



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
OCFS Acting Commissioner

May 29, 2019

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) 2019 Annual Plan Update is approved effective May 29, 2019.

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 2019 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) (I).
8. Title XX-funded services are available to eligible individuals in every geographic area within the district. Where different services are made available to a specific category of individuals in different geographic areas, services are available to all eligible individuals in that category who reside in that area.
9. Title XX reporting and fiscal systems includes level of care, maintenance, and services provided to children and families and costs of services provided.

B. Child Protective Services

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

C. Preventive Services for Children

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

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

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

D. Youth Development

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

E. Adult Protective Services

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

F. Domestic Violence Services

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

G. Child Care

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

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

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

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

H. Staffing

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

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

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

Commissioner County Department of Social Services

Name / Signature:

Sabrina Jaar Marzouka, JD MPH

Date:

2019-05-16

I hereby approve and submit the PINS Diversion Service section of the Child and Family Services Plan for Dutchess County Probation Department 2019 Annual Plan Update.

Director/Commissioner County Probation Department

Name / Signature:

Mary Ellen Still

Date:

2019-05-19

I hereby approve and submit the Youth and Young Adult section of the Child and Family Services Plan for Dutchess County Youth Bureau 2019 Annual Plan Update.

Executive Director County Youth Bureau

Name / Signature:

June Ellen Notaro

Date:

2019-05-17

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:

Marcus J. Molinaro

Date:

2019-05-21

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:

2018-08-28

(at least 15 days prior to submittal of Plan)

Date Public Notice published:

2018-08-09

(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 2017, the population decreased 0.6%. Currently 11.4% 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, 15.5% speak a language other than English at home (ACS 2012-2017). 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- When examining changes in the population's age from 2010 to 2017, several trends are observed. The older population has increased, whereas the younger population 0-18 years has decreased with 19.8% under 18 and 16.0% over 65.

Race -Dutchess County has less racial diversity than NYS, with 78.6% of the population recorded as White as opposed to NYS with 69.9%. The Black population has increased from 9.9% in 2010, to 10.5% in 2017 The Asian population has increased during this time period from 3.5% in 2010 to 3.7% in 2017. The Hispanic population is also on the rise, increasing from 10.5% in 2010, to 11.7 % in 2017. 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 are 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 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 9.1 %-significantly less than the 15.1% 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, has reached 22.4 %. 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.

A presentation by The Rockefeller Institute of Government on the fiscal challenges facing state and local governments shows that although the revenue crisis is easing, fiscal crisis continues for state and local governments. The Institute's research shows key variables such as taxable personal income, taxable consumption and home values are far below peak, and "longer-term pressures loom even after the cycle is behind us." Dutchess County is no exception even though unemployment for June 2018 was 3.9%, lower than the average annual employment rate of 4% for 2007 prior to the downturn. DCFS does continue to see a significant demand for services. SNAP caseloads are up 52.5% over 2007 at this time, with total unduplicated individuals receiving all categories of DCFS assistance up 7.2% from 2007.

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 \$50,280 to afford an average one bedroom apartment and \$61,040 for a two bedroom in Dutchess County [County Planning Department's 2018 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 2018 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.

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 2017 7% of the cohort were dropouts , but for economically disadvantaged the rate was 11%. The 2015-16 suspension rate of students for one full day or longer from public school varies in the County by school district with a high of 13 % for Poughkeepsie to a low of 0% for Red Hook (data.nysed.gov). School test scores for the County for 2017 show 36% students in grades 3-8 are proficient in English Language Arts – and 36% students are proficient in Math.

Health - In 2018 Dutchess County ranked among the top 14 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.

Children's Services

Our county has been part of the Children and Family Services Review (CFSR) for the past several years. There have been four Waves of data that have been released that cover the time period of 2011 – 2016.

For Permanency Indicator One: % of Children Entering Foster Care obtaining Permanency within 12 months, our county has shown significant improvement from 2012 through 2014. In Wave 2 (2012) we were at 16.3% and in Wave 4 (2014) we were at 29.5%. The NYS total average is 35.9% which is the target we will continue to work towards in the next five-year plan.

