funds available.

a. The district will select cases to be closed based ONLY on income.

No.

Yes. Check 1 or 2 below.

1)  The district will close cases from the highest income to lowest income.

2)  The district will close cases based on income bands. Describe the income bands, beginning at 200% of the State Income Standard and ending at 100% of the State Income Standard:

Monroe County Defines low-income as 165% of the state income standard

Band 1: 195% up to 200% of SIS

Band 2: 190% up to, but not including, 195% of SIS

Band 3: 185% up to, but not including, 190% of SIS

Band 4: 180% up to, but not including, 185% of SIS

Band 5: 175% up to, but not including, 180% of SIS

Band 6: 170% up to, but not including, 175% of SIS

Band 7: 165% up to, but not including, 170% of SIS

Band 8: 160% up to, but not including, 165% of SIS

Band 9: 155% up to, but not including, 160% of SIS

Band10: 150% up to, but not including, 155% of SIS

Band 11: 145% up to, but not including, 150% of SIS

Band 12: 140% up to, but not including, 145% of SIS

Band 13: 130% up to, but not including, 140% of SIS

Band 14: 120% up to, but not including, 130% of SIS

Band 15: 110% up to, but not including, 120% of SIS

Band 16: 100% up to, but not including, 110% of SIS

b. The district will select cases to be closed based ONLY on categories of families.

No.

Yes. List the categories in the order that they will be closed, including the optional categories selected in Appendix L:

c. The district will select cases to be closed based on a combination of income and family category.

No.

Yes. List the categories and income groupings in the order that they will be closed:

d. The district will select cases to be closed on a basis other than the options listed above.

No.

Yes. Describe how the district will select cases to be closed in the event that there are insufficient funds to maintain the district's current case load:

- e. The last cases to be closed will be those that fall under federal priorities. Identify how your district will prioritize federal priorities. Cases that are ranked 1 will be closed last.

Very low income     Rank 1     Rank 2

Families that have a child with special needs     Rank 1     Rank 2

3. If all NYSCCBG funds are committed, case closings for families that are not eligible under a child care guarantee and are not a federally mandated priority must be based on the length of time in receipt of services. The length of time used to close cases may be based either on the shortest or longest time the family has received child care services, but must be consistent for all families.

- a. Identify how the district will prioritize federal priorities. Cases that are ranked 1 will be closed last.

Very low income     Rank 1     Rank 2

Families that have a child with special needs     Rank 1     Rank 2

The district will close cases based on the federal priorities and the amount of time the family has been receiving child care services.

Shortest time receiving child care services

Longest time receiving child care services

4. The district will establish a waiting list for families whose cases were closed because our county did not have sufficient funds to maintain our current caseload.

No.

Yes. Describe how these cases will be selected to be reopened if funds become available:

### Case Openings

Describe below how priority is given to federally mandated priorities and how the district will select cases to be opened in the event that insufficient funds are available.

1. The first cases to be opened will be those that fall under the federal priorities.

Identify how your district will prioritize federal priorities. Cases that are ranked 1 will be opened first.

Very low income     Rank 1     Rank 2

Families that have a child with special needs     Rank 1     Rank 2

2. The district will select cases to be opened based ONLY on income.

No.

Yes. Check 1 or 2 below.

- 1)  The district will close cases from the highest income to lowest income.
- 2)  The district will open cases based on income bands. Describe the income bands, beginning at 100% of the State Income Standard and ending at 200% of the State Income Standard:

If Monroe County LDSS previously closed cases due to insufficient funding, and new funds subsequently become available, Monroe County will begin authorizing/opening new subsidy cases based on the reverse order of the income bands detailed in Case Closing - Section 2 (a) (i.e. open new cases starting at Band 16 first and proceeding to Band 1 depending on available funds). Families who may have had their cases closed due to insufficient funding will need to re-apply should new funds subsequently become available.

3. The district will select cases to be opened based ONLY on category.

No.

Yes. List the categories in the order that they will be opened, including the optional categories selected in Appendix L:

4. The district will select cases to be opened based on a combination of income and category of family.

No.

Yes. List the categories and income groupings in the order that they will be opened:

5. The district selects cases to be opened on a basis other than the options listed above.

No.

Yes. Describe how the district will select cases to be opened in the event that there are not sufficient funds to open all eligible families:

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

No.

Yes. Describe how these cases will be selected to be opened when funds become available:

The district's recertification period is every  six months  twelve months

## **Fraud and Abuse Control Activities**

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

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

### FEDS

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

#### Child Care Indicators for Provider Daycare:

- Over Capacity
- Hours of Care do not match hours approved/hours parent(s) are working
- Over Billing/No Absences
- Signature on Attendance Sheets are Questionable
- Care not being provided at approved location
- Parents claim they did not sign timesheets/signed blank timesheets
- In-Home provider may be working during hours claimed for children

#### Child Care Indicators for Clients

- No absent parent information
- Not in an approved activity
- Work/activity hours do not match daycare hours
- Prior History of constant denials, case closings, IPV, Fraud
- Care not being provided at approved location

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

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

### BEDS

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

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

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

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

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

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

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

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

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

When Monroe County is investigating a case of suspected child care fraud, the investigators will reach out to the OCFS licensor or the Child Care Council to ensure that the 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.

