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  
Contact Person  
(585) 753-6431  
Phone

Director, Child and Family Services  
Amy.Natale-McConnell@dfa.state.ny.us  
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, 2017, through December 31, 2017. We also attest to our commitment to maintain compliance with the Legal Assurances as outlined in Child and Family Services Plan Guidance Document.

**Commissioner County Department of Human Services**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Corinda Crossdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>1/17/17</td>
</tr>
</tbody>
</table>

**Executive Director County Youth Bureau**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Michael Barry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>2/1/17</td>
</tr>
</tbody>
</table>

**Chair, County Youth Board**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Wendy Mervis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>2/17/17</td>
</tr>
</tbody>
</table>

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 January 1, 2017 through December 31, 2017.

**Director/Commissioner County Probation Department**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Larry Matte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>1/29/17</td>
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</table>

**Chair, County Youth Board**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Wendy Mervis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>2/17/17</td>
</tr>
</tbody>
</table>

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

**Chief Elected Officer**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Cheryl Dinoflo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>1/17/17</td>
</tr>
</tbody>
</table>

**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.

**Commissioner County Department of Social Services**

<table>
<thead>
<tr>
<th>Type Name</th>
<th>Corinda Crossdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>2/18/17</td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Agency Name</th>
<th>Dates or Frequency of Meetings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging</td>
<td>Aging Provider Agencies</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Catholic Family Center</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Health</td>
<td>Monroe County Department of Public Health</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Area Hospitals (Strong, RGH, Highland, St. Mary’s, Park Ridge)</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Home Health Care Agencies (HCR, Interim Healthcare, Lifetime Care, Visiting Nurse)</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Medical Legal Collaborative for High Risk Seniors</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Monroe County Elder Fatality Review Team</td>
<td>Quarterly</td>
</tr>
<tr>
<td></td>
<td>MCDHS - Office of Mental Health – Unconnected Adults</td>
<td>Quarterly or as needed</td>
</tr>
<tr>
<td></td>
<td>Area Mental Health Providers</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>CCSI-SPOA (for adults)</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal</td>
<td>Mon Co Law Department</td>
<td>Monthly</td>
</tr>
<tr>
<td>Law Enforcement</td>
<td>Local Law Enforcement Agencies</td>
<td>As needed</td>
</tr>
<tr>
<td>Other</td>
<td>Lifespan Enhanced Multi-Disciplinary Team</td>
<td>Twice per month</td>
</tr>
<tr>
<td></td>
<td>Homeless Committee</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
### APPENDIX B-2
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.

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

*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
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.

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Agency Name</th>
<th>Dates or Frequency of Meetings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Agencies</td>
<td>Mon Co Probation Dept.</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>MCDHS- Youth Bureau</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>MCDHS- Office of Mental Health</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Monroe County Law Dept.</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>NYS Office of Children &amp; Family Services – RRO</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Coordinated Care Services Inc.</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Mon Co Dept. of Public Health</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>NYS OCFS</td>
<td>As needed</td>
</tr>
<tr>
<td>Authorized Agencies</td>
<td>Alternatives for Battered Women</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Hillside Children’s Center</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Villa of Hope</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Ibero American Action League</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Urban League of Rochester</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Lifetime Assistance</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Catholic Family Center</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Society for the Protection and Care of Children</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Mt. Hope Family Center</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>United Way of Greater Rochester</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Children Awaiting Parents</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Lifespan</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>EnCompass Resources for Learning</td>
<td>As Scheduled</td>
</tr>
<tr>
<td></td>
<td>Cayuga Home for Children</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td>Concerned Individuals/Groups</td>
<td>University of Rochester</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------</td>
<td>------------</td>
</tr>
<tr>
<td></td>
<td>Center for Youth Services</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Greater Rochester</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaborative MSW Program</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Crisis Nursery of Greater Rochester</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Children’s Agenda</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>Preventive Coalition</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

*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.
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.

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Agency Name</th>
<th>Dates or Frequency of Meetings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Agencies</td>
<td>Rochester City School District Bureau of Early Childhood Services</td>
<td>Early Childhood Dev Initiative – Bi-monthly meetings</td>
</tr>
<tr>
<td></td>
<td>NYS OCFS</td>
<td>As needed</td>
</tr>
<tr>
<td></td>
<td>New York State Public Welfare Association</td>
<td>As needed</td>
</tr>
<tr>
<td>Other Public/Private/Voluntary Agencies</td>
<td>CSEA/Voice Union</td>
<td>Quarterly Meeting or as needed</td>
</tr>
<tr>
<td></td>
<td>WDI Workforce Development Institute</td>
<td>Quarterly or as needed</td>
</tr>
<tr>
<td>Concerned Individuals/Groups</td>
<td>Early Childhood Development Initiative</td>
<td>Early Childhood Dev Initiative – Monthly meetings</td>
</tr>
<tr>
<td></td>
<td>Quality Council Advocacy Committee</td>
<td>Early Childhood Dev Initiative – as needed</td>
</tr>
<tr>
<td></td>
<td>Children’s Agenda</td>
<td>Early Childhood Dev Initiative – as needed</td>
</tr>
<tr>
<td></td>
<td>Children’s Institute</td>
<td>Early Childhood Dev Initiative – as needed</td>
</tr>
</tbody>
</table>

Child Care Resource and Referral Agencies

*Please note that the frequency of meetings may vary based on the needs of the agencies and the district.
**APPENDIX B-5* - CHANGED**
List of Required Interagency Consultation – Runaway and Homeless Youth

List the interagency consultation in the chart provided below.

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

*This Appendix is required only if the county receives RHYA funding.
List the interagency consultation in the chart provided below.

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>Agency Name</th>
<th>Dates or Frequency of Meetings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taskforce</td>
<td>Youth Sports Task Force with Aspen Institute (RACF)</td>
<td>As Needed</td>
</tr>
<tr>
<td></td>
<td>Annual Youth Forum at the NYS Capital</td>
<td>February</td>
</tr>
<tr>
<td></td>
<td>Rochester Works Youth Council</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Coalition</td>
<td>RMC Continuum of Care-Community Oversight Group</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Greater Rochester Afterschool Alliance (GRASA)</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>R/HY Services Providers</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Juvenile Justice Council</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>System of Care Leadership Team</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Safe Harbour Task Force</td>
<td>Monthly</td>
</tr>
<tr>
<td>Youth Board</td>
<td>Rochester-Monroe County Youth Board</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td>Youth</td>
<td>Youth As Resources (YAR)</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Spreading Wellness Around Town (SWAT)</td>
<td>As called</td>
</tr>
<tr>
<td></td>
<td>CHOICES</td>
<td>Monthly</td>
</tr>
<tr>
<td>Community Providers</td>
<td>Monroe Mentors</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>ANYSYB Conference Call</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Safe Harbour Conference Call (IOFA)</td>
<td>Bi-Monthly</td>
</tr>
<tr>
<td></td>
<td>Monroe County Community Toy Giveaway Group</td>
<td>As Needed</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Source</th>
<th>Check all used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NYS Touchstones Kids County Data Book</td>
<td>☒</td>
</tr>
<tr>
<td>2. Kid’s Well-being Indicators Clearinghouse</td>
<td>☒</td>
</tr>
<tr>
<td>3. Monitoring and Analysis Profiles</td>
<td>☐</td>
</tr>
<tr>
<td>4. Child Care Review Service</td>
<td>☒</td>
</tr>
<tr>
<td>5. U.S. Census Data</td>
<td>☒</td>
</tr>
<tr>
<td>6. OCFS Data Warehouse Reports</td>
<td>☒</td>
</tr>
<tr>
<td>7. OCFS CFSR Data Packets</td>
<td>☒</td>
</tr>
<tr>
<td>8. Adult Services Automation Project (ASAP)</td>
<td>☐</td>
</tr>
<tr>
<td>9. Quality Youth Development System (QYDS)</td>
<td>☒</td>
</tr>
<tr>
<td>10. Child Trends Data Bank</td>
<td>☒</td>
</tr>
<tr>
<td>11. Prevention Risk Indicator/Services Monitoring System-PRISMS (OASAS)</td>
<td>☐</td>
</tr>
<tr>
<td>12. NYS Department of Health</td>
<td>☒</td>
</tr>
<tr>
<td>13. Surveys</td>
<td></td>
</tr>
<tr>
<td>14. YASI Data</td>
<td>☐</td>
</tr>
<tr>
<td>Other Data Sources (specify)</td>
<td></td>
</tr>
<tr>
<td>16. MAPS data (2011)</td>
<td>☒</td>
</tr>
<tr>
<td>17. CCSI Juvenile Justice Data</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>20. ACT Rochester</td>
<td></td>
</tr>
<tr>
<td>21. Monroe County Office of Probation-Community Corrections</td>
<td></td>
</tr>
<tr>
<td>22. GRASA Quality Recommendation Report</td>
<td></td>
</tr>
<tr>
<td>23. Children’s Agenda 2013 Executive Study</td>
<td></td>
</tr>
<tr>
<td>24. 2013 Youth Master Plan</td>
<td></td>
</tr>
<tr>
<td>25. Poverty and the Concentration of Poverty in the Nine-County Greater Rochester Area (December 2013)</td>
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</tbody>
</table>
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). 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. In 2015, the Rochester Area Community Foundation updated some of the data in the 2013 report as well as “dove deeper” into what this data means.

**Facts about poverty in Monroe County**

- In 2013, Rochester was the 5th poorest city (31.1%) in the country (among the 75 largest metro areas) (Buffalo is ranked 6th). The highest is Detroit at 36.2%. In 2015, the City of Rochester’s poverty rate increased to nearly 33% (32.9%) from 31%.
- Rochester has the highest rate of childhood poverty (52.5%). Almost 1/3 of the population lives below the poverty line. Rochester now ranks #1 amongst comparable cities for the highest childhood poverty rate.
- Rochester is the 2nd poorest among comparable sized cities in the United States and 5th poorest city in the United States among the top 75 metropolitan areas.
- Rochester now ranks as having the highest rate of extreme poverty of any comparable sized city in the United (defined as 50% of the poverty level).
- 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%.

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1 Poverty and the Concentration of Poverty in the Nine County Greater Rochester Area” (www.racf.org) 2013; “Benchmarking Rochester’s Poverty: A 2015 Update and Deeper Analysis of Poverty in the City of Rochester” (www.racf.org)
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 County population.
- 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

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. Since 2013, ROC has issued report cards both 2014 and 2015. In some areas, there were notable gains and in others, declines were actually reports. The following highlights a few of the key data points raised in the initial report card with the 2014 and 2015 updates:

- 36% of Monroe County’s 4 year olds are registered for/attend a Pre-k program in 2011 (NYS level is 31%). In Rochester in 2013, 66% of the 4 year olds attended Pre-K programs and if Head Start were added in, the rate increased to 75%. By 2015, the percentage of 4 year olds in Rochester who were enrolled in Pre-K programs rose to 95%.

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2 ROC the Future Initiative Community Report Card; 2013
• In the 2013 report care, 62% of the Pre-K children in RCSD scored delayed or below expected performance level on the Brigance Early Childhood Screen II. In 2014, 67% of Rochester’s 4-year-olds were enrolled in publicly funded pre-K, the highest level in the region and up from 31% in 2001. If 4-year olds attending the federally funded Head Start program are added the participation rate exceeds 95%.

• Using the measure of percentage of youth eligible for free or reduced meals, Rochester is the poorest large urban school district in NY with 8 out of 10 elementary school students in Rochester city schools qualifying for free or reduced-price lunch.

• The graduation rate in 2011 (for a 4-year cohort) was 79% for Monroe County schools. For the RCSD, the graduation rate was 49%. The graduation rate in 2014 was 51% (students who began high school in 2010 graduated within 4 years). Graduation rates varied by race/ethnicity: 52% among African American students, 43% among Hispanic students and 63% among white students. A fifth year can make a difference for some struggling students; 53% of Rochester’s Class of 2013 had graduated by 2014.

• In 2014-15, 30% of students in kindergarten through 3rd grade missed 10% or more of the school year (18+ days) and so were considered chronically absent. This was a decline from 37% the previous year. More progress was made in target schools, which saw the rate drop from 47% to 37%. Overall K-12, the rate is 35%, down from 38%, due to high chronic absence in the secondary schools.

RACIAL DISPARITY

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 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 or that have been raised during the course of numerous community conversations about these topics. Monroe County Department of Human

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3 ACT Rochester’s Community Report Card -2013
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; and 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 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”. 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.

In 2015, the Rochester community initiated a community-wide effort called the Rochester Monroe Anti-Poverty Initiative (RMAP) with the goal to reduce the levels of poverty in Rochester by 50% over the next 15 years and to see more families become
self-sufficient. Representatives from DHS are actively engaged in this initiative through participation on several of the eight workgroups. A progress report was issued in September 2015 that outlined the 33 recommendations coming from the workgroups. Initial implementation efforts will focus on systems design, adult mentoring/navigating and early childhood support. This initiative has now moved into Phase II.

R/MCYB
The Rochester-Monroe County Youth Bureau (RMCY) 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 RMCY plans and prioritizes needs and services to optimally provide for Monroe County youth and their families. The RMCY is a member of multiple groups including the Association of New York State Youth Bureaus (ANYSYB), Monroe Mentors, Youth as Resources (YAR), Youth Services Quality Council (YSQC), the Safe Harbour Strategic Committee, the Greater Rochester After-School Alliance, CHOICES (with Spencerport High School), and the Juvenile Justice Council. It is through these partnerships that the RMCY advocates, collaborates and coordinates a multitude of youth service issues and initiatives. The RMCY’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; 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
   - Reviewed 150 cases using the OMA tool from February – December 2016. Monroe County is committed to continuing the OMA Quality Review as a standard of practice for 2017 forward to facilitate continued focus on quality improvement. MCDHS brought in a consultant to do coaching for Admins and Teams on Critical Thinking. In 2017, Admins will incorporate Group Coaching into monthly supervision sessions with their teams to encourage and support critical thinking across teams.
   - Admins had regular meetings with supervisory staff throughout 2016 to discuss measures and findings and identify ways/opportunities to improve. CPSI Administration will continue meetings with CPSI Supervisory staff in 2017 re addressing the results for the Quality Improvement Review findings.
   - 100% of all CPSI Supervisors, Sr. Caseworkers and Caseworkers completed at least 6 hours of mandated in-service training in 2016. Training included Bivonia’s

- FAR Supervisors and Senior Caseworkers provide ongoing coaching to the caseworkers on their teams. This includes accompanying caseworkers on home visits to assess their skills as well as modeling good practice. Weekly FAR meetings are held with all four teams to discuss cases, provide training on FAR practice and learn about community resources.

- New staff assigned to FAR are enrolled and attend all FAR trainings. FAR staff engaged in coaching this summer through Butler Institute.

- FAR Quality Reviews have been held monthly in 2016. The overall review score has been 87%. Areas of concern have been identified with the FAR supervisory staff. Each month the FAR teams receive the results of their team Quality Review including the rating for each question. Each team individually, through team meetings, discusses their strengths and needs as well as how to improve in their areas of need.

- Two community education events have occurred in 2016 – one at St. John Fisher College as well as a Community Collaborative with community service providers.

- Due to identified priorities, C/F Services suspended CFT practice in Spring 2016.

- The two DHS Supervisory positions were re-allocated from Staff Development to CPSI to align with C/F Services priorities.

- In 2016, 20 Foster Parents participated in Trauma Training that was offered in February 2016.

- The Fatherhood Initiative provided the Fatherhood Connection Program to 75 fathers and father-figures in 2016. The fatherhood Initiative Coordinator met individually with Teams and CWs to promote, encourage
and facilitate fatherhood engagement. Individual Outreach was provided to 144 fathers or father figures.

- Monroe County received $109,000 in OCFS funding at the beginning of 2016 and was awarded an additional $8,000 in the final quarter of 2016. Monroe County expects to be awarded continued funding in 2017 and will continue to contract with Center for Youth Services.
- Monroe County DHS continues to participate in the Safe Harbor Initiative. Bob Way, Supervisor in Child Protective Services is the DHS internal liaison for Child and Family Services.
- For all cases that are open with services where a child is suspected of being trafficked, a de-identified alert is sent over to the Center for Youth Safe Harbour Program. At the same time, staff sends this alert to MCDHS administrator who maintains a database that contains the de-identified information that was sent over and the identifying information.
- C/F Services developed criteria for supervisory expectations and implemented with management teams including CPSM, YOU, Adoption, FCI, Residential Services and Home Finding. CPSI is currently working on companion set of supervisory expectation for CPSI and FAR. In addition, DHS Administration contracted with CCSI to survey staff re DHS and Child/Family Services Division’s Mission and Vision statements.
- Mary Burkhart provided coaching training to CPSI and CPSM administrators, Supervisors and Sr CWs. CPSM was offered 6 group coaching opportunities as well as individual coaching consultation upon request. CPSI was also offered 6 group coaching and 4 individual coaching. DHS Administrators participated in 4 group coaching sessions as well as individual consultation sessions as requested.
- Monroe County has piloted a Color Blind Removal project. Creating a local process that fits within the CPSI structure presented some challenges. Implementation to date has not shown the removals are impacted by anything other than safety. MCDHS will continue the pilot in 2017 to ensure that additional yearly data reflects the findings so far.

<table>
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<tr>
<th>Child Preventive Services</th>
<th>Preventive Database was updated in September 2016 in order to establish individualized end dates to run accurate reports.</th>
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C/FS Administration is interested in focusing outcomes that more clearly measure the impact that contracted Preventive Programs are having for/on the youth and...
families they serve. Performance measures are entered quarterly into ConTract HQ by all contracted Preventive funded programs. MCDHS Preventive Team reviews quarterly data to ensure all data is accurate. After it has been reviewed, MCDHS Preventive Administrator reviews and confirms measures as meet, failed or exceeded expectations. If the numbers are not correct, the program is contacted to discuss and correct their numbers. If a program is not meeting their performance measures, they are asked to submit a plan that they will put in place in order to achieve the measures.

