



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

September 16, 2020

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

This letter is to inform you that the Dutchess County Child and Family Services Plan (CFSP) 2020 Annual Plan Update is approved effective September 16, 2020.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Lisa G. Ogundimu".

Lisa Ghartey Ogundimu
Acting Deputy Commissioner
Child Welfare & Community Services
New York State Office of Children & Family Services

cc: File

Signature Page and Attestation

We hereby approve and submit the Child and Family Services Plan for Dutchess County Department of Social Services and Youth Bureau 2020 Annual Plan Update.

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

Legal Assurances

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

A. General

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

B. Child Protective Services

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

C. Preventive Services for Children

1. Children and families in need of the core preventive services have these services provided to them in a timely manner. Core services include day care, homemaker, transportation, 24-hour access to emergency services, parent aide or parent training, clinical services, crisis respite care,

- services for families with AIDS/HIV+, and housing services.
2. The district maintains efforts to coordinate services with service agencies and other public and private agencies within the district that provide services to children including the use of referral procedures with these agencies and formal and informal agreements.
 3. The district has prepared plans and procedures for providing or arranging for 24-hour access to emergency services for children who are at risk of foster care as specified in 18 NYCRR 423.4. Staff is aware of such plans and procedures.

D. Youth Development

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

E. Adult Protective Services

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

F. Domestic Violence Services

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

G. Child Care

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

1. Providing parents or other eligible caretakers with information about the full range of providers eligible for payment with child care subsidy funds.
2. Offering child care certificates to assist parents in accessing care.
3. Informing clients of criteria to consider when selecting a child care provider.
4. Allowing parents or other eligible caretakers to select any legal, eligible child care provider (districts may disapprove providers chosen by families with a preventive or protective case under certain circumstances).
5. Establishing at least one method of paying for child care provided by caregivers who do not have

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

part of the district's CFSP before imposing any additional requirements on child care providers that serve subsidized children.

H. Staffing

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

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

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

Commissioner County Department of Social Services

Name / Signature: 

Date:

June 30, 2020

As the PINS Diversion Service lead, I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Dutchess County 2020 Annual Plan Update.

PINS Diversion Service Lead

(Director/Commissioner County Probation Department or Commissioner County Department of Social Services)

Name / Signature: 

Date:

June 30, 2020

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Dutchess County Youth Bureau 2020 Annual Plan Update.

Executive Director County Youth Bureau

Name / Signature: 

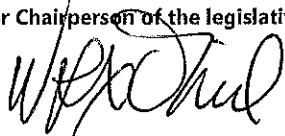
Date:

June 30, 2020

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

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

Name / Signature:



William F.X. O'Neill
Deputy County Executive

Date:

June 30, 2020

Public Hearing Requirements

No updates required in Annual Plan Update years

The law requires that at least one public hearing must be held during the development of and prior to the submission of the plan. Such public hearing(s) shall be held only after at least a 15-day notice is provided in a newspaper of general circulation in the district. Such notice must specifically identify the times during the public hearing when child protective services, adult services, and family and children's services components of the plan are to be considered.

One goal of the public hearing is to inform the community of the services available in the district and how they can be accessed. The public hearing also allows the public to raise issues and offer ways to improve delivery and provision of services in the district. Comments and issues raised at the hearing must be incorporated into the planning process if they are deemed to be valid. Implementing strategies that provide for meaningful public input can help to enhance the local planning process. The plan should not be completed prior to the public hearing and should be considered a draft until after the public hearing.

The plan is not to be submitted until 15 days after the public hearing.

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

Date Public Hearing held:

August 28, 2018

(at least 15 days prior to submittal of Plan)

Date Public Notice published:

August 9, 2018

(at least 15 days in advance of Public Hearing)

Name of Newspaper:

Poughkeepsie Journal

Number of Attendees:

51

Topics and Comments Addressed at Hearing:

CPS Services, foster Care, Youth & Young Adults, PINS Services, Child Care Services, Non-Residential DV services, Adult services

Areas represented at the Public Hearing:

- ☐ Health
- ☐ Legal
- ☒ Child Care
- ☒ Adolescents
- ☒ Mental Health
- ☐ Law Enforcement
- ☐ Aging

☒ General Public

☒ Other

Please specify:

Childrens Services Providers, DV Providers, Poughkeepsie school district

☒ Other

Please specify:

Substance Abuse Provider, Employment services provider



Other

Please specify:

NY State Senator Serino's office, Catholic Charities

Issues identified at the Public Hearing:

See separate documents for the Summary of the Plan provided to attendees and the questions and issues raised at Public Hearing.

MOU Between DA's Office and CPS

No updates required in Annual Plan Update years

Please upload a copy of your signed MOU to this system or include a narrative summary of the cooperative procedures to be followed by both parties in the investigation of incidents of child abuse and maltreatment, consistent with their respective obligations for the investigation or prosecution of such incidents, or as otherwise required by law.

- ☒ A copy of our MOU has been uploaded to the system
- ☐ A narrative summary of our MOU is below and a copy of the signed MOU is on file with OCFS

If providing a narrative summary, please enter it here:

County Overview

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

Dutchess County Vision:

We in Dutchess County strongly value children, youth, and families. We envision a community environment that is safe, supporting, nurturing, healthy, and drug free. We seek to offer services that are accessible to all diverse groups and provide equal opportunities for education, career development, and personal growth. We hope that all children, youth and families can maximize their potential to make contributions to their communities and participate in its leadership.

The Department of Community and Family Services, Youth Services and the Office of Probation and Community Corrections missions support the above vision. The Department of Community and Family Services' mission is to meet the needs of the County's population, as provided by social services law, in a courteous, fair and efficient manner with the aim of restoring each beneficiary to maximum independence by:

I. Providing assistance to eligible individuals and families while assisting clients to achieve their full potential.

A. Conduct thorough eligibility investigations;

B. Apply rules, regulations and local policies objectively, consistently and uniformly;

C. Provide clients with all of the benefits to which they are entitled;

D. Work cooperatively as divisions to meet the separate needs of clients while preserving the integrity of each individual;

E. Maintain professionalism in all contacts.

II. Develop and make available to families and individuals services that will strengthen the family unit, encourage stability in living arrangements, and provide for specialized care.

III. Provide protective services to children and adults at risk.

IV. Provide adequate information to the general public regarding our programs and services and maintain adequate knowledge of community services to act as a referral source.

The Youth Services' mission is to assure every youth a fair and equal opportunity to attain his/her full potential by providing and encouraging services which strengthen family life and by supporting families in their essential function of nurturing the youth's overall development. Similarly, Youth Services will encourage and assist communities to carry out their responsibilities to provide the important physical and social conditions necessary for the well-being and development of our youth in a fiscally responsible manner.

As part of our integrated county planning process for over the past fifteen years, the County has used the NYS Touchstones Framework to track countywide data, develop common outcome language among funders, increase knowledge about contracted services and government agencies' functions, and organize strategic planning efforts for the Department of Community and Family Services, the Youth Services Division and, more recently, the Office of Probation and Community Corrections.

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

Dutchess County is in the heart of the Hudson Valley, midway between New York City and Albany and encompasses approximately 800 square miles of rural, agricultural, urban and suburban land uses. This spreadout requires cars to get almost anywhere. US Census estimates of population, demographic, economic characteristics, social characteristics and housing units for Dutchess County are summarized below and compared with New York State:

Population - Between 2010 and 2018, the population decreased 1.26%. Currently 11.5% of the population is foreign born with the majority arriving from Latin America. Much of the population increase observed in Dutchess County in the past was due to international migration of individuals into the County. This influx changed the face of Dutchess County. Among people at least five years old living in Dutchess County, 15.6% speak a language other than English at home (US Census Quick Facts 2018). When considering cultural and economic challenges faced by immigrants, healthcare providers, and the County as a whole, it is important to remember that data regarding immigrants do not provide much information on undocumented immigrants.

Age and Gender- from 2017 to 2018, the older population has increased slightly to 16.6% and the the younger population 0-18 years has increased to 19.4% .

Race -Dutchess County has less racial diversity than NYS, with 81.2% of the population recorded as White as opposed to NYS with 76.5%. The Black population has increased from 9.9% in 2010, to 11.9% in 2018. The Asian population has increased during this time period from 3.5% in 2010 to 3.8% in 2018. The Hispanic population is also on the rise, increasing from 10.5% in 2010, to 12.5 % in 2018. Minority populations in Dutchess County are centered primarily in the City of Poughkeepsie. The percentage of Blacks and Hispanic/Latinos in the City of Poughkeepsie were 37.6%, and 17.8%, respectively compared to 10.5%, and 11.7%, respectively in Dutchess County (ACS 2013-2017).

Economic- Dutchess County appears to be a prosperous community. The 2018 median household income is significantly higher than that of the rest of New York State, and the fraction of persons living below the poverty line is 9.2 %-somewhat less than the 11.8% poverty rate experienced throughout the rest of the state. Some areas of the County, however, do not enjoy this level of affluence. The poverty rate in the County's primary urban center, Poughkeepsie, is 15.6 %. In addition, pockets of rural poverty dot the countryside, providing a study of contrasts between the stately affluence and generational poverty that are experienced in neighboring communities.

Dutchess County unemployment for December 2019 was 3.4%, lower than the average annual employment rate of 4% for 2007 prior to the economic downturn. DCFS continues to see a high demand for services with the total number of unduplicated individuals receiving all categories of DCFS assistance up slightly from 2018.

According to 2017 Annual Homeless Assessment Report (AHAR) an estimated 1,516 individuals experienced homelessness in Dutchess County between October 1, 2016 and September 30, 2017, down from the prior year's estimate of 1,739 homeless individuals. The AHAR draws on data reported by housing providers through the Homeless Management Information System (HMIS) and extrapolated data representing non-HMIS providers (Domestic Violence shelters & DCFS motel vouchers, etc.) to calculate an unduplicated homeless count. Another measure of homelessness is the Point in Time Count (PIT), an attempt to count the sheltered and un-sheltered homeless population on a single night in January each year. Dutchess County's PIT count had not fluctuated much over the three years from 2016 to 2018 , however there was a 26% increase in the 2019 count. The 2016 PIT count resulted in identification of 385 homeless individuals (22 unsheltered and 363 sheltered). There were 388 individuals identified in the 2017 PIT Count (9 unsheltered and 379 sheltered). There were 392 individuals identified in the 2018 PIT count (9 unsheltered and 383 sheltered). The most recent PIT Count, conducted on January 27, 2019 identified 533 homeless individuals (10 unsheltered and 523 sheltered). previously the County's record high was recorded in the 2010 PIT Count which reported a 476 homeless individuals .

DCFS temporary shelter expenditures were \$2,181,981 for 2016 and \$2,494,092 in 2017, an increase of 12.5% and \$3,738,726 in 2018, an increase of 33%.

Insufficient availability of affordable housing heightens the risk of homelessness in Dutchess County where rising fair market rents are beyond the means of many low-income households.

Using HUD's guidelines that household should not spend more than 30% of their income on

housing costs including utilities, a household would need to earn at least \$530,280 to afford an average one bedroom apartment and \$61,040 for a two bedroom in Dutchess County [County Planning Department's 2019 Rental Survey Report]. For low income households rent typically consumes such a large portion of their income that it is difficult to sustain housing and meet other basic needs. Dutchess County's rental vacancy rate is 1.5% according to the 2019 Rental Survey Report, which is less than on third of the 5% housing experts recognize as an indicator of a healthy rental market. With such high competition for available rental slots, landlords have been able to raise rates and still quickly fill vacancies. The vacancy rate for tax credit developments was 0.5%. Tax credit developments have lower rates due to subsidized rents. The vacancy rate for the County's 26 subsidized complexes was 0.0% since there are waiting lists for all.

Social/Educational- 90.5% of people 25 years and over have at least graduated from high school and 34.6% have a bachelor's degree or higher (2013-2017); In 2019 7% of the County cohort were dropouts, 12% of the County's economically disadvantaged cohort dropped out and 24% of the City of Poughkeepsie cohort were dropouts. School test scores for the County for 2019 show 42% students in grades 3-8 are proficient in English Language Arts – and 41% of students are proficient in Math.

Health - In 2019 Dutchess County ranked among the top 13 New York State counties for overall health outcomes and health factors according to the national County Health Rankings. Health insurance is a factor in access to health care for the prevention and treatment of disease and in Dutchess the number of Dutchess residents with health insurance has been increasing. Issues of concern are the increasing number of drug overdoses and drug related hospitalizations, particularly due to heroin.

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

THE INFORMATION PROVIDED BELOW IS FROM THE 2018-2023 CFSP. INFORMATION ON SUCCESSES AND ACHIEVEMENTS FOR THIS UPDATE ARE PROVIDED IN THE INDIVIDUAL PLAN SECTIONS

Children's Services

The current CFSP runs from 2018-2023. We previously reported on Wave 1-4 data. The current Revised Wave 5 data and Wave 6 data cover the time period of 2016-

2018. For:

Permanency Indicator One: % of Children Entering Foster Care obtaining Permanency within 12 months, our County was at 31.3% in Revised Wave 5 and at 22.5% percent for Wave 6. The NYS percentage for wave 6 is 35.6% and the National percentage is 42.7%. We will continue to work on this target to reach the Statewide measure during the remainder of this plan.

Permanency Indicator Two: % of Children in Foster Care for 12- 23 months obtaining Permanency within 12 months, our County has shown tremendous progress. In Wave 4 we were at 37.7% and in the Revised wave 5 data and Wave 6 data we have maintained at 50.7%. This exceeds the Wave 6 NYS percentage of 31.1% as well as the National percentage of 45.9%. We will continue to work on this target to increase our percentage further during the remainder of this plan.

Permanency Indicator Three: % of Children in Foster Care for 24+ Months Obtaining Permanency Within 12 Months, our County has shown tremendous progress. In Wave 4 we were at 33% and in Revised Wave 5 we were at 51.9% and wave 6 is 51.6%. This far exceeds the Wave 6 NYS percentage of 33.8% as well as the National percentage of 31.8%. We will continue to work on this target to increase our percentage further during the remainder of this plan.

Permanency Indicator Four: % of children Entering Foster Care, discharged to Permanency within 12 months and then Re-Entering Care within 12 months, our County has made significant progress. In Wave 4 we were at 11.4% and in Revised Wave 5 we were at 2.4% and in Wave 6 we are at 5.9%. This demonstrates we have continued to show progress from 2016 to present. Our County is lower than the NYS Wave 6 percentage of 7.9% and the National percentage of 8.1% which is very positive. Our goal is

to continue to work on reducing this percentage for the remainder of this plan.

Safety Indicator One: Rate of Indicated Maltreatment Reports while in Foster Care, our County sees this as an area to improve on. Our Rate of Indication per 100,000 Care Days for Revised Wave 5 was 14.59 and our Wave 6 was 21.62. The NYS Rate is 20.25 and the National Rate is 9.67. We are close to the NYS rate and this is an area we will continue to work on for the remainder of this plan.

Safety Indicator Two: % of Children with one or more Substantiated Allegations within 12 months of the Initial Report, our County has shown significant progress in this target. Our Revised Wave 5 percentage was 21% and our Wave 6 percentage is 17.3%. We are under the NYS percentage of 19.1% but above the National percentage of 9.5%. We will continue to work on this target for the remainder of this plan

100% of CPS Cases conferenced continue to have plans and services assessed and revised to ensure that all issues of child safety and family needs are met.

D.C. DCFS continues the process of implementing training on Family Team Meetings to all Children's Services Staff. Trained staff continue to be assigned as Facilitators for Family Team Meetings and a log is maintained showing when the meetings are assigned and to which Facilitator.

D.C. DCFS continues to screen all children listed on CPS reports for Indicators of Child Sex Trafficking. The Rapid Indicator Tool to identify children who may be Sex Trafficking Victims or at risk of being a Sex Trafficking Victim is completed for every child on the report or in the family prior to the case closing. If prompted to do so, a Comprehensive Screening Tool is completed and caseworker follows the steps outlined in 15-OCFS-ADM-16. All DCFS staff have the name of the Safe Harbour Liaison in our county and do outreach as deemed necessary.

100% of child protective and/or preventive cases conferenced have plans and services assessed and revised as needed to address child safety and family needs.

100% of families requesting voluntary placement have an assessment to determine whether the child can be safely maintained at home with community supports and services in place prior to a voluntary placement being made.

Dutchess County DCFS continues to contract with Astor Home for Children for five crisis intervention waiver slots to provide in-home services to children at risk of psychiatric hospitalization and their families, to enable those children to remain in the community.

Dutchess County DCFS continues to contract with Riverhaven Shelter for crisis/respite beds for teenagers.

100% of foster care cases conferenced have plans and services assessed and revised to ensure that all issues of child safety, well-being and permanency are addressed.

Dutchess County DCFS continues to provide a minimum of two Independent Living Trainings yearly.

Dutchess County DCFS continues to explore all avenues to offer increased visitation for foster children and their birth families. The county looks for resources who can not only be the full time resource for the foster child but also looks for resources who can be visiting resources or supervisors of visits. In 2017, Dutchess County received a grant from Redlich Horowitz Foundation One Strategy we have worked on is to increase Kinship Foster Care Placements knowing that there is more frequent visitation that occurs when children are placed with Kin and better outcomes for permanency. The second strategy worked on was to reduce the use of congregate care foster care placements. We have made significant progress in both of these areas.

- As of 12/31/17, we had 251 children in foster care, 20 placed with an approved relative and 92 placed in congregate care.*
- As of 12/31/18, we had 203 children in foster care, 34 placed with an approved relative and 59 placed in congregate care.*
- As of 12/31/19, we had 187 children in foster care, 50 placed with an approved relative and 40 placed in congregate care.*

Dutchess County DCFS continues to actively recruit foster parents, and relative foster parents to serve the children in our county. Our county continues to offer trainings for all new foster parents.

In 2019 Dutchess County DCFS received a CAPTA/CARA Grant and were able to obtain a co-located Public Health Nurse. The PHN has assisted CPS in developing Plans of Safe Care and has assisted CPS on reports with Parent Drug Alcohol Misuse with children 0 -5 years old in the home

Dutchess County continues to have two Co-Located Domestic Violence Liaisons and three Substance Abuse Professionals co-located who can perform drug screens, assessments and referrals.

PINS Diversion

Over the past five years Dutchess County has implemented a number of innovative programs that have shown promise toward the goal of meeting the needs of our PINS population. It is through partnerships with a number of agencies we have been able to successfully bring various programs to our community.

Through collaboration between the Dutchess County Office of Probation and the Dutchess County Department of Community and Family Services we were able have a number of staff members trained in the Strengthening Families Program. Strengthening Families is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and Social and emotional competence of children. A number of families have benefitted from this program to date.

Functional Family Therapy has been offered over past several years here in Dutchess County. This program is a collaboration between several groups including the Dutchess County Office of Probation, Astor Services and the Dutchess County Department of Behavioral and Community Health. FFT is a short-term, high quality intervention program with an average of 12 to 14 sessions over three to five months. FFT works primarily with 11- to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice. FFT consists of five major components: engagement, motivation, relational assessment, behavior change and generalization. Each of these components has its own goals, focus and intervention strategies and techniques. Numerous families dealing with PINS behaviors have been successful as the result of receiving Functional Family Therapy over the past five years.