**Inspections of Child Care Provider Records and Premises**

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

**YES**                       **NO**

<b>A. The following types of subsidized child care providers/programs are subject to this requirement:</b>	
<input checked="" type="checkbox"/>	LEGALLY EXEMPT CHILD CARE
	<input checked="" type="checkbox"/> In Home
	<input checked="" type="checkbox"/> Family Child Care
	<input checked="" type="checkbox"/> Group programs not operating under the auspices of another government agency
	<input checked="" type="checkbox"/> Group programs operating under the auspices of another government agency
<input checked="" type="checkbox"/>	LICENSED OR REGISTERED
	<input checked="" type="checkbox"/> Family Day Care
	<input checked="" type="checkbox"/> Registered School Age Child Care
	<input checked="" type="checkbox"/> Group Family Day Care
	<input checked="" type="checkbox"/> Day Care Centers
	<input checked="" type="checkbox"/> Small Day Care Centers
<p><b>B. The district <input checked="" type="checkbox"/> CHOOSES or <input type="checkbox"/> DOES NOT CHOOSE</b></p> <p>Reserves the right to make inspections PRIOR to subsidized children receiving care in a home where the inspection is for the purpose of determining whether 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.</p>	
<b>C. The district will report violations of regulations as follows:</b>	

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

**APPENDIX N**  
District Options (Required)

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Districts have some flexibility to administer their child care subsidy programs to meet local needs. Check which options that your district wishes to include in your county plan. Complete the attached appendices for any area(s) checked.

1.  The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
2.  The district is using Title XX funds for the provision of child care services (complete Appendix P).
3.  The district has chosen to establish additional local standards for child care providers (complete Appendix Q).
4.  The district has chosen to make payments to child care providers for absences (complete Appendix R).
5.  The district has chosen to make payments to child care providers for program closures (complete Appendix S).
6.  The district has chosen to pay for transportation to and from a child care provider (complete Appendix T).
7.  The district has chosen to pay up to 15% higher than the applicable market rates for regulated child care services that have been accredited by a nationally recognized child care organization (complete Appendix T).
8.  The district has chosen to pay up to 15% higher than the applicable market rates for non-traditional hours (complete Appendix T).
9.  The district has chosen to pay up to 75% of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 hours of training, which has been verified by the Legally-Exempt Caregiver Enrollment Agency (complete Appendix T).
10.  The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).
11.  The district has chosen to make payments to child care providers who provide child care services, which exceed 24 consecutive hours (complete Appendix U).
12.  The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U)
13.  The district is seeking a waiver from one or more regulatory provisions. Such waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix U).
14.  The district has chosen to pay for breaks in activity for low income families (non public assistance families). Complete Appendix U.

15.  The district has chosen to use local equivalent forms such as, but not limited to, child care application, client notification, and/or enrollment forms (attach copies of the local equivalent forms your district uses).

*Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.*

**APPENDIX O**  
Funding Set-Asides (Optional)

**Total NYSCCBG Block Grant Amount, Including Local Funds**

Category:	.....	\$

**Total Set-Asides**.....\$

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

Category:  
Description:

Category:  
Description:

Category:  
Description:

Category:  
Description:

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

Category:	.....	\$
Category:	.....	\$
Category:	.....	\$

**Total Set-Asides (Title XX)**.....\$

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

Category:

Description:

Category:

Description:

Category:

Description:

Category:

Description:

**APPENDIX P**  
Title XX Child Care (Optional)

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Enter projected total Title XX expenditures for the plan’s duration: .....\$ **25,000,000.00**

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

Family Size: (2)      %      (3)      %      (4)      %

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

- Title XX:     employment                       education/training  
                  seeking employment             illness/incapacity  
                  homelessness                       domestic violence  
                  emergency situation of short duration  
                  participating in an approved substance abuse treatment program

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

- Yes     No

(See Technical Assistance #1 for information on limiting eligibility.)

If yes, describe eligibility criteria:

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

- Yes     No

If yes, describe which families will receive priority:

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

- Yes     No

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

- Yes     No

## APPENDIX Q

### Additional Local Standards for Child Care Providers (Optional)

---

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

1. Check or describe in the space provided below the additional local standards that will be required of child care providers/programs.

- Verification that the provider has given the parent/caretaker complete and accurate information regarding any report of child abuse or maltreatment in which they are named as an indicated subject
- Local criminal background check
- Requirement that providers that care for subsidized children for 30 or more hours a week participate in the Child and Adult Food Care Program (CACFP)
- Site visits by the local district
- Other (please describe):

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

- Legally-exempt family child care program. Check all that apply.
  - Provider
  - Provider's Employee
  - Provider's Volunteer
- Provider's household member age 18 or older
- Legally-exempt in-home child care program. Check all that apply.
  - Provider
  - Provider's Employee
  - Provider's Volunteer
- Legally-exempt group providers not operating under the auspices of another government agency. Check all that apply.
  - Provider
  - Provider's Employee
  - Provider's Volunteer
- Legally-exempt group providers operating under the auspices of another government or tribal agency. Check all that apply.
  - Provider
  - Provider's Employee
  - Provider's Volunteer

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

- Local social services staff

Provide the name of the unit and contact person:

Contracted agency

Provide the name of the agency and contact person:

4. Are there any costs associated with the additional standard?

Yes     No

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

5. Describe the steps for evaluating whether the additional local standard has been met.

6. Indicate how frequently reviews of the additional standard will be conducted. Check all that apply.

Legally-Exempt Programs:

Initial enrollment                       During the 12-month enrollment period  
 Re-enrollment                               Other

7. In the space below, described the procedures the district will use to notify the Legally-Exempt Caregiver Enrollment Agency (EA) as to whether the legally-exempt provider is in compliance with the additional local standards. Districts must notify the EA within 25 days from the date they received the referral from the EA. (Districts need to describe this procedure only if the additional local standard is applied to legally-exempt child care providers.)