- Bi-monthly coordinator meetings were held individually with each preventive agency and the Preventive Supervisor, Sr. CW and Preventive Cw. During these meetings utilization, overdue FASP’s and cases are discussed. If there are concerns regarding any aspect of the services that is being provided it is discussed at this point, including what measures can be taken to improve. C/FS Administrator attends meetings if needed to discuss any concerns.

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<tr>
<th>Foster Care</th>
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| • 95% of CPSM staff has completed 6 hours of mandated in-service training in 2016. Training included Bivonia’s Child Abuse Conference, Active Shooter Training/Video, Caring for Traumatized Children/Youth in Foster Care, D2L (Darkness to Light) Stewards of Children, Health Homes, 2016 Policy and Procedures, Self-Awareness Training, FASP Training, Addressing the Challenges in Supporting Kinship Caregivers, Advanced Medical Issues in CPS- Nutritional Issues, Advanced Medical Issues in CPS-Mood Disorders, Alternatives to Achieving Permanency for Older Youth, Progress Note Documentation, CPS Response CONN Training, Sex Trafficking, Coaching to Support FAR cases, CPS Foundational Training, Critical Decision Making, DMR, Domestic Violence, Forensic Interviewing Best Practices, KEYS, Opiates and Child Welfare, Sexual Abuse Dynamics and Intervention Training, etc.  
• In 2016, DHS did not offer Shared Parenting training due to staffing issues. DHS is planning to provide this training in 2017.  
• Due to refocusing of C/F Services’ priorities, Icebreaker meetings were not held in 2016 for all cases but were held if requested by CPSM CWs. It is anticipated that in 2017 Icebreaker meetings will be offered to all families.  
• Two Homefinding staff were trained on FBA and two others are scheduled to be trained in early 2017. In addition, Brian Conheady, Community Coach/Trainer... |
will be providing trainings on FBA in 2017.

- DHS developed a protocol/practice and checklist for CPSM Supervisors and Sr CW to accompany CW on home visit to relative resource or potential resource for children and youth at the time of a case transfer to CPSM to explain processes, discuss permanency options/needs and to provide “Having a Voice and Choice” booklet. A thorough review of CONNX history is completed at the time of transfer of the case from CPSI to CPSM to identify siblings, ½ siblings and their caretakers as well as other relatives or known supports to the family.

- In 2016, 20 Foster Parents participated in Trauma Training that was offered in February 2016.

- The Fatherhood Initiative provided the Fatherhood Connection Program to 75 fathers and father-figures in 2016. The Fatherhood Initiative Coordinator met individually with Teams and CWs to promote, encourage and facilitate fatherhood engagement. Individual Outreach was provided to 144 fathers or father figures.

- The Family Finding process was initiated in 2015 for 12 youth who completed in 2016. Of these 12 youth, 3 were discharged from foster care to resources, 1 remained in foster care but additional supports/connections were secured through Family Finding and the process was stopped for 7 youth before it could be completed however all could identify at least one additional support. In 2016, Family Finding was initiated for 12 youth. Of the 12 youth, four youth successfully completed the process and two others disrupted and the process ceased. DHS continues to work with the remaining 6 youth from 2016 as well as some additional youth who were originally referred in 2015. Throughout 2016, DHS held monthly Family Finding coaching meetings.

- In 2016, eleven (11) Permanency Roundtables were held. Additionally, reviews were held for 15 youth whose Permanency Roundtable was held previously. Permanency reviews are being implemented at 6 months from the date of placement to review progress and assess areas needing attention/focus, and explore options for permanency for the child.

- In 2016, Homefinding staff provided training on Functional Behavioral Approach to 20 individuals.

- C/F Services contracted with Cause Wave to develop strategy/campaign to increase teen and emergency homes. In 2016, DHS issued an RFP for marketing campaign to recruit new foster homes. Selection of the vendor will occur in early 2017.
Thirty-three (33) trainings were made available to foster parents in 2016 with 10 of them multi-sessions. Topics included: MAPP; Sex Abuse; Trauma; FBA; Prudent Parenting; How to Play with a Child; Substance Abuse; Art of Effective Praising; Responsibility and Discipline; Guiding Behavior in Young Children; Understanding and Redirecting Misbehavior; When the Chips are Down; Courage, Character and Self Esteem; Bullying; Compassion Fatigue; Boundaries; and Adolescent Sexuality.

In 2016, 2 foster parent recognition events were held and well attended. The events included Seneca Park Zoo in June and Adventure Landing in October. DHS will sponsor a Recognition Banquet in 2017.

In 2016 SPCC, exceeded contract requirements for scheduled visitation and/or number of hours: averaging 1109 hours per month of visitation and averaged 663 visits per month.

SPCC maintains a daily database of all visits including cancellations, and no shows. This data is provided to CFS Administrator each month. Measures are also entered into ContrackHQ to manage contract compliance.

Therapeutic visitation services have been offered since SPCC took over the visitation contract, April 2015. In 2016, an average of 23 families per month received Therapeutic Visitation services. All of the families who participated in Therapeutic Visitation services demonstrated improvement.

For 2016, SPCC provided an average of 130 hours per month of visit coaching. Visit coaching is offered to all families.

SPCC implemented a Visitation Calendar on-line. Caseworkers can look up available slots/times and then send a request via e-mail to SPCC for the day/slot. Due to issues with linking a state system with a private system, a virtual calendar could not be implemented.

SPCC visitation specialists enter notes into Connections within 2 business days. Child and Family Services approved staff have access to these notes. Notes are reviewed by Caseworkers and Supervisory staff on a regular basis. SPCC and DHS have agreed if there are issues with the progress notes, a case review and/or meeting is scheduled to discuss issues. SPCC has been added to the Service Plan Review invitation memo as a reminder for Caseworkers to include Visitation Specialists.

SPCC continues to work closely with Starlight Pediatrics.
as well as Caseworkers, bio-parents and Foster Parents to coordinate medical visits with visitations on site as needed.

- In 2016, C/F Services implemented criteria for supervisory expectations with management teams including CPSM, YOU, Adoption, FCI, Residential Services and Home Finding.
- In addition, DHS Administration contracted with CCSI to survey staff re DHS and Child/Family Services Division’s Mission and Vision statements.
- In 2016, CPSM Supervisors and Sr. CWs participated in two workshops to develop leadership skills: *Conversations, Counseling and Discipline* and *Caseworker Skills*. In 2017, all CPSM and CPSI Supervisors and Sr. CWs will participate in Leadership Development Coaching.
- Mary Burkhart provided coaching training to CPSI and CPSM administrators, Supervisors and Sr CWs. CPSM was offered 6 group coaching opportunities as well as individual coaching consultation upon request. CPSI was also offered 6 group coaching and 4 individual coaching. DHS Administrators participated in 4 group coaching sessions as well as individual consultation sessions as requested.

<table>
<thead>
<tr>
<th>Adoption</th>
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<tr>
<td>• Seven (7) children were adopted by relatives in 2016. Three (3) other children are pending adoption by a relative upon successful resolution of pending appeal.</td>
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<tr>
<td>• Adoption Team staff continue to engage with families to identify potential resources for children and youth in need of an identified adoptive resource.</td>
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<td>• MCDHS Adoption staff continued to support the work of CAP through participation in the Heart Gallery and supporting their other events throughout the year</td>
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<td>• In 2016, 1 youth was listed through Hillside’s Wendy’s Wonderful Kids program. No youth were listed with CAP in 2016.</td>
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<td>• A CW Supervisor was assigned to the Permanency Team in 2016. DHS developed a protocol/practice and checklist for CPSM Supervisors or Sr CWs to accompany CWs on home visit to relative resource or potential resource for children and youth at the time of a case transfer to CPSM to explain processes, discuss permanency options/needs and to provide “Having a Voice and Choice” booklet.</td>
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Permanency reviews are being implemented at 6 months from the date of placement to review progress and assess areas needing attention/focus, and explore options for permanency for the child.

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<th>Detention</th>
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<td>• The ATD team continues to be funded via STSJP funds and provides ATD services to JD youth as well as monitors PINS cases involved in MCFC. In 2016, the ATD team provided ATD services to 64 JDs and 37 PINS. In addition, the ATD team provided PDS services to 319 PINS youth. The ATD Team also completes DRAIs for all youth brought to MCFC during the day by police.</td>
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<td>• Afterhours calls for DRAIs are handled by Children’s Center Supervisory staff. The Children’s Center Director or his designee is charged with all afterhours override responsibilities. In 2016, there were a total of 292 DRAIs completed in Monroe County with 110 identified as Afterhours DRAIs. The override rate for 2016 was 9% significantly lower than the state rate of 42%.</td>
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<tr>
<td>• The JDAI Steering Committee continues to meet regularly. Subgroups have been established for case processing, data collection and alternatives to detention. Several additional time limited/task focused ad hoc groups have been formed including the Conditions of Confinement Study group, Incentive/Sanction Grid and PINS Truancy.</td>
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<tr>
<td>• The ATD Workgroup has been exploring other ATD models as well as looking at ATD continuums from other JDAI sites. In 2017, the ATD Workgroup will be looking at data around youth not successful with existing ATDS with an eye toward developing additional resources to better meet these youth needs as well as fill in any gaps in the continuum.</td>
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<tr>
<td>• In late 2016, Monroe County expanded the VTCC program (ATD program for PINS) and began funding it via STSJP funds. No additional/new outside funding sources have been identified to fund new alternatives to detention services.</td>
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<td>• In 2016, a MCFC Benchcard was developed to remind court personnel of options available as alternatives to detention. The ATD Team implement the IPR process in mid-2016 to impact the number of warrants being issued for FTA. Preliminary data seems to show that this is having a positive impact on reducing warrants.</td>
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<tr>
<td>• Monroe County is working to embed RED into the JDAI processes by ensuring that the JDAI work is looked at</td>
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through the RED lens. Data is reported out to the Steering Committee by race/ethnicity/gender. RED will be a focus of 2017 activities.

- Data is continually tracked and reported to the JDAI Steering Committee. The JDAI Data Workgroup has developed a quarterly data indicator sheet to report data out to the Steering Committee. Along with the quarterly data sheet, DRAI data is collected and reported quarterly as well as other trending data.
- In 2016, Monroe County conducted a Conditions of Confinement Study utilizing a team of community volunteers to conduct the study. The study was finalized in August 2016. MCCC has begun to address some of the report’s recommendations.

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<tr>
<th>Youth Development</th>
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<tr>
<td>• RMCYB funded programs will report their successes and achievements for 2016 (per the usual process) in the OCFS Annual report due to the RMCYB in January 2017.</td>
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<td>• RMCYB worked with Mon Co Finance Division to secure OCFS funding for its current providers to ensure continuation of services/contracts in 2017.</td>
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<td>• R/MC Youth Bureau Director continues to attend monthly meetings at the Rochester Area Community Foundation to insure a county presence and offer assistance. This will continue in 2017.</td>
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<td>• RMCY Executive Director continues to attend meetings with GRASA and offer assistance. This will continue in 2017.</td>
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<td>• In 2015, the RMCYB launched the “explore Monroe”, an interactive website that brings resources and community education to youth. Explore Monroe continues to be updated and has a high utilization.</td>
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<td>• In 2016, the RMCYB met with its’ partners of Monroe Mentors who work together at bi-monthly meetings to bring information and resources to one another.</td>
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<td>• In 2015, the RMCYB established its 1st CHOICES peer mentoring with Spencerport High School. Student size doubled in 2016 to 35 CHOICES mentors that work with hundreds of SSD middle school youth and will continue to grow in 2017.</td>
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<td>• At the 2016 Legislative Youth Awards ceremony, 78 county residents received awards for their work with and for youth.</td>
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<td>• The RMCYB worked with the Office of the Aging on joint inter-generation programming and events.</td>
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<tr>
<th>Runaway &amp; Homeless Youth</th>
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<tr>
<td>• RHY providers have continued to collaborate and meet</td>
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regularly. The community has begun work on a HUD Youth Homelessness Demonstration Project that could bring dollars to the community to create and implement a plan to end youth homeless. The grant proposal was submitted 11/30/16. NO sites in NY State were awarded the grant.  

- The 24-hour agreement remains in place to address youth homelessness at any time day or night.  
- Youth programs continue to be monitored by the RHY Coordinator and OCFS on an annual basis. The 2016 Genesis House site visit occurred on 11/17/16. The Genesis House has always been a well-run program. During the 2015 site visit recommendations were made to enhance the program. At the 2016 site visit it was evident that the guidance was followed and all parties were very impressed with the improved, efficient operations of the program. Center for Youth programs was monitored the week of 11/28/16.  
- Pathways for Youth Groups have continued with focus on 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 were not able to occur due to transportation issues.  
- Participation in the community’s Single Point of Entry has continued. Efforts have expanded from the front door to emergency shelter to also include case management services to aid in securing permanent housing for those placed in emergency shelter, implementation of the VISPDAT which is a vulnerability index tool to determine the level of need for a household to obtain and maintain permanent housing. Conversations have begun with permanent housing providers to develop a community wide waitlist where folks with the highest need will be prioritized at the top of the list and will have the first opportunity to enter supportive housing.  
- Continued participation in the Homeless Services Network (HSN) and as a member of the steering committee. The HSN conducted a needs assessment to establish community priorities for local, state and federal funding opportunities. HSN provides the community with monthly updates, trainings, presentation from OTDA on the NYS Data Warehouse and a meet and greet from the new DHS Commissioner, Corinda Crossdale. The HSN became the official stakeholder body to the CoC.
Participation on the CoC board has continued. The CoC successfully completed the annual HUD Super NOFA which brings 11 million dollars to the community for homeless services and supportive housing. The CoC successfully applied for and received additional planning dollars from HUD to add 2 additional staff to the CoC to further support the needs, mission and vision of the CoC. The CoC applied for and was awarded funds from the McGowan Institute in the amount of $30,000 to conduct a community wide gap analysis to address and end homelessness.

Center for Youth successfully applied for a HUD grant through the CoC HUD Super NOFA to implement a Youth Rapid Rehousing Project. The newly implemented RRH project assists unaccompanied youth in locating permanent housing, paying for application fees, assisting with rent and/or security deposits and ongoing case management to ensure successful long-term housing stability.

Domestic Violence

- As part of EAPP contract, MCOFA, APS and Lifespan hold quarterly meetings. A key focus of these meetings is to identify additional housing opportunities for high risk emergency placements when there is a client who needs a higher level of care and is in need of emergency shelter due to abuse or neglect. In addition, MCOFA with other Aging Alliance members meet quarterly to discuss housing and other issues affecting the independence of older adults.

- APS Supervisors and Intake Staff review cases that have had 3 or more intakes/closings.

- APS Admin, Supervisors and CWs provide presentations regarding APS services and Elder Abuse to community agencies, organizations, church groups and medical programs.

- In 2016, Lifespan EAPP served 244 cases of suspected elder abuse for investigation and further action. Around 75% of these involved a close family member as the perpetrator.

- MCOFA and APS continue to contract with Lifespan to provide social work intervention services for individuals suspected of being abused, neglected or exploited and respite services for individuals 60+ and their informal caregivers referred by Adult Protective Services, Lifespan/Eldersource, Office for Aging or other referral sources. Services include but are not limited to: investigation of alleged elder abuse, social work intervention, counseling, and case management.
respite cases, services include home care, companion services transportation, day care, aide services, and short term out-of-home stays.

- DV Victims are referred to Legal Aid Society by Willow, RPD and Monroe County Public Defender’s Office. DART does not make referrals.

- In 2016, WILLOW served 223 adults and 207 children (430 total). WILLOW provided Court Advocacy Services (counseling, safety plans, court accompaniment and information/referrals) to 2,167 individuals seeking an order of protection. The Domestic Violence Hotline received 3,602 calls in 2016.

- S.E.A.M. held no psycho educational group for abusers in 2016. Two individuals were referred to the March group but one died and the other was referred elsewhere. No individuals were referred to the September group so it was cancelled.

- WILLOW’s Counseling center provided 1,380 individual counseling sessions for survivors of domestic violence (duplicate clients) and 1,570 survivors of domestic violence attended groups in 2016 (duplicate clients).

- Legal Aid Society screened 79 individuals (132% of target) in 2016. Of the 79 individuals screened:
  - 78% were able to obtain a permanent order of protection.
  - 85% reported a decrease in domestic violence by the time their case was closed;
  - 94% of the individuals reported no further domestic violence 30 days to 6 months post.

- Legal Aid Society enters data quarterly in the County’s ContractHQ system which allows the county to track outcomes

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<tr>
<th>Adult Protective Services</th>
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<tr>
<td>In 2016, APS staff attended the following trainings: Adult Psychiatric Disorders and Implications for Child Welfare; Article 81/Guardianship for APS Clients (AATI); Critical Decision Making; Legal Aspects of Adult Protective Services: Update 2016 (webcast); NYS Adult Abuse Training Institute (AATI); Opioid Crisis: Impact on Child Welfare; Substance Abuse Trends and Impacts for Families; and Understanding Us workshop. New APS staff also attended the PSA New Worker Institute [Part 1 (Assessment), Part 2 (Legal Aspects), Part 3 (Dual Diagnosis), Part 4 (Aging), and Part 5 (Financial Exploitation).</td>
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<tr>
<td>APS staff participates in several groups/committees in the community that are focused on the elderly. The APS Supervisor has been involved on a homeless committee</td>
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working with those who are chronically homeless to assist individuals to find long term housing.

- Monroe County contracts with CFC to provide Financial and Case Management services in the form of Adult Guardianships and Representative Payee services. CFC also provides “Financial Management Services only” to a limited number of clients. Each of these services ensures that at risk individuals with physical or mental impairment are protected from various forms of neglect, abuse and exploitation as well as homelessness.

- APS regularly collaborates with DHS Emergency Housing Unit for adults that have capacity. APS and Lifespan work together on the Shelter/Respite when there is a client that needs a higher level of care and is in need of emergency shelter due to abuse or neglect.