For Permanency Indicator Two: % of Children in Foster Care for 12 – 23 months obtaining Permanency within 12 months, our county has shown significant progress from 2014 through 2016. We have made significant increases in this percentage and in Wave 2 (2014) we were at 11.9% and in Wave 4 (2016) we were at 37.7%. We are currently above the NYS total of 27.2% and under the National Average of 43.6%. The national average is the target we will continue to work towards in the next five- year plan.

For Permanency Indicator Three: % of Children in Foster Care for 24+ Months Obtaining Permanency Within 12 Months, our county has shown significant progress from 2013 through 2016. We have made significant increases in this percentage and in Wave 1 (2013) we were at 19.4% and in Wave 4 (2016) we were at 33%. We are currently above the NYS total of 29.4% and we are also above the National Average of 30.3%. We will continue to strive to increase this percentage over the next five years.

For Permanency Indicator Four: % of children Entering Foster Care, Discharged to Permanency

within 12 months and then Re-Entering Care within 12 months, our County sees this as an area to improve on. In Wave 3 (2013) we were at 6.5% and in Wave 4 (2014) we were at 11.4%. The NYS total average is 10.1% which is the target we will continue to work towards in the next five-year plan.

For Safety Indicator One: Rate of Indicated Maltreatment Reports while in Foster Care, our County sees this as an area to improve on. In Wave 3 (2015) we were at 17.8% and in Wave 4 (2016) we were at 28.6%. The NYS Total Average is 15.9% which is the target we will continue to work towards in the next five-year plan.

For Safety Indicator Two: % of Children with one or more Substantiated Allegations within 12 months of the Initial Report, our county has shown significant progress from 2013 through 2015. In Wave 2 (2013) we were at 19.3% and in Wave 4 (2015) we were at 17.3%. We are currently under the NYS Total Average of 18.1% and above the National Standard of 9.1%. The national average is the target we will continue to work towards in the next five-year 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 utilize all available slots in the B2H program.

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 addition, in 2017, our county received a grant from Redlich Horowitz Foundation and one of the strategies we will be working on is to increase our use of Kinship Foster Care Placements knowing that there is more frequent visitation that occurs when children are placed with Kin and better outcomes for permanency. Another strategy being worked on through this grant is to reduce the use of congregate foster care placements.

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.

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 to 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 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 are 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.

In 2017 the district received 617 PSA referrals, completed 488 PSA assessments, managed 29

Guardianship cases, and completed 157 Housing Services intakes. Comparatively, in 2016 the district received 577 PSA referrals, completed 470 PSA assessments, managed 34 Guardian cases and completed 173 Housing Services Intakes. 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 2017 the district participated in 16 large scale community events and provided or funded 15 elder abuse presentations to senior audiences and collaborative service providers, including Crime Victims and Legal Services. In-service presentations offered to APS staff included an overview of Medicaid Pooled Trusts and Infectious Disease, education and safety in the community. In 2017, 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 Meeting, Health and Human Services Sub Committee on Transportation, and other local service provider monthly meetings and workgroups that focus on serving vulnerable adults.

In the past six years, as part of our CFSP goal to ensure that adults in the community will be protected from harm, our District committed to providing elder abuse education and resources to constituents in our county. Beginning in 2013, our District contracted with The Dutchess Mediation Center to provide education and awareness of elder abuse to older adults and the supportive entities in our community that interface with this population. The Mediation Center partnered with APS staff and other supportive agencies such as Legal Services, Home Health Care Agencies, Domestic Violence Programs and Financial Institutions to reach targeted audiences and provided information and resources on elder abuse and APS.

A significant achievement in 2017 was the formation of the Enhanced Multidisciplinary Team (E-MDT) for conducting full reviews of suspected elder abuse, exploitation and/or neglect allegations and to develop effective and efficient responses. With support from our District, the Dutchess Mediation Center secured a grant from Lifespan to form the E-MDT in Dutchess County. The Lifespan grant is an initiative supported by the New York State Office for Aging and The Bureau of Adult Services. The E-MDT Team consists of representatives from The Mediation Center, APS, Dutchess County Sheriff's Department, local Law Enforcement, The District Attorney's Office, Office for Aging, Legal Services, Domestic Violence providers and Financial Institutions.

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 services homeless vulnerable adults, effective January 2018, all homeless individuals and families who apply for Temporary Housing Assistance through our Temporary Assistance Division are referred to the Adult Services Division for a Housing assessment and APS screen. Our District also joined 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.