Teen Intervene is provided to our PINS Diversion population by a Dutchess County Department of Behavioral and Community Health Social Worker who is embedded at the probation office. Teen Intervene youth with an easily administered, low-cost program that helps teens self-identify a substance use disorder, provides a brief plan for intervention, and guides the referral to treatment. By engaging both the teen and the parents in this three or four-session model, Teen Intervene is a unique comprehensive program created specifically to drive adolescent engagement and produce positive outcomes. Teen Intervene includes a specific focus on alcohol, marijuana, and tobacco use and is proven to reduce the use of both alcohol and marijuana when measured at six and twelve months past intervention.

All PINS youth in Dutchess County are offered assessment at intake for mental health needs via the MAYSI-2 Screening Instrument. The MAYSI-2 helps in identifying young people's needs—substance use, trauma-related problems, and suicide ideation—is important at that initial contact. It's the first step for identifying those who need immediate attention and further assessment for mental health needs. It is also used to guide decision making regarding referrals for appropriate services.

Adult Services

The goal of Adult Protective Services (APS) is to assist individuals to remain safely in their homes in their communities. This must always be a consideration. Often victims of abuse or financial exploitation may be unwilling to report the perpetrators to the police fearing loss of their homes or the incarceration of a family member. Mental illness, substance abuse, ability to perform the activities of daily living must always be considered.

The Adult Services Division provides Housing Case Management Services to homeless single individuals, couples and families in need of temporary housing and assistance in locating permanent housing. All adults referred for Housing Services are screened for APS. Both APS and Housing Cases continued to present in crisis. Vulnerable adults who have challenges in engaging with mainstream service agencies, particularly vulnerable adults with unmet housing needs, are particularly hard to serve.

In 2019 the district received 643 APS referrals, completed 521 APS assessments, managed 31 Guardianship and 149 Representative Payee cases. Comparatively, in 2018 the district received 804 APS referrals, completed 619 APS assessments and managed 33 Guardianship and 125 Representative Payee cases. Mental Illness was indicated as a suspected impairment in 60% of all APS referrals. Overall, 30% of new APS referrals had a least one indicator of abuse or neglect from others and financial exploitation was suspected in 50% of all abuse cases. Homelessness was noted in 23% of all APS referrals. Persons age 60 or above constituted 65% of all APS referrals. To meet the increased need for Representative Payee Services, the District entered into a contract with Resource Center for Accessible Living to provide Representative Payee Services for vulnerable adults effective 2020.

In 2019 the district provided temporary housing and case management services to 242 families and 360 individuals and couples. Comparatively, in 2018 the district provided temporary housing and case management services to 188 families and 257 single individuals and couples. Overall, since 2015, there has been a 190% percent increase in the total number of homeless persons served from 342 in 2015 to 993 served in 2019 and a 160% increase in the number of children served from 155 to 403 children. The average length of stay in emergency housing increased 41% in the past five years from 9.5 weeks to 13.4 weeks and the overall expenditures for emergency housing increased by 295% from \$1,540,523 in 2015 to \$6,082,441, in 2019.

Housing continued to be priority in our District. Emergency and permanent housing options for vulnerable adults are limited due to the high level of needs of this population and the low vacancy factor in affordable housing that provide supports. To better identify and service homeless families and vulnerable adults, effective January 2019, Adult Services and Temporary Assistance staff launched a collaborative approach for assessing emergency housing needs by conducting joint eligibility and services interviews with applicants for Temporary Housing Assistance. The District also participates in HMIS (Housing Management Information System) to track homeless persons and capture data, including impairments that may have a potential impact on the individual's housing needs.

In 2019 the district participated in 14 large scale community events and provided or funded 8 elder abuse presentations to senior audiences and collaborative service providers, including World Elder Abuse Awareness Day. In-service presentations offered to Adult Services staff included an overview of New Rent Laws of 2019 by Legal Services and Non-Residential Domestic Violence Services by Family Services. In 2019, Adult Services staff participated in meetings of; The Coalition on Elder Abuse, Dutchess County Housing Consortium, Long Term Care Council, Sex-Offender Management Group, C.A.S.E. (Council of Agencies Serving the Elderly), Mental Health and Chemical Dependency Provider and Hudson River Housing Webster House.

The District continues to be committed to addressing the housing needs of families and vulnerable persons. In 2019 the Commissioner implemented a Solutions to Homelessness Workgroup that solicited partners from all services spectrums, public and private, with goal to seek solutions to combat homelessness and provide affordable housing options to all County residents. A report of targeted housing solutions and strategies was presented to the County Executive. A comprehensive initiative to prioritize housing was presented by the County Executive Marcus Molinaro in the 2020 State of the County Address. In the next five years our goal is to continue to support and participate in the County's efforts to increase permanent housing options for the vulnerable adults in our community and improve service delivery to homeless adults with impairments by developing partnerships with the mental health providers and hospitals.

Youth Services

The Division of Youth Services provides opportunities for youth leadership as well as the planning, contract management, program monitoring and evaluation of NYS Office of Children and Family Services funding in Dutchess County. Contract agencies have provided a wide array of positive youth development programming and services to 51,560 youth over the period of 2015-2019. We have also provided free, confidential short-term supportive services for 811 youth residing in Dutchess County ages 4-21 years of age. Youth dealing with personal, family, or school difficulties who need help to solve their problems are often referred by the schools, family, law enforcement and others. Additionally, in 2019, we have educated 42 adults and 148 youth through a variety of workshops including but not limited to anger management, antibullying, relationships, and values.

The Dutchess County Youth Bureau was merged with the Dept. of Social Services to become the new Department of Community and Family Services (DCFS). Functioning as the Division of Youth Services within the DCFS, the County Executive also restructured in 2014 the Youth Board into the Dutchess County Youth Board & Coordinating Council (YBCC) with its mission to strengthen community and family interaction with our young people in an effort to prevent crime, improve quality of life, and empower young people to lead productive lives and achieve greater success for themselves and their families. There are 22 members (5 youth and 17 adults) representing nonprofits, education, government, community sectors, and youth. The YBCC continues to provide annual scholarships for students attending Dutchess Community College.

The Dutchess County Youth Council is a youth leadership/youth engagement program for local high school students from throughout the county. They have successfully hosted many youth leadership trainings and guest lecturers on issues pertinent to their age cohort, completed several community service-learning projects, and some members have gone on to become members of the YBCC. In 2019, 20 youth actively participated in the program.

The Strengthening Families Program (SFP) is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. In 2019, 38 youth and their family members were served.

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

FFFS funds are limited and amounts that can be used for discretionary purposes are decreasing every year. During the 2019-2020 planning cycle the County is using most of the funds for Child Welfare Administration, EAF/JD Pins (Foster Care /Tuition) , the Title XX transfer for Child Welfare, and Non-AP/DV. We also fund two in-house Domestic Violence Liaisons. Due to cuts in the past we have been forced to reduce or eliminate our special and innovative TANF services programs which tended to be preventive in nature. The Department continues to use approved COPS funding as well as preventive funding where possible .

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).

RFP's are used. RFP's require that Proposers complete Logic Models and targeted outcome report forms . The County forms Rating Teams with members from affected Departments or Divisions within DCFS and when appropriate other individuals from the public to evaluate all proposals.

Dutchess County has a tradition of excellence with its human service departments sharing the following principles/values about human services:

- **We have a commitment to a continuum of quality services that improves the well being and health for all residents, protects our most vulnerable populations, and promotes public safety, self-sufficiency for individuals and families, and accountability to the taxpayer.**
- **We value cost effective services that are delivered in the most appropriate setting and focus on strengths of individuals and families with culturally-sensitive, courteous and respectful treatment for all involved.**
- **We make decisions based on local needs assessment, data analysis, evaluation and research.**
- **We promote effective services and strategies based on current research and that demonstrate outcomes.**
- **We believe that an investment in prevention is the long term, cost effective strategy for any system.**

- ***We are committed to using technology to improve services and decision-making.***
- ***We are recognized beyond the County for our leadership, innovative solutions and our collaboration across departments, in public/private partnerships, with residents or consumers as active participants.***

When providing services through a contract, it is our intent that the service provider share the same values.

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.

DCFS incorporates Logic Models and outcome performance measures into every purchase of service contract and each contract requires program and outcome reports on a specified schedule. In some contracts achievement of the specified outcomes is tied to final contract payment with a holdback of 1% of the funds for each outcome not met. At the very least all contracted programs are required to report on outcomes at least quarterly. Program and outcome reports together with program vouchers are sent to the Social Welfare Specialist in the Quality Assurance Unit and the Principal Program Assistant who handles contract payments. Reports are forwarded to the appropriate Division Director for review and approval before payments are made. The Directors together with fiscal staff are also responsible for conducting Program Monitoring through the year. All of the contractors' reports are compiled into an annual Contract Performance Outcome Report, which is then shared with the County Executive's Office.

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

Child Protective Services information is shared with service providers when needed to ensure the effective delivery of required services. The Department contracts with a number of community-based not for profit agencies to deliver mandated preventive services, one of whom also provides non-secure detention services. Those contracts include confidentiality clauses. To obtain services for children and families, Child Protective Services may share information with:

- ***Dutchess County Safe Harbor Coordinator and Human Trafficking Taskforce when there are questions of youth being at risk of human trafficking for the purposes of consultation and service provision***
- ***Child Advocacy Center Multidisciplinary Team members***
- ***Adoption and Foster Family Coalition and AGAPE program***
- ***Relatives as Parents Program***
- ***Co-located Domestic Violence Liaisons (as of April 2018 from Grace Smith House)***
- ***Co-located Substance Abuse Professionals (as of April 2018 from Lexington Center for Recovery and Dutchess County Dept. of Behavioral and Community Health)***
- ***Wendy's Wonderful Kids providers***
- ***Mandated Preventive Services Providers (as of April 2018 from Abbott House, Astor Services for Children and Families, Berkshire Farm)***
- ***Foster Care Provider Agencies***
- ***Foster Parents***
- ***Runaway and Homeless Youth Services (as of April 2018 Hudson River Housing River Haven)***
- ***Community Optional Preventive Services Providers***
- ***Dutchess County Youth Services/Youth Bureau***
- ***ECCSI Tiers 1, 2, 3 and Removing Barriers to Care/Care Coordination committee members***
- ***Detention and Juvenile Justice provider agencies***
- ***Criminal Justice System providers***
- ***Other Dutchess County Departments including but not limited to Probation and Behavioral***

and Community Health

- ***Contracted Services Providers***
- ***Public Defender's office***
- ***County Attorney's office***
- ***District Attorney's office***
- ***Community service providers (example Catherine St. Community Center)***
- ***Day Care Providers/Child Care Providers***
- ***Bridges to Health Providers***
- ***Health Home Providers***
- ***Managed Care Providers***
- ***Health Care Professionals***
- ***Public and Private School personnel***
- ***Mental Health Providers***
- ***Substance Abuse Providers***
- ***Emergency and Subsidized Housing Providers/Services***
- ***Landlords***
- ***Law Enforcement Agencies***
- ***Faith based organizations, including pastoral counselors***
- ***Attorneys***
- ***Social Workers***
- ***Other Local, State, Federal Government Agencies***
- ***Other County Departments of Social Services***
- ***Intra-Agency Divisions such as Temporary Assistance, SNAP, Adult Services, Medicaid, HEAP and Child Support***
- ***Client advocates and advocacy agencies***
- ***Family support systems including but not limited to neighbors, friends, relatives***
- ***Other collateral contacts deemed necessary***

Relationship Between County Outcomes and Title IV-B Federal Goals

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

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

Safety / Prevention

Safety / Prevention Plan Update

1) What is your Wave 6 Recurrence rate?

17%

2) What OCFS Safety Theme do you believe will improve performance?

This may be the same theme you identified in last year's plan, or a different theme based on a revised strategy.

Develop informed decision-making to identify appropriate service to meet families' needs

3) What strategies are you currently implementing within this theme?

We planned to implement several strategies around Recurrence.

The first strategy was around Consolidating Reports efficiently.

The second strategy was to make sure we were entering Incident Dates on all Indicated Reports.

The third strategy was to refer families to Domestic Violence Liaisons (DVL's) or Substance Abuse Professionals (SAP's) when either Domestic Violence or Alcohol/Substance Abuse Risk Factors are identified or suspected. In 2019 we were able to get a Co-Locted Public Health Nurse (PHN) through the CAPTA/CARA Grant and our PHN has received referrals on all cases requiring a Plan of Safe Care as well as a majority of investigations with PDAM as an allegation with children 0 - 5 years old. In addition, we have been referring cases with PDAM as an allegation to our Peer Advocate. We have expanded on our original third strategy in the past year.

4) Think about the successful strategies you have put into place over the last two years that have had a positive impact on recurrence. a) What was the strategy(s)? b) How did the strategy(s) make a difference? c) Why do you think the strategy(s) was effective? d) Describe how you tracked to determine if the strategy(s) made a difference.

All counties were informed that Wave 6 Outcomes were not created in the same way as outcomes for Waves 1 -5, making meaningful comparisons difficult. Counties were advised to use the Revised Wave 5 metrics as a baseline for monitoring change. In looking at our Revised Wave 5 outcome, Dutchess was at 21% compared to our Wave 6 outcome which puts us at 17.3%. Dutchess is under the NYS percentage of 19.1% recurrence in Wave 6 but above the National Average of 9.5% in Wave 6. It is also important to note that three out of four quarters in the Period Under Review for Recurrence in Wave 6 were prior to NYS implementing the new five year County Plan which began 4/1/18.

In reviewing our Consolidation strategy, from 4/1/19 through 1/31/20, 16% of the total number of reports received were consolidated. In reviewing CPS Report Determinations for the year 2019, 19% of the total number of reports determined were Initial Reports that were Indicated. 6% of the total number of reports determined were Subsequent Reports that were Indicated. In reviewing CPS Reports processed for the year 2019, 15% of the total number of reports processed were opened for services. In reviewing local data from April 2019 through February 2020, we consolidated approximately 56.5% of all Subsequent Reports that came in during that time period. This is an increase from 2018 when we consolidated 47.5%. Out of the remaining Subsequent Reports, approximately 31.5% could not be consolidated due to either being a Subsequent to an FSS or due to not having enough time to investigate within the timeframe of the initial report. Approximately 12% of the Subsequent Reports were not consolidated due to worker error. This is also an

improvement from 2018 when we had a 15.5% error rate.

Supervisors continue to be responsible for making sure Incident Dates are being entered on Indicated Reports at time of reviewing case for Determination. In a random review of 10 Indicated Reports, 10 out of 10 had Incident Dates entered.

When cases are opened for Services, the Service Plan Section of the FASP details what services are being offered and for what purpose.

We continue to make referrals to the SAP's, DVL's, PHN and Peer Advocate when ever either domestic violence or substance/alcohol abuse is identified or suspected. From 1/1/19 through 1/31/20, our SAP's conducted 2,505 toxicology tests on clients referred to them. This is a higher number of referrals in comparison to 2018 which had 2,352 toxicology tests over a 15 month time frame compared to this current 13 month time frame. This demonstrates our increased usage of SAP's as well as the increase in identifying cases with PDAM concerns. From 1/1/19 - 1/31/20, our Foster Care Dept referred 911 individuals to the SAP's, CPS referred 1,231 individuals to the SAP's and Preventive referred 363 individuals to the SAP's. From 1/1/19 - 12/31/19, we referred 607 individuals to the Co-Located DVL's. Our new PHN who has been co-located with us since April of 2019 has received 147 referrals from 4/26/19 - 1/31/20. In addition, she has assisted in developing 16 Plans of Safe Care with CPS.

We are continuing to refer cases to Preventive Services whenever this is identified as being appropriate. 279 families were served through our three Preventive Services Agencies in the calendar year of 2019. Berkshire reported 96% success with the outcome of "At the time of preventive services case closing, families receiving services will remain safely intact and out of home placement will be avoided." They also reported 98% of families made progress towards treatment goals, 96% of families served had reduced risk of abuse/maltreatment as measured by FASP scales and 100% of families served were connected to at least one resource in their home community at time of case closing. Abbott House reported 96% success with the outcome of "families will remain intact and avoid foster care placement." They also reported 93% of families made progress towards meeting treatment goals and court mandates, 93% of families had a reduction in risk, and 100% of families had a minimum of one community support in place prior to discharge. Astor reported 92% success with the outcome of "at time of preventive case closing, families receiving services will remain intact and out of home placement will be avoided." Astor also reported 82% of families made progress towards meeting their treatment goals, 89% of families had reduced risk measured by the FASP scales, 100% of families had a minimum of one community support in place at time of case closing.

5) Conversely, think about a strategy(s) that did not have a positive impact. a) What was the strategy(s) b) Why do you think the strategy(s) was ineffective? c) Describe how you tracked to determine if the strategy(s) made a difference.

One issue we have experienced with our Preventive Services is capacity. Our Voluntary Agencies have had staff vacancies that they have not been able to fill. This has impacted our ability to assign the contracted amount of cases to each agency due to their not being fully staffed. Our staff are continuing to make referrals, however, there is currently a wait list for assignments. This impacts CPS as case managers are trying to investigate cps reports as well as provide preventive services on FSS cases that have not been able to be transferred. This impacts families in that they are not receiving the full preventive services programming that our Voluntary Agencies provide. We have seen an increase in Community Preventive Referrals as our Housing Dept has been sending referrals regularly for families who are at risk of losing emergency housing or for families who lost a Fair Hearing and need to be assessed.

Another issue we have experienced is with our SAP's and their availability. We lost one SAP in 2019 and that person has still not been replaced. This has impacted availability of drug/alcohol screening and assessments. This has impacted our ability to schedule drug/alcohol screens within a day or two of the report being assigned.

6) Is your current strategy the same one in your most recent (2019) Annual Plan Update?

☒ Yes

☐ No

If not, please describe the changes and/or additions:

7) Why have you chosen your current strategy/strategies?

We continue to believe in developing good decision making to identify appropriate services to meet families needs. We have expanded our co-located services in the past year and we believe this has assisted us in making appropriate referrals for services.

Tracking Strategy Effectiveness

What staff behaviors or business processes do you anticipate will change because of your strategy?	How will you know your strategy had an impact on a staff behavior, or a business process?	What will you track or document to evaluate your strategy's impact?
Our CPS case managers will be expected to complete all necessary paperwork for cases to be transferred to either Foster Care or Preventive Services within one week of FSS opening. QA Supervisor will document the date the FSS was opened and the date the referral was received for Preventive Cases. Foster Care Supervisors will document the date the FSS was opened and the date the transfer was completed.	The quicker cases are ready for transfer, the faster families will be linked to their Services Case Manager who will provide them with an array of services connected to either Preventive or Foster Care. CPS case managers are not able to provide this comprehensive work in addition to investigating cps reports. If cases are successfully transferred within one week, Families will more immediately start receiving necessary services to either prevent placement or to reduce time in placement.	QA supervisor will document date she receives preventive packets and whether or not the referral was done within one week of FSS opening. Foster Care Supervisors will document if case transfers are occurring within one week of FSS opening. Director and Asst. Director will track along with the

		supervisors the time between Indicating and opening for preventive services and case transfer along with date removal granted in court to case transfer.
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Planning Team and Technical Assistance

Is your planning team still meeting? If yes, how frequently and what stakeholders attend?

We meet periodically to discuss our services referrals for SAP's, PHN, and DVL's.

We meet weekly with our Preventive Services VAs to review cases and assess if the services being provided are meeting the goals of the service plan.

We meet once or twice annually to discuss consolidations.

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

Permanency / Prevention

Permanency / Prevention Plan Update

1) Permanency Indicator chosen in the 2018–2023 Plan:

- ☐ Permanency Indicator 1
- ☒ Permanency Indicator 2
- ☐ Permanency Indicator 3
- ☐ Permanency Indicator 4

2) What is your Wave 6 Permanency rate on this Indicator?