8. Describe the justification for the additional standard in the space below.

**APPENDIX R**

**Payment to Child Care Providers for Absences (Optional)**

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

- Day Care Center                       Legally-Exempt Group  
 Group Family Day Care                       School Age Child Care  
 Family Day Care

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

- Yes       No

Base period (check one)                       3 months                       6 months

Number of absences allowed during base period:

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

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

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

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

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

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

**Note:** Monroe County requested a waiver of 415.6(b)(5) so that the county could pay for extenuating circumstances absences only, and not pay for non-extenuating circumstances routine temporary absences. Monroe County also requested to pay for up to three absences for extenuating circumstances in a calendar month, or up to 18 absences for extenuating circumstances over a six month period. The waiver request was approved by OCFS and went into effect the date the child portion of Monroe County’s 2012-2016 Child and Family Services Plan was approved and became effective.

**APPENDIX S**

Payment to Child Care Providers for Program Closures (Optional)

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The following providers are eligible for payment for program closures:

- Day Care Center                       Legally-Exempt Group  
 Group Family Day Care     School Age Child Care  
 Family Day Care

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

- Yes     No

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

List the allowable program closures for which the county will provide payment.

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

## APPENDIX T

### Transportation, Differential Payment Rates, Enhanced Market Rate for Legally-Exempt and In-Home Providers, and Sleep (Optional)

---

#### Transportation

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

#### Differential Payment Rates

Indicate the percentage above the market rate your county has chosen.

- Accredited programs may receive a differential payment up to **10%** above market rate.
- Care during non-traditional hours may be paid up to           % above market rate.
- Limitations to the above differentials:

Currently recognized accrediting organizations are: NAEYC, NECPA, ACA and Pathways

Payments may not exceed 15% above market rate. However, if your district wishes to establish a payment rate that is more than 15% above the applicable market rate, describe below why the 15% maximum is insufficient to provide access within the district to accredited programs and/or care provided during non-traditional hours.

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

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 annually completed 10 or more hours of training and the training has been verified by the legally-exempt caregiver enrollment agency.

No.

Yes. Our market rate will not exceed 75% of the child care market rate established for registered family day care.

#### Sleep

The following describes the standards that will be used in evaluating whether or not to pay for child care services while a parent or caretaker that works a second or third shift sleeps, as well as any limitations pertaining to payment:

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

Indicate the number of hours allowed by your district (maximum number of hours allowed is eight). 6 hours

**APPENDIX U**

**Child Care Exceeding 24 Hours, Child Care Services Unit, Waivers,  
and Breaks in Activities (Optional)**

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**Child Care Exceeding 24 Hours**

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 county will pay for child care exceeding 24 hours.

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

Describe any limitations for payment of child care services that exceed 24 consecutive hours.

**Child Care Services Unit (CCSU)**

Indicate below if your county will include 18-, 19-, or 20-year-olds in the CCSU, which is used in determining family size and countable family income.

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

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

**OR**

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 or not 18-, 19-, or 20-year olds are included in the CCSU.

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

**Waivers**

Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Describe and justify why your county is requesting a waiver.

See Appendix R, Absences

**Breaks in Activities**

Districts may pay for child care services for low income families during breaks in activities either for a period not to exceed two weeks or for a period not to exceed four weeks when child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period. Indicate below if your county will make such payments (check one).

- Two weeks
- Four weeks

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

- Entering an activity
- Waiting for employment
- On a break between activities

**APPENDIX V - REQUIRED**

Persons In Need of Supervision (PINS) Diversion Services – 2015 PLAN

This appendix refers to the PINS Diversion population only. Complete sections 1 through 4 for PINS Diversion population only.

6. Designation of Lead Agency (check one):

- Probation                       LDSS

9. Inventory of PINS Diversion Service Options – Describe below the current inventory of available community services within each category below for the PINS Diversion population. For each service, include the geographic area (countywide or specific cities or towns). Please note that the first three service categories are required.

Service Category	Geographic Area	Service Gap – Check one
Residential Respite – required	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Crisis Intervention 24 hours/day – required	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Diversion Services/other alternatives to detention – required	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alternative Dispute Resolution Services – optional	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other: mental health screening and assessment referral	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other: substance abuse screening & referral	countywide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. PINS Diversion Procedures – Please provide a description of any changes that have been made to these procedures since the submission of your last comprehensive plan, including any collaborative team processes.