- APS Supervisors and Intake Staff review cases that have had 3 or more intakes/closings.

- APS Staff including Supervisor, Caseworkers and Administrator made 10 presentations regarding APS Services and Elder Abuse to community agencies, organizations, church groups and medical programs. APS created a public display to recognize WEAAD-World Elder Abuse Awareness Day. 2016 presentation was at Parkridge Hospital focusing on APS services and Elder Abuse. APS also participated in the Annual Elder Law Fair and served on a roundtable regarding APS services.

- APS dealt with 315 utility disconnect notices in 2016.

- APS Administrator reviewed the files of all those who died in their own home.

- APS took back management of the chore service in 2015. In June 2016, APS contracted with C&C Miraculous Cleaning for heavy chore service. Chore services were provided to 5 individuals and ongoing chore service for another individual thus preventing eviction and allowing clients to maintain residence in safe clean space.

- 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.

- APS and Lifespan continue to work together and to exchange referrals in order to provide the most appropriate intervention. The two agencies collaborated on 68 cases in 2016.

- The OVW Abuse Later in Life grant ended 12/2016. A combination of trainers including APS provided 4 day
long trainings in 2016 to additional social service and medical groups at their request.

- Continued monthly meetings with the County Law Dept in 2016.
- 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. The Homeless Committee is also involved in Sweeps to identify homeless individuals who are not in shelters as well as in Counting the Homeless efforts. They have been successful in helping 57% of these individuals locate housing following significant period of homelessness.

| Child Care | • Held monthly meetings with Child Care program and payment staff, FA Coordinator, FA Director, Operations Director and Deputy Commissioner to review caseload movement each month. Review payments made, cases opened, cases closed and net number of children affected. Monitor case closing reasons and look for patterns or issues that need to be addressed in considering case closings.  
  • Weekly review of hearings called and decisions rendered. Adjusted practices as needed based on hearing decisions  
  • CCTA is used for all TANF and Low-Income Day Care cases  
  • Implemented case review for child care cases. Each day, 6% of cases processed the prior day are selected for case review. Supervisory staff follow electronic case review document that details areas of case processing to review for quality and consistency. Errors are returned to the worker for corrections if necessary |

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 | • The numbers of reports/allegations of abuse and neglect continue to increase annually. In 2016 there were 9,768 reports up 10% from 2015 (n=8,897). Prior to 2015, the average annual increase was about 7%. However, with the elimination of the local child abuse hotline in Spring of 2015, the percentage of annual reports jumped significantly in 2015 and has continued to exceed the annual average in 2016. The percentage of indicated reports has averaged 24.9% in 2016. Of the reports, about 94% were alleged maltreatment and 6% were alleged abuse. About 25% (2,600) of the open |
CPSI cases were served as FAR cases consistent with 2015 percentage but down from 29% for 2013 and 27% in 2014. Per the CFSR Wave 3 data, for the period 10/1/2013 -9/30/2014, Monroe County’s reoccurrence rate was 14.7% (244 children of 1657 indicated cases).

- To address the vacancy rate for caseworkers, DHS implemented a comprehensive plan in 2016 that included hiring 45 caseworkers, shortening the current class curriculum to 4 mos. and utilizing Supervisor and SR CWs to complete last 8 weeks of CW training & coaching. For 2017, the County has approved hiring and training 41 new caseworkers. DHS and the County Administration are committed to ensuring that casework positions are fully funded and that vacancies are filled in a timely manner.

- Monroe County eliminated the local child abuse hotline in 2015. Monroe County experienced a significant increase in child abuse and neglect referrals in 2016. To respond to this increase, DHS has taken/is taking several steps: 1) Sr. CWs took on more direct role in investigations and case work activities when caseloads are left by departing staff, 2) Monroe County approved the hiring of 28 CWs for an additional class in November 2016, 3) brought on a new staff development coordinator to improve recruitment of and support for new caseworkers as well as helping to retain existing staff, 4) formed a new CPSI Team to provide assistance to other CPSI teams, 5) floating Sr CW assisting and coaching CPSMCWs around completing subsequent investigations on open management cases and 5) Admins meet with CWs quarterly to discuss workloads and get feedback.

- Criteria for supervisory expectations has been developed and implemented with management teams including CPSM, YOU, Adoption, FCI, Residential Services and Home Finding. CPSI is currently working on companion set of supervisory expectations for CPSI and FAR. C/F Services Admins will be working with Supervisors and Sr CWs in 2017 to ensure that all staff receive weekly one-to-one supervision and have an individual development plan.

- CPSI Administration will continue meetings with CPSI Supervisory staff in 2017 re addressing the results for the Quality Improvement Review findings.

- In 2015, DHS established a System of Care Team as a resource to CWs in serving youth and families. The team consists of a Behavioral Health Specialist (IFTE), Community Coach/Trainer, Community Liaison and a
Youth Engagement Specialist. The Behavioral Health Specialist had 428 contacts with CPS CWs and 368 contacts with caregivers or community members. They assisted in stabilizing 71 placement situations, made 54 referrals for supportive service linkages and avoided 23 voluntary placements. The Coach/Trainer completed 136 trainings (up 46% from 2015) for 2,200 individuals (up 25% from 2015).

- DHS adopted the OCFS’s Continuous Quality Improvement Process in 2016. Monroe County is focusing attention on 7 keys areas: Safety, Risk Assessment, Adequacy of Investigation, Determinations, Services Offered, Court Activity, and Case Closings. OCFS and Monroe County will be reviewing a sample of cases monthly to review quality of investigation/decision making and regulatory compliance and identify any areas of training needed for CPSI staff. Ongoing feedback will be shared with staff during supervision.

- Monroe County implemented a Blind Removal Project in October 2015. To examine disproportionate representation of African-American and Hispanic children in foster care. Initial compilation of the outcomes demonstrates that the rate of foster care placement of African American children has remained consistent, despite thorough and unbiased analysis of safety during Blind Removal Meetings. Monroe County has committed to continuing the Blind Removal Meetings throughout 2017 and comparing the results to those of 2016 to measure reliability.

- DHS continues to see 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.

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<tr>
<th>Child Preventive Services</th>
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<td>For 2015, contracted preventive services served 1,645 families with a total of 3,076 children. Seventy-seven percent (64%) of the children were children of color and 15% were Latino/a. The average cost per child for preventive services was $2,241 compared to the average residential cost per child of $121,391 per year. The majority of families served were headed by single mothers (66%). In 2015, 98% of the children avoided foster care placement and 98% of the families avoided...</td>
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a new CPS report. Of the 202 children who were in placement at the start of services, 76 or 38% returned home during the duration of preventive services. There were a total of 1,048 cases closed in 2015 with 48% of them closed as having successfully completed their service plan which is down from 51% for 2014.

• In 2016, the process for paying preventive agencies changed. The Business Processing Team began sending monthly rosters to contracted agencies. The contracted agency confirms pay lines and identifies any that should be added or ended. MCDHS Preventive Team is contacted to confirm this information and the pay lines are corrected.

• Preventive programs continue to report serving more families and children with significant mental health 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.

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<th>Foster Care</th>
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<td>• The CPSM caseloads for 2016 were 9.0 families per CPSM CW on average. This is up from 7.8 in 2014 and 7.3 in 2013. DHS is continuing to work to recruit/train/retain CWs which should further alleviate additional increases in individual caseloads.</td>
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<td>• There was a 13% reduction in the number of youth admitted to foster care between 2010 (366) and 2016 (316).</td>
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<td>• 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 577 in 2010 to 391 as of 12/31/2016. Fifty-two percent (52%) of youth in care at the end of 2016 had been in care for at least 12 months. DHS is committed to reducing LOS (length of stay) for children in foster care.</td>
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<td>• The number of children discharged from foster care was 474 in 2010 and 346 in 2016. Of those discharged in 2016, 57% (196) were discharged to the care of a parent or relative OR were adopted.</td>
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<td>• The number of youth who are placed with DHS as the</td>
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result of a PINS matter has fluctuated over the past several years: 2010=77, 2011=61, 2012=84, 2013=81, 2014=77 and 2015=75. In 2016, the number of PINS youth placed with DHS dropped by 40% to 46. The sharp decline in PINS placements in 2016 as well as the reasons for the fluctuation over the years is not fully understood. Declines in PINS complaints and petitions do not account for all of it. This will be watched in 2017 to see if the decline continues. In addition, PINS issues have been brought to the JDAI Steering Committee who will include in their work, a focus on PINS.

- As OCFS is continuing to reduce/cap their beds, Monroe County had seen an increase in the number of JD youth placed with DHS (1 in 2008 to 43 in 2012 back to 17 in 2014 and 19 in 2015). In 2016, the number dropped down to 13 JD youth placed with DHS. At the same time, the number of JD youth placed with OCFS has been on a downward trend (124 in 2008 to 54 in 2012 to 26 in 2015). However, in 2016, there were 37 JD youth placed with OCFS (30% increase). It is unclear why the increase in JD placements when the numbers of JD arrests and petitions has been declining. With no new funds or additional community level support from OCFS for aftercare or re-entry services for these more challenging youth, there is concern that recidivism will increase putting these youth further into the juvenile system or worse, they enter the adult system at age 16. 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.

- Monroe County implemented a Blind Removal Project in October 2015 to examine disproportionate minority representation of children in foster care. Four CPS Investigation teams were chosen to take part in the project with a goal to have unbiased decision making in removals. The participants in the meetings include the CPS caseworker, supervisor, a Behavioral Health Specialist, preventive service Supr. or Sr. CW, and 1-2 Administrators. Participants are “blind” to names, race, ethnicity, address, school district, or any information related to preventive or community services in the home. The assigned team presents the case and circumstances to the group in a neutral unbiased
manor. Decisions are made as to whether a removal should be done with consideration given to possible relative resources and the provision of services to prevent a removal. Initial compilation of the outcomes demonstrates that the rate of foster care placement of African American children has remained consistent, despite thorough and unbiased analysis of safety during Blind Removal meetings. Monroe County has committed to continuing the Blind Removal Meetings throughout 2017 to insure the 2016 outcomes are reliable.

- In mid-2015, Monroe County began contracting its visitation services out to a not-for-profit organization, SPCC. The vendor has continued to increase the number of supervised visits per month.
- C/F Services Division has been moving forward with implementing a plan for supervision that used elements from the KEYS curriculum with both CPSI and CPSM staff. In 2015, staff were surveyed re level of supervision that they received. C/F Services Administration established a set of supervisory expectations for both CPSM and CPSI staff. Supervisors and Sr CW received training and coaching around supervisory techniques, problem solving, etc. C/F Services Admins worked with Supervisors and Sr CWs in 2016 to ensure that all staff received weekly one-to-one supervision and had an individual development plan. This practice will continue in 2017 along with supplemental training and coaching for Supervisors and Sr CWs. C/F Services Administration is exploring how to track/record supervision contacts to monitor the implementation of the supervisory expectations.
- In 2017, Metrix Marketing will survey foster parents re training topics via Survey Monkey. Results will be shared with Homefinding staff and used to develop training schedule for 2017.
- In 2015, Monroe County was awarded a Non-Custodial Parent (NCP) Employment Program grant from OTDA. The grant was to facilitate collaboration between DHS, Rochester Works and the Fatherhood Connection to create a court based referral and compliance monitoring program to address underemployment and unemployment among non-custodial parents who are between the ages of 18 and 26. The program never got off the ground as the magistrates determined that they could not require nor should they order non-custodial parents to participate in
Adoption

- Monroe County saw a slight decrease in number of adoptions finalized in 2016 (43) compared to 2015 (46) but significantly more than in 2014 (29). In 2014, Monroe County added a staff person to the Permanency Team to increase the writing/filing of TPR petitions. As a result, there were more finalized adoptions in 2015 than in 2014. Monroe County has “caught up” on TPR filings so the numbers of new filings in 2015 and 2016 were lower than in 2014 (2014=75/60 children vs. 2015=46/47 children vs. 2016=58/48 children).
- In 2016, DHS added a Supervisory position to the Permanency Team. The Supervisor is responsible to schedule and hold Permanency reviews, provide feedback to teams regarding needed documentation, track children and youth needing Abandonment/TPR written, notify Administration about barriers to permanency, etc.
- DHS continues to contract with Hillside Family of Agencies to provide Intensive Family Support Services (IFSS) 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. There are 8 slots in the program which are fully utilized. 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 2016, the Behavioral Health Specialists (1 FTE) had 428 contacts with CPS CWs and 368 contacts with caregivers or community members. They assisted in stabilizing 71 placement situations, made 54 referrals for supportive service linkages and avoided 23 voluntary placements.

Detention

- Monroe County’s juvenile arrest (JD) numbers have dropped significantly from 1,186 in 2010 to 537 in 2015 (54% decrease). Police detentions for JDs have dropped as well from 322 in 2010 to 71 in 2015 (78% 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 83 per 10,000 per capita in 2015. For 2015,
• Approximately 57% of the youth arrested in Monroe County were African-American/black and 14% were Latino/Hispanic. Black and Hispanic youth continue to be overrepresented in the juvenile justice system.

• In 2015, Monroe County’s Secure Detention facility in Rush was certified for 20 youth. Monroe County has seen a 72% reduction in the overall use of Secure Detention for JDs since 2010 (610 in 2010 to 171 in 2016).

• Monroe County administered 292 DRAIs in 2016. 80% of the youth were identified as youth of color and 13% were identified as Hispanic/Latino. Thirty-eight percent (110) of the DRAIs were completed after-hours. Monroe County’s override rate for 2016 was 9% significantly less than the state average of 42%. In 2016, Monroe County further revised the DRAI process to have pre-petition DRAIs completed at the request of Presentment Agency rather than sent over with the petition packet. This will likely result in less pre-petition DRAIs being completed.

• Monroe County has been involved in alternatives to detention for a number of years now but the rates of non-secure detention and placement numbers continue to exceed those of comparable counties for PINS youth. Monroe County has been reviewing PINS data and identified some issues around PINS- Truancy cases. Monroe County formed a PINS-Truancy workgroup in late 2016.

• 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 will be reviewing existing array of ATD services for PINS and JD youth, identifying gaps in the continuum and exploring new program options to address gaps.

• 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.

• There continues to be a need to increase support to youth living in high poverty. Per the Rochester Monroe Anti-Poverty Initiative (RMAPI), almost one
third of the population lives below the poverty line. Of these, half live in extreme poverty—meaning that the household income is half of the federal poverty level. One out of every two children in Rochester lives in poverty. Per the 2013 report by the Rochester Area Community Foundation and ACT Rochester there is a concentrated, multi-generational nature of the issue in the city. In the area known as “The Crescent,” more than 60% of residents live in poverty. Per the 2010 Census, Monroe, Wayne, and Orleans counties have the highest percentage of children living in poverty (16%-18%).

- Per RMAPI, there is limited access to affordable childcare, early childhood development, extended day and year academic and other programming for children and youth, civil and criminal legal representation, quality affordable housing, food education and nutrition, and opportunities for quality employment and career advancement.
- In 2017, the RMCYB will expand “Explore Monroe” (an interactive website that brings resources and community education to youth).
- Do to the elimination of the Youth Program Coordinator position, responsibility for supporting the Capacity Building core foundation learning series with RACF has been taken over by Youth Services Quality Council.

### Runaway & Homeless Youth

- 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.
- In 2016, there were 479 unduplicated youth that received emergency shelter that were processed through the Department of Human Services Emergency Housing Unit:
  - 210 (44%) were placed in the youth shelter system
  - 269(56%) were placed in the adult shelters
  - 0 were placed in hotels

### Domestic Violence

- Though calls to the domestic violence hotline have decreased since 2006 (6,254 calls), there was a 16.5% increase in number of calls between 2013 (4,049 calls)
and 2015 (4,836 calls). However, in 2016, there was a 25.5% reduction in calls from 2015 to 2016 where there were 3,602 calls to the hotline. It is unclear why the numbers declined so significantly in one year.

- 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, WILLOW and SPCC continue to work on the Safe Havens project, which provides 7 days a week supervised visitation and exchanges.

- The need for housing for victims of domestic violence again exceeds the capacity in Monroe County and individuals had to be housed outside of Monroe County.

- WILLOW has consistently maintained a waiting list for housing.

- Domestic violence rates in our suburban and rural communities are nearly twice the statewide rates. Willow 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.

- There was a general lack of referrals to Lifespan’s psycho-educational group, SEAM (Stop Elder Abuse and Mistreatment) in 2016. Two individuals were referred for the March group but one died and the other was referred elsewhere. Lifespan staff did conduct additional presentations on SEAM to Monroe Co Probation, the DV Consortium (includes staff from Family Court and DV Court), Ontario County DA Office, Ontario County Public Defender’s Office and the Ontario Co Probation Department. In April 2017, Lifespan will be conducting training for ALL judges in the 7th Judicial District and will talk about SEAM as an effective alternative to incarceration in Elder Abuse (EA) cases. It is hoped that this will result in an increase in referrals in 2017. Also, Lifespan will be starting a SEAM group at the end of January (2017) with several participants identified in late 2016.

Adult Protective Services

- There are more than 165,000 people over that age of 60 in Monroe County (2015). 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. Seniors 85 years and older have been
the fastest growing population in the region since 2000, increasing 39%, while the 60 to 84 age group increased 39% as well in 2015.

- MCOFA continues to contract with Lifespan for the EAPP program. In 2016, Lifespan EAPP served 244 cases of suspected elder abuse down from 741 reported in 2015. It is unclear why the decline. This will be monitored to see if the decline continues and what is causing the decline.

- Adult Protective served 2,029 clients in 2016. Adult guardianships in 2016 were 181. Financial management cases reached 109 in 2016 which is a 6% increase over 2015 where there were 103 cases.

- 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.

- Monroe County has a strong Refugee Resettlement program and relies heavily on community volunteers and churches to assist in the resettlement. In 2016, 749 refugees were resettled; many of these are older adults. CFC’s Aging and Adult Services received funding through NY Connects to expand services to provide information, referral, and options counseling to refugee and immigrant seniors.