51%

3) Which Permanency Theme do you believe will improve performance?

This may be the same theme you identified in last year's plan, or a different theme based on a revised strategy.

6. Streamline the TPR and/or adoption process

4) What strategies are you currently implementing within this theme?

1. File Permanent Neglect Petitions at the one year mark
2. Assign an Adoption Case Manager on all cases at the time a Permanent Neglect Petition is filed
3. Dutchess County is using one of our weekly Foster Care case review meetings each month to review cases in which there are barriers specific to paternity issues. By identifying these barriers earlier, we are hoping to address paternity issues prior to the filing of all Permanent Neglect petitions as we have identified that these paternity issues, if not dealt with prior to the filing of Permanent Neglect petitions, may delay obtaining permanency for youth.

5) Think about the successful strategies you have put into place over the last two years that have had a positive impact on your chosen permanency indicator. a) What was the strategy(s)? b) How did the strategy(s) make a difference? c) Why do you think the strategy(s) was effective? d) Describe how you tracked to determine if the strategy(s) made a difference.

By streamlining the process of filing at the 12-month mark and assigning the adoption Case Managers at the time of filing the Permanent Neglect petition, DCFS reduced the delay in obtaining essential documents necessary for completing the adoption home study resulting in youth achieving permanency within 23 months. By starting the adoption process earlier, it has decreased any unnecessary time youth would need to remain in foster care pending an adoption. DCFS has seen the impact the effectiveness of utilizing these strategies have created by not only seeing a reduction in caseload sizes but also the maintaining of lower caseload sizes despite having several staff vacancies in foster care over the past year. DCFS was also able to successfully transition a Foster Care Case Manager to our Home Finding Unit without impacting the caseload sizes of the remaining Foster Care Case Managers.

The impact can also be seen in Dutchess County's Wave 6 data. Dutchess County P2 Indicator of 50.7% not only exceeded the New York State P2 Indicator, which was 31.1%, but also exceeded the National Average P2 Indicator of 45.9%. This dramatic increase shows that the strategies chosen to have been effective in Dutchess County Youth achieving permanency.

Dutchess County was able to track these strategies by maintaining fidelity to the strategies we chose, which was done by weekly Case Review meetings with Foster Care and our Legal Department in order to identify and break down barriers to permanency early so as not to extend a youth's time in foster care. Dutchess County was able to track the effectiveness of these strategies by seeing Connections Workloads decrease in size within our Foster Care Unit.

6) Conversely, think about a strategy(s) that did not have a positive impact. a) What was the strategy(s) b) Why do you think the strategy(s) was ineffective? c) Describe how you tracked to determine if the strategy(s) made a difference.

Prior to implementing the strategies that Dutchess County is currently utilizing, Dutchess County would assign an Adoption Case Manager at the time a youth was freed for adoption and unassign the Foster Care Case Manager. This strategy was ineffective, in that the Adoption Case Manager was unable to focus on completing the Adoption tasks as they were now responsible for all the Foster Care tasks as well as the Adoption tasks. By collaborating and having both a Foster Care and Adoption Case Manager simultaneously work on the same case, it allows both Case Managers the opportunity to focus on their job specific duties and tasks without holding up achieving permanency for the youth.

The ineffectiveness of this strategy was seen in our earlier CFSR Wave data for this Permanency Indicator, specifically our 2014 Wave 2 data showed only 11.9% of youth in foster care 12-23 months obtaining permanency within 12 months. This was well below the NYS and National Averages.

7) Is your current strategy the same one in your most recent (2019) Annual Plan Update?

☒ Yes

☐ No

If not, please describe the changes and/or additions:

8) Why have you chosen your current strategy/strategies?

Dutchess County has chosen our current strategies because we have seen the significant improvement in achieving permanency for our youth by utilizing these strategies. The impact of changing this practice can be seen in the Children and Family Services Review (CFSR) Wave data that has been released covering the time period of 2011-2018. Dutchess County has made significant strides in Permanency Indicator 2: % of Children in Foster Care for 12-23 months obtaining Permanency within 12 months. Initially, Wave 2 (2014) data showed Dutchess County at only 11.9%, however, Dutchess County continued to steadily improve in this indicator which can be seen in Wave 4 (2016) data improved to 37.7% and Wave 5 (2017) data shows a remarkable jump to 50.7%.

Planning Team and Technical Assistance

Is your planning team still meeting? If yes, how frequently and what stakeholders attend?

Internal meetings are held with our Legal team, Administration and Foster Care staff on a weekly basis at the Foster Care Case Review Meetings and Legal Case Review Meetings where barriers to achieving Permanency is a focus.

Currently, our County Plan planning team has been meeting annually, however, it was agreed upon that we will now be meeting bi-annually. The planning team consists of the following stakeholders:

-DCFS staff: Assistant Director of Children's Services, Quality Assurance Supervisor, Adoption Supervisor, Home Finding and Intake Supervisor, Quality Assurance Case Manager, Children's Services Project Manager

-County Attorney's Office: DCFS Legal Bureau Chief

-Dutchess County Family Court: Court Attorney Referee

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

If OCFS knows of any strategies from other jurisdictions or data that would complement or assist Dutchess County, we would welcome the information.

Tracking Strategy Effectiveness

What staff behaviors or business processes do you anticipate will change because of your strategy?	How will you know your strategy had an impact on a staff behavior, or a business process?	What will you track or document to evaluate your strategy's impact?
Dutchess County anticipates that by utilizing the strategies chosen, our Foster Care and Adoption Case Managers have already and will continue to improve in engaging and supporting our families, as well as, having the time to improve their casework practices due to smaller caseload sizes. This should also directly impact timely submissions of FASP's, Permanency Hearing Reports, supportive and meaningful Case Work Contacts and improve the quality of documentation. By filing Permanent Neglect	Dutchess County will know the impact of utilizing these strategies by looking at the % of youth achieving permanency as well as caseload sizes decreasing. Dutchess County was also able to successfully transition and maintain moving a Foster Care Case Manager position into the Home Finding Unit due to a significant decrease in caseload sizes.	Dutchess County will continue to track our strategies impact by continuing to hold weekly Foster Care case reviews with our Legal Department, as well as, utilize a Rapid Permanency Review format when we have identified cases in which Permanent Neglect petitions and/or permanency has not been achieved within 12 months to break down the barriers identified during this process.

petitions at 12months, this will also change the business practice of all stakeholders involved-DCFS, the County Attorney, Family Court, Attorney for the Child(ren)-in that the case will keep moving and will not be "forgotten" due to court involvement only at the time of Permanency Hearings every 6 months.		
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Permanency / Family First

Family First Outcome

When it is necessary to place children in out-of-home care, it is a safe, short and stable experience concluding with permanent attachments to caring adults.
(Child Welfare Practice Model Permanency Outcome)

NYS Target: Congregate Care

NYS Target: A maximum of 12 percent of children in foster care will be in congregate care (19-OCFS-LCM-09).

LDSS Target: As submitted to OCFS in the "Attestation of Use of Family First Transition Funds, Section III."

Reduce congregate care from **26%** (on December 31, 2018)
to **12%** by September 30, 2021.

Underlying Factors: Congregate Care

Based on local data (Bubble Charts, Foster Home Data, your Family First Implementation Team input, etc.) we believe that the following underlying factor(s) contribute to our current performance:
Please list at least the primary factors (practice, process, policy) that currently impact your ability to meet the state Family First targets.

Factors (barriers) that negatively impact our ability to reach the stated target:

The barriers that Dutchess County has identified that negatively impact our ability to reach the stated target are:

1. Lack of foster homes that are willing to foster teens
2. Lack of foster homes that have the capacity to foster large sibling groups
3. Lack of urgency to locate family resources for youth who are already "safely" placed in foster care
4. The reluctance of the Family Court System to place Juvenile Justice youth outside of a residential placement
5. The reluctance of the Voluntary Agencies to recommend step down for youth due to the risk of the youth's behaviors deteriorating in a less structured environment

Factors (bright spots) that support our ability to reach the stated target:

The bright spots that Dutchess County has identified that has supported our ability to reach the stated target are:

1. Dutchess County received a grant from the Redlich Horowitz Foundation to support efforts in increasing family-based placement options. The grant provided data analysis, technical assistance and family search and engagement trainings for DCFS and Voluntary Agency staff.
2. The culture at DCFS has made a tremendous shift towards keeping children out of residential placement and foster care placement altogether and when having to utilize placement as a last resort, searching for and identifying relatives to reduce the level of trauma impacting those children who have come into foster care. There has been an increase in the sense of urgency by CPS to locate family when a removal is imminent, exploring and vetting all resources that come forward.
3. DCFS has a co-located Wendy's Wonderful Kid worker whose primary role and responsibility is to search and locate resources for identified youth. In 2019, the WWK worker worked with 21 youth and identified 228 relatives. 9 youth were matched with a permanent resource and 4 youth were adopted.
4. As of December 31, 2019, Dutchess County had 182 children in foster care. Of the 182 children in care: 137 or 75.3% were placed in a home-based setting; 40 or 21.9% were placed in an Institutional or Group Care setting and 5 or 2.7% youth were placed in a Supervised Independent Living Program
5. DCFS decreased the number of contracted beds with the Children's Home of Poughkeepsie's Group Emergency Foster Care Program from 16-12 beds in 2018 and then 12-8 beds in 2019 due to the increase in kinship foster care.

Strategies and Measures: Congregate Care

Family First Strategy(s) for decreasing reliance on congregate care	Activities	What evidence will you use to know the strategy was effective?
1. Dutchess County implemented a Gate Keeping policy with the intention of preventing children being removed and going into a residential placement as their first placement 2. Dutchess County implemented an Immediate Response Team which is comprised of a member of Administration, the Home finding Supervisor and Home finding Case Manager, the Foster Care Supervisor and Case Manager and the Children's Services Project Manager. 3. CPS and Preventive workers are identifying relative resources earlier on in the case and documenting that information in a central location for easy access. 4. Dutchess County is contracting with Northern Rivers for Targeted Recruitment and Kinship Family Finding specifically for our youth in congregate care for the purpose of step-down placements 5. To ensure that all youth are appropriately placed in the least restrictive settings in order to meet their needs, DCFS will maintain contact with all Voluntary Agencies 6. DCFS has contracted and is working with the VERA Institute of Justice to improve the practice amongst Dutchess County agencies to reduce Juvenile Justice placements.	1. Gatekeeping Procedure: CPS and Home finders must explore and exhaust all relative resources (kin and non-kin). DCFS certified foster home placements and Therapeutic Foster Home placements before requesting an administrative level of approval for any child(ren) to be placed in a residential setting. 2. Immediate Response Team: A meeting is coordinated to discuss challenges, issues or concerns identified surrounding a child(ren)'s placement. Supportive services and brainstorming ideas are brought forth to "think outside of the box" in order to support the children) and their foster parent to prevent disruption which could result in a residential placement. 3. CPS will document all resources in the RAP section of the investigation as well as in the FASP. In the event a removal occurs, CPS will also document resources on the Foster Care case transfer form. Preventive will identify all resources on their monthly case review update forms and in the FASP. 4. Northern Rivers will create a media campaign that will raise awareness and need for teen foster homes in Dutchess County. Northern Rivers will utilize, print media, radio ads and launch a digital campaign 5. DCFS will meet monthly with all Voluntary Agencies to discuss challenges or barriers surrounding youth step-downs and/or discharges to relatives. During these monthly case review meetings, referrals to appropriate community services, such as Health Homes, will be put in place to further support the youth when stepped down to a lower level of care or discharged to a relative 6. VERA has and will continue to collect information from DCFS, the County Attorney's Office, Office of Probation, Berkshire Farm's Alternative to Detention Prevention program and plans to include the courts in our efforts moving forward. The purpose of collecting information from all the stake holders is to provide an initial data analysis of our 5-year trends and discuss themes, initial findings and next steps.	1. By utilizing our Data Warehouse reports we will see the impact of these strategies regarding: A. Where the children are currently placed-in a foster home or residential setting B. How many movements have there been per child-this will track any disruptions. 2. Caseload sizes in our Institutional Foster Care Unit will decrease, 3. Northern Rivers will certify at least 10 homes in the next 12 months, with at least seven homes (7) for teenagers and three (3) homes which will be able to accept sibling groups of 3 or more. 4. VERA will provide DCFS with a final analysis of youth who have been placed through the Juvenile Justice system and a plan on how to work with stake holders to reduce these numbers going forward. This should result in fewer Juvenile Justice placements.

NYS Target: Kinship Foster Care

NYS Target: A minimum of 30 Percent of children in foster care will be in kinship foster care (19-OCFS-LCM-09).

LDSS Target: As submitted to OCFS in the "Attestation of Use of Family First Transition Funds, Section III."

Increase kinship foster care from **21%** (on December 31, 2018)
to **32%** by September 30, 2021.

Underlying Factors: Kinship Foster Care

Based on local data (Bubble Charts, Foster Home Data, your Family First Implementation Team input, etc.) we believe that the following underlying factor(s) contribute to our current performance:
Please list at least the primary factors (practice, process, policy) that currently impact your ability to meet the state Family First targets.

Factors (barriers) that negatively impact our ability to reach the state targets:

DCFS has identified the following factors/barriers that may negatively impact our ability to reach the state targeted percentage of kinship foster care placements:

1. During the early stages of a removal, CPS has improved in demonstrating urgency in identifying kinship resources for children, however, if the initial placement was not with kin but a non-kin foster home was utilized, the sense of urgency to identify kin declines as the children are "safe"
2. Another barrier that has been identified is staff not fully knowing and/or understanding the regulations surrounding "kin" and who can be considered kin.
3. Asking all youth ages 5 and older about resources prior to, during the initial removal process and continuing that discussion post-removal and throughout the duration of the foster care placement if not placed with kin
4. Children removed from their home experience an array of trauma, which may impact their behaviors resulting in the kinship homes willingness to continue to care for the child which may subsequently result in a placement disruption.
5. Juvenile Justice youth and teenagers being placed in a residential setting due to the lack of kinship resources identified or willing to take teenagers

Factors (bright spots) that support our ability to reach the state targets:

DCFS has identified the following bright spots that support our ability to reach the state targeted percentages of kinship foster care placements:

1. Dutchess County received a grant from the Redlich Horowitz Foundation to support efforts in increasing family-based placement options. The grant provided data analysis, technical assistance and family search and engagement trainings for DCFS and Voluntary Agency staff.
2. The culture at DCFS has made a tremendous shift towards keeping children out of residential placement and foster care placement altogether and when having to utilize placement as a last resort, searching for and identifying relatives to reduce the level of trauma impacting those children who have come into foster care. There has been an increase in the sense of urgency by CPS to locate family when a removal is imminent, exploring and vetting all resources that come forward.
3. DCFS has a co-located Wendy's Wonderful Kid worker whose primary role and responsibility is to search and locate resources for identified youth. In 2019, the WWK worker worked with 21 youth and identified 228 relatives. 9 youth were matched with a permanent resource and 4 youth were adopted.
4. As of December 31, 2019, Dutchess County had 182 children in foster care. Of the 182 children in care: 137 or 75.3% were placed in a home-based setting. Of the 137 children in a home-based setting, 87 children or 47.8% were placed in a non-kinship foster home and 50 children or 27.5% were placed in a kinship foster home. When removal is imminent, DCFS holds resource meetings with the resources brought forth by the parents. During this meeting, our home finding staff review the caregiving options (Article 6 Guardianship, Foster Care, Article 10 Direct Custody, Kin Gap) available to care for the youth. As of December 31, 2019, 14 children were in Article 10 direct custody of a relative.
5. DCFS decreased the number of contracted beds with the Children's Home of Poughkeepsie's Group Emergency Foster Care Program from 16-12 beds in 2018 and then 12-8 beds in 2019 due to the increase in kinship foster care.

Strategies and Measures: Kinship Foster Care

Family First Strategy(s) for increasing kinship care usage	Activities	What evidence will you use to know the strategy was effective?
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1. DCFS has contracted with Northern Rivers for family finding services 2. DCFS has contracted with AFFCNY to provide Children's Services staff with information and tools to use during the Family Finding process 3. DCFS has contracted with Fostering Hope Together to support relative placements 4. DCFS has contracted with AFFCNY to provide kinship families with trauma centered training	1. Northern Rivers will complete diligent searches for identified youth as evidenced by the utilization of search engines such as Lexis Nexis and Seneca, record reviews and interviews with family and fictive kin. Northern Rivers will engage families to identify what roles they are willing to play in the lives of the youth and will input that information into a genogram. Northern Rivers will complete all their assessments and interviews within 30 days of referral and will present DCFS with their assessment summary and completed genogram. Northern Rivers can certify identified kinship resources as Therapeutic Foster Homes to provide additional support to those resources. 2. AFFCNY will provide Children's Services staff with 2 trainings specific to the recruitment of relatives for younger children and teens. 3. DCFS will continue to provide ongoing internal training and educational material to fully inform staff on the engagement of all resources for youth 4. Fostering Hope Together created the Fostering Community pilot program to recruit volunteers, provide monthly support groups and developed a web-based portal for our kinship families to request needed material goods and services. Fostering Connections will also provide emotional support for foster parents and mentorship for their youth. 5. AFFCNY will provide 2 trauma informed trainings to kinship families with tools to assist them in caring for their youth	1. Northern Rivers will identify 15 kinship resources for children 2. There will be a reduction in Kinship placements disruptions 3. Fostering Community will identify 10 volunteers and serve 10 families 4. Congregate care placements will decrease, and kinship placements will increase
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Family First Implementation Team

List the members of your district's Implementation Team and how they assisted in the identification of underlying factors and the development of strategies.

DCFS held a stakeholder's meeting on 3/13/2020 that was comprised of:

DCFS staff: Director and Assistant Director of Children's Services, Foster Care Supervisor, Adoption Supervisor, Home Finding and Intake Supervisor, Children's Services Project Manager

-County Attorney's Office: DCFS Legal Bureau Chief

-Dutchess County Family Court: Court Attorney Referee

--Northern River's and Fostering Community's Executive Program Directors

During this meeting underlying barriers and strengths were discussed by all team members, as well as, having both Program Director's discuss their contract specific strategies.

Technical Assistance

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

If OCFS knows of any strategies from other jurisdictions or data that would complement or assist Dutchess County, we would welcome the information

Youth and Young Adult

Youth and Young Adult Plan Update

OCFS encourages county teams to review last year's Youth and Young Adult section through a positive youth development lens. Please use the [Touchstone Goals](#) below when reviewing or creating new strategies for the coming year. OCFS seeks to promote positive youth development through quality, multifaceted programming that helps youths learn, thrive, and develop to their fullest potential.

Youth and Young Adult Indicators chosen in the 2018–2023 Plan:

- ☐ **Healthy Development:** Teen Pregnancy Rate
 - ☐ **Healthy Development:** Dependence or Abuse of Illicit Drugs or Alcohol (Ages 12+)
 - ☐ **Healthy Development:** Needing But Not Receiving Treatment for Alcohol Use (Ages 12+)
 - ☐ **Healthy Development:** Serious Mental Illness (Ages 18+)
 - ☐ **Healthy Development:** Serious Thoughts of Suicide (Ages 18+)
 - ☐ **Healthy Development:** Major Depressive Episodes (Ages 18+)
 - ☐ **Healthy Development:** Other
 - ☐ **Academic Success:** Graduation Rate
 - ☐ **Academic Success:** Other
 - ☒ **Self-Sustainability:** Youth Aged 18–24 Who Have Public Health Insurance
 - ☒ **Self-Sustainability:** Households Headed By a Person <25 Years Old Which Are In Poverty
 - ☒ **Self-Sustainability:** Other
 - ☐ **Safe Living Conditions** *(Counties who choose this indicator must inform with locally collected data as needed)*
 - ☐ **Other** *(Counties who choose this indicator must inform with locally collected data as needed)*
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Touchstones

The Commissioners and Directors of New York State's health, education, and human services agencies recognized that a new model characterized by prevention, early intervention and family/youth involvement was necessary to improve outcomes in the areas for which they had responsibility.