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
<p>1. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)</p>	<p><input type="checkbox"/> Probation  <input type="checkbox"/> LDSS  <input checked="" type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)  <b>FACT</b></p>	<p>The FACT Information number is the first contact point. FACT staff will respond to callers by triaging the call, identifying the needs of the caller and youth. If the situation is one that requires services from a mobile or crisis service, the FACT Facilitator will link the youth and family to that system and follow-up to ensure that the crisis is being addressed. During non-office hours, a message will be on the FACT information line directing people to contact the police (911) in an emergency, or to contact 211 and/or Hillside Services Integration in order to speak with someone immediately, or to leave a detailed message including reason for the call and best method/time to reach the caller. Callers who leave messages are contacted the next business day.</p>
<p>2. Determines the need for residential respite services and need for alternatives to detention</p>	<p><input checked="" type="checkbox"/> Probation  <input checked="" type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)  <b>FACT</b></p>	<p>When a youth comes to the PINS system in need of alternative or respite housing, the FACT Facilitator attempts to utilize family and friends as the first source of housing options. When those are exhausted or not available/viable, FACT Facilitators explore the needs of the youth (housing as well as other needs) and try to match the youth to one of the following housing options.</p> <p>For those PINS youth who come to the attention of MCFC, the ATD Team screens PINS youth at their first appearance and speaks with family members. The ATD Team will work with the youth and family to identify alternatives to detention and prepare a recommendation to the court for viable alternatives. Monroe County has contracted for foster home beds to be used in lieu of detention for PINS youth who are unable to return home and who have no other viable housing option.</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
<p>3. Serves as intake agency – accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations</p>	<p><input checked="" type="checkbox"/> Probation  <input type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)  <b>FACT</b></p>	<p>Youth who are exhibiting PINS like behaviors (at-risk) will be considered eligible for PINS services. During both the initial contact and the face-to-face conference, FACT staff who respond to the initial PINS inquiry will identify the concerns of the youth and family, list the services and systems the youth and family have been involved with and the outcomes of that involvement, and explain the PINS system and the outcomes they can expect. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have made that connection.</p> <p>All PINS eligible youth and families, as defined above, will be determined to be “eligible” for FACT. Per statute, there are no exceptions. Before any consideration for PINS petition filing, an assessment and determination will be made that there is no substantial likelihood that the youth and his or her family will benefit from further diversion services.</p> <p>If a youth has had previous contact with the PINS system, the assigned FACT Facilitator will review all available records. The FACT Facilitator will discuss with the youth and family what resources were helpful and the expectations they have of the PINS process. FACT will not exclude a youth from diversion services who has received diversion services in the past unless the youth refuses to participate in diversion services.</p> <p>If a youth is currently missing/AWOL, the FACT Information Line Staff will gather basic information from the family and forward it to one of the two POs or</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
		<p>the Sr PO assigned to FACT who will go out and search for the missing youth. If the family is calling and a PO is available, the call will be directed to the SR. PO or one of the POs. If a youth is located, she/he will be assigned to a FACT Facilitator. If a youth is not able to be located, the POs will work with the family to prepare affidavits and file paperwork in MCFC to request a warrant. If the youth is then picked up on the warrant, the ATD Team will talk with the youth and family about options and next steps in the process.</p>
<p>4. Conducts assessment of needs, strengths, and risk for continuing with PINS behavior Name of assessment instrument used: <b>YASI</b></p>	<p><input checked="" type="checkbox"/> Probation  <input type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)  <b>FACT</b>   <b>Mental Health Association</b></p>	<p>The FACT Facilitator or PO who has the initial contact with the family/parent will assess the situation, identify any crisis needs, make any necessary referrals/linkages, and schedule a face-to-face conference with all the parties. Monroe County continues to use the YASI as the core screening and assessment instrument. All youth and families that come in for a face-to-face conference will have a YASI Assessment completed. Starting in 1<sup>st</sup> quarter of 2014, youth coming to FACT will be offered the MAYSI-2 at Intake or within the first few appointments. The MAYSI-2 will be offered as an additional assessment for mental health, substance abuse, and trauma for youth who do not have a current diagnosis. Information gleaned from the MAYSI-2 will be used along with the YASI to assist FACT, the youth and the family in identifying needs and develop a plan to address his/her needs in the community. If the MAYSI-2 identifies issues that need further/supplemental assessment completed, the FACT facilitator will complete or arrange for the additional assessments with Supervisory consultation.</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
		<p>The Mental Health Association has a clinician on site at FACT 4 days per week to provide mental health screening and assessments as well as consulting with FACT staff on individual youth and families. FACT is exploring with several Chemical Dependency Program providers about having chemical dependency assessments on-site at FACT. Fact is targeting to have on-site chemical dependency services mid-2015.</p>
<p>5. Works with youth and family to develop case plan</p>	<p><input checked="" type="checkbox"/> Probation  <input type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)  <b>FACT</b></p>	<p>The FACT Facilitator (who has the initial contact) will be assigned to the case (generally) and will stay with the youth and family through diversion services unless a geographic or school-based assignment is deemed appropriate and is preferable to the youth and family or the youth/family has previously engaged with another facilitator and would like to work with him/her again.</p>
<p>6. Determines service providers and makes referrals</p>	<p><input checked="" type="checkbox"/> Probation  <input type="checkbox"/> LDSS  <input type="checkbox"/> Both  <input checked="" type="checkbox"/> Other (name)  <b>FACT</b></p>	<p>The FACT Facilitator, upon completion of the YASI Full Screen and Functional Behavioral Assessment (for medium and high risk), will develop a diversion plan jointly with the parent/guardian and the youth which outlines needs, services/programs referred to, behavioral expectations, and frequency of communication and follow-up between FACT, the youth and family. The case plan is continually re-assessed with the youth and family, as new information becomes available and updated. At the time the plan is developed, families are given information about other programs and services that they might access to address their needs.</p> <p>If the FACT Facilitator decides to refer a youth and family for services to a <u>community-based program</u>, the FACT Facilitator will assist the family in making the connection or linkage. The FACT</p>