The total Housing Services intakes in 2015 was 149, 173 in 2016, and 157 in 2017. Despite the decline in 2017 of new Housing intakes, the District total emergency housing expenditures for 2017 were \$2,494,092. This represents a 48% increase from \$1,540,523 in 2015 to \$2,494,092 in 2017. The total amount of persons provided emergency housing through the Department of Community and Family Services in 2017 was 450, and increase of 24% from 342 in 2015. There was a 50% increase in the average length of stay in temporary housing from 64 days in 2015 to 95 days in 2017. Overall, there has been an increase in single adults residing in temporary housing for extended periods of time due to the lack of permanent housing options. In 2017, 110 of the 617 APS cases at intake had Homeless as a factor, compared to 76 of the 609 APS cases at intake in 2015. Many of these cases were identified as APS eligible because of the Housing/APS screening process conducted in Adult Services. 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 72,402 youth over the past five years. We have also provided free, confidential short-term supportive services for 772 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, we have educated 1,143 adults and 283 youth through a plethora of workshops including but not limited to Youth Mental Health First Aid, 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 has been in operation for over 30 years and 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. Some youth were also trained to participate on the county's Workforce Investment Boards' Summer Youth Employment grants committee. 123 youth (duplicated count) have actively participated in the Youth Council over the past five years.

Annual Youth Forums were held through 2015 where high school students from throughout the county gathered at one of our BOCES campuses to actively engage in discussions and interactive activities regarding the forums main theme. The Youth Forums focused on a topic of importance to youth including Financial Literacy for Youth; Internet Fraud and Identity Theft; Navigating the Digital Age; Coping with Teen Stress. 191 youth and 47 adults participated in the Youth Forums over the past five years.

In 2014, we began offering College Planning seminars to the county's youth and their parents/guardians. To date, 228 youth and adults have participated in the workshops. The seminars focused on creating a path to college and developing a time line for the high school years that will get students ready to apply for colleges; how to pay for college without going broke where students and parents learned what the differences are between the FAFSA and CSS Profile financial aid forms, how they affect the cost of college, what financial aid really means to a family and how need is determined; and preparing students with learning disabilities for college who may need special services and making sure the college is the right fit.

Suicide Prevention Awareness was a topic identified by Youth Council members that they wanted to learn more about. In 2016, we paired with the county's Dept. of Behavioral and Community Health to bring the QPR Suicide Prevention Training to any youth who wanted to attend. QPR stands for Question, Persuade, and Refer which are three simple steps anyone can learn to help save a life from suicide. To date, we have trained 22 youth and 8 adults.

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 June 2016, we organized a training where 21 staff from different departments and community organizations were trained to be facilitators by Iowa State University. In 2017, trained facilitators from DCFS and Probation successfully completed the first

session of Strengthening Families. The program enrolled seven families, but to attrition, five families graduated. We are during the 2018 training now with 7-8 families enrolled.

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 2018-2019 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 strategies did you plan to implement in your 2017–2018 County Plan for Safety/Prevention?

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

- 1.) Consolidate Reports regularly and timely
- 2.) Enter Incident Dates on all Indicated Reports
- 3.) Refer families immediately to Domestic Violence Liaisons (DVL's) or Substance Abuse Professionals when either Domestic Violence or Alcohol/Substance Abuse Risk Factors are identified or suspected.

2. Did you do what you planned?

Were you able to implement your strategies as designed, or did you change your implementation? If you changed it, or tried something completely different, please explain.

Yes, we did implement the strategies identified.

Each supervisor makes a notation at time of case assignment, when a report can be consolidated and it is highlighted on the log when it has been consolidated. OCI reports are reviewed in supervision to ensure all eligible cases are consolidated. For cases not consolidated, supervisors document on the log if the Subsequent Report was Subsequent to an FSS which is not mergeable or if there is not enough time to investigate the Subsequent Report within the timeframe of the initial report which is also then not mergeable.

Supervisors are responsible to ensure Incident Dates are entered on Indicated Reports. In doing a random 10 case review, 10 out of 10 Indicated Reports had Incident Dates entered.

Service Plan Sections of the FASP detail what service is being offered and for what purpose.

Referrals are made to SAP's and DVL's whenever domestic violence or alcohol/substance abuse is identified or suspected.