The agencies embarked on an effort to develop a common set of measurable goals and objectives that lead to improved outcomes for children and families. From these actions, the Council on Children and Families and its 12 member agencies developed the New York State Touchstones. These touchstones are a common set of goals and objectives that cut across all service systems. They allow individuals and organizations with diverse missions to work together to improve conditions for children and families.

The Touchstones framework is organized by six major life areas:

- Economic Security

- Physical and Emotional Health
- Education
- Citizenship
- Family
- Community

Each life area has a set of goals and objectives representing expectations about the future and a set of indicators reflecting the status of children and families. These goals and objectives are integrally related to each other and call for comprehensive strategies to address any aspect of children and family well-being. [Read more information on Touchstones](#)

Positive Youth Development

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

Quality youth development programs should include the following features:

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

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

1. What strategy or strategies did your county plan to implement in your 2019 Annual Update—Youth and Young Adults County Plan section?

The strategies can be copied directly from the previous year's plan.

1. Youth who exit residential placement to independence will have sustainable housing.
2. Youth who exit residential placement to independence will have skills necessary to be self-sufficient.

2. Did your county fully implement the strategies as planned?

Were you able to implement your strategy as designed, or did you change the way you implemented it? If you changed it, or tried something completely different, please explain.

1. **Strategy: Youth Who Exit Residential Placement will have sustainable housing:**

a. **Transition Plans:** Over the last year, Case Planners have been completing Transition Plans with youth who are willing to have one completed. The Transition Plans are shared with Case Managers and are reviewed every 6 months with the youth and Case Managers. With the My Upload function

now available, these plans will be able to be uploaded into the Connections system.

b. APS Referrals: The DCFS case managers made referrals for all eligible youth to APS as needed post discharge from foster care.

c. FTM/ECCSI Network Mtg: The DCFS Case Managers with the assistance of the case planner arranged for FTM's prior to discharge from foster care

d. Applying for TA: The DCFS Case Managers assisted youth in applying for TA on a case by case basis as needed.

e. CSPOA Coordinator referral: For identified youth who had serious and persistent mental health diagnoses, the case planner made CSPOA referrals to get mental health services for the youth.

f. HRH participation in COC: HRH participated in 100% of the CoC Coordinated Entry Committee meetings. At this time the County CoC's Coordinated Entry only serves as the access point for HUD funded Permanent Supported Housing (PSH) beds. Currently, there are no PSH beds in the system specifically designated for young adults. HRH staff are able to assist eligible young adults in applying through Coordinated Entry if they qualify for any PSH beds in the system. In the near future, the Coordinated Entry process will become the access point HUD funded transitional housing and eventually non- HUD funded housing and services may come under Coordinated Entry. HRH will continue to participate on the Committee to ensure the unique needs and circumstances of young adults are addressed as new policies and processes are developed.

g. HRH supportive Housing models: Hudson River Housing opened a new ESSHI funded program providing 7 units of permanent supportive housing for homeless young adults in October of 2019. Plans to develop supportive housing for homeless young adults at the Dutchess Community College dormitories did not come to fruition. Funding has not yet been secured to support this collaborative effort between DCFS, HRH and the college. Plans for this year include a collaboration between DCFS, the COC, the Poughkeepsie Housing Authority to implement HUD's Foster Care to Independence Initiative wherein eligible youth aging out of foster care and former foster care youth between ages 18 to 24, will receive housing vouchers so that they can be stably housed as they work toward achieving higher levels of self sufficiency.

2. STRATEGY: Youth who exit residential placement to independence will have skills necessary to be self-sufficient:

a. Transitional Plans: Over the last year, Case Planners have been completing Transition Plans with youth who are willing to have one completed. The Transition Plans are shared with Case Managers and are reviewed every 6 months with the youth and Case Managers. With the My Upload function now available, these plans will be able to be uploaded into the Connections system.

b. Education: Due to ESSA regulations, the case manager and case planner continued to work collaboratively in securing a school program/placement in the best interest of the youth.

c. College: Case planners assisted youth in applying for colleges or vocational training and the case managers utilized Chaffee money for costs not covered by traditional federal funding.

d. Access VR referrals: Case planners and case managers will continue to work collaboratively in making referrals for identified youth.

e. Documentation: Case managers and case planners worked collaboratively to secure identification documents for youth prior to discharge. Case planners worked with the youth on how to obtain important identification documents as part of their IL skills training.

f. ILS Workshops: DCFS held workshops regarding money management, healthy sexual relationships and computer training. Contract agencies also provided monthly IL training for youth.

3. Are there any new or emerging issues that impacted your plan? If yes, please describe the issues and the changes.

A historical issue that youth in foster care have struggled with is the disruption of their school placement upon entering foster care as well as changes in placement and discharging from foster care. With the implementation of ESSA, it has strengthened educational continuity for our youth as they discharge from placement or foster care.

We need to work more closely with Adult Protective Services to obtain information on Adult community Resources we can provide to youth who are aging out of care but do not require APS services.

4. What did your county anticipate would happen as a direct result of implementing your strategy as it was designed?

We anticipated reducing the number of youth discharging from foster care without a plan and focused in on creating more specific plans which would result in better outcomes for our youth.

In reviewing data of the 25 youth who discharged from foster care between April 2019 and Feb 2020, 18 were discharged to sustainable housing, 2 to another placement and 5 did not have known sustainable housing.

5. Did the strategy have the anticipated impact? If so, what was the impact?

Use data you have available as evidence that your strategy did or did not have the desired impact on the intermediate outcome.

DCFS continues to provide locating information to OCFS for the NYTD Surveys that are conducted on youth at ages 17, 19 and 21. The purpose of NYTD is to comprehensively and continually assess outcomes for Youth transitioning out of the foster care system. OCFS must submit data to the Federal Government on youth in transition. The data involves demographic and characteristic information on youth, Independent Living Services and outcomes information collected by survey from youth. OCFS periodically sends spreadsheets with missing characteristic information on youth which we complete and send back. OCFS reaches out to LDSS to obtain locating information for youth who are eligible to participate in the survey. If the youth is still in placement, the case manager encourages the youth to participate in the survey. If the youth is no longer in placement, then we provide the most recent information we have regarding locating information on the youth to OCFS. Prior to discharge, youth are given 2 letters from their case manager: the first letter states they are entitled to Medicaid until 26 and there is a contact number for youth to call and speak to a case manager at DCFS with any problems surrounding their Medicaid; the second letter given to youth is the "Written Notice for Youth Aging out of Foster care" which explains their option to return into foster care with a case manager name and contact number for assistance in doing this. Per our intake worker, she has received several phone calls from youth inquiring about assistance with these.

6. What strategy or strategies does your county plan to implement in the coming year to impact outcomes?

When reviewing your strategies from year one, please consider the following questions to work towards growth: What worked well? How could you modify your strategies to ensure improvements? Please describe any changes and why the changes have occurred. Include any new activities and the evidence you plan to provide to demonstrate the strategy's effectiveness.

Homelessness among youth who have/had child welfare involvement continues to be a concern amongst agency providers. The lack of safe and affordable housing is a challenge nationwide and

poses additional stressors among our young adults. In December 2019, we partnered with The Poughkeepsie Housing Authority and The Dutchess County Continuum of Care to provide Tenant Protection Vouchers for youth. This program is federally funded through the US Department of Housing and Urban Development through the Foster Youth to Independence Initiative. This program will provide housing vouchers to create affordable housing opportunities for youth 18-24 years old that were involved in the Child Welfare System. In addition to the vouchers, all youth will have access to supportive services to assist them with achieving independence. The services will include basic life skill counseling on money management, compliance with rental agreements, educational and career advancement as well as healthcare accessibility.

Planning Team and Technical Assistance

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

Dutchess County Department of Community and Family Services

- Deputy Commissioner
- Assistant Director of Children's Services
- Institutional Foster Care Supervisor
- Director of Youth Services/RHYSC
- Children's Service's Project Manager

Hudson River Housing

- Support Services Grant Administrator

The Planning Team members provided significant input into the full CFSP Youth & Young Adult section. DCFS staff participate on several committees and coalitions, along with many of the YYA Planning Team members, and are kept informed of emerging trends/issues. Based on committee meetings and discussions, the strategies remain the same for 2020.

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

If OCFS knows of strategies from other jurisdictions that would complement or assist Dutchess County, we would welcome the information.

Runaway and Homeless Youth Services

Person Submitting Report

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

Name:

June Ellen Notaro

Title:

Director of Youth Services

Agency:

Dutchess Co Dept of Community and Family Services

Email Address:

juneellen.notaro@dfa.state.ny.us

Phone:

845-486-3662

2020 Services & Needs

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

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

Include, at minimum, the following characteristics:

i. Age

As with all of the RHY demographic categories for which information is requested available data does not fully reflect the number of RHY or their ages. Differing definitions of RHY across systems contributes to the difficulty. Programs specifically designated to serve RHY usually collect the most detailed data, but it is focused on only the portion of the population they serve. Some organizations voluntarily maintain RHY data, but there is no way to determine if their data is duplicated elsewhere. In 2019, HRH's River Haven, the County's only NYS certified shelter for RHY under age 18 served: 7 youth ages 12 and under; 4 youth age 13; 10 youth age 14; 14 youth age 15; 15 youth age 16; and 17 youth age 17. River Haven also handled 256 RHY related crisis contacts in 2019.

ii. Gender identity / expression

There is little data tracked across systems covering this data field. HRH's River Haven, the County's only NYS certified shelter for RHY under age 18, 98% of the RHY served identified as cis gender conforming (35 cis-male, 31 cis-female, and 1 trans-male).

The representation of non-gender conforming RHY would likely be higher if data were available on 18-25 year old RHY.

iii. Sexual orientation

While it is commonly believed there is a disproportionate representation of LGBTQ youth represented in the RHY population when compared to the general population, there is little data tracked across systems on the number of RHY who identify as LGBTQ. Data from HRH's River Haven, the County's only NYS certified shelter for RHY under age 18, is consistent with this belief. Of the RHY housed at River Haven in 2019, 54 youth identified as Straight/Heterosexual, 4 identified as Bisexual, 1 as Gay, 1 as Lesbian, and 6 as "Questioning" their sexual orientation and 1 youth did not answer.. The trend would likely be more prevalent if data was available on older RHY.

iv. Race / ethnicity

There is a higher representation of racial/ethnic minorities in the RHY population than in the general Dutchess County population, which is 71% White, Non-Hispanic according to most recent Census data. The race/ethnicity of the RHY housed at River Haven in 2019 was identified as Asian non-Hispanic 1 youth; Black, non-Hispanic 22 youth; Black and Hispanic 4 youth; Multi-racial/non-Hispanic 4 youth; Multi racial/Hispanic 1 youth; Native Hawaiian/Pacific Islander/non-Hispanic 1 youth; White, non-Hispanic 24 youth; White/Hispanic 10 youth. Only 36% of the River Haven RHY identified as White, Non-Hispanic, a much lower percentage than the County's general population.

v. Child welfare involvement or history

Based on HRH's River Haven, the County's only NYS certified shelter for RHY under age 18, 9 youth came to River Haven in 2019 that had previous foster care placement.

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

Drawing again from HRH's River Haven, the County's only NYS certified shelter for RHY under age 18, 97% of the RHY sheltered at River Haven in 2019 indicated their last permanent address was in Dutchess County. The other 3% of the youth were from out of the county.

vii. Estimated number of runaway youth vs homeless youth in the county

As noted above, we do not have a means to ensure a full unduplicated count of RHY in Dutchess County. HRH's River Haven, the County's only NYS certified shelter for RHY under age 18, housed and served 67 unduplicated and 79 duplicated youth in 2019. Of these 67 unduplicated youth, 27 were classified runaway and 40 were homeless upon admission according to the OCFS definitions. River Haven also handled 256 RHY related crisis calls.

According to the NYS DCJ's Annual Missing Persons Report, Dutchess County had 208 runaway reports in 2017 (most recent year available). Given the scarcity of comprehensive, system-wide RHY data, large scale research findings can be applied to obtain a more accurate estimate of RHY in a defined area. The 2017 Voice of Youth Count, a national RHY study conducted by Chapin Hall at the University of Chicago found that 1 in 30 adolescent minors ages 13 to 17 endures some form of homelessness in a year. This would represent 614 Dutchess County youth based on 2016 census data indicating a population of 18,420 youth aged 13 through 17. The study also found that 1 in 10 young adults ages 18 to 25 endures some form of homelessness in a year (half of the prevalence involving couch surfing only). This would represent 3,290 Dutchess County young adults based on census data indicating a population of 32,895 young adults aged 18-25.

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

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

Non-Residential Case Management for homeless, unstably housed or at –risk ages 16-25

Emergency and transitional housing (with a higher level of supervision) for 16-25 year old homeless youth.

Youth Development Programming – particularly career exploration and training with adult mentors.

Our partners from the DCFS Youth Services Unit, DCFS Children's Services Unit, and Hudson River Housing identified these needs as most significant.

3. Describe the *resources* (services and funds) *designed specifically for the RHY population*.

Do not copy and paste a resource list here.

i. Describe the **non-residential** resources *designed for RHY*.

Non-residential resources designated solely to serve the RHY population include: Hudson River Housing's Enrichment Program (YDP funded) which provides runaway and homeless youth opportunities to improve their physical and emotional health, advance education and life skills, and boost protective factors to help them overcome risks and develop along a healthy trajectory. Year-round programming includes athletic/fitness and pro-social enrichment activities; educational support; life skills workshops; community service learning. Additionally, knowledgeable and supportive staff is available at Hudson River Housing's River Haven 24-hour access number (845-454-3600) to respond immediate needs of RHY, provide information and make referrals. Hudson River Housing's RHY Youth Advisory Board is another resource for both past and current River Haven residents who want a supportive environment with a positive adult mentor where they engage in prosocial activities, community service projects, and build leadership skills. The River Haven Shelter does network with service providers throughout the County. Some of these providers are available to provide on-site services for RHY youth at the River Haven site. Others come to River Haven to provide workshops for RHY.

Though there are few non-residential services exclusively designed for RHY, some programs such as the Summer Youth Employment Program, administered through DCFS and the Workforce Investment Board, give priority to eligible RHY.

ii. Describe the crisis or transitional **residential** resources *designed specifically for RHY*. Include the total number of crisis and transitional beds available to RHY.

Hudson River Housing's River Haven Shelter is the County's only RHYA Part I Program (certified by OCFS) that addresses the immediate needs of Dutchess County runaway, homeless, and at-risk youth ages 10-18. River Haven provides supervised temporary housing for up to 12 youth where residents participate in case management, individual, group and family counseling, and enrichment/educational programming as they work toward a suitable discharge plan.

HRH provides supportive transitional housing specifically designated for up to 8 homeless youth who are between ages 18 through 24. This Program is not certified by OCFS. RHY that are over age 18 are eligible to access the emergency housing and services that is available for the general homeless adults. There is no emergency housing that is specifically designated for homeless young adults ages 18 through 24.

iii. Describe any resources **operated by county agencies** *designed specifically for RHY* (health, mental health, substance abuse, courts, etc.).

There are no programs operated by county agencies that are designed to serve the RHY population exclusively. However, there are many services addressing health, mental health, substance abuse, employment, education, transportation, financial support and legal needs that are supported through County agencies. While these services are available to RHY, they are not exclusively designed to serve the RHY population. The River Haven Shelter is funded in part through the Dutchess County Dept of Children and Family Services and the Dutchess County Department of Community and Behavioral Health.

4. Describe *how* the resources listed in question #3 are coordinated. Include the following in your description:

i. Your plan to address service gaps in 2020.

Many committees include the RHY population in their efforts and RHY needs are an integral part of the CoC's Plan to address and end homelessness. Those that work on behalf of the RHY population participate on the CoC, the Human Trafficking Task Force and various other committees including the ICP Workgroup. River Haven, the County's only certified RHY program has well established linkages in place and works in coordination with other service providers to address the comprehensive needs of RHY and their families.

We will continue to seek opportunities to expand services for older homeless youth. The Division of Youth Services will continue to fund the HRH River Haven Shelter and Youth Enrichment Programs in 2020.

- ii. Any new services or expansion of services planned in 2020.

For 2020, Dutchess County plans to participate in HUD's Foster Youth to Independence (FYI) Initiative which provides eligible youth that are aging out of foster care as well as former foster care youth ages 18-24 with housing vouchers issued by the local Housing Authority. These young people receive housing vouchers for up to three years providing them the opportunity to have stable housing as they work with a Case Manager toward becoming self-sufficiency. Hudson River Housing will provide the case management.

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

Youth very often receive information about River Haven from youth serving organizations, schools, libraries, hotlines and first responders they come in contact with or go to for help. River Haven ensures these entities receive regular information about available RHY services so that they can provide accurate information to youth. Flyers are posted on bulletin boards at gas stations, Panera bread shops, coffee shops and brochures are given to therapists, doctors offices, guidance counselors, social workers, and school psychologists for each school district in the county. HRH Staff make sure information about RHY services is included in resource directories and made available to hotlines (National Runaway Hotlines 1-800-RUNAWAY or 1800RUNAWAY.org, United Way 211 line, the County HelpLine 845-486-9700, etc). Youth can find info about RHY services via HRH website (www.hudsonriverhousing.org) and Hudson River Housing Facebook page. Staff directly conduct presentations at schools and for youth groups to share information and distribute print materials to directly to young people. Effort is made to distribute information in areas where youth congregate and through Street outreach efforts. The HRH Youth Advisory Board helps identify places to target. The Part I River Haven Shelter (845-454-3600 or text to 845-293-0118) can be contacted 24/7 to provide admission to shelter and referral information. It is the best place to know shelter space on a daily basis for the under 18 population.

- iv. Please describe the response available to youth who present as runaway or homeless youth to DSS or Youth Bureau. This question is not required of counties with a RHY Service Coordinator.

NA

Municipal RHY Service Planning Process

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

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

Dept of Community and Family Services Director of Youth Services/RHY Services Coordinator; LDSS Deputy Commissioner, Hudson River Housing Administrative Staff; Program Manager at OCFS-certified RHY Part I program; Staff of non-certified homeless youth services; Continuum of Care (CoC) Co- Chair; Safe Harbor Coordinator; and the Dept of Community and Family Services Director of Children's Services.

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

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

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

2019 data was collected from the following sources:

- US Census Data
- NYS RHY Regulations and Legislation <http://ocfs.ny.gov/main/youth/rhy/regulations.asp>
- Dept of Community and Family Services
- Hudson River Housing
- NYSDCJ Annual Missing Person's Report
- NYS Education Department Student Information Repository System (SIRS) via (<https://www.NYSTEACHS.org>)
- Continuum of Care (CoC) Resources-PIT Count
- Hudson River Housing HMIS data (largest homeless housing provider and operator of RHY services)
- Missed Opportunities: Youth Homelessness in America - Chapin Study

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

- ☒ Yes
- ☐ No

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

Municipal Information

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

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

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

- ☒ **30 days** for any youth, or up to **60 days** with consent in writing from youth and parent, guardian, or custodian
- ☐ **60 days** for any youth 14 years or older, or up to **120 days** with consent in writing from youth and parent, guardian, or custodian
- ☐ Not applicable

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

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

- ☐ 18 months
- ☐ 24 months
- ☒ Not applicable

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

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

- ☐ Yes
- ☐ No

☒ Not applicable

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

Note: Residential RHY programs must be certified by OCFS to serve homeless young adults.