PINS Diversion Services Protocol	Responsible Agency(ies)	Brief Description of How Provided
		Facilitator follows-up with the family as well as the referral agency to ensure that the youth and/or family are connected to services. If the connection does not occur or is not successful, the FACT Facilitator will meet with the youth and family to reassess the needs and discuss other options.
		<p>If a youth and family are being referred to a <u>formal diversion program</u> or a <u>preventive program</u>, the FACT Facilitator will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. The FACT Facilitator will remain open with the case and provides ongoing support and maintains contact with the youth and family.</p> <p>If the youth and family are being referred to either <u>the MST or FFT programs</u>, the FACT Facilitator will close the case with the agreement/support of the family and transfer it to Probation. Juvenile Intake for monitoring and support of the youth and family. If the family requests that FACT stay open, arrangements will be made for that.</p>
7. Makes case closing determination	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Both <input checked="" type="checkbox"/> Other (name) <b>FACT</b>	FACT and Probation utilizes five (5) categories for case closings: Not Pursued, Withdrawn, Successfully Adjusted, Terminated w/ Bar to Petition, or Terminated without Bar to Petition. When it is determined that a case is ready to be closed by FACT, the FACT Facilitator will discuss the particulars with his/her supervisor and determine that no other services are needed, or the family no longer wants services from FACT. A closing summary is prepared as well as a closing letter that is sent to the youth and family. When it is determined that a case is ready to be closed by Probation, the PO will discuss the particulars with his/her supervisor and determine that no other services are needed, or the family no longer wants services.

## 11. PINS Diversion Services Plan

### b. Development of PINS Diversion Services Plan and MOU

- i. Planning activities – Briefly describe all PINS Diversion Services Planning activities the county has engaged in related to this current plan.

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

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

- System of Care Leadership Team includes representatives from Probation, DHS, OMH, City Recreation, RCSD, law enforcement and others. The Team meets to review data as well as identify service or system issues and develop strategies to address identified issues.
- Crossover Youth Project: Monroe County was chosen to be one of 11 sites nationwide to work with Georgetown University and Casey Family Programs on youth who "crossover" from the Child Welfare system into the Juvenile Justice System. The goal of the practice model was to encourage collaborative planning between DHS, Probation and MCFC. The Crossover Youth Project began identifying youth in July 2011. Initially this model only involved JD youth who were also active in the CW system. In November of 2011, Monroe County expanded the definition to include PINS youth who were active in the CW system. The project tracked youth for up to 1 year after being identified and comparing their outcomes to a control group. The pilot project ended in July 2012. Monroe County has continued to screen and identify PINS and JD youth who meet the crossover youth criteria and continue to serve them using the Crossover Youth model/processes.
- JDAI: Monroe County began its JDAI efforts in earnest in early 2013 after having been selected in late 2012 by Annie E. Casey and NYS OCFS as one of six pilot sites for the Juvenile Detention Alternatives Initiative (JDAI). Monroe County established a JDAI Steering Committee with broad representation to oversee implementation of JDAI. Probation and DHS co-chair the JDAI Steering Committee. Monroe County is finalizing a Detention Utilization Study covering the time period 11/1/2013-5/30/2014. The results of this study will help Monroe County to better understand the JD detained population and how Monroe County uses detention. Monroe County is also working on a detailed, multi-year work plan to guide efforts going forward. Several sub-committees have been/are being

formed including Case Processing, Data, Alternatives to Detention and Risk Assessment. While the JDAI project is focused on JDs, Monroe County anticipates that the learnings from the project will have positive implications for PINS youth.

- DRAI Implementation: During 2013, Probation's Deputy Director worked with OCFS, VERA Institute and several other counties in the development of and implementation plans for the statewide DRAI (Detention Risk Assessment Instrument). The DRAI was rolled out state-wide in October 2013. Probation and DHS developed a DRAI Implementation plan including training for law enforcement, probation staff and judges, afterhours protocols, information sharing, etc. Probation along the JDAI Coordinator will monitor the implementation of the DRAI. While the DRAI is an instrument used for JDs, Monroe County anticipates that the learnings from implementation of the DRAI will have implications for PINS youth.
- MAYSI-2: Monroe County Probation Department in collaboration with the Monroe County Office of Mental Health identified the need to more accurately identify co-concurrent conditions in youth who enter the juvenile justice system. An agreement was entered in to utilize the MAYSI-2 which is a computer self-report inventory of 52 questions designed to assist juvenile justice facilities/providers in identifying youths 12 to 17 years old who may have special mental health needs including substance abuse, suicide, and trauma. It is offered in both English and Spanish. In 2013, the MAYSI-2 was implemented within Probation's Juvenile Intake Unit for all new JD referrals. In 2014, the MAYSI-2 began to be administered at FACT for new PINS intakes. Monroe County Probation and Monroe County Office of Mental Health are working with area mental health and substance abuse treatment providers on referral procedures for youth with needs identified via the MAYSI-2.
- Trauma Informed Practice: Monroe County Department of Human Services- Child and Family Services Division has identified the need for and made a commitment to having all staff participate in a 2 day Trauma Informed Child Welfare Practice Training to help staff begin to use trauma focused lens in their work with children and families. FACT staff are mandated to participate in this training. The training will also be made available to Probation's Child and Family Services Division staff.

**ii. List stakeholder and service agency involvement in planning.**

Monroe County Probation  
MCDHS – Child & Family Services Division  
Monroe County Office of Mental Health  
Monroe County Family Court  
Hillside Children's Center  
Villa of Hope (formerly known as St. Joseph's Villa)  
ACT Rochester  
Monroe County Legal Aid Society – Attorney for the Child  
Catholic Family Center  
FACT (Family Access and Connection Team)

Rochester City School District  
Rochester Police Department

12. Please define the PINS Diversion population in your county. Specifically, please provide the following:

- i. Number of 2013 PINS Diversion referrals filed by parents: 912
- ii. Number of 2013 PINS Diversion referrals by schools: 461
- iii. Number of 2013 PINS Diversion referrals other sources: 28
- iv. Number of 2013 PINS Diversion cases closed as Successfully Diverted: 691
- v. Number of 2013 PINS Diversion cases closed as TWA/No Bar to Petition: 174

13. Identify any **aggregate** needs assessment conclusions and/or priorities regarding the PINS Diversion Population that have been developed as part of the planning process.