Case Supervisors are entering a progress note detailing that they reviewed the case record at the time of approving the RAP. Case Supervisors review internal and external documentation to ensure the responses to the questions are accurate.

The goals of the Service Plan are clearly listed and discussed at every Preventive Case Review Meeting. Discussions are held around progress or lack thereof and whether a goal has been achieved or not. Revisions can and are done as needed.

We continue to prepare settlement proposals with the specific family in mind. We utilize various community service providers to meet the needs of the family depending on the age of the children, service needed, geographical area being served, etc

3. What did you anticipate would happen as a direct result of implementing your strategies as you planned?

Although lowering the recurrence rate is the ultimate end outcome, we are looking for the change that will happen as a result of the implementation of your strategies. For example, if one of your strategies is to revise your service referral process, the **intermediate outcome** would be that more families were referred to services more quickly. This would eventually result in a lower recurrence rate.

We expected our Recurrence Rate to lower.

We expected that with entering Incident Dates properly, more cases would be removed from Recurrence.

We expected our Consolidation Rate to be higher.

We expected our referrals to DVL's and SAP's to be higher and we expected entry into service programs to be sooner.

4. Did the strategies have the anticipated impact? Yes or no, please describe.

Note: Throughout the year, OCFS sent a list of children who had at least one indicated report and therefore, were candidates for recurrence. Our intent was for counties to track the children who participated in the strategies and see if the desired impact was attained. Provide data you have collected to verify that your strategies did or did not have the desired impact.

As of the Q3 Data Report which covered 10/1/17 through 9/30/18, Dutchess had a 12% Recurrence Rate. This is significantly lower than our 17.9% rate we started with.

We continue to enter Incident Dates on Indicated Reports. In a random review of 10 Indicated Reports, 10 out of 10 had Incident Dates entered.

We continue to consolidate reports whenever possible. In reviewing local data, from April 2018 through March 2019, we consolidated approximately 47.5% of all Subsequent Reports that came in. Out of the remaining Subsequent Reports, approximately 37% were not mergeable due to being either Subsequent to an FSS or due to not having enough time to investigate within the timeframe of the initial report. Approximately 15.5% of the Subsequent Reports were not consolidated due to worker error.

We continue to utilize our Substance Abuse Professionals (SAP's) and Domestic Violence Liaisons (DVL's) to assist and expedite referrals for services for our families. From 1/1/18 through 3/20/19, our SAP's conducted 2,352 toxicology tests on clients referred to them. From 1/1/19 through 3/31/19, our Foster Care Dept referred 249 Individuals to the SAP's, CPS referred 267 Individuals to the SAP's, and Preventive referred 73 Individuals to the SAP's. From 4/1/18 through 2/28/19, we referred 528 individuals to the co-located DVL's.

We are referring families to Preventive Services when appropriate. We have no wait list for our preventive services so this assists with case transfers. In reviewing Q3 Data, 59% of the cases marked as Recurrence were case opened for services. Also of importance in reviewing Q3 Data, is 66% of the Recurrence Cases had a Mandated Source as the Reporter. This could be a correlation between mandated reporters being involved with families through our services cases. In reviewing our end of the year outcomes with our contracted agencies, Berkshire reported 86% success with the following outcome: 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 93% of families made progress towards meeting treatment goals, 86% 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 99.6% success for the outcome of "Families will remain intact and avoid Foster Care Placement." They reported 85% of families made progress towards meeting treatment goals and court mandates, 85% of families had a reduction in risk, and 83% of families had a minimum of one community support in place prior to discharge.

5. What strategies do you plan to do in the coming year to impact your outcome?

Think about your year one strategies: What worked? What didn't work? And how will you modify, tweak, or completely change the strategies or implementation of the strategies in year two? Please describe your changes.

We will continue to Consolidate Reports timely as an effective strategy to reduce recurrence.

We will continue to enter Incident Dates on Indicated Reports which is also an effective strategy to reduce recurrence.

We will continue to utilize our SAP's and DVL's to expedite providing services to families with Substance/Alcohol misuse concerns and domestic violence concerns. We will continue to review service plans during Preventive Meetings to assess if we have the correct services for each individual family. We will continue to refer families to Preventive Services as deemed necessary and there is no wait list for these services.

Effective 4/15/19, Children's Services has a Co-Located Public Health Nurse who will work with CPS and Preventive on Plan of Safe Care and with families affected by Substance/Alcohol Abuse.