☐ Yes

☒ No

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

We only have one certified RHY Program and it is certified to serve youth under age 18. Current regulations would not permit us to extend the age limit. However, homeless young adults receive the same continuum of housing and supportive services available to all homeless adults in Dutchess County.

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

Name	Agency or Organization	Title	Email	Phone
June Ellen Notaro	DC Dept of Community & Family Services	Director of Youth Services	juneellen.notaro@dfa.state.ny.us	845-486-3662
Debra Bonnerwith	DC Dept of Community & Family Services	Deputy Commissioner	debra.bonnerwith@dfa.state.ny.us	845-486-3004

RHY Service Coordinator

1) Designation and duties of the municipal RHY services coordinator

Coordinator's Name:

JUNE ELLEN NOTARO

Agency or Organization:

DUTCHESS COUNTY DEPT
OF COMMUNITY & FAMILY
SERVICES

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

YOUTH SERVICES

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

Dutchess County: Runaway and Homeless Youth Services

5%

- ☒ The municipal RHY service coordinator is also the municipal youth bureau director.
- ☐ A copy of job description / responsibilities as maintained by the employer has been uploaded to this plan.

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

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

The County's only certified residential RHYA Program (River Haven RHY Part I shelter) ensures all youth admitted to the shelter have immediate access to the educational services and transportation they are entitled to receive. River Haven maintains contact information and procedural information re: enrollment and transportation for each district in the County. A written intake assessment and the service plan that is developed with each youth, addresses immediate educational plans and transportation. Along with service plans maintained in each individual file, case notes, Program log entries and sign in/out sheets can easily be monitored by Program supervisors, RHYSC, OCFS and other entities charged with ensuring RHY have full access to the educational services to which they are entitled. School districts provide transportation directly for River Haven residents. Any obstacles encountered in accessing educational services are documented by staff as are the actions taken to address the problem. River Haven staff will report any problems to the RHYSC. Access issues are rare and generally addressed by contacting the school's liaison or other resources such as NYS TEACHS. The County Youth Bureau Director is also the RHYSC and monitors the program to review client files to ensure procedures are being followed. Monitoring includes a site visit to the Shelter, review of records, maintenance of extension forms past 30 days, fiscal review of claims, and review of biannual and annual reports, as well as frequent contact with Shelter staff. The County Youth Bureau Director/RHYSC also participates in OCFS' annual monitoring site visit.

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

Hudson River Housing - River Haven Shelter

Address		Program Director		Operating Certificate Number	
99 Thompson St Poughkeepsie, NY 12601		Christina Caserta 845-454-3600 ccaserta@hudsonriverhousing.org		2280	
☐ The county contracts with this program for RHY services. ☒ The county contracts with this program for PINS respite services. The value of the contract is \$430416.00 per year, regardless of program utilization. ☒ This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:				Under 18	
Maximum length of stay offered to runaway youth by the program:				30-60	
Maximum Bed Capacity: Certified			Maximum Bed Capacity: Operating (projected)		
Target population	All persons		Target population	All persons	
12	na		12	na	

Address		Program Director		Operating Certificate Number	
☐ The county contracts with this program for RHY services. ☐ The county contracts with this program for PINS respite services. ☐ This program will receive OCFS RHY funds in the plan year.					
Ages of youth the program is certified by OCFS to serve:					
Maximum length of stay offered to runaway youth by the program:					
Maximum Bed Capacity: Certified		Maximum Bed Capacity: Operating (projected)			
Target population	All persons	Target population	All persons		

Transitional Independent Living Programs (Supported and Group Residences)

No programs were entered.

Non-Residential Programs

Please provide the following information about each of the OCFS-funded non-residential RHY programs and services that operate within your municipality. A [data dictionary](#) is available for your reference.

Program Name:

Hudson River Housing
Enrichment Program

Program Address:

99 Thompson Street,
Poughkeepsie, NY 12601

Program Contact Name:

Patrice Kellett

Program Contact Phone Number:

845-454-5176

Program Contact Email:

pkellett@hudsonriverhousin

Hours of accessibility to RHY population:

At least 3 times/week during
non-school hours and at
least 5 times/week in the
summer.

Target Population (age and other relevant demographics):

In 2020, the program projects to serve 75 youth who are residents or former residents of the River Haven shelter. 37 males and 38 females; 30 White, 30 African American, 10 Hispanic, and 5 two or more races. Ages are 10-14 yrs old= 20 youth; 15-17 yrs old=52 youth; 18-20 yrs old = 3 youth.

Non-residential RHY Services Provided:

The program provides a multi-dimensional array of year round enrichment activities to build life skills and promote physical fitness, health/wellness, supportive interpersonal relationships, education, employment readiness, and civic engagement. Activities include life skill building workshops, physical fitness, creative arts expression, healthy relationship groups, cultural experiences and field trips, community service projects, and a Youth Advisory Board.

Please provide the following information about each of the OCFS-funded non-residential RHY programs and services that operate within your municipality. A [data dictionary](#) is available for your reference.

Program Name:

Program Address:

Program Contact Name:

Program Contact Phone Number:

Program Contact Email:

Hours of accessibility to RHY population:

Target Population (age and other relevant demographics):

Non-residential RHY Services Provided:

OCFS Support

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

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

We are always interested in best practice and tools to measure outcomes. A Corona Virus lessons learned would be helpful.

PINS Diversion Services

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

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

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

Please note that many sections of the PINS Diversion Services Plan have been pulled forward from the 2019 submitted and approved PINS Diversion Services Plan for your convenience. This does require you to amend information that is no longer applicable and/or updated for 2020.

Designation of Lead Agency

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

Select the Lead Agency for PINS Diversion Services:

- ☒ Probation
- ☐ LDSS

Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
Residential Respite (required)	
Providers: Hudson River Housing Inc. River Haven provides emergency housing and support services for runaway and homeless youth and young people who can otherwise benefit from short-term/respite housing due to family conflict/emergency, risk of court placement, or other issues. The River Haven Shelter is certified by NYS to house youth ages 10 through 17. Staff are available 24/7 to handle requests for housing, and provide related services including: referrals, information, counseling and crisis intervention for adolescents and their families.	☐ There is a service gap in this service

Geographic Area: Countywide		
Limitations:		
Crisis Intervention—24 hours per day		
Providers: Dutchess County Office of Probation & Community Corrections; Dutchess County Department of Behavioral and Community Health Mobile Crisis Team and Stabilization Center		☐ There is a service gap in this service
Geographic Area: Countywide		
Limitations:		
Diversion Services / Other Alternatives to pre-dispositional placement (required)		
Providers: Dutchess County Office of Probation & Community Corrections		☐ There is a service gap in this service
Geographic Area: Countywide		
Limitations:		
Conducts sexual exploitation screening and assessment (required)		
<i>If other than PINS Diversion Services Lead Agency, provider conducting the screening and assessment:</i>		☐ There is a service gap in this service
Alternative Dispute Resolution Services (optional)		
Providers: The Mediation Center of Dutchess County		☐ There is a service gap in this service
Geographic Area: Countywide		
Limitations:		
Other Services—including those to prevent and intervene with youth exhibiting runaway behaviors		
Identify and Describe Service Category: Dutchess County Probation offers this service on site. Two co-located Collaborative Solutions Team members, a psychologist from Astor Community Based Services and an M.S.W. from the Department of Mental Hygiene provide FFT in addition to consultation and referral on other high and medium risk cases. A probation officer is also a trained FFT therapist and provides FFT to PINS Diversion families on a part-time basis. At any given time, 18 PINS Diversion families receive FFT on site.		☐ There is a service gap in this service

Providers:	
Geographic Area:	
Other Services—including those to prevent and intervene with youth who are truant	
Identify and Describe Service Category:	☐ There is a service gap in this service
Providers:	
Geographic Area:	

PINS Diversion Services Procedures

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

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

PINS Diversion Services Protocol	Responsible Agency(ies)
a. Determines the need for residential respite services and need for alternatives to pre-dispositional placement	
Describe how provided: If a family is in crisis, the Probation officer engages any combination of a member of the Collaborative Solutions Team, the Sr. Probation Officer and/or Unit Administrator of the Family Court Diversion Unit to meet with the family immediately at the office, home or school. They assess if the youth or family member requires an emergency psychiatric evaluation or respite housing either at the River Haven shelter or with an appropriate friend or family member. We currently use the DRAIS for any JD cases forwarded to Family Court. We have an array of Pre-dispositional placement options which are considered for any youth who scores medium or high on either assessment.	☒ Probation ☒ LDSS ☐ Other
b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)	
Describe how provided: Families can contact the Dutchess County Office of Probation and Community Corrections Monday, Wednesday and Fridays between the hours of 9:00a.m. and 5:00p.m. and Tuesdays and Thursdays between the hours of 8:30a.m. and 6:30 p.m. for an immediate response to families and youth in need of services. On days and times outside of those hours, families can contact the River Haven Shelter or, for psychiatric emergencies, the Dutchess County Department of Behavioral and Community Health Helpline. DBCH offers Mobile Crisis services and access to the Stabilization Center. The River Haven Shelter can provide respite services and the Emergency Department located at Mid-Hudson Regional Hospital can provide emergency psychiatric services. The local police agencies can	☒ Probation ☒ LDSS ☒ Other Dutchess County DBCH and River Haven Shelter

be contacted in situations where violence is present.

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

Describe how provided:

The Sr. Probation Officer or the intake/officer who will be conducting the initial interview schedules the initial interview schedules the initial conference. In cases of emergencies, the Sr. Probation Officer or Unit Administrator will make arrangements for the family to be seen immediately by the appropriate staff. This may include a member of the Collaborative Solutions Team when indicated.

All youth under the age of 18 who fit the legal criteria of a PINS will be considered for diversion services. The Probation staff member from the Juvenile Unit will review all complaints to determine if they meet eligibility requirements. If questionable, the Unit Administrator will review the complaint for a final determination.

Every potential respondent shall qualify for adjustment services. Exceptions to this would include the respondent's refusal to cooperate with adjustment services or a run away. In these cases, every effort will be made to locate and engage the potential respondent so as to avoid a petition to court. Family Court is used as a last resort when diversion efforts are unsuccessful.

- ☒ Probation
☐ LDSS
☐ Other

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

Name of assessment instrument used:

- ☒ YASI
☐ YLSI
☐ Other

Describe how provided:

At Intake, a YASI pre-screen is completed. As research is clear that low-risk youth are better served in a non-juvenile justice setting, low risk youth may be referred to the Dutchess County Youth Services Unit for services. A full YASI assessment is completed on all medium and high risk youth who have agreed to diversion services. Upon signed consent from parent(s) and youth, a MAYSI screening is also conducted for the purpose of determining any mental health issues that would indicate the need for further evaluation on an emergency basis or for linkages to a mental health provider.

- ☒ Probation
☐ LDSS
☐ Other

e. Conducts sexual exploitation screening and assessment

Name of screening instrument used:

- ☒ Rapid Indicator Tool
☐ Child Sex Trafficking Indicators Tool
☐ Other

- ☒ Probation
☐ LDSS
☐ Other

Describe how the screening instrument is administered and what training

has been provided:	
The tool is administered to all youths at intake. Training is provided to our staff	
f. Works with youth and family to develop case plan	
Describe how developed: For moderate and high risk youth the assigned probation officer will develop a case plan based on the needs and strengths identified by the YASI. The family will take an active part in the case planning process and will sign off on the plan. The case plan must be specific and measurable and correlate to the assessment. YASI updates will be conducted at 90 day intervals and at closing to measure progress. Should risk levels increase or protective factors decrease, a plan to address these factors must be noted in the case plan.	☒ Probation ☐ LDSS ☐ Other
g. Determines service providers and makes referrals	
Describe how provided: All medium and high risk cases that are accepted for PINS Diversion services are assessed by the assigned PO with the input of the Collaborative Solutions Team, Probation supervisor/designee, Astor clinical supervisor and JRISC therapist, to match needs with services including, but not limited to, J-RISC, FFT, Astor Services for Families and Children, Lexington Center for Recovery, the Collaborative Solutions Team, ECCSI, Mediation, etc..	☒ Probation ☐ LDSS ☐ Other
h. Makes case closing determination	
Describe how provided: Cases where the goals of the case plan have been met shall be considered for successful case closure. In these instances, the probation officer submits the YASI reassessment with a summary of the youth's progress to the Unit Administrator. In instances where the case has not been successfully diverted and the probation officer in consultation with the Sr. Probation Officer or Unit Administrator determines that diversion efforts have been exhausted and that there is no substantial likelihood that the youth and family would benefit from continued services, a petition may be submitted to Family Court. The Dispositional Review Committee, comprised of the supervisor, probation officer and Collaborative Solutions Team and other members meet to problem solve prior to final determination for a petition to be filed.	☒ Probation ☐ LDSS ☐ Other

PINS Diversion Services Plan

A. Planning Activities

Briefly describe all PINS Diversion Services—Strategic Planning activities the locality has engaged in related to this current plan. Include every organization in the county that is involved to date in the PINS

Diversion Services planning process and how this plan aligns with the county Youth and Young Adult Services plan and the Runaway and Homeless Youth plan. Schools, law enforcement officials, the local family court, respite service providers, youth bureaus, community-based organizations, runaway and homeless youth providers, anti-trafficking providers, dispute resolution center partners, and others are critical partners to the planning process.

Describe the collaborative process for the development of the PINS Diversion Services Plan and MOU:

The ICP Work Group continues to meet as do the Court Involved Youth and Juvenile Justice Committees.

List stakeholder and service agency involvement in strategic needs assessment and planning:

Dutchess County Department of Community & Family Services: Attends the ICP, Court Involved Youth and Juvenile Justice Committees.

Dutchess County Office of Probation: Attends the ICP, Court Involved Youth and Juvenile Justice Committees.

Hudson River Housing, River Haven: Attends the ICP, Court Involved Youth and Juvenile Justice Committees.

Dutchess County Division of Youth Services: Attends ICP, Court Involved Youth Committee and Juvenile Justice Committee.

Astor Community Based Services: Attend the Court Involved Youth Committee and Juvenile Justice Committee.

Dutchess County Attorney's Office: Attends the Court Involved Youth and Juvenile Justice Committees.

City of Poughkeepsie Police Department: Attends the Juvenile Justice Committee.

Community Representative: Attends the Juvenile Justice Committee .

Attorney: Kent Pritchard: Attends the Court Involved Youth Committee.

Family Court Personnel: Attend the Court Involved Youth Committee

Non-Secure Detention Provider: Attends the Court Involved Youth Committee.

Mental Health America: Attends the ICP Meetings.

Mental Health America: Attends the ICP meetings

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for calendar year 2019. Specifically, please provide the following as whole numbers (not %):

Number of PINS Diversion Services cases carried over from previous year:

136

Number of Total PINS Diversion Services referrals:

197

Number of PINS Diversion Services referrals filed by parents:

125

Number of PINS Diversion Services referrals by schools:

72

Number of PINS Diversion Services referrals by police:

0

Number of PINS Diversion Services referrals by victim:

0

Number of PINS Diversion Services referrals other sources:

0

Please identify other sources:

Number of Total PINS Diversion Services cases closed:

49

Number of PINS Diversion Services cases closed as Successfully Diverted:

36

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

11

Number of PINS Diversion cases closed for other reasons (include Withdrawn and Terminated with Bar to Petition):

2

Number of PINS Diversion Services cases that remained open at end of calendar year:

154

C. Data Collection

How was data collected?

Information is collected by querying the Dutchess County Caseload Explorer Ad Hoc Database, and New York State DCJS Data.

D. Pre-PINS Diversion Efforts

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

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

☒ Yes

☐ No

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

We make referrals to alternate interventions such as Youth Services on a pre-diversion basis for certain low risk cases. Recently, have begun to plan for ways to expand our pre-diversion activities as part of our PINS Intake process. We envision making referrals to appropriate interventions prior to diversion as different types of interventions become available. One community resource we have looked into using for this purpose is the Mediation Center of Dutchess County. We have also contemplated implementing a PINS Orientation educational presentation to be held on a regular basis that would give parents

information about appropriate referrals for diversion services prior to allowing access to diversion services.

Number of youth who received Pre-PINS services in calendar year 2019:

12

E. Needs Analysis

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

*List data sources (e.g., Communities That Care, youth assessment and screening instrument aggregate reports, PINS/complaint [source or type] information, status at closing, cases referred for petition, etc.). Specify whether the findings relate to county, city, town, neighborhood, school or other specific groups within the PINS Diversion Services population. Describe any conclusions drawn or changes made to strategies to address the needs of this population. Data collected through the needs assessment process can be useful in selecting outcomes in the next section. **Include how the local assessment may have shifted related to the PINS reform legislation of 2019.***

We use the YASI data to examine the numbers of high risk youth entering our system and to determine dynamic risk reduction and dynamic protective factor increase at the time of closing. We also continue to use this data to assess the efficacy of programs and to match youth with the greatest risk and needs to our more highly structured programs.

F. Desired Changes

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

For each outcome:

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

Desired Change	Numerical or Percentage Change Sought	Identify Outcome (for PINS Diversion Services population)	Strategy / Plan to achieve (who, what, and when)
Change #1			
PINS complaints received do not result in a petition to Family Court.	1 %	Of the 215 PINS complaints accepted in to diversion services, 192 cases (or 89%) did not go to petition. We would like to see the proportion of	1. The Dutchess County Office of Probation will dedicate staff to provide intake, assessment and case planning services for families that target areas of need and risk and utilize a strength-based approach to increase protective factors and reduce dynamic risk.

		cases avoiding petition increase or at least remain the same within the next 12 month period.	2. The Dutchess County Office of Probation will use the pre-screen YASI to identify youth who can be diverted from PINS Intake. 3. Dutchess County Office of Probation will continue to refer appropriate families to River Haven's Respite Program. 4. Dutchess County Probation in its role on the Juvenile Justice Committee will monitor the accomplishments of the DCFS/Probation MOU and track the number of PINS youth placed in DCFS custody. 5. Dutchess County Probation will participate in the Juvenile Justice Committee and the Court Involved Youth Committee to look at processes.
Change #2			
Youth served are diverted from placement.	1	Of the 215 PINS cases that closed, 205 (or 95%) avoided placement. We would like to see the proportion of cases avoiding placement increase or at least remain the same within the next 12 month period.	1. For school-filed PINS complaints Dutchess County Probation will meet with the family, school official/s and probation officer to give an opportunity for the school and family to present issues of concern and to come to an agreement on strategies to address the issues. 2. Dutchess County Probation Staff will implement the empathy workshops or cognitive/behavioral curriculums with a focus on life skills, substance abuse education, moral reasoning or other evidence based interventions. 3. Collaborative Solutions Team members and one Probation Officer will provide Functional Family Therapy at the Office of Probation on a part-time basis. 4. The Dutchess County Office of Probation will provide curfew monitoring services when funding is available.
Change #3			

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

Describe any technical assistance and/or training requested to implement this plan. Please be as specific as possible.

N/A

Also, describe any additional information you wish to bring to the attention of OCFS and DCJS regarding **PINS Diversion Services**.