- 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.

- APS Supervisor continues to be active participant in working with a Homeless Committee focusing on housing for the chronically homeless and those suffering from Mental illness. The Homeless Committee is also involved in Sweeps to identify homeless individuals who are not in shelters as well as in Counting the Homeless efforts. They have been successful in helping 57% of these individuals locate housing following significant period of homelessness.

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<th>Child Care</th>
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<td>• Approximately 72% of the Monroe County families 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.</td>
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<td>• In 2016, child care subsidies were provided to an</td>
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average of 7,327 children monthly with 34% in centers, 40% in family daycare settings and 26% in informal care settings. There were an average of an additional 413 kids served per month in 2016 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.
- In 2016, all daycare expenses related to TA cases is back on TA cases and ANNEX is being used for all case processing including applications, transitional and recertifications.

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 | 1. Improve the quality of CPS investigations  
2. Increase the number of families engaged in the FAR process  
3. To identify youth who may be a victim of sexual trafficking and link them to appropriate services/resources.  
4. Enhance the skills of C/F supervisors and Sr. Caseworkers using elements of the KEYS model in order to support line staff retention  
5. Implement a process to review CPSI removals thru the race/ethnicity lens (NEW 2016) |
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<tbody>
<tr>
<td>Child Preventive Services</td>
<td>6. Implement a performance monitoring system to ensure that preventive programs are meeting contractual outcomes that clearly measure the impact the programs are having for/on the youth and families they serve (REVISED 2016)</td>
</tr>
</tbody>
</table>
| Foster Care              | 7. Increase the number of children who maintain stable placements. (REVISED 2016)  
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
10. Enhance the skills of C/F supervisor and sr. caseworkers using elements of the KEYS model in order to support line staff retention.

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<thead>
<tr>
<th>Adoption</th>
<th>11. Increase the number of freed youth who have an identified adoptive resource</th>
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<tbody>
<tr>
<td>Detention</td>
<td>12. Reduce the number of 1-4 day admissions to Secure and Non-Secure Detention</td>
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<tr>
<td>Youth Development</td>
<td>13. To increase youth development opportunities throughout Monroe County through the continued use of the 40 Developmental Assets</td>
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<td>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</td>
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<td>15. To fund effective, high quality youth development programming and events for youth in the community</td>
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<td>16. To increase quality and effectiveness of collaborative efforts in the community with R/MCYB partners and with other organizations</td>
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<td>17. To maintain present intergenerational programming and search out new opportunities for youth and seniors to collaborate in positive community building programs and events</td>
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<tr>
<td>Runaway &amp; Homeless Youth</td>
<td>18. To increase access to stable, long-term living conditions for Runaway and Homeless youth</td>
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<td>19. To continue, and strengthen prevention and support services to RH/at risk youth to help them address the root causes of their homelessness</td>
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<td>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</td>
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<tr>
<td>Domestic Violence</td>
<td>21. Abused, neglected or exploited adults will be identified and served confidentially in their own homes</td>
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<td></td>
<td>22. To provide legal services to indigent victims of domestic violence</td>
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<td></td>
<td>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</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>24. Increase the ability of exploited and vulnerable</td>
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</table>
25. To utilize multi-disciplinary community resources to improve assessment as well as develop service plans to reduce risk and protect adults.

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

1. By 12/31/2017, 90% of CPS cases sampled will meet the Continuous Quality Improvement standards. (NEW)

2. By 12/2017, 25% of CPSI cases will be served as FAR cases
   - 80% of FAR families will complete services via the FAR process
   - By 12/2017, a sampling of 5% - 10% of FAR cases will achieve a quality review score of 90% or better.
   - By 12/2017, increase community understanding of FAR as a valid child protective response. 90% of those participating will report a better understanding of the FAR process.

3. By 12/2017, 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:
   - 80% will stabilize their housing;
   - 60% will access health/mental health services;
   - 60% will utilize aftercare supports;
   - 50 will be provided housing.

4. 80% of Casework staff will receive 1hr weekly one-on-one supervision.
   80% of CPSM Casework staff will have an individual professional development plan.

5. 15% reduction in the disparity of race/ethnicity of youth being removed

#### Child Preventive Services

6. 80% of Preventive Programs will meet their contract outcomes

#### Foster Care

7. By 12/2017, 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.
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<tr>
<td>8.</td>
<td>No more than 15% of youth in foster care will have 3 or more moves during their foster care stay</td>
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<td>9.</td>
<td>Conduct supervised or monitored visitation for 90% of the families referred by MCDHS and ordered by Family Court for supervised visitation</td>
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<tr>
<td>10.</td>
<td>80% of Casework staff will receive 1hr weekly one-on-one supervision 80% of Casework staff will have individual professional development plans</td>
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<tr>
<td>Adoption</td>
<td>11. By 12/2017, 90% of freed youth will have at least one potential adoptive or custodial resource identified and engaged</td>
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<tr>
<td>Detention</td>
<td>12. By 12/2017, 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%</td>
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<td>Youth Development</td>
<td>13. 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</td>
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<td>14. 85% of youth development providers will meet their specified program outcomes based on the measures indicated in their contracts.</td>
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<td>15. 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</td>
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<td>16. 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</td>
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<td>17. 85% of the planned intergenerational programming activities/events will meet participation targets</td>
</tr>
<tr>
<td>Runaway &amp; Homeless Youth</td>
<td>18. 85% of youth receiving emergency shelter through RHYA funded providers will leave the shelter for a long-term stable living environment</td>
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<td>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</td>
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20. 100% of RHY providers will receive funding increases for shelters and support services.

21. 80% of individuals contacting Lifespan, WILLOW or DHS regarding concerns about abuse and neglect of adults will be referred for further intervention.

22. 70% of the DV victims will follow the case to conclusion and obtain a permanent order.

23. 80% of families identified by the WILLOW Court Liaison in need of supervised visitation and exchanges with non-custodial parent(s) will be provided opportunity for supervised visitation at the Visitation Center.

24. By 12/2017, 90% of APS cases will be found to be in compliance with all state regulations and corresponding timeframes.

25. By 12/2017, 75% of APS cases opened for assessment and ongoing services will be served using multi-disciplinary resources and collaboration.

26. Increase the number of child care subsidy cases closed for financial ineligibility reasons and/or aging out by 5%.

VI. Strategies to Achieve Outcomes

3. 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.

1. Use the Continuous Quality Improvement process that was piloted in 2016 to review monthly a sample of CPS investigation for quality of investigation/decision making and adherence to regulatory compliance and identify any areas of training needed for CPS Investigation staff. (C/F Director, C/F Admins, OCFS) 2017 (NEW)

– 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 through monthly meetings. *(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*

- Engage with Public Catalyst in an effort to identify conditions that contribute to both positive and negative CFSR outcomes. Areas of focus and strategies will be developed based upon data analysis, critical thinking and conversations internally and with key stakeholders. *(C/F Director, C/F Admins, Program Support Supervisor) 2017 NEW*

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 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*

- Conduct monthly quality review of 4 FAR cases (48 annually). Write up the findings and identify areas of concern and staff training needs. *(CPSI Admins, FAR Supervisors) 1/2016 -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, CPS and Foster Care. *(CPSI Admins, Far Supervisors) 2014 Ongoing*

3. 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, Kathy Cardilli, Denise Reed, Becky Miglioratti) 2014

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

4. 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

- Develop a process for Admin review/oversight of supervision documentation at the team level. (C/FS Admins, C/FS Director) September 2015

- Provide skills clinics 4 times per year for Supervisors (C/FS Admins, C/FS Director, Staff Development) Starting 2015 – Ongoing

- Convene monthly development groups to assist in the implementation of the KEYS model. (C/F Serv Admins, Staff Development) 2015 – Ongoing

5. Implement a Color Blind Removal pilot project based on the Westchester Co model (C/FS Admins, CPSI Supervisors, MC Law Department) January 2016 Ongoing

- Collect baseline data from 2014 and 2015 (C/FS Admins, C/FS Director) March 2016

- Establish reporting/indicator sheet to collect data ongoing to measure impact of the pilot. (C/FS Director, C/FS Admin) April 2016

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<tr>
<th>Child Preventive Services</th>
<th>6. Update the preventive data base (DHS IS; Preventive Services Supervisor) Ongoing</th>
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<tr>
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<td>- Review data on program performance (Preventive Services; DHS C/FS Administration) Ongoing</td>
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<td>- Provide technical assistance to Preventive Programs to ensure that outcome data is entered quarterly in ContrackHQ and it accurately reflects actual work. (C/FS Preventive Supervisor, Preventive Sr. CW, Preventive CWs, C/FS Admin) January 2016 – Ongoing</td>
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<td>- Implement an individual monitoring plan for Preventive programs to ensure consistent oversight</td>
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of outcome achievement and dialogue about issues/problems identified thru monitoring slot utilization and bi-monthly coordinator meetings. (C/FS Preventive Supervisor, Preventive Sr. CW, Preventive CWs, C/FS Admin) January 2016 – Ongoing

− Track enrolled youth monthly via an Active List/Rooster sent to each preventive program. Changes made must be done in consultation with the Preventive CW. Once the list is confirmed, pay lines will be added or deleted. (Business Process Team, Preventive CW, Preventive Sr CW, Preventive Supervisor) January 2016 – Ongoing

− Quarterly measures/outcomes are reviewed and comments entered into Contrack HQ. Any issues/concerns noted in HQ will require a follow-up meeting/conversation to address performance measures. (C/FS Admin C/FS Preventive Supervisor, Preventive Sr CW) January 2016 – Ongoing

**Foster Care**

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. (Staff Development) Ongoing

− Provide training to all foster parents using the “Shared Parenting” curriculum (Homefinding Team) 2012 Ongoing

− Hold birth parent and foster parent “Icebreaker” meetings when new family foster care placement occurs. (Homefinding Staff, CPSM CW) Ongoing

− Train Homefinding staff on FBA (Functional Behavioral Approach) so they can train foster parents on FBA. (Staff Development; Homefinding) 2012 Ongoing

− Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice. (C/FS Administration) Ongoing

− 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. (Homefinding) Starting 1/2014
- Increase the engagement of father in meaningful participation in the lives of their children. (C/FS Admin, Fatherhood Initiative Coordinator, CPSM Teams) Ongoing –Started 1/2014

8. Provide training to Foster Parents using the “Shared Parenting” curriculum (Homefinding) 2012

- Hold birth parent and foster parent “Icebreakers” meetings when new family foster care placement occurs. (Homefinding staff, CPSM CW) 2012-Ongoing

- Train Homefinding staff on FBA (Functional Behavioral Approach) so that they can train foster parents on FBA. (Staff Development; Homefinding) 2012

- Increase potential supports, resources and placement options to children and families through continued training/coaching of MCDHS staff in “Family Finding” practice. (CFS Administration) Ongoing

- 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. (C/FS Administration) Started 1/2014, Ongoing

- Provide training to Foster Parents and MCDHS staff on Matt Pierce/ Functional Behavioral Approach (Homefinding; Staff Development) 2012 Ongoing

- Collect and analyze data on reasons foster homes close. Develop/refine “retention efforts” strategies to increase support to valued foster families considering closing. (Homefinding; FCI; C/FS Admins) 6/2012

- Increase support & training for foster families (Homefinding) Ongoing

- Survey Foster parents to identify what they would like to have training on. (Homefinding) Ongoing

- Hold two annual foster parent recognition events (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 (SPCC) 2015
- Selected service provider will have capacity to schedule, provide, manage, oversee, and document at minimum 725 visits monthly, or 825 visitation hours (SPCC) 2015
- Structure all visitation services to develop connectivity between Starlight Pediatric services and the visitation center co-located at the building on East Henrietta Rd. (SPCC) 2015
- 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. (SPCC, CPSM, Foster Care Intake Staff) 2015
- 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
- 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 (SPCC, DHS Children and Family Services staff) 2015
- 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). (SPCC) 2015
- Documentation of parent-child interactions and behaviors during the visitation. Update case notes in the Connections system within 3 days of visitation (SPCC) 2015
- SPCC will provide Therapeutic Visitation Services for twenty families in an effort to increase parent-child attunement and to repair trauma and attachment disruption impacts on children. Outcomes will be measured by parents being able to demonstrate an improvement in at least one of their individualized therapy goals in collaboration with the therapist, family and DHS Caseworker. (SPCC) 2017 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, C/FS Director, Mt. Hope Liaison) March 2015
- Develop a process for Admin review/oversight of
supervision documentation at the team level. (C/FS Admins, C/FS Director) September 2015
- Provide skills clinics 4 times per year for Supervisors (C/FS Admins, C/FS Director, Staff Development) Starting 2015 – Ongoing
- Convene monthly development groups to assist in the implementation of elements of the KEYS model. (C/F Serv Admins, Staff Development) 2015 Ongoing

| Adoption | 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
- 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. (C/FS Admin; Staff Development) Ongoing
- Continue to support CAP activities (C/F Services) Ongoing
- 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) Ongoing
- Support MCDHS staff in adoption and permanency work to facilitate permanency for freed children and youth. (Staff Development) Ongoing
- Convene monthly Permanency Roundtables monthly to address the permanency needs of youth in care and freed youth in need of adoption. (C/FS Administration) Started 2014 |

| Detention | 12. 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) Ongoing
- 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) Ongoing
- 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) Ongoing
- Support the development and continuation of alternatives to detention programs such as Encompass and HCC’s RIY program. (DHS; Probation; JDAI Steering Committee) Ongoing
- Continue to seek outside funding to expand the array of alternatives to detention resources/programs. (DHS; Probation) Ongoing
- 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) Ongoing
- Continue collaborative work with Probation, OCFS, Casey Family Programs and DCJS to address DMR/DMC in Monroe County. (C/FS Admin; Probation) Ongoing
- Continue to track juvenile justice system data including ATD related data and report quarterly to the ATD Steering Committee (DHS) Ongoing
- 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. (JDAI Coordinator, C/FS Administration, Probation Administration) 2014/2015
- Work with the JDAI Steering Committee to implement the JDAI initiative in Monroe County with fidelity to the JDAI model. (JDAI Coordinator, C/FS Administration, Probation Administration) 2014

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<tr>
<th>Youth Development</th>
<th>13. Maintain and 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 (Julie Allen Aldrich, Mike Barry, Christina Coury) Ongoing</th>
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<tr>
<td>14. Staff training to employ “Train the Trainers” methods for youth to pass on positive life strategies to other youth (Mike Barry, Christina Coury) 2014- Ongoing</td>
<td>15. Continue supporting OCFS QYDS implementation (Mike Barry, Kathleen Vahl, Kim Boedicker) Ongoing</td>
</tr>
</tbody>
</table>
- 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. *(Mike Barry) Ongoing*

- Create and sustain an interactive website that offers youth information on and access to a variety of resources and opportunities. *(Mike Barry, Christina Coury) 2014 Ongoing*

16. Lead and participate in Mentoring Roundtables *(Mike Barry, Christina Coury) Ongoing*

- Continue to support the Greater Rochester After School Alliance (GRASA) to improve quality of afterschool programs *(Mike Barry) Ongoing*

- Continue collaborative partnerships on behalf of youth development and improving systemic issues and systems for youth *(Mike Barry, Christina Coury) Ongoing*

- Conduct annual Legislative Youth Awards *(Mike Barry, Christina Coury) Ongoing*

17. Continue to partner with MCOFA to develop intergenerational opportunities and partnerships for youth and seniors *(Julie Allen Aldrich, Mike Barry,) Ongoing*

18. 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. *(Rebecca Miglioratti) Ongoing*

- Continue implementation of the 24 hour agreement *(Rebecca Miglioratti) Ongoing*

19. Continue to monitor programs, collect and aggregate data and create materials to assess, support and maximize the work of R/HY programs. *(Rebecca Miglioratti) Ongoing*

- 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. *(Rebecca Miglioratti; Housing Unit) 2015 Ongoing*

20. Continue participation on CoC workgroup to design and plan a Single Point of Entry (SPOE) for housing and homeless individuals *(Rebecca
### Domestic Violence

21. Explore opportunities to contract for high risk emergency housing slots and services for adults unable to remain independent due to emergency situations. **(APS Administrator, OFA) 2013 Ongoing**
- 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**
- Continue to contract with Lifespan EAPP program. **(OFA, APS Supervisor) Ongoing**

22. Indigent victims of domestic violence will be referred to Legal Aid Society **(DART, RPD, Mon Co Public Defender’s Office, WILLOW [formerly ABW]) 2015- Ongoing**
- 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. **(Legal Aid Society, FCP) 2015- Ongoing**

23. Continue to contract with WILLOW (formerly ABW) for crisis hotline, court advocacy, shelter and counseling. **(FCP) Ongoing**
- Continue to support Lifespan’s psycho-education group for perpetrators of elder abuse. **(FCP) Ongoing**

### Adult Protective Services

24. 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. **(Staff Development) Ongoing**
- 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 Administrator)* 1/2014 - Ongoing

- Co-manage selected cases with Lifespan’s Elder
Abuse Prevention Program to reach optimal outcomes and reduce risk to adult clients. *(APS Supervisors, Administrator and CWs) Ongoing Started 1/2014*
- Continue to meet monthly with County Legal Dept. regarding client specific issues/cases. *(APS CWs, APS Supervisors, APS Administrator, DSS Legal) 2014-Ongoing*
- 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. *(APS CWs, APS Supervisors, APS Administrator, FCP staff, Rebecca Miglioratti/Emergency Housing) 2014 - Ongoing*
- Assess and address services needed to improve the living conditions and stability of the older adult population. *(APS CWs, APS Supervisors, APS Administrator, Rebecca Miglioratti/Emergency Housing) 2014-Ongoing*

| Child Care | 26. Monitor case closing ratio on a monthly basis *(Financial Assistance Coordinator) Ongoing*
- 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*

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.

| Child Care | 26. Monitor case closing ratio on a monthly basis *(Financial Assistance Coordinator) Ongoing*
- 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*
as written. OCFS funded organizations report data to RMCYB 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 (RHY1 and RHY2), and Youth Development Programming (YDP). The RMCYB also receives Rochester Area Community Foundation funds to support its Youth as Resources program (YAR). The RMCYB also partners with MCOFA to assist in funding 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 the program
investment. The current program budget of the RMCYB is 99% state funds and 1% county funds. The RMCYB oversees and distributes OCFS funding to municipal recreation centers and contracted non-profit organizations that focus on positive youth development.