6. What OCFS theme do your strategies most align with?

This may be the same theme you had last year, or a different theme based on revised strategies. Knowing your theme will assist OCFS with providing technical assistance and facilitating shared learning opportunities for counties.

- Improve the quality of CPS investigations
- Improve the Quality of Risk Assessments
- Develop informed decision-making to identify appropriate service to meet families' needs
- Expand the service array to meet families' needs
- Streamline the process of referring a family to community-based services
- Streamline the process of transferring cases from CPS to Preventive services
- Engage informal community & family supports as resources to families to reduce the risk of recurrence of abuse/maltreatment
- Develop services, skills, and knowledge around addressing the DV risk factor

If you are working on more than one theme, please enter the additional themes below:

Planning Team and Technical Assistance

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

Internal meetings are held with out Legal Team, Administration, and CPS staff on a weekly basis at CPS Case Review Meetings and Legal Case Review Meetings. Our Co-Located SAP's, DVL's and Preventive services are invited to attend case review meeting if they are directly involved in the case.

There are also weekly meetings with CPS and our Preventive Contract Agencies to discuss our preventive services cases. At these meetings, we discuss child safety, the service plan and progress or lack thereof.

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.

Permanency / Prevention

Permanency / Prevention Plan Update

Permanency Indicator chosen in the 2018–2023 Plan:

- Permanency Indicator 1
- Permanency Indicator 2
- Permanency Indicator 3
- Permanency Indicator 4

1. What strategies did you plan to implement in your 2017–2018 County Plan for Permanency/Prevention?

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

1. File Permanent Neglect Petitions at the one year mark.
2. Assign Adoption Case Manager on all cases at the time a Permanent Neglect Petition is filed.

2. Did you do what you planned?

Were you able to implement your strategies as designed, or did you change your implementation? If you changed it, or tried something completely different, please explain.

DCFS is continuing to work on improving compliance with filing Permanent Neglect Petitions within the ASFA guidelines. One of the activities we are focusing on to achieve this is our weekly case conferencing on foster care caseloads. All Foster Care Caseloads are reviewed biannually focusing on barriers to Permanency.

DCFS is continuing to work on assigning an Adoption Worker on all cases where a Permanent Neglect Petition has been filed unless DCFS intends to enter into a Suspended Judgement allowing the family additional time to achieve Permanency.

3. What did you anticipate would happen as a direct result of implementing your strategies as planned?

Although increasing the permanency rate is the ultimate end outcome, we are looking for the change that will happen as a result of the implementation of your strategies. For example, if one of your strategies is to change your business process related to adoptions, the **intermediate outcome** would be more children will have completed adoptions in shorter amounts of time. This would eventually result in a higher permanency rate.

DCFS anticipated that Permanency would be achieved in a more expeditious manner by recognizing the barriers earlier in the life of a case. We have seen the impact of these strategies

by caseload sizes lowering due to achieving Permanency sooner which resulted in being able to re-purpose a Foster Care Case Manager position to a Home Finder Case Manager Position. This additional Home Finder will assist DCFS with continuing to expand the practice of identifying relatives and fictive kin as resources for placement purposes.

4. Did the strategies have the anticipated impact? Yes or no, please describe.

In April 2018, OCFS sent a list of children who entered foster care in 2017, and those who were in care as of December 31, 2017. Throughout the year, this file was updated to include discharge dates and reasons. Our intent was for counties to track the children who participated in the strategies and see if the desired impact was attained. Provide data you have collected to verify that your strategies did or did not have the desired impact.

Dutchess County Wave 5 Data shows that our P2 Indicator % increased to 38.3% continuing to surpass the NYS Wave 5 Data which is 27.3% and getting us closer to the National Average of 43.6%.

5. What strategies do you plan to do in the coming year to impact your outcome?

Think about your year one strategies: What worked? What didn't work? And how will you modify, tweak, or completely change the strategies or implementation of the strategies in year two? Please describe your changes.

DCFS plans to continue to prepare Permanent Neglect Petitions at the one year mark and have them filed by the 15 month mark. As of March 2019, there were 92 cases that met the criteria for filing per ASFA guidelines. DCFS filed Permanent Neglect Petitions on 64 of the cases (70%). Of the 64 we filed on, we met the ASFA timeline of within 15 months on 44% of the cases.