N/A

H. PINS Diversion Services Plan County Contact

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

Name:

Thomas Morris

Title:

Deputy Director

Email Address:

tmorris@dutchessny.gov

Adult Services

Please select one of the APS goals you chose to address in your 2018–2023 Child and Family Services Plan address the following questions for it:

Select one of the goals from your 2018–2023 Plan:

- ☐ **Goal 1:** Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- ☐ **Goal 2:** APS will 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.
- ☒ **Goal 3:** APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.
- ☐ **Goal 4:** APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- ☐ **Goal 5:** Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Identify the strategy(s) you proposed for year one (can be copied from your CFSP submission):

1. An APS supervisor will participate as the district representative in the monthly meetings of the Enhanced Multi-Disciplinary Team (E-MDT).
2. An APS case manager will participate in the Coalition on Elder Abuse Educational Committee whose purpose is to identify targeted audiences for education and outreach and develop training materials that include information on elder abuse, the definition, recognition, reporting and available community resources.
3. In 2018, refine district criteria for identifying potential APS referrals to the E-MDT and methods of tracking the outcomes of cases reviewed by the E-MDT.
4. Refer a minimum of four cases per year to the E-MDT, contingent on securing consent from the APS client.
- 4 (2019 update). An overview of the E-MDT program goals, target population and referral process will be provided to Adult Services staff along with supporting written procedures. Written procedures will include direction on obtaining client consent for E-MDT referrals. The goal is for both the case manager and the client to receive pertinent information on the E-MDT enabling the case managers to identify potential cases for E-MDT consideration, and educate the client on the E-MDT process to gain consent to move forward with the referral.
5. Adult Protective Services staff and/or Dutchess Mediation Center staff will conduct a minimum of five public information sessions per year about adult abuse to enable the public to better recognize abuse and report it.

Have you implemented the strategy(s) you proposed for year one? If not, why not?

Strategy 1. The Adult Services Director attended three Coalition on Elder Abuse monthly meetings, one Education Committee meeting and one Steering Committee meeting.

Strategy 2, 3 and 4. These strategies were not implemented. There were no EMD-T case reviews in 2019.*

Strategy 5. Seven public information sessions were conducted, two by the Coalition, five by Adult Services.

Were the activities associated with your strategy(s) successful (so far)?

The Coalition on Elder Abuse which received program funding from this district, and Adult Services staff, conducted seven education outreach sessions on Elder Abuse. Targeted audiences included a Home Health Health Care Agency, local AARP members, Mental Health Sub-Committee, two local radio sessions on Elder Abuse, Dutchess Community College Community Resource meeting, and WEAAD 2019 event attended by Dutchess and Orange County constituents, elected officials, law enforcement representatives, human service agencies and APS staff from both counties. Dutchess County Director and Orange County Supervisor co-presented on APS and Elder Abuse. Adult Services staff also distributed APS publications and conversed with hundreds of seniors at Office for Aging regional senior picnics throughout the summer of 2019.

How do you know? How did you measure your success and was there an Administrative review by the Director of Services, Deputy Commissioner or the Commissioner?

Minutes were kept for Coalition monthly and Committee meetings. The Mediation Center, a not for profit entity (parent to The Coalition on Elder Abuse) contracted with the District to provide elder abuse education and awareness outreaches to Dutchess County residents. The Mediation Center completed an outcome report for the period of January 1, 2019 to March 31, 2019 that reported on public outreach sessions and meetings. Minutes and reports were reviewed by the Adult Services Director and Deputy Commissioner. An attendance log was kept for outreach sessions when feasible.

At this point, do you believe that a strategy needs to change? Is there an obstacle which is interfering with your activities / strategy(s)?

Remove strategies 1,2,3, and 4 and modify strategy 5.

* In early June 2019, the Dutchess Mediation Center ceased the operation and oversight of the Coalition on Elder Abuse, and thus discontinued all elder abuse education and outreach sessions and EMD-T with Lifespan of Greater Rochester functions.

What will you do instead?

New Strategies

Strategy 1. Conduct a minimum of 5 multi-disciplinary case consultation meetings per year comprised of Supervisors, Case Managers, Case Manager Aides and external service providers for developing objectives and strategies for complicated APS cases. Supervisors to select cases and coordinate case presentation with the case manager.

Strategy 2. External service providers of the current APS client, determined necessary by the Supervisor and Case Manager to provide or arrange for the delivery of APS, will be invited to participate in the meeting. Meetings to be scheduled monthly on the fourth Thursday of each month.

Strategy 3. Document case consultation action plans in ASAP. Minutes to be drafted by a designated Office Assistant and maintained electronically in confidential APS folder.

Modify strategy 5 to: Adult Protective Services staff will conduct a minimum of five public information sessions per year about APS and elder abuse to enable the public to better recognize abuse and report it. Due to COVID-19 related imposed social distancing practices, these sessions may be conducted remotely using social media and other teleconferencing methodologies.

Please select one of the APS goals you chose to address in your 2018–2023 Child and Family Services Plan address the following questions for it:

Select one of the goals from your 2018–2023 Plan:

- ☒ **Goal 1:** Vulnerable adults who self-neglect or are abused, neglected, or exploited by others will be identified, have their living situation thoroughly investigated, and be protected.
- ☐ **Goal 2:** APS will 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.
- ☐ **Goal 3:** APS will utilize multi-disciplinary teams and community resources to improve investigations, assessments and service delivery to reduce risk and protect vulnerable adults.
- ☐ **Goal 4:** APS will provide protective and residential services in the least restrictive manner that will effectively protect vulnerable and dependent adults, balancing adults' rights to self-determination against need to seek protection of at-risk persons lacking capacity.
- ☐ **Goal 5:** Youth aging out of foster care or other child welfare services who could benefit from Adult Services as they reach adulthood will be identified, have their needs assessed and be protected.

Identify the strategy(s) you proposed for year one (can be copied from your CFSP submission):

- 1) Screen adults that apply for Temporary Housing Assistance at Department of Community and Family Services (DCFS) for APS. Utilize Housing Management Information System (HMIS) as a tracking tool for impaired adults residing in temporary/emergency housing locations.
- 2) Conduct monthly case consultation meetings comprised of Director, Supervisors and Case Managers for developing goals and strategies for complicated APS cases. Develop a referral and outcome report process for case consultation meetings. Case Manager to document case consultation plan of action in ASAP. Director to maintain record of consultation meetings and outcome reports.
- 3) Attend Department of Behavioral and Community Health (DBCH) Mobile Crisis Team (MCT) meetings once per month with goal to establish a collaborative plan of action for persons with mental impairments who are hard to engage with services. DCFS to maintain a log of APS cases, 50% of which will be referred to team meetings for review. Document plan of action and outcomes in ASAP.
- 3) 2019 Update: The goal for 2019 is to expand on the referral process to include case specific team

meetings with

DBCH and tracking of outcomes.

4) Collaborative Service Providers will be invited to present in-service educational sessions to APS staff.

5) Utilize the DCBH Stabilization Center as a point of entry for vulnerable persons being discharged from a hospital or institution with an immediate need for housing or benefits. The five-year goal is to fully implement a referral process to APS and DBCH that provides supports to the vulnerable adults with projected outcome of enhanced safety in the community and prevention of re-hospitalization.

2019 update:

Have you implemented the strategy(s) you proposed for year one? If not, why not?

The District implemented all strategies except for attending DBCH MCT meetings. We continued to engage with DBCH on a case by case basis to collaborate on plans of action. We continued to seek support from DBCH for mental health evaluations for APS clients at risk without supports. Referrals are made to the Stabilization Center for assessments for persons who present at DCFS as homeless and in need of mental health services. Adult Services Director and Deputy Commissioner met with a local Hospital that provides in-patient mental health services and reviewed APS and Housing service options. Communication on hospital discharges has improved such that DCFS is better prepared to assist the patient upon release from the hospital.

Were the activities associated with your strategy(s) successful (so far)?

The Adult Services Division expanded use of HMIS to include completing Coordinated Assessments for APS clients for the purpose of securing supportive housing for the most vulnerable adults.

11 monthly case consultations meetings were conducted. These meetings provided an opportunity for all staff to offer input and perspective on strategies for cases that present as "tried everything". Case updates reports on outcomes were provided to group two months post consultation meetings.

Adult Services staff orchestrated a weekly Code Blue networking telephone call to multiple agencies in the District, including Team Leaders from DBCH, to share program updates, functions and challenges surrounding the homeless population. The Homeless Referral Form for vulnerable adults for in-patient and out-patient providers was presented to DBCH and local hospitals and is being used in 2020. The objective remains to work towards collaborative scheduled meetings with DBCH for APS Service planning. Based on the success of the weekly Code Blue Team network telephone calls and time constraints, this objective may be better implemented with telephone conferencing.

Education presentations to Adult Services staff included two from Legal Services of the Hudson Valley; Introduction to Managed Care Long Term Care Services and New Rent Laws of 2019, and Family Services Center of Victim and Safety Support, presenters at 2018 AATI.

How do you know? How did you measure your success and was there an Administrative review by the Director of Services, Deputy Commissioner or the Commissioner?

Our District participation in HMIS has provided pertinent data for County planning and District planning purposes. Dutchess County continues to have a very low housing vacancy factor impacting all constituents, especially the vulnerable adults who have limited resources and need community supports to live in the community in the least restrictive manner. The Commissioner organized and managed multi-disciplinary planning meetings to formulate solution based options to address the housing needs of constituents. Adult Services staff participated in meetings as well as provided housing data from

HMIS. A report was presented to the County Executive. At the 2020 State of County Address, the County Executive launched a county wide housing initiative for 2020. The Commissioner and Adult Services Director continue to engage in collaborative efforts with The Department of Behavioral and Community Health (DBCH) to foster support from Mobile Crisis Team and Stabilization Center in addressing the needs of vulnerable homeless and mentally ill adults.

At this point, do you believe that a strategy needs to change? Is there an obstacle which is interfering with your activities / strategy(s)?

Strategy number 2. This strategy was moved to Goal 3 with the objective to add external service providers to meetings and implement a multi-disciplinary approach to service planning for difficult cases.

The main obstacle for 2020 in networking and education and outreach practices will be developing effective means to communicate and engage targeted audiences using remote technologies such as teleconferencing and social media methodologies.

Currently all Mobile Team and Stabilization Center Mental Health Services are being provided remotely. APS is one of few services providing face to face contacts and home visits to constituents. This may be an obstacle in moving forward with the plan to utilize the Stabilization Center as a point of entry for homeless persons being released from the hospital or with mental health issues that interfere with their ability to manage essential needs in the community.

What will you do instead?

Adult Services will continue to network with DBCH by participating in Code Blue telemeetings, making Mobile Crisis Team and Stabilization Center referrals for remote assistance. Adult Services will continue to explore means to engage DBCH in collaborative services for homeless vulnerable adults being discharged from hospitals and institutions.

Child Care

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

Appendix K: Child Care Administration

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

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

a. Public Assistance Families:	Dutchess County Department of Community & Family Services Day Care Unit
b. Transitioning Families:	Dutchess County Department of Community & Family Services Day Care Unit
c. Income Eligible Families:	Dutchess County Department of Community & Family Services Day Care Unit
d. Title XX:	Dutchess County Department of Community & Family Services Day Care Unit

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

Item	Amount
a. FFY 2018-2019 Rollover funds: <i>(available from the NYSCCBG ceiling report in the claiming system)</i>	\$1813437
b. Estimate FFY 2019-2020 Rollover Funds:	\$2541153
c. Estimate of Flexible Funds for Family Services transferred to the NYSCCBG:	\$0
d. NYSCCBG Allocation 2020:	\$6834283
e. Estimate of Local Share:	\$193433
Total Estimated NYSCCBG Amount:	\$6300000
f. Subsidy:	\$5985000
g. Other program costs excluding subsidy:	\$0
h. Administrative costs:	\$315000

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

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

Appendix L: Other Eligible Families if Funds are Available

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

Optional Categories	Option	Limitations
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	☒ Yes ☐ No	
2. PA families or families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the caretaker is:		
a) participating in an approved substance abuse treatment program	☒ Yes ☐ No	
b) homeless	☒ Yes ☐ No	Individuals must apply for Temporary Assistance and comply with eligibility requirements including referrals to the Dutchess County Workforce Investment Board. Payments may be made for 90 days.
c) a victim of domestic violence and participating in an approved activity	☒ Yes ☐ No	

d) in an emergency situation of short duration	☒ Yes ☐ No	Payments may be made as follows: • Death in the family -- up to two weeks • Medical emergency of parent or child who is a member of the household, or in hospice care - up to six weeks
3. Families with an open child protective services case when child care is needed to protect the child.	☒ Yes ☐ No	
4. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the child's caretaker:		
a) is physically or mentally incapacitated	☒ Yes ☐ No	
b) has family duties away from home	☐ Yes ☒ No	
5. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to actively seek employment for a period up to six months. Child care services will be available only for the portion of the day the family can document is directly related to the caretaker engaging in such activities.	☒ Yes ☐ No	The individual must be actively participating in either DC DCFS's contracted employment services program or verifiably participating in an employment or training program operated by the Dutchess County Workforce Investment Board or other DCFS approved program..
6. PA families where a sanctioned parent or caretaker relative is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	☒ Yes ☐ No	If working towards lifting the sanction.
7. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in:		
a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	☒ Yes ☐ No	Individual must be participating in a program operated either by Dutchess County BOCES or Dutchess County Community College.
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	☒ Yes ☐ No	Individual must be participating in a program operated either by Dutchess County BOCES or Dutchess County Community College

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	☒ Yes ☐ No	Individual must be participating in a program operated either by Dutchess County BOCES or Dutchess County Community College.
d) a program providing literacy training designed to help individuals improve their ability to read and write	☒ Yes ☐ No	Individual must be participating in a program operated either by Dutchess County BOCES or Dutchess County Community College or other recognized entity upon DCFS review and approval.
e) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English	☐ Yes ☒ No	The child must be eligible for childcare
f) a two-year full-time degree granting program at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate's degree or certificate of completion	☒ Yes ☐ No	Individual must be participating in a program operated by Dutchess County Community College or another accredited college
g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department	☒ Yes ☐ No	
h) a prevocational skill training program such as a basic education and literacy training program	☒ Yes ☐ No	If approved by the DC DCFS Employment Worker and the program does not exceed 6 months.
i) a demonstration project designed for vocational training or other project approved by the Department of Labor	☒ Yes ☐ No	Participation must be documented by the Dutchess County Workforce Investment Board
Note: The caretaker must complete the selected programs listed within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.		

8. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associate's degree or certificate of completion and that is reasonably expected to lead to an improvement in the caretaker's earning capacity) if the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.	☒ Yes ☐ No	Temporary Assistance and low income families for attendance at a college or university in courses that are conducted on the campus. Online courses require review and approval by DCFS.
9. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associate's degree or a certificate of completion that is reasonably expected to lead to an improvement in the caretaker's earning capacity if the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.	☒ Yes ☐ No	Temporary Assistance and low income families for attendance at a college or university in courses that are conducted on the campus. Online courses require review and approval by DCFS.
10. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program leading to a bachelor's degree and that is reasonably expected to lead to an improvement in the caretaker's earning capacity if the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to successfully complete the course of study.	☒ Yes ☐ No	Only Temporary Assistance recipients at a college or university in courses that are conducted on the campus. Online courses require review and approval by DCFS.
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.	☒ Yes ☐ No	Participation must be documented by the Dutchess County Workforce Investment Board.

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

I. Reasonable Distance for Public Assistance Recipients to Travel to Child Care and Work

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

1. The following defines "reasonable distance":

For the purpose of determining whether child care is accessible to a TANF recipient who is a caretaker relative of a child under the age of 13 Dutchess County defines a reasonable distance as one-way travel time up to one and one half hours from home to a work activity with a stop at a child care provider.

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

Dutchess County has a public transportation system and uses the "2 mile" rule for employment purposes. If an individual resides outside of the two mile radius to public transportation, alternate arrangements are explored. This is consistent with Dutchess County's employment plan.

II. Recertification Period

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

- ☐ Six months
- ☒ Twelve months

III. Family Share

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

Note: The family share percentage selected here must match the percentage entered in the Program Matrix in the Welfare Management System (WMS) and the Child Care Time and Attendance (CCTA) system.

Family Share Percentage selected by the district:

20%

Additional Description of this Family Share Percentage:

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

IV. Very Low Income

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

"Very Low Income" is defined as **100%** of the State Income Standard.

V. Federal and Local Priorities

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

a. Very low income as defined in Section IV:

- ☒ Rank 1
☐ Rank 2
☐ Rank 3

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

- ☐ Rank 1
☒ Rank 2
☐ Rank 3

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

- ☐ Rank 1
☐ Rank 2
☒ Rank 3

2. Does the district have local priorities?

- ☐ Yes
☒ No

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

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

I. Case Openings When Funds Are Limited

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

- ☐ 1. Open cases based on **FIRST COME, FIRST SERVED**.
☒ 2. Open cases based on **INCOME**.

If opening based on income...

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

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

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

II. Case Closings When Sufficient Funds Are Not Available

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

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

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

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

If closing based on amount of time...

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

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

III. Waiting List

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

- ☒ No

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

I. Fraud and Abuse Control Activities

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

Below is the approved Front End Detection System Plan for Operations for NYSCCBG Child Care Cases and Investigative Unit Operations Plan for Dutchess County:

DUTCHESS COUNTY FRONT END DETECTION SYSTEM PLAN FOR OPERATIONS FOR NYSCCBG CHILD CARE CASES

Prepared by: Chris Corman, Supervisor of Special Investigations, (845) 486-3044

FEDS Contact Person:

Chris Corman, Supervisor of Special Investigations, (845) 486-3044

60 Market Street, Poughkeepsie, New York 12601

1. The following criteria will prompt a Child Care FEDS Referral:

- Self-employed but without adequate business records to support financial assertions
- Childcare provider lives in the same household as child
- Working off the books
- Applicant unsure of own address
- Applicant has no documentation to verify his/her identity or the identification is suspect
- Documents or information provided are inconsistent with application, such as different name used for signature
- Prior history of denial, case closing, or overpayments resulting from an investigation
- No absent parent information or information is inconsistent with application
- P.O. Box used as a mailing address without reasonable explanation

2. Childcare Unit Process and Procedure:

The FEDS referral will be reviewed for each Childcare eligibility interview. When one or more of the circumstances listed above occurs, the referral form and the appointment notice are completed by the Childcare worker. The referral is given to the Childcare supervisor with the case record. The supervisor reviews the referral and, if appropriate, sends the FEDS referral to the Special Investigations Unit (SIU) within 24 hours of the date of application.

3. Special Investigations Unit Process and Procedure:

The FEDS referral will be logged in and assigned immediately. The investigation will begin within forty-eight (48) hours. The investigation will include collateral contacts and home visits when necessary, computer checks and further interviews with the applicant. A written report will be provided to the Childcare worker within five (5) days of the completion of the investigation. If an investigation cannot be completed within five (5) days, an oral report will be given to the Childcare worker within forty-eight (48) hours and a written report as soon as the investigation can be completed. All investigations will be completed in a manner that is consistent with the processing of applications within thirty (30) days.

a) Investigative unit processing, includes logging, tracking and brief description of investigative unit processes (i.e., home visit, collateral contact, age, etc.). Also includes the targeted timeframes for reporting investigative results back to eligibility worker for final determination.

4. Procedure for Reporting Final Disposition:

The lower section of the Investigation Unit's report has a section for the case disposition. The childcare worker will complete this section when processing the case. The original of the form will be sent to SIU for report purposes. The copy will be filed in the case record.

5. Methodology for completing the monthly FEDS report:

The SIU Supervisor has a program in place on his computer to summarize the monthly FEDS activity. The SIU Supervisor will prepare the monthly report of FEDS complaints and investigations and forward the report to OTDA via e-mail by the 10th of the following month.