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

Monroe County 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. The RMCYB utilizes an EOI/RFP for Youth Bureau funding allocations through the Monroe County Purchasing Department. Selection decisions
are made by the RMCYB Executive Director, the Commissioner of Human Services and MC Department of Finance. Final approval is with the Monroe County Legislature.

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/ liaisons review all FASPs to ensure 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 has been 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 liaison who is responsible to work with the vendors to assure adequate utilization levels, track program and contract performance, and immediately address problem areas. Utilization rates are closely monitored and as a general rule, are expected to be maintained at a 90% or above, and are discussed at every bi-monthly Preventive Coordinators meetings. Contracted programs are required to enter their quarterly performance measures into ContrackHQ. The Preventive Supervisor/Sr. CW reviews the information entered into ContrackHQ for accuracy and reports outcomes to Preventive Administrator. The Preventive Administrator enters quarterly comments regarding reported measures. If issues are noted, the liaison will meet with the contract program to address performance issues and develop a plan.

   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 ensure that regulatory standards are met in addition to insuring that the clients’ needs are met. Case monitoring is done through the regular review of FASPs, 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 (COGNOS, MAPS) is helpful in monitoring the total foster care system, but needs to be much more accessible for us to do additional analysis if it is to be used for contract monitoring or to ask more sophisticated systems-related questions.

Adult Protective Services: Adult Protective Services in Monroe County has two major contracts with local agencies: Catholic Family Center for financial management services and Lifespan for elder abuse services. Catholic 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 Catholic Family Services (CFS), CFS submits financial ledger sheets for clients in the program on a monthly basis. Summaries of casework activity are also submitted on a monthly basis. Databases maintained at DHS and at CFS track client involvement in the program and monitor timeliness of report submission. 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 Catholic Family Services 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. There are three main priorities in determining funding allocations: (1) safety and protection of Monroe County’s most vulnerable children and adults; (2) health development and self-sufficiency; and (3) effective and efficient utilization of limited resources. The RMCYB incorporates four components to fulfill its oversight responsibilities with direct contract agencies: (1) self-report, requiring agency submittal of information; (2) assessment and evaluation; (3) financial systems review; and (4) expenditure review. RMCYB uses findings from its oversight 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 to take on specific issues; addressing training and technical assistance needs of line staff as well as supervisory/management staff; and 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

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
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:

- [ ] Health
- [ ] Legal
- [ ] Child Care
- [ ] Adolescents
- [ ] Mental Health
- [ ] Law Enforcement
- [ ] Aging
- [ ] General Public
- [ ] Other:
- [ ] Other:

Issues/Questions identified at the Public Hearing:
APPENDIX F - REQUIRED
Program Matrix

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

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

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

<table>
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<tr>
<th>Type of Care/Service</th>
<th>Total*</th>
<th>Children</th>
<th>Adults</th>
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<tr>
<td>Adoption</td>
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<td>Child Care</td>
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<td>Domestic Violence</td>
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<td>Family Planning</td>
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<tr>
<td>Preventive Child Mandated</td>
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<tr>
<td>Preventive Child Non-Mandated</td>
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<td>Unmarried Parents</td>
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<td>Protective Services Adults – Investigation</td>
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<td>Employment</td>
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<tr>
<td>Home Management</td>
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<td>Information and Referral</td>
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<td>Transportation</td>
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*Total equals children plus adults
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<th>OCFS JD/PINS Child</th>
<th>DSS JD/PINS Child</th>
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<td>Agency Operated Boarding Homes</td>
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<td>Family Foster Care</td>
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<td>Unduplicated Count of All Children in Care</td>
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<tr>
<td>Residential Placement Services</td>
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APPENDIX J-1
Non-Residential Domestic Violence Services (Complete a Copy for Each Program)

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

SECTION A

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

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

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

**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
Title: EAPP Social Workers (4.5 FTEs)

Responsibilities:
Investigation of elder abuse cases/ counsel’s 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
Non-Residential Domestic Violence Services (Complete a Copy for Each Program)

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

SECTION A

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

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: WILLOW (formerly ABW)
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

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.

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

Non-Residential Services Include:

• 24-HOUR CRISIS HOTLINE - Provides access to the shelter, information, referrals and counseling. Victims of domestic violence, concerned family members, friends, and community professionals utilize WILLOW’s Crisis Hotline.

• WALK-IN COUNSELING - Short-term individual counseling is available for extremely urgent situations.

• CHILDREN’S SERVICES - Group services for children whose mothers are participating in community support groups.

• TRANSITIONAL SUPPORT SERVICES – Provides small groups, topic focused groups, open community support groups advocacy and individual consultation is available to victims of domestic violence residing in the community who are coping with the effects of an abusive relationship on themselves and their lives.

• COURT ADVOCACY PROGRAM - WILLOW advocates are stationed at the Domestic Violence Intensive Intervention Court and the Integrated Domestic Violence Court located at the Hall of Justice. This program assists victims who are petitioning this part of Family Court for an Order of Protection and provides support in both IDV and 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.

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

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

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 WILLOW’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. WILLOW 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, WILLOW resources as well as community resources. This is done via phone or in person and is available 24 hours a day. WILLOW 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 WILLOW’s staff provide advocacy on an individual case basis and at the community and system wide level. WILLOW advocates to provide support for victims of domestic violence in obtaining entitlement benefits, appropriate health and mental health care, orders of protection and in other legal proceedings related to abuse. WILLOW frequently advocates with all 17 law enforcement agencies and crime victims’
assistance programs in Monroe County and with the MC District Attorney’s office for prosecution of criminal acts perpetrated against victims of abuse.

WILLOW works with schools, employers and landlords to advocate for services needed for victims and their children. They work closely with the Monroe County Department of Human Services to assist victims in obtaining Public Assistance, Medicaid and Food Stamps as needed.

WILLOW 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 WILLOW advocates accompany victims to court and provide support throughout their court processes. This project includes a joint program between WILLOW 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.**

WILLOW and LifeSpan are the only certified non-residential service providers in Monroe County, New York. WILLOW and LifeSpan have a long history of collaboration. LifeSpan works exclusively with Elder Abuse which focuses on seniors and caretakers of seniors. WILLOW and LifeSpan provide services jointly to clients and WILLOW refers clients to LifeSpan, who need the specialized services provided by LifeSpan’s Elder Abuse program. WILLOW 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 WILLOW
Qualifications:
MSW, LCSW

Title: Assistant Executive Director
Responsibilities:
Oversight of WILLOW’s non-residential and residential programs
Qualifications:
MPA

Title: Shelter Director
Responsibilities:
Oversight of all staff and programming for WILLOW’s crisis hotline and non-residential children’s services.

Qualifications:
BSW

Title: **DV Prevention Education Coordinator**

 Responsibilities:

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

Qualifications:
Domestic Violence Counselor RCADV Certification

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

 Responsibilities:

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

Qualifications:
MS Counseling

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

 Responsibilities:

Oversee all aspects of the CAP program

Qualifications:
BS
APPENDIX K #1- REQUIRED (NEW)
CHILD CARE AMENDMENTS

Is your district amending its Child and Family Services Plan or Annual Plan Update?

☐ Yes

(Check “Yes” or “No” for each Appendix listed below to indicate whether or not there was an amendment to that Appendix. If the Appendix was amended, check “yes” or “No” to indicate the section that was changed.)

☐ No

(Check “No”, then no further action is needed on this Appendix)

APPENDIX K #2 – CHILD CARE AMENDMENTS

Are there changes to this appendix?

☐ Yes ☐ No

APPENDIX L – OTHER ELIGIBLE FAMILIES IF FUNDS ARE AVAILABLE

Are there changes to this appendix?

☐ Yes ☐ No

APPENDIX M #1- REASONABLE DISTANCE, RECERTIFICATION PERIOD, FAMILY SHARE, VERY LOW INCOME, FEDERAL AND LOCAL PRIORITIES

(REQUIRED)

Are there changes to this appendix?

☐ Yes ☐ No

(If you checked “yes”, check all of the sections that changed or did not change below.)

I. Reasonable Distance

☐ Yes ☐ No

II. Recertification Period

☐ Yes ☐ No

III. Family Share

☐ Yes ☐ No

IV. Very Low Income

☐ Yes ☐ No

V. Federal and Local Priorities

☐ Yes ☐ No
APPENDIX M #2 – CASE OPENINGS, CASE CLOSINGS, AND WAITING LISTS
(REQUIRED)

Are there changes to this appendix?
☑ Yes ☐ No
(If you have checked “yes”, check all of the sections that changed or did not change below.)

I. Case Openings
☑ Yes ☐ No

II. Case Closings
☑ Yes ☐ No

III. Waiting Lists
☑ Yes ☐ No

APPENDIX M #3 – FRAUD AND ABUSE CONTROL ACTIVITIES AND INSPECTIONS
(REQUIRED)

Are there changes to this appendix?
☐ Yes ☑ No
(If you have checked “yes”, check all of the sections that changed or did not change below.)

I. Fraud and Abuse Control Activities
☑ Yes ☐ No

II. Inspections
☑ Yes ☐ No

APPENDIX N – DISTRICT OPTIONS
(REQUIRED)

Are there changes to this appendix?
☑ Yes ☐ No

APPENDIX O – FUNDING SET-ASIDES
(OPTIONAL)

Are there changes to this appendix?
☑ Yes ☐ No

APPENDIX P – TITLE XX CHILD CARE
(OPTIONAL)

Are there changes to this appendix?
☑ Yes ☐ No
APPENDIX Q – ADDITIONAL LOCAL STANDARDS FOR CHILD CARE PROVIDERS (OPTIONAL)

Are there changes to this appendix?
○ Yes ○ No

APPENDIX R – PAYMENTS TO CHILD CARE PROVIDERS FOR ABSENCES (OPTIONAL)

Are there changes to this appendix?
○ Yes ○ No

APPENDIX S – PAYMENT TO CHILD CARE PROVIDERS FOR PROGRAM CLOSURES (OPTIONAL)

Are there changes to this appendix?
○ Yes ○ No

APPENDIX T – TRANSPORTATION, DIFFERENTIAL PAYMENT RATES, ENHANCED MARKET RATE FOR LEGALLY-EXEMPT FAMILY AND IN-HOME PROVIDERS, AND SLEEP (OPTIONAL)

Are there changes to this appendix?
○ Yes ○ No

(If you checked “Yes”, check all of the sections that changed or did not change below.

I. Transportation
○ Yes ○ No

II. Differential Payment Rates
○ Yes ○ No

III. Enhanced Market Rate for Legally-Exempt Family and In-Home Providers
○ Yes ○ No

IV. Sleep
○ Yes ○ No

APPENDIX U – CHILD CARE EXCEEDING 24 HOURS, CHILD CARE SERVICES UNIT, WAIVERS, BREAKS IN ACTIVITIES (OPTIONAL)

Are there changes to this appendix?
○ Yes ○ No

(If you checked “Yes”, check all of the sections that changed or did not change below._
I. Child Care Exceeding 24 Hours  
   - Yes  ○ No

II. Child Care Services Unit  
    ○ Yes  ○ No

III. Waivers  
     ○ Yes  ○ No

IV. Breaks in Activities  
   ○ Yes  ○ No
APPENDIX K-2 -REQUIRED
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 2015-2016 Rollover funds (available from the NYSCCBG ceiling report in the claiming system): .................................................................$0.00
   Estimate FFY 2016-2017 Rollover Funds: .................................................................$0.00
   Estimate of Flexible Funds for Families (FFS) for child care subsidies .................................................................$0.00
   NYSCBG Allocation 2017 .................................................................$35,942,061.00
   Estimate of Local Share .................................................................$4,221,021.00
   **Total Estimated NYSCCCBG Amount** .................................................................$40,163,082.00

   a. Subsidy .................................................................$38,128,082.00
   b. Other program costs excluding subsidy (OTDA Ceiling Report) .........$1,665,000.00
   c. Administrative costs .................................................................$370,000.00

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

<table>
<thead>
<tr>
<th>Function</th>
<th>Organization</th>
<th>Amount of Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Eligibility screening</td>
<td>Workforce Development Corp</td>
<td>$0</td>
</tr>
<tr>
<td>☐ Determining if legally-exempt providers meet State-approved additional standards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Assistance in locating care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Child Care Information Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**APPENDIX L- REQUIRED**
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.

<table>
<thead>
<tr>
<th>Optional Categories</th>
<th>Option</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.</td>
<td>☒ Yes  ☒ No</td>
<td></td>
</tr>
<tr>
<td>2. PA families or families with income up to 200% of the State Income Standard when the caretaker is:</td>
<td>☒ Yes  ☒ No</td>
<td>This is covered under the child care guarantee for PA families</td>
</tr>
<tr>
<td>a) participating in an approved substance abuse treatment program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) homeless</td>
<td>☒ Yes  ☒ No</td>
<td>This is covered under the child care guarantee for PA families</td>
</tr>
<tr>
<td>c) a victim of domestic violence</td>
<td>☒ Yes  ☒ No</td>
<td></td>
</tr>
<tr>
<td>d) in an emergency situation of short duration</td>
<td>☒ Yes  ☒ No</td>
<td>Authorization limited to requests submitted in writing and administrative approval. LDSS remains sole authority on granting approval on a case-by-case basis.</td>
</tr>
<tr>
<td>3. Families with an open child protective services case when child care is needed to protect the child.</td>
<td>☒ Yes  ☒ No</td>
<td></td>
</tr>
<tr>
<td>4. Families with income up to 200% of the State Income Standard when child care services are needed because the child’s caretaker:</td>
<td>☒ Yes  ☒ No</td>
<td>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.</td>
</tr>
<tr>
<td>a) is physically or mentally incapacitated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) has family duties away from home</td>
<td>☒ Yes  ☒ No</td>
<td></td>
</tr>
<tr>
<td>Optional Categories</td>
<td>Option</td>
<td>Limitations</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>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. <strong>Child care services will be available only for the portion of the day the family is able to document is directly related to the caretaker engaging in such activities.</strong></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district</td>
<td></td>
<td>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate in high school.</td>
</tr>
<tr>
<td>b) an education program that prepares an individual to obtain a NYS High School equivalency diploma</td>
<td></td>
<td>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; GED program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>d) a program providing literacy training designed to help individuals improve their ability to read and write</td>
<td></td>
<td>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td>Authorization is limited to student/parent caretakers (under the age of 21) who maintain 85% attendance rate; program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>Optional Categories</td>
<td>Option</td>
<td>Limitations</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>f) a two-year full-time degree granting program at a community college,</td>
<td>☑ Yes</td>
<td>Authorization is limited to student/parent caretakers (under the age of 21) who maintain a minimum 2.0 GPA; program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>a two-year college, or an undergraduate college with a specific vocational goal</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>leading to an associate degree or certificate of completion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) a training program, which has a specific occupational goal and is conducted</td>
<td>☑ Yes</td>
<td>Authorization for program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>by an institution other than a college or university that is licensed or approved</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>by the State Education Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) a prevocational skill training program such as a basic education and literacy</td>
<td>☑ Yes</td>
<td>Authorization for program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>training program</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>i) a demonstration project designed for vocational training or other project</td>
<td>☑ Yes</td>
<td>Authorization for program must be in addition to 17.5 hours of weekly employment.</td>
</tr>
<tr>
<td>approved by the Department of Labor</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** 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.

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.

| 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. | ☑ Yes  | .                                                                 |
| | ☐ No   |                                                                                                                                                                                                              |

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
### Optional Categories

<table>
<thead>
<tr>
<th>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.</th>
<th>☐ Yes</th>
<th>☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>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.</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
</tbody>
</table>
APPENDIX M-1
Reasonable Distance, Recertification Period, Family Share, Very Low Income, Federal and Local Priorities (REQUIRED)

I. 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.

II. Recertification Period
The district’s recertification period for low income child care cases is every:

12 Months

III. Family Share
“Family share” is the weekly amount paid towards the costs of the child care services by the child’s parent or caretaker. 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%.

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

IV. Very Low Income
Define “very low income” as it is used in determining priorities for child care benefits:

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

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

Very low income as defined in Section IV.

Ranked: 1
Families with incomes up to 200% of the State Income Standard that have a child with special needs and a need for child care.

**Ranked: 3**

Families with incomes up to 200% of the State Income Standard that are experiencing homelessness:

**Ranked: 2**

Does the district have local priorities?

☐ Yes  ☐ No

If yes, list below and rank beginning with Rank 4.
I. CASE OPENINGS WHEN FUNDS ARE LIMITED

If a social services district does not have sufficient funds to provide child care services to all families who are applying, the district may decide to open certain categories of families as funds become available. The district must open federal priorities first. If the district identified local priorities, they must be opened next.

After the federal and local priorities, identify the basis upon which the district will open cases if funds become available. Check only ONE of the options listed below and describe the process for opening.

- Open based on FIRST COME, FIRST SERVED
- Open based on INCOME
  - The district will open cases starting from the lowest income to highest income.
  - The district will open cases based on income band starting from the lowest income band to the highest income band.

If the district will open cases based on income bands, list the income bands, starting from the band that will be opened first.

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

If opening based on category of family, list below the remaining category 2 and 3 families included in 18 NYCRR§415.2(a)(2) and 18 NYCRR§(a)(3) that are not federal or local priorities in the order they will be opened first.