Needs assessment activities are on-going and inform the decisions that are being made in the PINS system. Monroe County approaches needs assessment of PINS youth in several ways:

- Data is collected and reported monthly to the Juvenile Justice Council by several stakeholders in the local juvenile justice system including detention, Probation, DHS, OCFS, and Family Court. The data obtained and any issues of concern are discussed. If warranted, subcommittees or work groups are formed to address issues identified via this review.
- The Alternative Program Review Committee (APR) (committee reviews all youth where Probation is considering recommending placement or where Family Court is requesting out of home placement to look for alternative community based options) has established a centralized data base that is used to discuss individual youth.
- Probation has established a Diversion Review Committee (DRC) that reviews any case where the Probation Officer feels that diversion is not working and is considering referring the case to MCFC. The intent of this additional conference is to explore all options to be sure that everything has been exhausted prior to a case being referred to MCFC.
- The Non-Secure Detention Review Committee (comprised of DHS, Probation, and Hillside Non-Secure Detention) meets weekly to review all youth in Non-Secure Detention to look for opportunities to move youth faster through the system and reduce LOS (length of stay). The committee identifies systemic issues as well as department issues and raises concerns to Administration.
- DHS tracks monthly numbers of PINS and JD as well as maintains a system indicator/reporting tool that captures and reports quarterly PINS and JD intakes, petitions, detention admissions and ATD admissions. This data is further broken down by race.

- A monthly report analyzing FACT case openings, closings and caseloads is prepared and reviewed by the Leadership Team.

In light of the above, Monroe County has identified three primary areas of concern:

PINS COMPLAINTS, PETITIONS AND PLACEMENTS

Monroe County continually reviews and discusses local data in an effort to monitor the PINS system. The number of PINS complaints and petitions had been declining since FACT was implemented until 2013 when PINS cases (both complaints and petitions) increased significantly. Monroe County had seen a decrease in new PINS placements in 2007 and 2008 however in 2009 there was 50% increase in the number of PINS placements. In 2010 and 2011, Monroe County saw the placement number again declined. However, in 2012 the PINS placements jumped by 41% and have remained in the low 80s in 2013. The 2014 PINS placement number dropped slightly back to the 2010 number. Continued tracking of these and other data points will occur in 2015 as well as discussions with key stakeholders the data and what it tells us relative to how the system is operating with specific focus on increase in PINS Complaints and petitions.

	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>PINS Complaints</b>	2,079	2,130	1,716	1,351	1,376	1,061	959	1401	1383
<b>PINS Petitions</b>	766	257	286	238	240	277	255	321	310
<b>PINS Placements</b>	91	68	61	97	77	61	84	81	77

Source: Mon Co Probation; MCDHS

The majority of PINS (intake) youth consistently come from 6 zip codes within the City of Rochester: 14621, 14611, 14605, 14609, 14606 and 14613. Three of these zip codes (14621, 14609 and 14611) account for about one third of all PINS complaints filed. These neighborhoods are some of the most challenged neighborhoods in the City of Rochester. The residents in these neighborhoods are predominately African-American/black and Latina/Latino. Approximately 70% of PINS youth are identified as being youth of color. Family Court does not maintain race or ethnicity data on youth who are the subject of either PINS or JD petitions.

NON-SECURE DETENTION (NSD)

Per NYS statute, PINS youth should only be detained *if there is no substantial likelihood a youth will benefit from diversion services or all alternatives to detention services have been exhausted. If the youth is over 16, the judge must determine that special conditions exist and warrant detention.* However, in Monroe County some youth are still being detained for reasons other than what the law allows for, such as truancy, failure to follow through with recommended services, and parental refusal to take them home.

Monroe County’s Non-Secure Detention (NSD) Program has been experiencing a decline in NSD admissions since 2006 (876). Implementation of FACT in 2007 had significant impact on Non-Secure Detention admissions and days of care. The downward trend continued until

2012 when both the numbers of admissions and bed days increased from the previous year (7% and 9% respectively). Persons of color represented about 75% of the Non-Secure admissions and Hispanic youth represented almost 10% of the Non-Secure population.

	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>Admissions</b>	876	873	737	621	449	403	434	472	557
<b>Days of Care</b>	13,182	9,263	7,617	6,334	6,021	4,374	4,871	4,364	4,723

Source: MCDHS, HCC, NYSJDAS

Since 2006, Monroe County has periodically reduced the number of contracted Non-Secure Detention beds from a high of 42 beds to the current 12 beds, which took effect on June 1, 2011. In the Fall of 2012, MCDHS contracted with Hillside Children’s Center for 2 NSD Detention Home Beds. For 2014, the NSD capacity for Monroe County was 14 beds: 12 bed facility and 2 foster family beds/slots. Starting in 2012, Monroe County began to notice an increase use of out-of-county non-secure detention beds. The use of out-of-county beds impacts the ability of youth and families to communicate, attorneys to meet with their clients, Probation to interview youth for PDIs and DHS to arrange interviews, etc. for youth who have been identified by the court as needing out-of-home placement. Compounding this has been the increase in the need for transportation services/resources to bring youth who are temporarily housed out-of-county, to and from court as well as supervise them at court while awaiting transports. In 2014, this came to a head with a 350% increase in out-of-county days of care. Monroe County is exploring several strategies to reduce the use of out-of-county beds.