The FEDS program has been operational for Family Assistance, Safety Net and Medicaid since 1/93. SIU currently has four (4) Investigators involved with both FEDS and fraud referrals.

Dated: 2/9/10

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

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

For all Low income and Transitional Child Care cases, a recertification application is completed yearly (copy attached). An Employment Questionnaire (copy attached) is also completed yearly. This results in contact every six months. Verification of income is required at each contact. A new enrollment form is only required at recertification.

For Child Care for TA individuals in training, participating in WEP, attending approved drug/alcohol treatment, or employed, a new enrollment form is required yearly. All informal providers must submit forms to the Child Care supervisor who reviews them and forwards them to the Child Care Council for approval. Payment is made only if provider is approved and verification of attendance/participation is received. Payment is made for actual hours of participation plus reasonable travel time.

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.

Dutchess currently has approximately 55 providers who are not day care centers in the CACFP Program. The Council forwards the attendance forms from each inspection to the Department where annually 20 % of the providers are selected for a point in time review. The Supervisor of the Day Care Unit contacts the Child Care Council member who is in charge of the site visits on a monthly basis and requests a list of 3-4 providers that had site visits done that month along with the names of the children present at the time of the visit. He will then compare the information to the attendance forms for that provider to verify that DC DCFS was billed correctly. Any discrepancies will be referred to the Special Investigations Unit for further action.

II. Inspections of Child Care Provider Records and Premises

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

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

The district must report violations of regulations as follows:

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

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

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

Check the organization that will be responsible for conducting inspections:

- ☐ Local social services staff
Provide the name of the unit and contact person:
- ☐ Contracted Agency *(must correspond to Appendix K, Question 3f)*
Provide the name of the agency and contact person:

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

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

Appendix N: District Options

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

I. The district selects:

- ☐ None of the options below

☒ One or more of the options below

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

- ☐ 1. The district has chosen to establish funding set-asides for NYSCCBG (complete Appendix O).
- ☐ 2. The district has chosen to use Title XX funds for the provision of child care services (complete Appendix P).
- ☐ 3. The district has chosen to establish additional local standards for child care providers (complete Appendix Q).
- ☒ 4. The district has chosen to make payments to child care providers for absences (complete Appendix R).
- ☐ 5. The district has chosen to make payments to child care providers for program closures (complete Appendix S).
- ☐ 6. The district has chosen to pay for transportation to and from a child care provider (complete Appendix T).
- ☐ 7. The district has chosen to pay a differential rate for licensed or registered child care providers that have been accredited by a nationally recognized child care organization (complete Appendix T).
- ☐ 8. The district has chosen to pay a differential rate above the required 5% minimum differential rate for child care services during non-traditional hours (complete Appendix T).
- ☐ 9. The district has chosen to pay a differential rate for child care providers caring for children experiencing homelessness above the required minimum differential rate (complete Appendix T).
- ☐ 10. The district has chosen to pay a differential rate in excess of the 25% maximum differential rate for child care providers that qualify for multiple differential rates to allow sufficient access to child care providers or services within the district (complete Appendix T).
- ☐ 11. The district has chosen to pay up to 75% of the enhanced market rate for legally-exempt family and in-home child care providers who have completed 10 hours of training, which has been verified by the Legally-Exempt Caregiver Enrollment Agency (complete Appendix T).
- ☐ 12. The district has chosen to pay an enhanced market rate for eligible legally-exempt group child care programs that meet required health and/or training requirements (complete Appendix T).
- ☒ 13. The district has chosen to pay for child care services while a caretaker who works the second or third shift sleeps (complete Appendix T).
- ☐ 14. The district has chosen to make payments to child care providers who provide child care services exceeding 24 consecutive hours (complete Appendix U).
- ☒ 15. The district has chosen to include 18-, 19- or 20-year-olds in the Child Care Services Unit (complete Appendix U).
- ☒ 16. The district requests a waiver from one or more regulatory provisions. Waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix U).
- ☒ 17. The district has chosen to pay for breaks in activity for low income families (non-public assistance families) (complete Appendix U).
- ☐ 18. The district has chosen to use local equivalent(s) of OCFS required form(s). Prior to using a

local equivalent form the district must obtain OCFS, Division of Child Care Services (DCCS) written approval. **Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.**

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

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

Appendix O: Funding Set-Asides

I. Total NYSCCBG Block Grant Amount, Including Local Funds

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

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

Category:

Description:

Category:

Description:

Category:

Description:

Category:

Description:

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

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

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

Category:

Description:

Category:

Description:

Category:

Description:

Appendix P: Title XX Child Care

1. Enter the projected total of Title XX expenditures for the plan's duration: \$

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

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

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

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

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

- ☐ Yes
- ☐ No

If yes, describe eligibility criteria:

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

- ☐ Yes
- ☐ No

If yes, describe which families will receive priority:

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

☐ Yes

☐ No

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

☐ Yes

☐ No

Appendix Q: Additional Local Standards for Child Care Providers

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

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

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

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

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

☐ Local criminal background check

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

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

☐ Site visits by the district

☐ Other

Please describe:

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

☐ Legally-exempt relative-only family child care program

☐ Provider

☐ Provider's employee

☐ Provider's volunteer

☐ Provider's household member age 18 or older

☐ Legally-exempt relative-only in-home child care program

☐ Provider

☐ Provider's employee

☐ Provider's volunteer

☐ Legally-exempt family child care program

☐ Provider

☐ Provider's employee

☐ Provider's volunteer

☐ Provider's household member age 18 or older

☐ Legally-exempt in-home child care program

☐ Provider

☐ Provider's employee

☐ Provider's volunteer

☐ Legally-exempt group program

☐ Director

☐ Employee

☐ Volunteer

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

Note: The Child Care Facility System cannot track such exceptions and, therefore, the district remains responsible for notifying the applicable Enrollment Agency, using the OCFS-2114, District Notification to Legally-Exempt Caregiver Enrollment Agency, that an additional standard is

"not applicable" to the specific provider/person named on the referral list.

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

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

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

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

☐ Local social services staff
Provide the name of the unit and contact person:

☐ Contracted agency (must correspond to Appendix K, Question 3b)
Provide the name of the agency and contact person:

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

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

☐ Yes

☐ No

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

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

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

1. The Standard will be applied:

☐ At initial enrollment and re-opening

☐ At each re-enrollment

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

☐ *During the enrollment **review** period*, and the district will notify the Enrollment Agency of the results within 25 days from the E-Notice referral date.

☐ *During the 12-month enrollment period*, and the district will notify the Enrollment Agency of

the results promptly. Note that this option is always applicable to an additional local standard requiring participation in CACFP.

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

Appendix R: Payment to Child Care Providers for Absences

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

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

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

- ☐ Yes
- ☒ No

3. Base Period:

- ☒ 3 months
- ☐ 6 months

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

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a Month	12	3	15
Base Period	12	8	20

Note: The number of absences per month and base period selected here must match the attendance group numbers entered in CCTA.

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

Illness of the adult or child or a temporary crisis, absence due to mandated quarantine

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

Payment will only be made when the provider charges all customers the same rates with absences

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

Appendix S: Payment to Child Care Providers for Program Closures

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

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

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

- ☐ Yes
- ☒ No

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

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

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

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

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

Dutchess County: Child Care

- ☒ No
- ☐ Yes

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

II. Differential Payment Rates

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

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

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

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

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

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

caregiver enrollment agency.

- ☒ No
☐ Yes

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

%

IV. Enhanced Market Rates for Legally-Exempt Group Child Care Programs

Answer both questions:

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

- ☒ No
☐ Yes

If yes, indicate the percent (76%–81%), not to exceed 81% of the applicable market rate for day care centers.

%

2. Indicate if the district is electing to establish an enhanced market rate for child care services provided by legally-exempt group child care programs when, in addition to the training required in 18 NYCRR §415.4(f), the caregiver has completed an approved course and a minimum of 15 hours of approved training annually and each employee with a caregiving role completes a minimum of 5 hours of approved training annually and the enhanced requirements have been verified by the enrollment agency.

- ☒ No
☐ Yes

If yes, indicate the percent (76%–81%), not to exceed 81% of the applicable market rate for day care centers.

%

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

V. Sleep

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

- ☐ No
☒ Yes

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

In accordance with SSL 410-w(9), up to eight hours of additional child care assistance must be authorized for all eligible children in a family, as needed, in order to allow a parent or caretaker to sleep, if the parent or caretaker works non-traditional hours, is eligible for and provided with child care assistance, and has a child under the age of six and not in school for a full day.

Additionally, the district will pay for child care for a child over the age of six while a parent or caretaker relative works a second or third shift when the parent or caretaker relative requests it and the Social Welfare Manager II who oversees the Day Care Unit and the Deputy Commissioner determine that it is necessary to allow him/her to get 8 hours sleep per day.

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

8

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

I. Child Care Exceeding 24 Hours

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

☐ On a short-term or emergency basis

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

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

II. Child Care Services Unit (CCSU)

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

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

☐ 18-year-olds

☐ 19-year-olds

☐ 20-year-olds

OR

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

☒ 18-year-olds

☒ 19-year-olds

☒ 20-year-olds

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

Payment will be allowed when a child cannot be left unsupervised due to a documented disability i.e. broken leg, or is developmentally delayed.

III. Waivers

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

DC DCFS requesting waiver approval for the following regulatory requirements under Part 404 and child care services regulations under Part 415 of Title 18 of the official Compilation of Codes, Rules and Regulations of the State of New York so that Dutchess County can encourage participation in the Early Head Start Child Care Partnership BSF program by allowing flexibility in areas that will promote continuity of service for children.

1. Flexibility in eligibility periods: For BSF participants only, waive 18 NYCRR sec. 404.1(d) which requires that re-determination be made not less frequently than every 12 months. The waiver will allow districts to match child care eligibility periods to the Early Head Start Child Care Partnership program period regardless of disruption in the parent's eligibility. This waiver applies only to the children participating in an Early Head Start-Partnership Babies Step Forward (BSF) program and not to other children who may be receiving child care services in the same household. If there are other children receiving child care subsidies in the same household, changes impacting eligibility MUST be reported to DCDCFS.

2. Flexibility in reporting changes in family circumstances: For BSF participants only, waive 18 NYCRR sec. 415.3(b) which requires applicants and recipients to report immediately any change in financial circumstances, living arrangements, employment, household composition, or other circumstances that affect the family's need or eligibility for child care services.

This waiver would relax the income documentation/verification requirement and revise the re-determination process to relax/eliminate the need for parents to report even small changes in their circumstances that lead to a loss of eligibility for child care. This waiver would pertain if the parent only* has a child or children participating in an Early Head Start Partnership BSF program. This waiver would NOT apply to households that move out of Dutchess County. The household MUST inform DC DCFS when it moves out of Dutchess County. *Households with additional children in the household receiving subsidies who are not participating in the Early Head Start BSF program would continue to be required to report all changes impacting eligibility.

Potential adverse impact: Some eligible households may be denied child care subsidies but only if all funding for the Low Income Subsidy program is exhausted and no other funding is available.

IV. Breaks in Activities

1. Districts may pay for child care services for low-income families during breaks in activities either for a period not to exceed two weeks or for a period not to exceed four weeks when child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period. If your district will pay for

breaks in activities, indicate below for how long of a break that the district will pay for (check one):

- ☒ Two weeks
- ☐ Four weeks
- ☐ The district will not pay for breaks in activities

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

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

Non-Residential Domestic Violence Services

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

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

Please provide the information required below.

Indicate if Plan has Changed

Please review your Plan from last year, and then indicate if you will be making any changes to your Plan.

☐ I have read and acknowledge that there are no changes to the previously approved domestic violence non-residential plan.

STOP HERE. Do not update any information in this section.

☒ Changes have been made to this plan.

Please update as needed.

County Contact Person

County Contact Person:

Patricia Sheldon

Phone Number:

845-486-3026

E-Mail address:

patricia.sheldon@dfa.state.ny.us

Program Closure

Program Name:

Date Closed:

Reason for Closing:

Program Information

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

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

Agency Name:

Family Services Inc

Program Name (if different):

Non-Residential Core Domestic Violence Services

Business Address:

50 North Hamilton Street, Poughkeepsie, NY 12601

Contact Person:

Joan Crawford, Deputy Executive Director

Telephone number:

845-452-1110

E-mail Address:

jcrawford@familyservicesny.org

Program Requirements

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

All questions must be answered

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

All of FSI programs are designed to strengthen individuals, families and communities and parallel our mission of helping families and individuals help themselves through direct services, collaboration, and advocacy. Center for Victim Safety and Support (CVSS) is a program of FSI providing services to all victims of crime, the largest population, around 80%, being victims of domestic violence. Due to the large number of clients we see from this population, our domestic violence services are specialized including a designated domestic violence hotline, specific staffing positions designed to meet the needs of victims of domestic violence and specific procedures designed to assist community agencies in serving this population, such as law enforcement. While all of FSI programs work together to streamline services to the community and achieve our mission, each program has its own policies, procedures and protects the confidentiality of client information however is regulated by specific funding and licensing. As a separate and distinct program CVSS maintains written policies and procedures relating to the provision of non-residential services for victims of domestic violence.

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

Individuals are deemed eligible for CVSS specialized domestic violence services when they provide information that they are a victim of domestic violence. They may provide oral and/or documentary information to establish such eligibility. Staff are trained in identifying the dynamics of domestic violence. A victim of domestic violence is identified when they disclose an act which would constitute a violation of the Penal Law, including, but not limited to acts constituting disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder; and such act or acts have resulted in actual physical or emotional injury or have created a substantial risk of physical or emotional harm to such person or such person's child; and such act or acts are or are alleged to have been committed by a family or household member (as defined in 18 NYCRR Part 462). Staff utilize primary aggressor screens when necessary as well as danger assessments and lethality screens. Services are provided free of cost, regardless of financial eligibility.

Through collaboration with Taconic Resources for Independence, the program has established and maintained appropriate procedures for addressing the safety and accessibility needs of victims of domestic violence with disabilities. This includes ensuring ADA compliance and accessibility to the building, maintaining a TTY telephone service, and providing American Sign Language Interpreting services to Deaf and Hard of Hearing victims who request services. TRI provides information, collaboration, and guidance on issues specific to individuals with disabilities, both in general and related to individual cases as needed. We also closely partner with local mental health providers such as the Dutchess County Department of Behavioral and Community Health, Mental Health America, and Hudson Valley Mental Health to work collaboratively with clients who have been identified as needing mental health services and also to provide cross-training for staff of both agencies.

We have several fully bilingual staff that read, write, and speak Spanish/English. We also partner with the District Attorney's Office to provide the Language Line service to clients with English language barriers where we cannot meet the need through our bilingual staff. We translate our client documents into Spanish including our client surveys, danger assessments, and safety plans and also distribute our brochures in Spanish throughout the community. Our 2 bilingual victim advocate positions partner with culturally specific organizations and establish a presence throughout the Latino/a community. This year we have also offered a Spanish in the Workplace course in partnership with Dutchess Community College to give interested staff a basic understanding and tools to communicate with Spanish speaking persons in the workplace. We also periodically provide cultural competency training to staff which help us to address the specific needs of clients and the diverse compositions of the community we serve. For example, this year we have provided training to staff on working with LGBTQ survivors, immigrant survivors, and are organizing agency-wide training specific to issues of institutional racism.

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

FSI ensures ADA compliance by providing handicapped accessibility to the building, maintains a TTY telephone service, and provides American Sign Language Interpreting services to Deaf and Hard of Hearing victims who request services. They collaborate with Taconic Resources for Independence to provides information and guidance on issues specific to individuals with disabilities, both in general and related to individual cases as needed. FSI also closely partners with local mental health providers such as the Dutchess County Department of Behavioral and Community Health, Mental Health America, and Hudson Valley Mental Health to work collaboratively with clients who have been identified as needing mental health services and also to provide cross-training for staff of both agencies.

FSI utilizes its fully bilingual staff that read, write, and speak Spanish/English and partners with the District Attorney's Office to provide the Language Line service to clients with English language barriers where it cannot meet the need through its bilingual staff. They will translate our client documents into Spanish including our client surveys, danger assessments, and safety plans and also distribute brochures in Spanish throughout the community. The two bilingual victim advocate positions partner with culturally specific organizations and establish a presence throughout the Latino/a community. FSI also periodically provides cultural competency training to staff to help address the specific needs of

clients and the diverse compositions of the community it serves.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Non-residential domestic violence services are provided in person and over the phone. Services are provided at the main offices for the Center for Victim Safety and Support (CVSS), located in the City of Poughkeepsie as part of the FSI Family Partnership Center. To maintain confidentiality and safety, CVSS is located in a separate, unidentified, locked building on the property. At that building, general information about clients, as well as each contact and nature of contact with clients is kept in a confidential, secure database, which is only accessible to staff through individual log-in and passwords. Case records are maintained in the client database. All staff and volunteers are required to sign confidentiality agreements and participate in training about the importance and standards of confidentiality. Other files are kept in locked filing cabinets, and offices are locked when they are not occupied. CVSS abides by the confidentiality standards included in 18 NYCRR Part 462 as well as the regulations of federal acts including the Violence Against Women Act (VAWA), the Victims of Crime Act (VOCA), and the Family Violence Prevention Services Act (FVPSA). In co-located office locations safety and confidentiality are a priority. Often advocates are provided with private office space to meet with clients and in some departments clients have private access to a separate entry. In those satellite offices, client data remains protected as described above.

During a recent site visit by the NYS Office of Children and Family Services (OCFS) the CVSS location and confidentiality procedures were rated as a "Strength, exceeding funder expectations."

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	365	24	On phone	At main office	Victim Advocate, volunteers
Information and Referral	365	24	On phone thru hotline & in person	At main office, or in a variety of locations including but not limited to court, police, social services, medical facilities, lawyers office, and schools	Victim Advocate
Advocacy	365	24	On phone or in person	At main office, or in a variety of locations including but not limited to court, police, social services, medical facilities, lawyers office, and schools	Victim Advocate
Counseling	365	24	On phone & in person	At main office or in other areas that meet the victim's need	Trauma Therapist & Victim Advocate

Community Education and Outreach	M-F	9-5	Outreach events, written media in English & Spanish	Local community agencies, colleges, law enforcement, hospitals	Coordinator of Training & Outreach
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	365	24	On phone, in person	At main office, or in a variety of locations including but not limited to court, police, social services, medical facilities, lawyers office, and schools	various

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

Staffing Requirements

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

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

** Do **not** give names or qualifications of current program staff.*

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Director of Crime Victims Services	Responsible for administration and oversight of program. Oversees program staff. Supervised by Deputy Executive Director.	BA or MA in Human Services or minimum of 5 years relevant experience; one year of supervisory experience. Training and experience in program management and personnel relations.
Coordinator of Training and Outreach	Responsible for community outreach, training of staff, training and oversight of interns and volunteers, oversight of crisis staff.	BA or MA in Human Services or minimum of 5 years relevant experience including supervisory. Training and experience in program management and personnel relations. Completion of 40 hour CVSS domestic violence/sexual assault training course.
Coordinator of Advocacy I & II	Responsible for administration and oversight of Center for Victim Safety and Support daily operations and supervises program staff.	BA or MA in Human Services or minimum of 5 years relevant experience including supervisory. Training and experience in program management and personnel relations. Completion of 40 hour CVSS domestic violence/sexual assault training course.