Open based on **INCOME AND CATEGORY OF FAMILY**

If opening based on income and category of family, list below the incomes (from lowest to highest income) or income bands (from lowest income band to highest income band), and the remaining category 2 and 3 families included in 18 NYCRR§415.2(a)(2) and 18 NYCRR§(a)(3) that are not federal or local priorities in the order they will be opened first.

Open based on **OTHER CRITERIA**

If opening based on other criteria, describe the criteria the district will use to select cases to be opened.

**II. CASE CLOSINGS WHEN SUFFICIENT FUNDAS ARE NOT AVAILABLE**

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

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

Check only **one** of the options for closing listed below and describe the process for closing.

After the federal and local priorities, identify the basis upon which the district will open cases if funds become available. Check only ONE of the options listed below and describe the process for opening.

- **Closed based on AMOUNT OF TIME receiving child care services**
  
  If closing based on amount of time, check one of the boxes below:
The district will close cases starting from the shortest time receiving child care services to the longest.

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

Closed based on INCOME

If closing based on income, check one of the boxes below:

- The district will close cases starting from the highest income to lowest income.

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

If the district will close cases based on income bands, list the income bands, starting from the band that will be closed first.

Band 1: 195% up to 200% of SIS
Band 2: 190% up to, but not including, 195% of SIS
Band 3: 185% up to, but not including, 190% of SIS
Band 4: 180% up to, but not including, 185% of SIS
Band 5: 175% up to, but not including, 180% of SIS
Band 6: 170% up to, but not including, 175% of SIS
Band 7: 165% up to, but not including, 170% of SIS
Band 8: 160% up to, but not including, 165% of SIS
Band 9: 155% up to, but not including, 160% of SIS
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

Open based on CATEGORY OF FAMILY

If closing based on category of family, list the category 2 and 3 families included in 18 NYCRR§415.2(a) that are not federal or local priorities in the order they will be closed.

Open based on INCOME AND CATEGORY OF FAMILY

If closing based on income and category of family, list below the incomes (from the highest to lowest income) or income bands (from highest income band to lowest income.
band), and the category 2 and 3 families included in 18 NYCRR§415.2(a) that are not federal or local priorities in the order they will be closed.

☐ Open based on OTHER CRITERIA

If closing based on other criteria, describe the criteria the district will use to select cases to be closed.

III. WAITING LISTS

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

☐ YES ☐ NO
I. FRAUD AND ABUSE CONTROL FUNCTIONS

1. Describe below the criteria the district will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy 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.

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

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 in being provided in the legal residence of the child to verify that the care is being provided and confirm the provider identity.

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

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

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

For new child care cases that have been opened where there was not complete supporting documentation (i.e., parents started new job and had only 1 or 2 pay stubs), the Day Care Evaluator will follow-up with the parent to secure any additional documentation needed.
3. Describe the sampling methodology used to determine which providers of subsidized child care services will be reviewed for the purpose of comparing the child care provider’s attendance forms for children receiving subsidized child care services with any Child and Adult Care Food Program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

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

II. INSPECTIONS OF CHILD CARE PROVIDER RECORDS AND PREMISES

The district may choose to make announced or unannounced inspections of the records and premises of 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).

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

The district may report violations of regulations as follows:

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

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

   ✓ YES  ___NO

   If YES, provide the details of your inspection plans below.
a. The following types of subsidized child care providers/programs are subject to this requirement:

- Legally-Exempt Child Care
  - In-Home
  - Family Child Care
  - Group programs not operating under the auspices of another government agency
  - Group programs operating under the auspices of another government agency

- Licensed or Registered Child Care
  - Family Day Care
  - Registered School-Age Child Care
  - Group Family Day Care
  - Day Care Centers
  - Small Day Care Centers
APPENDIX N- CHANGED
District Options (REQUIRED)

I. Districts have some flexibility to administer their child care subsidy programs to meet local needs. District must complete Question 1 below. Note that all districts must complete the differential payment rate in Appendix T.

The district selects (check one):

☐ none of the options below
☒ one or more of the options below

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

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 a differential rate above 5%, up to 15% higher than the applicable market rates for child care services during non-traditional hours (complete Appendix T).

9. ☐ The district has chosen to pay a differential rate for child care providers caring for children experiencing homelessness above the required differential amount (complete Appendix T).

10. ☐ 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).

11. ☒ The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).
12. □ The district has chosen to make payments to child care providers who provide child care services, which exceed 24 consecutive hours (complete Appendix U).

13. ☒ The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U)

14. ☒ 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).

15. ☒ The district has chosen to pay for breaks in activity for low income families (non-public assistance families). Complete Appendix U.

16. □ 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

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<tr>
<th>Category</th>
<th>Amount</th>
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**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:

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

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<tr>
<th>Category</th>
<th>Amount</th>
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**Total Set-Asides (Title XX)** ................................................... $

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

Category:
Description:

Category:
Description:

Category:
Description:

Category:
Description:
APPENDIX P (CHANGED)
Title XX Child Care (Optional)

1. Enter projected total Title XX expenditures for the plan’s duration: $3,641,000.00

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.

<table>
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<tr>
<th>Family Size</th>
<th>%</th>
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2. 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

3. 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:

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

□ Yes  ☒ No

If yes, describe which families will receive priority:

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

☒ Yes  □ No

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

☒ Yes  □ No
APPENDIX Q
Additional Local Standards for Child Care Providers (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.

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

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

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):

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

2. Check below the type of child care program to which the additional 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

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

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

a. ☐ The district will apply the Local Additional Standard when the L-E family or L-E in home child care site is outside of Monroe County
b. ☑ The district will not apply this additional standard when the program’s site of care is located outside of the subsidy-paying district
c. ☐ The district will not apply this additional standard when the informal provider is younger than 18 years of age.

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

☒ Local social services staff

Provide the name of the unit and contact person:

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

☐ Contracted agency

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 in chronological order, the steps for conducting the additional local standard, including how the district will retrieve referrals from CCFS, communication with providers and other applicable persons, determine compliance with the additional local standard, inform the Enrollment Agency whether the additional local standard has been “met”, “not met”, or is “not applicable”, and monitor its timelines. Include all agencies involved and their roles. Note that the district’s procedures must be in accordance with 12-OCFS-LCM-01.
Monroe County will apply the same health and safety standards to legally-exempt (L-E) family and L-E in-home child care program sites as are applied to housing units for public assistance recipients in accordance with Social Service Law 143-B, in determining whether violations may pose a health or safety risk to children. Attached is a listing of property violations determined by the Monroe County Department of Public Health that pose significant risk of health or safety concerns. Monroe County will, for each location where subsidized L-E family and L-E in-home childcare is provided within the county, determine, to the extent possible, whether there are open property code violations for the site where the L-E family and L-E in-home childcare will be provided.

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

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

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

i. For L-E family and L-E in-home care provided within the City of Rochester, Monroe County Department of Human Services (DHS) staff will access a public website(s) managed by the City of Rochester’s Conservation Bureau Violations Codes that are listed on the website are determinations made by the City of Rochester or the Municipal Property Bureau. Monroe County DHS staff will review all property code violations identified on the City of Rochester’s website and compare them against the attached list of Property Conservation Violation Codes designated as “health and safety” violations by the Monroe County Director of Public Health.

ii. When L-E family and L-E in-home child care is being provided within Monroe County, but outside the Rochester City limits, Monroe County DHS staff will place telephone calls to those Municipality Property Bureau to determine if they have identified open property code violations. Monroe County DHS staff will confirm by telephone with that Municipality’s Property Bureau whether or not open code violations exist. The same list of “health and safety” violations designated by the Monroe County Director of Public Health is applied to all municipalities for assessing potential risk to children receiving L-E family and L-E in-home care.
c. When there is a current, open health and safety code violation/s for an enrolled or enrolling providers of L-E family and L-E in-home child care site, a Monroe County Special Investigations Unit (SIU) Investigator will conduct a visit of the property and will contact the L-E family and L-E in-home child care provider to discuss and evaluate the open code violation/s. Prior to a visit, the investigator will check the L-E family and L-E in-home provider’s status in CCFS to determine if the provider has withdrawn their application or has been denied. If the L-E family or L-E in-home provider has not withdrawn or been denied, the district will run the program site address thru Citytax or the municipality’s Property Bureau to see if open health and safety code violations have been resolved prior to a visit.

i. If the open health and safety code violations have been resolved, the additional standard will be considered “Met” indicating that the L-E family and L-E in-home site does not have health and safety code violations.

ii. “Not Met” indicates that the L-E family and L-E in-home child care site has open health and safety violation (1) were identified and that those violations may pose a health and safety risk for children receiving care at the child care site and that the L-E family or L-E in-home child care provider was unwilling or unable to clear the violations in the time frames set forth by the municipality or (2) the municipality determined that the property was uninhabitable due to and issued a vacate order. The violation/s does not affect the parent’s eligibility. Monroe County will inform parents that they need to find a new child care provider and the reason(s) why.

iii. The additional standard is considered “Not Applicable” if the L-E family and L-E in-home site is outside of Monroe County.

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

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

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

“Not Applicable” indicates the L-E family care or L-E in-home care site is outside of Monroe County for children living in Monroe County. Monroe County will not apply this standard when care is provided outside of Monroe County.
6. Indicate how frequently reviews of the additional standard will be conducted. Check all that apply.
   a. The Standard will be applied:
      i. ☑ At Initial Enrollment and Re-opening
      ii. ☑ At each Re-enrollment
   b. The district will assess compliance with the additional local standard:
      i. ☑ During the enrollment review period, and the district will notify the Enrollment Agency of the results within 25 days from the E-Notice referral
      ii. ☐ During the 12-month enrollment period and, the district will notify the Enrollment Agency of the results promptly. Note that this option is always applicable to an additional local standard requiring participation in CACFP.

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

### PROPERTY CONSERVATION VIOLATION CODES

<table>
<thead>
<tr>
<th>Violation Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAILURE TO OBTAIN A C OF O</td>
<td>PC008</td>
</tr>
<tr>
<td>FURNACE INOPERABLE (NO HEAT)</td>
<td>PC010</td>
</tr>
<tr>
<td>HEAT INADEQUATE</td>
<td>PC020</td>
</tr>
<tr>
<td>TRASH/DEBRIS IMMED HAZARD</td>
<td>PC113</td>
</tr>
<tr>
<td>PIGEON INFESTATION</td>
<td>PC120</td>
</tr>
<tr>
<td>ROOF HAS HOLES</td>
<td>PC188</td>
</tr>
<tr>
<td>ROOF LEAKING</td>
<td>PC195</td>
</tr>
<tr>
<td>PCH COLUMN(S) MISSING/DET</td>
<td>PC257</td>
</tr>
<tr>
<td>STEPS UNEQUAL RISERS</td>
<td>PC270</td>
</tr>
<tr>
<td>STEPS HANDRAIL BROKEN/MISS</td>
<td>PC271</td>
</tr>
<tr>
<td>STEPS GUARDRAIL BROKEN/MISS</td>
<td>PC277</td>
</tr>
<tr>
<td>FIRE EXTG-UPDATE INSPECTION</td>
<td>PC284</td>
</tr>
<tr>
<td>COMBUSTIBLE STORAGE INT’R</td>
<td>PC286</td>
</tr>
<tr>
<td>F-ESC REPAIR</td>
<td>PC289</td>
</tr>
<tr>
<td>F-ESC DOESN’T GO TO FLAT ROOF</td>
<td>PC315</td>
</tr>
<tr>
<td>F-ESC. ACCESS BLOCKED</td>
<td>PC320</td>
</tr>
<tr>
<td>POOL REQUIRES FENCING</td>
<td>PC342</td>
</tr>
<tr>
<td>WINDOW PANE BROKEN/MISSING</td>
<td>PC379</td>
</tr>
<tr>
<td>WINDOW PANE BROKEN OR MISSING</td>
<td>PC382</td>
</tr>
<tr>
<td>WINDOW NOT OPERABLE</td>
<td>PC388</td>
</tr>
<tr>
<td>DOOR BOARDED</td>
<td>PC433</td>
</tr>
<tr>
<td>DOOR BROKEN/MISSING – EXT</td>
<td>PC434</td>
</tr>
<tr>
<td>PUB HALL LIGHT INADEQUATE</td>
<td>PC468</td>
</tr>
<tr>
<td>PUB HALL WAINSC’G NOT F-RET</td>
<td>PC470</td>
</tr>
<tr>
<td>FIREWALL NEEDS REPAIR</td>
<td>PC481</td>
</tr>
<tr>
<td>FIREWALL NEEDS REPAIR</td>
<td>PC486</td>
</tr>
<tr>
<td>PUB HL DR WIRE GLASS REQD.</td>
<td>PC490</td>
</tr>
<tr>
<td>PUB STAIR REPAIR</td>
<td>PC502</td>
</tr>
<tr>
<td>PUB STAIR HANDRAIL MISS./BROKEN</td>
<td>PC503</td>
</tr>
<tr>
<td>PUB STAIR GUARDRAIL MISS/BROKEN</td>
<td>PC507</td>
</tr>
<tr>
<td>EGRESS-APT/RM NEEDS 2ND</td>
<td>PC521</td>
</tr>
<tr>
<td>CELLAR CHIMNEY HAS HOLES</td>
<td>PC571</td>
</tr>
<tr>
<td>CELLAR OCCUPANCY UNAPP’D</td>
<td>PC580</td>
</tr>
<tr>
<td>CELLAR STR DR CL DEV BRKN/MISS</td>
<td>PC598</td>
</tr>
<tr>
<td>CELLAR STR ENCL F-DOOR</td>
<td>PC600</td>
</tr>
<tr>
<td>CELLAR STR ENCL –MISSING/REPAIR</td>
<td>PC601</td>
</tr>
<tr>
<td>APPLIANCE RED-TAGGED</td>
<td>PC606</td>
</tr>
<tr>
<td>CELLAR CLNG NOT F-RETARDE</td>
<td>PC607</td>
</tr>
<tr>
<td>S DET. COVER MISSING</td>
<td>PC609</td>
</tr>
<tr>
<td>SMOKE ALARM REQUIRED – BASEMENT</td>
<td>PC610</td>
</tr>
<tr>
<td>Condition Description</td>
<td>Code</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>SD SYSTEM REQ’D 5 OR MORE UNITS</td>
<td>PC612</td>
</tr>
<tr>
<td>SD SYSTEM NEEDS REPAIR</td>
<td>PC614</td>
</tr>
<tr>
<td>SD SYSTEM REQ MORE S-DET</td>
<td>PC616</td>
</tr>
<tr>
<td>S-DET. REQ’D SPECIFY</td>
<td>PC624</td>
</tr>
<tr>
<td>S DET. SYS REQ’D 2 FAM 2/3RD FL</td>
<td>PC627</td>
</tr>
<tr>
<td>WIRES EXPOSED</td>
<td>PC671</td>
</tr>
<tr>
<td>EXIT SIGNS ARE REQUIRED</td>
<td>PC676</td>
</tr>
<tr>
<td>EMGNCY LIGHTS ARE REQUIRED</td>
<td>PC677</td>
</tr>
<tr>
<td>EMGNCY LIGHTS DON’T WORK</td>
<td>PC678</td>
</tr>
<tr>
<td>STORAGE NEAR HEATING UNIT</td>
<td>PC679</td>
</tr>
<tr>
<td>S-H/D SYSTEM REQ’D COMM</td>
<td>PC680</td>
</tr>
<tr>
<td>FECAL MATER (IMMED HAZD)</td>
<td>PC683</td>
</tr>
<tr>
<td>UNSANITARY COND (IMMD HAZ)</td>
<td>PC684</td>
</tr>
<tr>
<td>UNSAFE STRUCTURE</td>
<td>PC687</td>
</tr>
<tr>
<td>INFESTATION (INT)</td>
<td>PC688</td>
</tr>
<tr>
<td>EXITS ARE BLOCKED</td>
<td>PC696</td>
</tr>
<tr>
<td>LEAD DUST HAZARD</td>
<td>PC710</td>
</tr>
<tr>
<td>LEAD DUST WIPE TEST REQUIRED</td>
<td>PC713</td>
</tr>
<tr>
<td>BARE SOIL VIOLATION</td>
<td>PC714</td>
</tr>
<tr>
<td>HEATER (KEROSENE) UNAPPROVED</td>
<td>PC728</td>
</tr>
<tr>
<td>DOOR LOCK &amp; HASP – REMOVE</td>
<td>PC736</td>
</tr>
<tr>
<td>WINDOW BOARDED</td>
<td>PC744</td>
</tr>
<tr>
<td>OVER OCCUPIED UNIT</td>
<td>PC772</td>
</tr>
<tr>
<td>INTERIOR DETERIORATED PAINT &gt; 2 SQUARE FEET</td>
<td>PC802</td>
</tr>
<tr>
<td>INTERIOR DETERIORATED PAINT &gt; 10%</td>
<td>PC803</td>
</tr>
<tr>
<td>EXTERIOR DETERIORATED PAINT &gt; 20 SQUARE FEET</td>
<td>PC804</td>
</tr>
<tr>
<td>EXTERIOR DETERIORATED PAINT &gt; 10%</td>
<td>PC805</td>
</tr>
<tr>
<td>DETERIORATED PAINT IN COMMON HALLWAY</td>
<td>PC807</td>
</tr>
<tr>
<td>DETERIORATED PAINT IN ATTIC</td>
<td>PC808</td>
</tr>
<tr>
<td>VACATE ORDER-BUSINESS</td>
<td>PC900</td>
</tr>
<tr>
<td>VACATE ORDER</td>
<td>PC901</td>
</tr>
<tr>
<td>VACATE APARTMENT ORDER</td>
<td>PC902</td>
</tr>
<tr>
<td>3RD FLOOR OCCUPANCY W/O</td>
<td>PC913</td>
</tr>
<tr>
<td>C-MON. DET REQ’D EXISTING BUILDING</td>
<td>PC917</td>
</tr>
<tr>
<td>C-MON DET REQ’D NEW BUILDING</td>
<td>PC918</td>
</tr>
<tr>
<td>EXTENSION CORDS - REMOVE</td>
<td>PC937</td>
</tr>
<tr>
<td>FLUE (BOILER) DETERIORATED</td>
<td>PC940</td>
</tr>
<tr>
<td>FLUE (FURNACE) NOT CONN/SEALED</td>
<td>PC945</td>
</tr>
<tr>
<td>FURNACE RED TAGGED</td>
<td>PC949</td>
</tr>
<tr>
<td>HAZARD – CORRECT IMMED (SPECIFY)</td>
<td>PC952</td>
</tr>
<tr>
<td>JUNCTION BOX OPEN</td>
<td>PC955</td>
</tr>
<tr>
<td>OUTLETS REPAIR/REPLACE</td>
<td>PC962</td>
</tr>
<tr>
<td>OUTLETS/SWITCH REQ. PLATES</td>
<td>PC963</td>
</tr>
<tr>
<td>RLF VLV DISCHARGE (W/HTR)UNAPPT</td>
<td>PC970</td>
</tr>
<tr>
<td>SERVICE BOX NEEDS K-O SEALS</td>
<td>PC971</td>
</tr>
<tr>
<td>SERVICE IS OVERFUSED</td>
<td>PC973</td>
</tr>
<tr>
<td>SEWAGE (RAW) CELLAR</td>
<td>PC974</td>
</tr>
<tr>
<td>VENT (DRYER) UNAPPROVED</td>
<td>PC986</td>
</tr>
<tr>
<td>WATER (HOT) NONE</td>
<td>PC991</td>
</tr>
<tr>
<td>WIRES EXPOSED ENCLODE/REMOVE</td>
<td>PC996</td>
</tr>
</tbody>
</table>