	2011	2012	2013	2014
<b># of Days of Care Out-Of-County</b>	61	168	175	670

Monroe County has focused a significant portion of their planning efforts in the last years on reducing the use of and reliance on non-secure detention for PINS youth. Monroe County is has employed a four prong approach to reduce the numbers of youth being detained: (1) reduced the number of contracted non-secure detention beds, (2) refocused an ATD program to serve only PINS youth, (3) Probation’s ATD Team will review all new PINS petitions for appropriateness for an alternative to detention resource rather than non-secure detention, and (4) implementing a detention home bed program as an alternative to detention for PINS youth.

While Monroe County had seen an overall declining trend in its detention population, it continues to lag behind its urban counterparts across the state in reducing the number of PINS youth being detained. Monroe County is continuing to look at what other counties are doing that have resulted in their successful reduction in their detained PINS population while not increasing juvenile arrests or entries into out-of-home placements via other system doors (e.g., SED/CSE). As noted earlier, Monroe County is one of six pilot JDAI sites in New York State. Monroe County hopes that through this process, we can identify the reasons we

are detaining youth and provide alternatives that respond to those reasons and that meet the needs of youth, families and MCFC.

OUT OF HOME RESIDENTIAL PLACEMENTS

Overall, the number of PINS youth placed with Monroe County DHS had been declining since 2006 with a *blip up* in 2009 until 2012 when there was a significant jump in PINS youth placed with MCDHS. This increase in placements has continued in both 2013 and 2014. Monroe County implemented an interagency approach to carefully review every youth who has the potential of being residentially placed and to offer community-based alternatives. Monroe County still exceeds almost all other large counties in the number of PINS youth placed out of home in congregate care. Monroe County will continue to review data and look for opportunities to reduce reliance on out-of-home placement.

	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>PINS Placements</b>	91	68	61	97	77	61	84	81	77

Source: MCDHS

EFFECTIVENESS OF DIVERSION PROGRAM AND SERVICES

In 2012, Monroe County looked at the post discharge outcomes of youth involved in juvenile justice programs funded via Preventive Funds. Evaluations of 7 programs were conducted looking at 2008 and 2009 discharges and tracking youth up to 18 months post-discharge to measure if they re-entered the juvenile justice system or the adult justice system. The reports were shared with the programs and used by DHS Administration to inform contracting and funding decisions. DHS Administration is committed to continually looking at outcomes for youth who are referred to the juvenile justice programs. DHS will again engage in an evaluation of post discharge outcomes (up to 18 months post) for the juvenile justice funded programs for the 2010, 2011 and 2012 program years and compare the results with those results from the outcome evaluations of the programs for 2005 – 2009. Post discharge evaluation for 2010, 2011 and 2012 case closings will be conducted in Spring-Summer 2015 to allow for all cases to have met the 18 month mark. The results and will inform funding and program decisions for 2016.

14. Please identify the intended outcomes to be achieved for the PINS Diversion population. For each outcome:
  - c. In the first column, identify quantifiable and verifiable outcomes of the desired change in conditions or behaviors for the PINS Diversion population.
  - d. In the second column, identify the specific raw number or percentage change indicator sought for that outcome.
  - e. In the third column, **describe the strategies** to be implemented to achieve the identified indicator and outcome. Each strategy should include the timeframe for completion, and a designation of who is responsible for implementation.

Outcome (For PINS Diversion Population)	Indicator (Expressed as a raw number or % change)	Strategy/Plan to achieve (Who, what, and when)
Increase the number of PINS cases closed as adjusted	Increase by 5%	<ul style="list-style-type: none"> <li>- Analyze outcomes of Preventive funded juvenile justice programs for 2010 2011 and 2012 at the 3, 6, 12 and 18 month post discharge markers. Adjust program models/services/funding as necessary <b>(DHS, Probation)</b></li> <li>- Collect and report data quarterly on reasons for case closing <b>(Probation) Ongoing</b></li> <li>- Provide ongoing in-service training opportunities to FACT and Probation staff on emerging community resources and issues impacting youth. <b>(Probation, DHS, CCSI, OMH) Ongoing</b></li> </ul>
Reduce the number of PINS cases going through the Family Court System	No more than 35% of closed cases from FACT or PINS Diversion will be closed as <u>Terminated W/No Bar to Petition</u>	<ul style="list-style-type: none"> <li>- Provide case management supervision and services to PINS petitioned cases via the ATD team <b>(Probation)</b></li> <li>- Work with MCFC to increase the number of court ordered diversions <b>(Probation, DHS, MCFC, JJ Council) Ongoing</b></li> <li>- ATD team will interview PINS youth and families prior to their first appearance to develop with them a plan and formulate a recommendation for MCFC <b>(Probation) Ongoing</b></li> <li>- Utilize community based services to address needs and assist in monitoring youth while court case is pending <b>(Probation) Ongoing</b></li> <li>- Report data quarterly to the Juvenile Justice Council <b>(Probation, DHS, Hillside NSD, MCFC) Ongoing</b></li> <li>- Update the Pre and Post Adjudication Resources Fact Sheet for MCFC Judges to use to assist them in identifying</li> </ul>

		appropriate alternatives to detention and placement. <b>(Probation, ATD Subcommittee) 1<sup>st</sup> Quarter 2015</b>
Increase the number of PINS youth identified who have co-concurrent conditions to develop effective cross system treatment plans	75% of new youth coming to FACT will be screened	-Continue to offer MAYSI-2 to youth coming to FACT ( <b>FACT, Probation) Ongoing</b> -Track results of MAYSI-2 & linkages/referrals to other service providers ( <b>FACT, Probation, OMH) Ongoing</b> -Report outcomes to Leadership Team ( <b>FACT, Probation, OMH) Annually</b>

**APPENDIX W**  
**SERVICES TO SEXUALLY EXPLOITED CHILDREN**

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Social Services Law 447-b requires each social services district to address the needs of sexually exploited children in their child welfare services plan and, to the extent that funds are available, provide short-term safe placement, crisis intervention and other appropriate services.