Victim Advocates (4+2 Bi-Lingual)	Responsible for providing direct services to clients including but not limited to: responding to the 24 hour hotline, advocacy, counseling, crisis intervention, and assistance with reimbursement through the NYS Office of Victim Services.	BA in Human Services field preferred and/or 3 to 5 years relevant work experience. Human Services, counseling, and/or advocacy experience. Completion of 40 hour CVSS domestic violence/sexual assault training course.
High Risk Case Manager	Responsible for providing direct services to high risk clients including but not limited to: responding to the 24 hour hotline, advocacy, counseling, crisis intervention, assistance with reimbursement through the NYS Office of Victim Services, comprehensive case management and lethality assessment, and liaison with the High Risk Team	Minimum of one year of relevant work experience with victims of domestic violence and/or the direct provision of human services; BA in Human Services field preferred.
Trauma Therapist (4)	Responsible for providing individual, group, and family counseling to victims and their families, offers 3 months of free counseling to primary and secondary victims of crime.	NYS licensed MSW or MHC. Experience in trauma work preferred. Completion of 40 hour CVSS domestic violence/sexual assault training course.
On Call advocates		BA in Human Services field preferred and/or 3 to 5 years relevant work experience. Human Services, counseling, and/or advocacy experience. Completion of 40 hour CVSS domestic violence/sexual assault training course.
Lethality Assessment Program Victim Advocates (2)	Responsible for providing direct services to clients including but not limited to: responding to the 24 hour hotline, advocacy, counseling, crisis intervention, and assistance with reimbursement through the NYS Office of Victim Services. Liaison to LAP jurisdictions.	BA in Human Services field preferred and/or 3 to 5 years relevant work experience. Human Services, counseling, and/or advocacy experience. Completion of 40 hour CVSS domestic violence/sexual assault training course.

Agency Name:

Grace Smith House Inc

Program Name (if different):

Non-Residential Core Services

Business Address:

1 Brookside Avenue Poughkeepsie NY 12601

Contact Person:

Branka Bryan

Telephone number:

845-452-7155

E-mail Address:

bbryan@gracesmithhouse.org

Program Requirements

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

All questions must be answered

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

The mission of Grace Smith House, Inc. is to empower individuals and families to live free from domestic violence. All programs serve this end and the organization serves domestic violence victims in Dutchess County. 100% of the clients of Grace Smith House are victims of domestic violence. The Non-Residential Program is distinct from the shelter program in that it refers to all individuals not currently being sheltered in its 20 bed emergency shelter

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

All domestic violence services are free, confidential and available to residents of Dutchess County. Individuals who seek services at Grace Smith House self-identify as victims of domestic violence or they may be referred from other service providers to our programs.

Grace Smith programs are accessible to individuals regardless of disability or special need. Upon request, Grace Smith House works with the client to understand what accommodation is required. The buildings where non-Residential services are provided are compliant with American Disabilities Act. Handicap parking is clearly identified and access to the building is by a ramp that accommodates wheelchairs and walkers. Services are provided on the ground floor eliminating the need for stair climbing or elevators. Grace Smith House maintains a contract with Taconic Resources to provide sign language interpretation when necessary. This relationship has served both agencies well and victims receive services provided by advocates with the use of a sign language interpreter. The agency informs and works with other systems as necessary to accommodate the client need when services of these systems are obtained by the client. For example, the agency informs the court or social services ahead of time what special accommodations will be needed in advance so that services are set up for the client ahead of their appointment. Grace Smith House has six Spanish speaking staff (25% of the personnel) and its Latina Outreach worker program is designed to meet the unique needs of the Spanish speaking community. If the agency encounters a client who speaks a different language it relies on the language line to engage the client.

Approximately 20% of its clients identify as Hispanic; almost 45% identify as White and 25% self-identify as Black or African American. The remaining 10% of clients identify as Multi-Racial.

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

GSH ensures ADA compliance by providing handicapped accessibility to the building. Handicapped parking is clearly identified, access to the building is by a ramp that accommodates wheelchairs and

walkers and services are provided on the ground floor eliminating the need for stair climbing or elevators. Visually impaired individuals can be served by advocates who can communicate in spoken language. GSH contracts with Taconic Resources for Independence to provide sign language interpretation when necessary.

GSH informs and works with other systems such as the courts as necessary to accommodate client with special needs when services of these systems are obtained by the client.

GSH will utilize Spanish speaking staff and its Latina Outreach worker program to meet the unique needs of the Spanish speaking community. If they encounter a client who speaks a different language they will utilize the Language Line to engage the client.

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Non-residential program offices are located on a quiet residential street in the City of Poughkeepsie. To ensure the privacy and safety of individuals seeking services, there is no sign at the location. The agency offers adequate parking, but is located only a block from city bus routes. Visitors must be buzzed into the locked building through an intercom system, and then must be buzzed through a second set of interior doors. The property is under video surveillance at all times for the safety of staff and clients. Confidentiality is maintained in accordance with federal guidelines of the Family Violence Prevention Fund and the Violence Against Women's Act

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	365	24	on the phone	At main office	Family Advocate, volunteers
Information and Referral	365	24	On phone and in person	At main office, or in a variety of locations including but not limited to court, police, social services, medical facilities, lawyers office, and schools	Family Advocate
Advocacy	M-F	9-5PM	On phone and in person	At main office, or in variety of locations including court, police, social services, medical facilities, lawyers' office	Family Advocate
Counseling	M-F, Tu & Th	9-5 PM, to 8PM	On phone & in person	At main office	Family Advocate

Community Education and Outreach	M-F	9-5	Presentations, literature and trainings	Local community agencies , including agencies serving vulnerable individuals who have a higher risk of victimization by an intimate partner or family member , substance abuse treatment centers, DCDCFS offices, school districts	Family Advocate,
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	M-F	9-5	In person	At main office	Family and Youth Advocates

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

Staffing Requirements

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

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

* Do **not** give names or qualifications of current program staff.

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Director of Advocacy	Oversees delivery of case management in the Non Residential Program, including the oversight and supervision of all Non residential Advocates, carries a caseload of clients, and fills as needed to cover absences and vacations.e .	Bachelor's degree required; advanced degree preferred.Four years of relevant work experience, one year of which must include supervisory experience.
Director of Childrens Services	oversees the highest quality delivery of services to children throughout each arm of the agency, oversees funding procurement and compliance expectations related to Children's Servicesoversees funding procurement and compliance expectations related to Children's Service.,	Bachelor's degree in a related field. Master's degree preferred. . State licensure preferred.

Family Advocate	1. Provide individual emotional support to clients of Program.2. Conduct intake screenings, help to establish goals and provide ongoing case management. 3. Provide information about community agencies and resources and give referrals. Educate on domestic violence issues.4. Provide advocacy with the Department of Community and Family Services, through court processes, and with other community agencies. 5. Educate the community about the needs of people involved in domestic violence situations as well as on other domestic violence issues.s.	Two year degree and/or life experience working with domestic violence survivors.
Youth Advocate	1. Plan and implement daily and weekly, developmentally appropriate, youth groups and individual activities. 2. Offer culturally informed emotional support and crisis intervention, as needed, 3. FAdvocate for the emotional and physical well-being of youth 4.Facilitate appropriate referrals to and provide advocacy with community supports and services. 5.Organize, implement, and supervise youth recreational activities and outings.	Bachelors degree preferred. Significant experience working with children & families in crisis may be subsituted for degree.
Community Development Coordinator	1. Community Outreach: a. Serve as first contact and community liaison to community members requesting presentations on domestic violence and maintain schedule of community presentations.	Four-year degree in marketing, communications or related field. Experience in human services field ; At a minimum, one year of relevant work experience.Experience in human services field
Transitional Advocate	Works directly with tenants in Brookhaven Transitional Housing and the community as needed to support their ability to maintain self-sufficiency. Also responsible for timely submission of reports required by funders. In addition to management of logistics of the Brookhaven program, the advocate creates a therapeutic community that cultivates supportive and cooperative relationships between clients and their children. Works to secure permanent affordable housing , holds monthly groups which promote self sufficiency (such as financial literacy.)	Bachelor's degree (Master's degree preferred) in a counseling related field and/or significant life experience working with domestic violence survivors.Direct counseling service experience in a residential setting preferred.At a minimum, one year of relevant work experience.
Director of Outreach & Support Services	oversees all quality assurance with respect to services for the agency, actively participates in community coalitions and committees, and provides staff development for all agency staff, including education on public policy issues.	Advanced degree preferred, BA plus two years domestic violence experience required.Four years of relevant work experience, one year of which must include supervisory experience

Finance Director	1. Develop long term goals and strategies for the Finance Department; responsible for performance management of assigned staff and timely submission of reports required by funders; oversees the agency database, ensuring the accuracy and confidentiality of client records both electronic and hard copy.	Four years of relevant work experience, one year of which must include supervisory experience.
Adult Counselor	1. Offer culturally informed emotional support and crisis intervention utilizing a trauma sensitive and strength based perspective;	Bachelor's degree (Master's degree preferred) in a counseling related field and/or significant life experience working with domestic violence survivors. Direct counseling service experience in a residential setting preferred.

Agency Name:

House of Faith Ministry, Inc.

Program Name (if different):

Non-Residential Domestic Violence Services

Business Address:

PO Box 1326, Wappingers Falls, NY 12590

Contact Person:

Diandria Williams

Telephone number:

845-765-8337

E-mail Address:

dwilliamsHOHM@aol.com

Program Requirements

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

All questions must be answered

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

The Agency operates a small non-residential domestic violence services program called the After Care Program, which operates out of the Shelter and the non-residential staff meets clients and assists them where they are and provides them the care they need. The core services provided through the non-residential program include Advocacy, Counseling, and Outreach and Public Awareness. Non-residential services fit into the overall agency in that each service supports its mission and goals within the field of domestic violence. The Agency offers non-residential

services to its current residents, transitioned residents, and members throughout the community. Of the total combined three categories in which non-residential services are offered, 90% of the clients are victims of domestic violence and 10% are family members and friends seeking counsel or assistance on behalf of a loved one.

Non-residential services are offered through the After Care Program and to members throughout the community. Because the Agency does not have a separate facility outside of its shelter, the non-residential staff meets clients and assists them where they are, and provides them the care they need that is separate and distinct from the Shelter services.

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

Domestic violence services are free, culturally and group specific. The Agency provides special needs services such as tutoring for adults with reading and/or learning disabilities. The facility is handicapped accessible with removable ramps and our staff is well trained in working with individuals from all ethnic, religious, and cultural backgrounds. The Agency maintains Spanish translator on staff and works with volunteer members within the community and other agencies (such as local animal shelters for residents with pets or Astor children with in need of emotional or mental support) to accommodate other languages and disabilities. For hearing impaired individuals, we encourage and utilize services provided by Free Text Delay (711) New York Relay System at 1-800-942-6906 for the Deaf and/or Hearing Impaired and the National Deaf Hotline Videophone which is available 9am-5pm Monday-Friday at 1-855-812-1001 or deafhelp@thehotline.org. In addition, all phones in our facility are hearing aid compatible.

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

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

DO NOT PROVIDE LOCATION ADDRESS(ES)

Services are provided in the building where the emergency domestic violence shelter is located, whose address is not publicized, and throughout the Southern Dutchess County area. The Agency require all employees, volunteers, interns, and contractors to complete a confidentiality contract. It also requires that all staff be trained in maintaining confidentiality of all records, telephone calls, and documentations throughout the facility. In addition, it further trains in many safety procedures and regularly exercises safety drills to ensure all are knowledgeable in each procedure.

Complete chart below

Core Services Chart

Core Service	Days Provided	Hours Provided	Service Delivery Method	Location of Service Provided	Position Providing Service
Telephone Hotline Assistance	365	24	On phone	At main office	Case Manager, Case Aide

Information and Referral	M-F	9-5PM	On the Phone or in person	At main office and in the community	Case Manager, Case Aide
Advocacy	M-F	9-5PM	In person, by phone	At main office, or in variety of locations including court, police, social services, medical facilities, lawyers' office	Case Manager, Case Aide and Advocate
Counseling	M-F	9-5PM	In person, by phone	At main office and in the community	Case Manager, Case Aide
Community Education and Outreach	M-F	9-5, evenings when needed	In person, in presentations	at various locations in the community	Case Manager
Optional Services (e.g., Support Groups, children's services, translation services, etc.)	M-F	9-5	in person	At main office	Case Manager, Case Aide and Advocate

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

Staffing Requirements

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

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

** Do **not** give names or qualifications of current program staff.*

Staffing Chart

Position Title	Responsibilities of Position	Qualifications of Position
Program Director	Oversee and coordinate operation of the domestic violence shelter, supervise staff, volunteers and interns, conduct program evaluations and monitoring	Bachelor's degree required, 4 years of DV experience, and one year of supervisory experience required.
Case Manager	Provide case management, crisis intervention and counseling services, perform intake screening and interview hotline callers, and advocacy	One year of experience with victims of domestic violence and/or the direct provision of human services; Bachelor's degree preferred

Case Aide	Assist case manager in arranging appointments, transportation, school registrations, aid in housing searches, complete intake forms from hotline	One year of experience with victims of domestic violence and/or the direct provision of human services; Bachelor's degree preferred
Advocate	Provide counseling and advocacy	High school diploma and one year of experience with victims of domestic violence and/or the direct provision of human services.

PINS Pre-dispositional Placement Services

As outlined in 19-OCFS-ADM-22, Person in Need of Supervision Reform Changes, Local Department of Social Services are to have a plan to provide PINS pre-dispositional care and maintenance services as ordered by family court.

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

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

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

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

If these services are not currently available, what steps is the LDSS currently undertaking to resolve this gap in service?

T and U Visa Reporting

18-OCFS-LCM-15, dated August 14, 2018, provided "Protocols for Signing Forms for Non-Immigrant Clients Applying for U Visas and T Visas." This LCM lays out the record keeping and reporting requirements:

9. RECORD KEEPING AND REPORTING REQUIREMENTS:

LDSSs must maintain information on the number of requests received for U visa certifications and T visa endorsements, including the number of requests granted for each type of visa. LDSSs are required to submit this information to OCFS on an annual basis as part of the county Child and Family Services Annual Plan update process.

Please provide the information requested below:

1. In 2019, how many T visa applications were received?

0

2. In 2019, how many T visa certifications were issued?

0

3. In 2019, how many U visa applications were received?

0

4. In 2019, how many U visa certifications were issued?

0

Title XX Program Services Matrix

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

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

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

Each district must update its WMS Title XX Matrix as necessary, and submit it to the state for review. Districts are not able to alter state-mandated fields. The updates are done by a district worker who has been assigned security function 180 by the district's LAN administrator (this does not have to be the same person who receives the annual update notice). The worker who makes the update will be notified after the state reviews the district's submission.

The following resources are available to assist with updating the Title XX Matrix in WMS:

- A Computer Based Training (CBT) is available with step by step instructions on how to complete the Appendix F Title XX Program Services Matrix. The link to the CBT is:
<https://www.hslcnys.org/hslc/Content/DLT01/3748/player.html>
 - [Click Here for Instructions to Complete the Program Matrix](#)
-

Are there changes to the services your county intends to provide during the 2020 Child and Family Services Planning cycle?

- ☒ Yes
- ☐ No

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

We are decreasing the family share fee from 30% to 20%

List of Data Sources

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

Data Source	Safety	Permanency	Youth & Young Adult	Adult Services
KWIC (Kid's Well-being Indicators Clearinghouse)	☐	☐	☒	☐
U.S. Census Data	☐	☐	☐	☐
Child Trends Data Bank	☐	☐	☐	☐
PRISMS (Prevention Risk Indicator/Services Monitoring System (OASAS))	☐	☐	☐	☐
NYS Department of Health	☐	☐	☐	☐
Domestic Violence Information System	☐	☐	☐	☐
NYS OCFS Data				
MAPS (Monitoring and Analysis Profiles)	☐	☒	☐	☐
QYDS (Quality Youth Development System)	☐	☐	☐	☐
OCFS Data Warehouse Reports	☒	☒	☒	☐
Child and Family Services Plan Child Level Data	☒	☒	☒	☐
OCFS Juvenile Detention Automated System (JDAS)	☐	☒	☐	☐
OCFS Detention Risk Assessment Instrument System (DRAIS)	☐	☒	☐	☐
OCFS Agency Online Profile (OAOP)	☐	☐	☐	☐
YASI data (Youth Assessment & Screening Instrument)	☐	☐	☒	☐

Safe Harbour: NY program data	☐	☒	☐	☐
Adult Services Automation Project (ASAP.Net)	☐	☐	☐	☒
Adult Protective Services (APS.Net)—NYC only	☐	☐	☐	☐
Local Surveys				
County Search Institute Survey	☐	☐	☐	☐
Communities That Care	☐	☐	☐	☐
TAP Survey	☐	☐	☐	☐
United Way (Compass Survey or other)	☐	☐	☐	☐
Other				
Other Data Sources	☒	☐	☒	☐
Specify Any Other Data Sources:	manual counting of consolidations on monthly logs kept in cps collecting data from outcome reports from VAs		HMIS, New York State DCJS data, Dutchess County Criminal Justice Committee data, Dutchess County Caseload Explorer Ad Hoc Database.	

Required Interagency Consultations

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

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

Agency Type	Safety	Permanency	Youth and Young Adult	Adult Services
Health ⁴				Dutchess County Dept of Behavioral and Community Health, including Environmental, Nursing and Mental Health Divisions; Mental Health America (Case Management and Living Room Program); Vassar Brothers, Mid Hudson Regional and Northern Dutchess Hospitals; MLTC Programs, NY Connects, Certified and Licensed Home Health Care Providers
Mental Health ⁴			Dutchess County Department of Behavioral & Community Health's Coordinator for Children's Services/Intellectual & Developmental Disabilities	Dutchess County Department of Behavioral and Community Health, including the Mobile Crisis Team, Stabilization Center and Partial Hospitalization; Mental Health Association (Case Management, Health Home), Hudson Valley Community Health (community mental health clinics); ACT; Lexington (substance abuse); Alliance House (state operated crisis residence)

Youth Bureau ³			Dutchess County Department of Community & Family Services Youth Services Director and Senior Youth Worker	
Department of Probation ³			Dutchess County Office of Probation & Community Corrections Deputy Director	Dutchess County Probation; NYS Parole
Societies for the Prevention of Cruelty to Children ¹	NY State OCFS Regional Office			
Law Enforcement ^{1,2,4}	Dutchess County District Attorney			Dutchess County Sheriff Department, New York State Police; City of Poughkeepsie Police; Town of Poughkeepsie Police; Dutchess County DA; numerous town and village police departments
Aging ⁴				DC Office for Aging; Alzheimers Assoc; Friends of Seniors, Elant and Lutheran Care Foster Family Programs;
Legal ^{1,4}	Dutchess County Attorney's Office	Dutchess County Attorney's Office	Dutchess County Attorney	Dutchess County District Attorney Office, vices, Public Defender
Family Court (judge or designee) ¹	Dutchess County Family Court	Dutchess County Family Court		
Local Advisory Council ^{1,2,3}			Dutchess Co. Youth Board & Coordinating Council	Long Term Care Council
Other Relevant Government Agencies	New York State Office of Children & Family Services	New York State Office of Children & Family Services	Dutchess County Department of Community & Family Services Deputy Commissioner, Children's Services Director, Safe Harbor Liaison	Dutchess County Planning Department; Dutchess County Loop (transportation); OPWDD; SSA

Child Care Resource and Referral Agencies				
RHYA Providers ³			Hudson River Housing	
Other Public / Private / Voluntary Agencies ^{1,4}				Hudson River Housing
Other (#1)				Community Action; Rebuilding Together
Other (#2)				

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