### BUILDING VIOLATION CODES

| STOP WORK ORDER | BC300 |

### ELECTRICAL VIOLATION CODES

| SERVICE OFF RESTORE IMMEDIATELY | EL009 |
| CIRCUITS ARE EXPOSED | EL101 |
| OUTLETS ARE MISSING | EL130 |
| SERVICE IS INADEQUATE | EL150 |
| SERVICE NEEDS MAIN DISCONNECT | EL158 |
| WIRING IS UNAPPROVED – UNIT | EL173 |
| WIRING UNAPPROVED – BASEMENT | EL176 |
| OUTLET (LAUNDRY) NEEDS TO BE GRND | EL195 |
| PANEL (MAIN) NEEDS REPAIR | EL221 |
| SERVICE ENTRANCE CABLE DET. | EL272 |

### PLUMBING VIOLATION CODES

| MAKE ALL PLUMBING OPERABLE | PL010 |
| GAS LINE UNAPPROVED - UNIT | PL200 |
| GAS LINE UNAPPROVED – BASEMENT | PL206 |
| DRAIN LINE UNAPPROVED | PL221 |
| DRAIN LINE LEAKING | PL235 |
| PIPES LEAKING - BASEMENT | PL237 |
| PIPES ARE LEAKING - UNIT | PL318 |
| SINK MISSING/REPAIR | PL340 |
| SUMP PUMP NEEDS REPAIR | PL402 |
| GAS SHUTOFF REQ. (BOILER) | PL516 |

### ZONING VIOLATION CODES

| ROOMING HOUSE CONVERSION | ZN119 |
| 3RD FL OCC WO PMT/CZC | ZN121 |
| B’MENT OCC WO PMT/CZC | ZN123 |
| ADD’NL D-U WO PMT/CZC | ZN130 |

### MONROE COUNTY LEAD VIOLATIONS

| INTERIOR LEAD PAINT | LP500 |
| EXTERIOR LEAD PAINT | LP600 |
APPENDIX R
Payment to Child Care Providers for Absences (Optional)

1. The following providers are eligible for payment for absences (check all that are eligible):
   - ☑ Day Care Center
   - ☑ Group Family Day Care
   - ☑ Family Day Care
   - ☐ Legally-Exempt Group
   - ☐ School Age Child Care

2. Our district will only pay for absences to providers with which the district has a contract or letter of intent.
   - ☑ Yes
   - ☐ No

3. Base period (check one)
   - ☑ 3 months
   - ☐ 6 months

4. Number of absences allowed during base period:

<table>
<thead>
<tr>
<th>Period</th>
<th>Routine Limits (# of days)</th>
<th>Extenuating Circumstances (# of days)</th>
<th>Total Number of Absences Allowed (# of days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a month</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Base period</td>
<td>0</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

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

6. List any limitations on the above providers' eligibility for payment for absences:
   Payments will only be made if the child care program is open and the parent is scheduled to work or attend an approved activity.

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

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.
Payment to Child Care Providers for Program Closures (Optional)

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

I. Transportation

1. Will your district provide transportation?

Note that if the county is paying for transportation, the Program Matrix in WMS should reflect this choice.

○ YES  ◃ NO

II. Differential Payment Rates

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

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

<table>
<thead>
<tr>
<th>Differential Payment Rate Category</th>
<th>Differential Payment Rate Percentage (%)</th>
<th>Instructions for Differential Payment Rate Percentage (%) Column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homelessness: Licensed and Registered Providers State Required minimum of 5%</td>
<td>5%</td>
<td>Enter a percentage (%): 5% to 15% (Must enter at least 5%)</td>
</tr>
<tr>
<td>Homelessness: Legally-Exempt Providers</td>
<td>0%</td>
<td>Enter 0% or a percentage (%) up to 15%</td>
</tr>
<tr>
<td>Non-Traditional Hours: All Providers State required minimum of 5%</td>
<td>5%</td>
<td>Enter a percentage (%): 5% to 15% (Must enter at least 5%)</td>
</tr>
<tr>
<td>Nationally Accredited Programs: Licensed and Registered Providers</td>
<td>10%</td>
<td>Enter 0% or a percentage (%) from 5% to 15%</td>
</tr>
</tbody>
</table>

2. Payments may not exceed 25% above the market rates. However, if your district wishes to establish a payment rate that is more than 15% above the applicable market rate, describe below why the 25% maximum is insufficient to provide access within the district to accredited programs or care provided during non-traditional hours and/or care provided to children experiencing homelessness.
III. Enhanced Market Rates for Legally-Exempt Family and In-Home Child Care Providers

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

   ○ No.
   ○ Yes.

   If yes above, indicate percentage, not to exceed 75% of the child care market rate established for registered family day care: ___%

IV. Sleep

1. 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.

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

   6 hours
I. 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.

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

II. 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.

III. 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
IV. 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 – 2017 PLAN

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

1. Designation of Lead Agency (check one):
   - [ ] Probation
   - [ ] LDSS

2. 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.

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Geographic Area</th>
<th>Service Gap – Check one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Respite – required</td>
<td>countywide</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Crisis Intervention 24 hours/day – required</td>
<td>countywide</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Diversion Services/other alternatives to detention – required</td>
<td>countywide</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Alternative Dispute Resolution Services – optional</td>
<td>countywide</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Other: mental health screening and assessment referral</td>
<td>countywide</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Other: substance abuse screening &amp; referral</td>
<td>countywide</td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

3. 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.
<table>
<thead>
<tr>
<th>PINS Diversion Services Protocol</th>
<th>Responsible Agency(ies)</th>
<th>Brief Description of How Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)</td>
<td>☑ Probation ☑ LDSS ☑ Both ☒ Other (name) FACT</td>
<td>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.</td>
</tr>
<tr>
<td>2. Determines the need for residential respite services and need for alternatives to detention</td>
<td>☑ Probation ☑ LDSS ☑ Both ☒ Other (name) FACT</td>
<td>When a youth comes to the PINS system in need of alternative or respite housing, the FACT Facilitator attempts to utilize family and friends as the first source of housing options. When those are exhausted or not available/viable, FACT Facilitators will explore with the youth and family other options including Hillside Respite and Youth Shelter system. For those PINS youth who come to the attention of MCFC, the ATD Team screens PINS youth at their first appearance and speaks with family members. The ATD Team will work with the youth and family to identify alternatives to detention and prepare a recommendation to the court for viable alternatives. 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.</td>
</tr>
</tbody>
</table>
3. Serves as intake agency – accepts referral for PINS diversion services, conducts initial conferencing, and makes PINS eligibility determinations

<table>
<thead>
<tr>
<th>PINS Diversion Services Protocol</th>
<th>Responsible Agency(ies)</th>
<th>Brief Description of How Provided</th>
</tr>
</thead>
</table>
|                                 | ☑ Probation             | Youth who are exhibiting PINS like behaviors (at-risk) will be considered eligible for PINS services. During both the initial contact and the face-to-face conference, FACT staff who respond to the initial PINS inquiry will identify the concerns of the youth and family, list the services and systems the youth and family have been involved with and the outcomes of that involvement, and explain the PINS system and the outcomes they can expect. If a youth and family believe that another system is more appropriate to meet their needs, the FACT Facilitator will facilitate the linkage with that system and follow-up to ensure that the youth and family have made that connection. All PINS eligible youth and families, as defined above, will be determined to be “eligible” for FACT. Per statute, there are no exceptions. Before any consideration for PINS petition filing, 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>|                                 | ☐ LDSS                  |                                    |
|                                 | ☐ Both                  |                                    |
|                                 | ☑ Other (name) FACT     |                                    |</p>
<table>
<thead>
<tr>
<th>PINS Diversion Services Protocol</th>
<th>Responsible Agency(ies)</th>
<th>Brief Description of How Provided</th>
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<tr>
<td>If a youth is currently missing/AWOL, the FACT Information Line Staff will gather basic information from the family and forward it to one of the two POs or the Sr PO assigned to FACT who will go out and search for the missing youth. If the family is calling and a PO is available, the call will be directed to the SR. PO or one of the POs. If a youth is located, she/he will be assigned to a FACT Facilitator. If a youth is not able to be located, the POs will work with the family to prepare affidavits and file paperwork in MCFC to request a warrant. If the youth is then picked up on the warrant, the ATD Team will talk with the youth and family about options and next steps in the process.</td>
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4. Conducts assessment of needs, strengths, and risk for continuing with PINS behavior
   Name of assessment instrument used: YASI
   MAYSI-2

   ☑️ Probation
   ☐ LDSS
   ☐ Both
   ☑️ Other (name) FACT

   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 1st 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.
<table>
<thead>
<tr>
<th>PINS Diversion Services Protocol</th>
<th>Responsible Agency(ies)</th>
<th>Brief Description of How Provided</th>
</tr>
</thead>
</table>
| 5. Works with youth and family to develop case plan | □ Probation  
□ LDSS  
□ Both  
☑ Other (name) FACT | A FACT Facilitator will be assigned to the case and will stay with the youth and family through diversion services unless a geographic or school-based assignment is deemed appropriate and is preferable to the youth and family or the youth/family has previously engaged with another facilitator and would like to work with him/her again. |
| 6. Determines service providers and makes referrals | □ Probation  
□ LDSS  
□ Both  
☑ Other (name) FACT | 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.

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

If the youth and family are being referred to either the MST or FFT programs, the FACT Facilitator may close the case with the agreement/support of the family and transfer it to Probation Juvenile Intake or to DHS Preventive Services for monitoring and support of the youth and family while they work with MST or FFT. If the family requests that FACT stay open, arrangements will be made for that.

FACT and Probation utilizes four (4) categories for case closings: Withdrawn, Successfully Diverted, 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.

4. PINS Diversion Services Plan
   e. 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 2014 after having been selected in late 2012/2013 by Annie E. Casey and NYS OCFS as one of six pilot sites for the Juvenile Detention Alternatives Initiative (JDAI). Monroe County established a JDAI Steering Committee with broad representation to oversee implementation of JDAI. Probation and DHS co-chair the JDAI Steering Committee. Several sub-committees have been formed and are actively engaged including Case Processing, Data, and Alternatives to Detention. In late 2015, Monroe JDAI formed a Conditions of Confinement team made up of community representatives to conduct a Facility Assessment using the JDAI Standards for Detention. The report with recommendations was completed in summer 2016. In 2017, a primary focus of the JDAI work will be to look at disparity in the local system and opportunities to influence it through changes in practice and policy, while the JDAI project is focused on JDs, Monroe County anticipates that the learnings from the project will have positive 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 into 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.

➢ PINS Truancy Workgroup: A PINS Truancy Workgroup was formed in late 2016 to look at local practice around PINS Truancy complaints and petitions. The group consists of representatives from Probation, the RCSD, DHS and MCFC. The Workgroup hopes to have recommendations for the Juvenile Justice Council and the Leadership Team by Fall 2017.

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
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

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

i. Number of 2016 PINS Diversion referrals filed by parents: 676

ii. Number of 2016 PINS Diversion referrals by schools: 335

iii. Number of 2016 PINS Diversion referrals other sources: 58

iv. Number of 2016 PINS Diversion cases closed as Successfully Diverted: 457
6. 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.
- 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 2016, JDAI Data Workgroup developed a Monroe County PINS Indicator Sheet that tracks PINS data for several years (2010 – forward) and compiles data from PINS complaints through to placement. Currently, work is being done to populate all the fields and verify the data.

In light of the above, Monroe County has identified three primary areas to focus on:

1. **PINS COMPLAINTS, PETITIONS AND PLACEMENTS**
   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. It is not clear why there was a significant increase in 2013 and 2014 however the system saw significant increases in both Ungovernable and Runaway complaints both years. FACT when established was the “entry point” for both the PINS system and SPOA. During 2014, Monroe County changed the practice/procedures for SPOA cases which may account for the decrease in PINS complaints in 2015 and 2016 as SPOA cases are no longer opened in CE. Monroe County is looking more closely at the data to determine if in fact the change in practice re SPOA cases was the cause of the decline or if there are other factors impacting the decline in number of complaints and petitions.
The majority of PINS (intake) youth consistently come from 6 zip codes within the City of Rochester: 14621, 14611, 14605, 14609, 14606 and 14613. Three of these zip codes (14621, 14609 and 14611) account for about a third of all PINS complaints filed. These neighborhoods are some of the most challenged neighborhoods in the City of Rochester. 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.

2. 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 had been experiencing a decline in NSD admissions. 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). The upward trend continued for the next 3 years: 2013 (9%), 2014 (18%) and 2015 (13%). The PINS Petition numbers increased until 2014 and then dropped in 2015 though detention admissions increased 13% in 2015 from 2014. In 2016, there was a 25% drop in NSD admissions. What caused the decrease in NSD admissions in 2016 needs to be explored further. Persons of color continue to represent about 75% of the Non-Secure admissions and Hispanic youth represented almost 10% of the Non-Secure population.

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Source: Mon Co Probation; MCDHS

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<td>621</td>
<td>449</td>
<td>403</td>
<td>434</td>
<td>472</td>
<td>557</td>
<td>629</td>
<td>468</td>
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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, Monroe County saw a 350% increase in out-of-county days of care. In 2015, Monroe County saw a further 17% increase in the use of out of county beds. In 2016, Monroe County contracted for 3 beds seasonally (Feb-Sept) at Hopewell Non-Secure Detention in light of the increase use of NSD beds in 2014 and 2015. However, in 2016, Monroe County decreased the use of out-of-county beds by 58%. Monroe County will be entering into a contract with Hopewell in 2017 for 3 seasonal beds. A decision if this contracting for out of county beds need to continue beyond 2017 will be assessed based upon utilization in 2017 as well as further analysis of why the detention admissions are going down as well as out of county days of care.

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<td></td>
<td>61</td>
<td>168</td>
<td>175</td>
<td>670</td>
<td>811</td>
<td>333</td>
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Monroe County has implemented several strategies to address the PINS detention numbers over the last several years:

1. Probation’s ATD Team reviews all new PINS petitions for appropriateness for an alternative to detention resource rather than non-secure detention and makes recommendations to the court for youth appropriate for an ATD;
2. Re-focusing of the PINS PDS process and monitoring levels to increase the likelihood that youth and families will appear for all court hearings;
3. Expanded the TeleTask system to now include text as well as calls to both mobile and land lines of youth and their parents/guardians notifying them 5 days and then 1 day before each court appearance;
4. Refocused VTCC program to serve only PINS youth and in 2017 this program will expand to provide services 24/7 to PINS youth in the City of Rochester;
5. ATD Team expanded to provide ATD services to PINS youth outside of the City of Rochester and any overflow from the VTCC program;
6. ATD Team implement Immediate Probation Response (IPR) as an alternative to court issuing a warrant for FTA and thus reducing the youth’s likelihood of being picked up by police and detained;
7. As noted previously, contracted with a neighboring county for 3 seasonal detention beds to ensure adequate bed availability during peak times; and
8. Developed an ATD brochure, court benchcard and a Pre/Post Adjudication Guide to ensure that families, Probation Officers, attorneys and Judges are aware of the resources available for PINS and JD youth.

Monroe County 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). Monroe County is exploring initiating
a process to look at PINS utilizing some of the JDAI tools/process with the goal of reducing both detention admissions and PINS complaints.

3. **OUT OF HOME RESIDENTIAL PLACEMENTS**

Monroe County had seen a decrease in PINS placements in both 2010 and 2011. However, in 2012, the PINS placements jumped by 41% and remained in the low 80s in 2013. The 2014 and 2015 PINS placement number dropped back to the 2010 number. The 2016 number of 43 placements represented a 42% decrease in PINS placements. There is no clear reason for the sharp decrease in placements in 2016. Continued tracking of these and other data points will occur in 2017 as well as discussions with key stakeholders around the data and what it tells us relative to how the system is operating.

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

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<td>97</td>
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<td>61</td>
<td>84</td>
<td>81</td>
<td>77</td>
<td>75</td>
<td>43</td>
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Source: MCDHS

**EFFECTIVENESS OF DIVERSION PROGRAM AND SERVICES**

In 2015, Monroe County worked with its preventive funded diversion programs to establish more measurable outcomes and quarterly markers. The Diversion Programs must enter quarterly data in the County’s ContrackHQ system. The inputted data is reviewed quarterly by the Preventive Liaison and the C/FS Admin. If issues/concerns are raised, the Preventive Liaison meets with the programs to discuss them and develop a plan to address/resolve any concerns.