Social Services Law 447-a and 447-b defines “sexually exploited child” as any person under the age of eighteen who has been subjected to sexual exploitation because he or she:

- (a) Is the victim of the crime of sex trafficking as defines in section 230.34 of the NYS penal law;
- (b) Engages in an act as defined in section 230.00 of the NYS penal law;
- (c) Is a victim of the crime of compelling prostitution as defined in section 230.33 of the penal law;
- (d) Engages in acts or conduct described in article 230 or section 240.37 of the NYS penal law.

**1. Estimated Number of Sexually Exploited Children meeting the definition contained in section 447-a of the Social Services Law AND are in need of services.**

Monroe County estimates that annually there are between 300 - 400 youth up to age 18 (male and female) identified or identifiable as sexually exploited children. Youth are identified in several ways: (1) youth referred to the MCDHS Unaccompanied Refugee Minor Program by BIRA and identified as “victims of human trafficking” or with histories of sexual exploitation, (2) youth who contact the R/H system and discloses sexually exploitation; (3) youth identified by local law enforcement as being sexually exploited; (4) youth who come to the attention of and/or through the MCDHS system and who are identified as being sexually exploited, and (5) youth who are active with other systems and disclose that they are being or have been sexually exploited. Monroe County DHS will work with other agencies and system during 2013, to develop a system to track the actual numbers of sexually exploited youth to ensure that we have sufficient services and resources to address the needs of this group of youth.

**2. List those consulted in determining the number if sexually exploited children in your district and their service needs. Check all that apply:**

- Local law enforcement
- Runaway and Homeless Youth Program Providers
- Runaway and Homeless Youth Program Coordinator
- Probation Department
- Local Attorney for the Child
- Public Defender
- District Attorney

- Child Advocates
- Service Providers who work directly with sexually exploited youth
- Local social services commissioner
- Local presentment agency
- Local detention facilities
- Unaccompanied Refugee Minor Program

**3. In determining the need for a capacity of services, districts shall recognize that sexually exploited youth have separate and distinct service needs according to gender. To the extent that funds are available, appropriate programming shall be made available. List those services that are provided to sexually exploited youth in your district.**

Below is a listing of services/service providers that are currently available. Monroe County DHS will contract with The Center for Youth Services’ to implement the *Safe Harbour Program* that specifically serves sexually exploited children as defined by section 447-a of the Social Services Law.

Short-term safe housing	<p><u>Center for Youth Services (CYS)</u> Provides 24 hour crisis housing at an approved runaway shelter for youth 12-18</p> <p><u>Salvation Army- Genesis House</u> Provides 24 hour crisis housing at an approved runaway shelter for youth 16-21</p> <p><u>MCDHS</u> Provides emergency housing to youth 16 and up</p>
Longer-term Housing	<p><u>Catholic Family Center/URM Program</u> Provides foster care for youth enrolled in the URM program including youth who are referred as Victims of Trafficking.</p> <p><u>MCDHS</u> Provides longer term housing based upon financial eligibility. Also provides foster care for youth up to age 21.</p>
Case Management	<p><u>Center for Youth Services (CYS)- Save Harbor Project</u> Center for Youth Services will provide specialized case management services to youth who are sexually exploited</p> <p><u>Catholic Family Center (CFC) –URM Program</u> CFC provides on-going case management services to youth in the Unaccompanied Refugee Minor program. Some of these youth are identified at the time they enter the program as victims of human trafficking or having been sexually exploited.</p>

<p>Health Care</p>	<p><u>Mon Co Dept. of Public Health - Starlight Pediatrics Clinic</u>  provides health care, assessments and screening/linkages for mental health and specialized treatment for youth in foster care</p> <p><u>Health Reach-Mobil Medical Unit</u>  Unity Health System’s Health Care for the Homeless operates a mobile unit that serves homeless and runaway youth on the street and at the various shelters.</p> <p><u>Area health clinics and hospitals</u></p>
<p>Mental Health</p>	<p>Area Mental Health Agencies including:  <u>Crestwood Children’s Center</u>  <u>Mt. Hope Family Center</u>  <u>Genesee Mental Health</u>  <u>Cayuga Children’s Center- Mental Health Clinic</u></p>
<p>Substance Abuse Services/Treatment</p>	<p>Area Substance Abuse Treatment Providers including:  <u>Delphi</u>  <u>Conifer Park</u>  <u>Unity Health Systems/Park Ridge</u>  <u>Huther Doyle</u>  <u>Health Reach</u></p>
<p>Interpreters and/or Translation Services</p>	<p><u>Catholic Family Center Refugee Services</u>  <u>SLC (Sign Language Connection)</u>  <u>ME Services Communication, Inc.</u></p>
<p>Legal representation for purposes of establishing legal residency or to address immigration issues</p>	<p><u>Catholic Family Center-Unaccompanied Refugee Minor Program(URM)</u>  In cases of SIJS, Victims of Trafficking, Asylees, and Humanitarian Parolees, an immigration attorney has been assigned prior to the youth being referred to the program.  <u>Legal Aid Society of Rochester</u>  Provides free legal representation in immigration matters</p>