DCFS plans to continue to assign an Adoption Case Manager to all cases where a Permanent Neglect Petition has been filed unless the department plans to enter into a Suspended Judgement Disposition. As of March 2019, of the 64 cases we filed Permanent Neglect Petitions on, we assigned Adoption Workers on 53% of those cases.

6. What OCFS Theme are your strategies most aligned with?

This may be the same theme you had last year, or a different theme based on a revised strategies. Knowing your theme will assist OCFS with providing technical assistance and facilitating shared learning opportunities for counties.

- Improve Foster Care Discharge Planning when discharge is imminent
- Improve the connection of JD/PINS youth to effective services
- Improve the use of relatives as a placement and permanency (KinGAP) resource.
- Increase engagement with family & community supports
- Improve the quality and regularity of case collaborations among stakeholders to improve timely permanency
- Streamline the TPR and/or adoption process
- Streamline the process for transferring cases from CPS to Foster Care/Permanency units

- Give youth a stronger voice in the permanency planning process

If you are working on more than one theme, please enter the additional themes below:

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 Foster Care Case Review Meetings and Legal Case Review Meetings where time to Permanency is a focus.

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)*

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 2017–2018 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:** When case planners are completing youth Transition Plans, they will then send the transition plan to the case managers on the case who will then have the document uploaded into the Connections system so that all who are working with the

youth can have access to the transition plan and assist in implementing the plan. During the next year, the Institutional foster care casework staff will meet with each youth after their first transitional plan has been completed to ensure that the youth had input into their plan and then the casework staff will meet with the youth 6 months before youth discharges from care.

- b. **APS Referrals:** The DCFS case managers are making referrals to APS as needed post discharge from foster care. Going forward in 2019, we will start contacting APS for all youth aging out of foster care to obtain recommendations/referrals for services available in the community for Adults.
- c. **FTM/ECCSI Network Mtg:** The DCFS case managers with the assistance of the case planner are arranging care coordination meetings with providers prior to discharge from foster care
- d. **Applying for TA:** the case planner will assist youth in applying for TA on a case by case basis as needed
- e. **CSPOA Coordinator referral:** Once the case planner has gathered all the necessary information, they then submit the documentation to the case manager who then makes the referral to the CSPOA committee. CSPOA will then assist youth in transitioning to the adult SPOA program
- 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:** HRH designed and secured funding for a new program that is expected to open by September 2019 and will provide 7 units of permanent supportive housing for homeless young adults. HRH in conjunction with DCFS and Dutchess Community College have designed a program that would offer 10 units of supportive housing in the College dormitory for homeless and at risk young adult students. Funding and final approval for this program is pending. HRH conducts quarterly meetings with agency-wide youth serving staff to discuss potential service enhancements to address unmet needs of transitioning youth. Staff of HRH attended NYS OTDA's Housing Options for Homeless Young Adults Conference held in Troy on March 13, 2019. HRH has participated in the development of the RHYP plan.
- h. **STRATEGY: Youth who exit residential placement to independence will have skills necessary to be self sufficient:**
 2. **Transitional Plans:** During the next year, the Institutional foster care casework staff will meet with each youth after their first transitional plan has been completed to ensure that the youth had input into their plan and then the casework staff will meet with the youth 6 months before the youth discharges from care.
 3. **Education:** with the new ESSA regulations, the case manager and case planner will continue to work collaboratively in securing a school program/placement in the best interest of the youth
 4. **College:** Case planners assist youth in applying for colleges or vocational training and the case managers utilize Chaffee money for costs not covered by traditional federal funding.
 5. **Access VR referrals:** Case planners and case managers work collaboratively in making these referrals
 6. **Documentation:** Case managers and case planners work collaboratively to secure these documents for youth prior to discharge. Case planners work with the youth on how to obtain important documents as part of their IL skills training
 7. **ILS Workshops:** Case planners work with youth within their developmental capacity to obtain important documents, applying for employment, applying for college and/or vocational training, budgeting and banking on an on-going basis

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 33 youth who discharged from care between April 2018 and March 2019, 83% discharged to either Independence, a supportive program, or to an adult resource.

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.