7. Please identify the intended outcomes to be achieved for the PINS Diversion population. For each outcome:

   **f.** In the first column, identify quantifiable and verifiable outcomes of the desired change in conditions or behaviors for the PINS Diversion population.

   **g.** In the second column, identify the specific raw number or percentage change indicator sought for that outcome.

   **h.** 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.
<table>
<thead>
<tr>
<th>Outcome (For PINS Diversion Population)</th>
<th>Indicator (Expressed as a raw number or % change)</th>
<th>Strategy/Plan to achieve (Who, what, and when)</th>
</tr>
</thead>
</table>
| Increase the number of PINS cases closed as adjusted | Increase by 5% | - Analyze outcomes of Preventive funded juvenile justice programs at the 3, 6, 12 and 18 month post discharge markers. Adjust program models/services /funding as necessary (DHS, Probation)  
- Complete the PINS Indicator Sheet with data from 2010-2016 and verify the data with the various data sources. (DHS/Probation/MCFC) Sept 2017  
- Collect and report data quarterly on reasons for case closing (Probation) Ongoing  
- Provide ongoing in-service training opportunities to FACT and Probation staff on emerging community resources and issues impacting youth. (Probation, DHS, CCSI, OMH) Ongoing |
| Reduce the number of PINS cases closed by FACT or PINS Diversion as Terminated w/No Bar to Petition and referred to the Family Court | No more than 35% of closed cases from FACT or PINS Diversion will be closed as Terminated W/No Bar to Petition | - Provide case management supervision and services to PINS petitioned cases via the ATD team (Probation)  
- Work with MCFC to increase the number of court ordered diversions (Probation, DHS, MCFC, JJ Council) Ongoing  
- 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 (Probation) Ongoing  
- Utilize community based services to address needs and assist in monitoring youth while court case is pending (Probation) Ongoing  
- Report data quarterly (Probation, DHS, Hillside NSD, MCFC) Ongoing  
- ATD Team will maintain the Immediate Probation Response (IPR) process and report data quarterly. (Probation) 2017  
- Expand Probation’s Diversion |
<table>
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<tr>
<th>Increase the number of PINS youth screened at FACT to identify those who have co-occurring conditions to develop effective cross system treatment plans</th>
<th>Review Committee (DRC) to review PINS cases where the Probation Officer is considering referring the case to MCFC to ensure all community options have been exhausted prior to petitioning (Probation) 2017</th>
</tr>
</thead>
</table>
| 60% of new youth coming to FACT will be screened | -Continue to offer MAYSI-2 to youth coming to FACT (FACT, Probation) Ongoing  
-Track results of MAYSI-2 & linkages/referrals to other service providers (FACT, Probation, OMH) Ongoing  
-Report outcomes to Leadership Team (FACT, Probation, OMH) Annually |

Mon Co DHS 2017 APU – Approved 10/4/2017  
Child Care Plan (Appendix K-1 – U) Approved 9/28/17
APPENDIX W
SERVICES TO SEXUALLY EXPLOITED CHILDREN

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 worked with other agencies and systems, 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
- [x] Runaway and Homeless Youth Program Providers
- [x] Runaway and Homeless Youth Program Coordinator
- [x] Probation Department
- [x] 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.

<table>
<thead>
<tr>
<th>Short-term safe housing</th>
<th>Center for Youth Services (CYS)</th>
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<tbody>
<tr>
<td></td>
<td>Provides 24-hour crisis housing at an approved runaway shelter for youth 12-18</td>
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<td></td>
<td>Salvation Army- Genesis House</td>
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<td></td>
<td>Provides 24-hour crisis housing at an approved runaway shelter for youth 16-21</td>
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<tr>
<td></td>
<td>MCDHS</td>
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<tr>
<td></td>
<td>Provides emergency housing to youth 16 and up</td>
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<tr>
<th>Longer-term Housing</th>
<th>Catholic Family Center/URM Program</th>
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<tr>
<td></td>
<td>Provides foster care for youth enrolled in the URM program including youth who are referred as Victims of Trafficking.</td>
</tr>
<tr>
<td></td>
<td>MCDHS</td>
</tr>
<tr>
<td></td>
<td>Provides longer term housing based upon financial eligibility. Also provides foster care for youth up to age 21.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Case Management</th>
<th>Center for Youth Services (CYS)- Save Harbor Project</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center for Youth Services will provide specialized case management services to youth who are sexually exploited</td>
</tr>
<tr>
<td></td>
<td>Catholic Family Center (CFC) –URM Program</td>
</tr>
<tr>
<td></td>
<td>CFC provides on-going case management services to youth in the Unaccompanied Refugee Minor program. Some of these youths are identified at the time they enter the program as victims of human trafficking or having been sexually exploited.</td>
</tr>
</tbody>
</table>

| Health Care | Mon Co Dept. of Public Health - Starlight Pediatrics Clinic |
provides health care, assessments and screening/linkages for mental health and specialized treatment for youth in foster care

**Health Reach-Mobil Medical Unit**
Unity Health System’s Health Care for the Homeless operates a mobile unit that serves homeless and runaway youth on the stress and at the various shelters.

**Area health clinics and hospitals**

| Mental Health | Area Mental Health Agencies including:  
| | Crestwood Children’s Center  
| | Mt. Hope Family Center  
| | Genesee Mental Health  
| | Cayuga Children’s Center - Mental Health Clinic |

| Substance Abuse Services/Treatment | Area Substance Abuse Treatment Providers including:  
| | Delphi  
| | Conifer Park  
| | Unity Health Systems/Park Ridge  
| | Huther Doyle  
| | Health Reach |

| Interpreters and/or Translation Services | Catholic Family Center Refugee Services  
| | SLC (Sign Language Connection)  
| | ME Services Communication, Inc. |

| Legal representation for purposes of establishing legal residency or to address immigration issues | Catholic Family Center-Unaccompanied Refugee Minor Program (URM)  
| | 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.  
| | Legal Aid Society of Rochester  
| | Provides free legal representation in immigration matters |
The 2017 Child Welfare Planning Addendum component of the APU provides counties with a vehicle to document the county’s performance on six CFSR safety and permanency indicators and to document the Planning Team that will convene throughout 2017 to analyze the CFSR indicators, engage in a self-assessment process, develop strategies, and monitoring. Thereby, serving to systematically develop the next five-year County Child and Family Services Plan.

Use this addendum to present your county’s performance on six CFSR indicators and your preliminary assumptions about factors that contribute to your performance. Additionally, provide information about the County Planning Team.

I. Current Performance
An initial step in planning and quality improvement is to identify your performance on a set of standard indicators. Using the format below, please report your performance on the six federal CFSR safety and permanency indicators. Also document any variation you notice among age groups, race/ethnicity, and/or time frames.

NOTE: The analysis in 1b does not include Wave 1 data as Monroe County was notified by OCFS that the Wave 1 does not have accurate demographic information to use to compare with either Wave 2 or Wave 3 data.

The most striking difference noted across waves of data related to the significant disproportionate numbers of African American children in FC, as compared to white children. AA children enter care at a rate more than 30% higher than white children and stay in care longer. The disproportionality increases when you factor in both AA and Hispanic children. In 2015, Monroe County implemented a Blind Removal Project in an effort to examine decision making using 4 pilot CPSI teams. Boys enter FC more often than girls at a rate of 15-20%. Additionally, while placements into FC span all ages, there is a higher number of teenage placements (45%-50% ages 14 and up). These older youths also tend to remain in care longer. For Monroe County, some of the teen disproportionality might be impacted by our Unaccompanied Refugee Minor program. Also notable is the fact that reunification becomes less likely the longer children remain in FC. In P1, most youth achieve permanency through reunification. By P3, permanency is predominantly through Adoption.

CFSR Safety and Permanency Outcome Indicators – County Performance

<table>
<thead>
<tr>
<th>Wave 3 Data is preliminary</th>
<th>County Wave 1</th>
<th>County Wave 2</th>
<th>County Wave 3</th>
<th>NYS Wave 3</th>
<th>National Average</th>
</tr>
</thead>
</table>

1a. What is your county’s performance on the CFSR Indicators? This information will assist with identifying areas most in need of improvement, and guide the focus of the 2017 diagnostic and needs assessment process. Using the CFSR Wave data, please complete the table below with your county’s performance on each indicator.

1b. Does your county performance show any notable differences in age, race/ethnicity or gender for the individual CFSR Indicators within a specific wave and/or over time? If YES, note below. If NO, please indicate no difference.
## S1: Maltreatment in Foster Care

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>AA Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>9.8%</td>
<td>2.5%</td>
<td>14.6%</td>
<td>16.3%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Wave 2 data showed about an equal number of boys vs girls. No discernable difference in race/ethnicity. Of interest is the number of 5 and 15 year olds who tended to be in care 2x as long. Wave 3 data had slightly more boys than girls and a higher AA population. The ages shifted some to have youth ages 8, 10 and 12 more prevalent.

## S2: Recurrence of Abuse/Maltreatment

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>AA Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>14.5%</td>
<td>14.9%</td>
<td>14.7%</td>
<td>18.0%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Similar to S1, there were an equal number of boys vs girls in the Wave 2 data but slightly more boys in the Wave 3 group. Consistent breakdown of race/ethnicity between the two Waves. In the Wave 2 data, the incidences of recurrence were primarily maltreatment.

## P1: Permanency within 1 Year - Admission

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>AA Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>47.5%</td>
<td>45.3%</td>
<td>50.9%</td>
<td>34.2%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

Boys were significantly higher than girls in both Wave 2 (15%) and Wave 3 (20%) to enter FC. For both Waves the majority of youth were 14-15-year-old however infant (<1) were high in the Wave 3 group. 30%- 35% more AA youth than white youth entered foster care in Wave 2 and Wave 3. Reunification was higher in Wave 2 group (2:1) than in Wave 3 group where reunification and release to relative were the same.

## P2: Permanency for Youth in Care 1-2 Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>AA Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>25.9%</td>
<td>33.3%</td>
<td>36.4%</td>
<td>28.5%</td>
<td>43.6%</td>
</tr>
</tbody>
</table>

For Wave 2 group, 30% more boys were still in FC and 25% were discharged. For Wave 3 data, the percentage in care and discharged were the same. Monroe County experienced consistent improvement in our P2 outcomes across all three waves of data.

## P3: Permanency for Youth in Care 2+ Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
<th>Total</th>
<th>AA Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>27.1%</td>
<td>20.6%</td>
<td>35.5%</td>
<td>29.2%</td>
<td>30.3%</td>
</tr>
</tbody>
</table>

There is variation in the data. However, youth under age 12-13 were the least likely to have been discharged. Wave 2 data showed 25% more AA youth than white youth still in FC. For Wave 3, this jumped to 34% more AA youth than white youth.
### II. County’s Assumptions About Factors That Contribute to Current Performance

Throughout this planning process, the county will work through a diagnostic process that clarifies and improves an understanding of the underlying factors that contribute to both high and low performance. This process often begins with statements that portray the commonly held ideas about the most likely factors that impact performance. These are assumptions about the key underlying factors.

Please provide information that identifies and describes the county’s preliminary assumptions about your performance on the CFSR Indicators.

<table>
<thead>
<tr>
<th>Preliminary Assumptions about Factors that Contribute to Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFSR Indicators</td>
</tr>
<tr>
<td>S1: Maltreatment in Foster Care</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
- There might be similarities between the original allegations that led to placement and the allegations during placement as they predominantly occurred with biological family, not Foster Home.
- Did we not have the right services in place to support the family?

### S2: Recurrence of Abuse/Maltreatment

Monroe County is **below** the National Standard but **exceeds** NYS Wave 3

- A higher risk of recurrence when children are placed outside of the home (FC or RR)
- High RAP would suggest likelihood of recurrence.
- If the recurrences were on open cases, were the right supports in place that could have presented the recurrence
- DV is likely to indicate a higher rate of recurrence
- Sources are mandated reporters.

### P1: Permanency within 1 Year -Admission

Monroe County **exceeds** National Standard and NYS Wave 3

- Success is due to our focus on Dads and Relatives from the beginning.
- First time placements, rather than return to placement.
- Kids return home quickly when they are younger – but babies or toddlers/early school years?
- Many kids enter and exit quickly while we check out relatives.
- Unclear the connection between DMR and the high rate of poverty in the City of Rochester, which disproportionally affects families of color. Are most placements coming from impoverished zip codes?

### P2: Permanency for Youth in Care 1-2 Years

Monroe County is **below** National Standard but **exceeds** NYS Wave 3

- Permanency Unit wasn’t well managed and was understaffed. Improvements between Waves 1-3 caused by improved management of Perm Unit.
- Suspended judgments are creating delays.
- Some Courts demonstrate delays in disposition of TPR from time of filing to adjudication – noticeable outside the norm of the majority of Courtrooms.
- Older kids with more challenging behaviors experience slower permanency.
- Once a child is freed, there can be delays to adoption.
- Child Service’s Needs – these kids might be PINS/JD’s, OMH or OPWDD Residential Placements.
- URM population is included in Monroe County’s numbers.

### P3: Permanency for Youth in Care 2+ Years

Monroe County **exceeds** National Standard and NYS Wave 3

- Success due to improvements on the Permanency Unit – cleaning up the backlog of TPR’s led to an increase in adoptions.
- We’ve started holding Permanency Reviews at 5 and 10 months.
- Increased focus on relatives, use of PRT’s and Family Finding.
- Teams are facilitating surrenders, negating the need for the TPR writing and filing.
- URM’s are counted…these youths often have very delayed permanency.
### P4: Re-entry

<table>
<thead>
<tr>
<th>Monroe County is below National Standard and below NYS Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Relatives becoming certified FP’s look like a re-entry even though placement doesn’t change.</td>
</tr>
<tr>
<td>• Kids in P1 went home too soon</td>
</tr>
<tr>
<td>• In adequate services were provided to sustain return home.</td>
</tr>
<tr>
<td>• Child vs. Parent service needs</td>
</tr>
<tr>
<td>• Failed relative placement causes a return to care. Inadequate services provided to relatives.</td>
</tr>
<tr>
<td>• Court discharges youth inappropriately and against CPS recs.</td>
</tr>
</tbody>
</table>

### III. 2017 County Planning Team

A team of 6-12 people is recommended and may include internal LDSS representatives from various program areas (i.e.: CPS, foster care, adoption, training, analytics, etc.) and levels of the organization (Director of Services, supervisors, caseworkers, support staff, etc.). The county may organize this team to also include community partners such as court personnel, law enforcement, contract providers, university partners and other allies. The county should pay particular attention to external stakeholders from program areas included in the plan (domestic violence, youth development, PINS, runaway/homeless youth, detention, child care, etc.) During the implementation of the five-year county plan starting in 2018, the team will monitor the implementation strategies and their impact.

#### 2017 Planning Team

<table>
<thead>
<tr>
<th>Team Chairperson:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the team chair or co-chairs by name, title and organization affiliation</td>
</tr>
<tr>
<td>Amy Natale-McConnell, Director Child &amp; Family Services Mon Co Department of Human Services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Membership:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If an individual is identified, please list name, organizational affiliation and title.</td>
</tr>
<tr>
<td>Brett Baker, Business Analyst, NYSOCFS</td>
</tr>
<tr>
<td>Pat Heaman, Monroe Regional Office-NYSOCFS</td>
</tr>
<tr>
<td>Thalia Wright, Monroe Regional Office-NYSOCFS</td>
</tr>
<tr>
<td>Sue Johnson, C/FS Administrator, MCDHS</td>
</tr>
<tr>
<td>Jackie Sofia, C/FS Administrator, MCDHS</td>
</tr>
<tr>
<td>Diane Barbato, C/FS Administrator, MCDHS</td>
</tr>
<tr>
<td>Kathy Cardilli, C/FS Administrator, MCDHS</td>
</tr>
<tr>
<td>Michael Korytkowski, Supervisor, Permanency Team MCDHS</td>
</tr>
<tr>
<td>Rahima Wynn, Sr. Caseworker, MCDHS</td>
</tr>
<tr>
<td>Julie Milan, Caseworker, MCDHS</td>
</tr>
<tr>
<td>Sarah Mason, Sr. Caseworker, Staff Development MCDHS</td>
</tr>
<tr>
<td>Lisa Jackson, Sr. Caseworker, MCDHS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency of Meetings: describe frequency and length of meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monroe County is presently engaged with Public Catalyst, with meetings for 1.5 days per month</td>
</tr>
</tbody>
</table>
Engaging in a thorough diagnostic and planning process requires a time commitment. Although not prescriptive, OCFS recommends, at a minimum, monthly half day meetings with supplemental work conducted between meetings through May. Our CFSR Planning Team will meet monthly, beginning 1/12/17. Dates are already scheduled through June. Each meeting is planned for 2 hours, as this time will be in addition to our Public Catalyst time. Most of the core CFSR Planning members are also on the Public Catalyst team.

<table>
<thead>
<tr>
<th>Plan for Involving External Stakeholders:</th>
<th>Monroe County has a Court Improvement Collaborative. This group includes, a Judge, County Attorneys, Public Defender, and Attorney for the Child, CASA, and several community agency partners (Hillside, Mt. Hope Family Center, and Society for the Protection and Care of Children), as well as Office of Mental Health participation. The CIP Liaison has agreed it’s appropriate to utilize this forum on a quarterly basis to discuss the CFSR and share the Planning Teams analysis and developing strategies. This group will be encouraged to offer insight, suggestion, and critique. We will additionally invite a Supervisor from Preventive Services, as well as Residential partners from Hillside and The Villa of Hope, both local partners providing both residential and preventive services for maltreated youth, as well as PINS/JD youth.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If external stakeholders are not regular members of the Planning Committee, please describe how they will be involved in the diagnostic/planning process.</td>
<td><strong>Plan for Involving External Stakeholders:</strong> If external stakeholders are not regular members of the Planning Committee, please describe how they will be involved in the diagnostic/planning process.</td>
</tr>
</tbody>
</table>