In reviewing our data from April 2018 to March 2019, we found the following:

Out of 33 eligible youth, the following discharges occurred:

3 youth discharged to their own apartment (9%)

15 youth discharged to a relative (46%)

- 4 youth discharged to an Adoptive/Foster Parent (12%)
- 3 youth discharged to a Vocational Program (9%)
- 2 youth discharged to a Long Term Adult Program (6%)
- 3 youth - unknown (9%)
- 2 youth discharged to OCFS Custody (6%)
- 1 youth discharged to homeless (3%)

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.

DCFS plans on implementing a mentoring program for our youth in congregate care which will provide youth with resources while they are in foster care with the anticipation that these resources will continue post discharge from foster care. The Institutional foster care casework staff will meet with each youth after their first transitional plan has been completed to ensure that the youth had input into their plan and then the casework staff will meet with the youth 6 months before the youth discharges from care. Voluntary Agencies will email Transition Plans to the Foster Care Case Manager and designated clerical staff who will then scan the plan into a CONNECTIONS Progress Note using "other casework activity" as Type, "child Prep" as Purpose and "email" as method. Uploading the transitional plan into the Connections system will not only allow those working with youth access to the plan, it will also hold our voluntary agencies accountable for completing this plan at the required time frames. DCFS was awarded a grant from the Redlich Horowitz Foundation to reduce youth in congregate care placements and increase kinship resource placements and/or connections for our youth in care. DCFS will continue to have our Redlich Horowitz Project Manager work closely with our foster care unit in order to assist in creating better outcomes for our youth in care by identifying and sustaining family connections for our youth post discharge.

In 2019, we will create a spreadsheet/data base to be updated regularly by Foster Care Case Managers and Case Supervisors.

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**
- **Director of Children’s Services**
- **Quality Assurance & Contract Monitoring Supervisor**
- **Safe Harbor Liaison CMII**

- **Director of Youth Services/RHYSC**
- **Youth Services Senior Youth Worker**

Dutchess County Department of Behavioral and Community Health

- **Coordinator for Children's Services/Intellectual & Developmental Disabilities**

Hudson River Housing

- **Support Services Grant Administrator**

Dutchess County Probation Department

- **Deputy Director**

Dutchess County Family Court

- **Principal Court Attorney**
- **Attorney Court Referee Office of Court Administration**

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 2019.

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

Name:

June Ellen Notaro

Title:

Director of Youth Services

Agency:

Dept of Community & Family Services

Email Address:

juneellen.notaro@dfa.state.ny.us

Phone:

845-486-3662

2019 Services and Needs

1. Using available data, describe the local RHY population in broad demographic terms. This description should include all RHY in the county, not just those served by a RHY-specific program. Consider data from local RHY programs, McKinney-Vento liaisons, DSS, Youth Bureaus, and other partners as relevant. If the municipality elects to serve homeless young adults (up to the 25th birthday), include them in the descriptions here.

Include, at minimum, the following characteristics:

1. 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 2018, HRH's River Haven, the County's only NYS certified shelter for RHY under age 18 served: 2 youth ages 12 and under; 10 youth age 13; 6 youth age 14; 13 youth age 15; 20 youth age 16; and 16 youth age 17. River Haven also handled 567 RHY related crisis contacts in 2018. Of these, 65 RHY between the ages of 18-25 had shelter needs that could not be met through River Haven or within the RHY service system.

2. 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, 97% of the RHY served identified as cis gender conforming (29 male, 36 female). Only 2 River Haven youth identified as

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

3. 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 2018, 49 youth (73% of the total youth housed) identified as Straight/Heterosexual, while 7 identified as Bisexual, 1 as Lesbian, and 10 identified as 'Questioning' their sexual orientation. The trend would likely be more prevalent if data was available on older RHY.

4. 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 2018 was identified as Asian 2 youth; Black, non-Hispanic 22 youth; Hispanic or Latino 9 youth; Multi-racial 0 youth; Native American/Alaskan 1 youth; Native Hawaiian/Pacific Islander 0 youth; White, non-Hispanic 31 youth; Unknown/not provided 2 youth. Only 46% of the River Haven RHY identified as White, Non-Hispanic, a much lower percentage than the County's general population.

5. Child welfare involvement or history

Drawing again from the HRH's River Haven, the County's only NYS certified shelter for RHY under age 18, at least 31 (46%) of the RHY served in 2018 had current or prior child welfare involvement.

6. 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, 70 (97%) of the RHY sheltered at River Haven in 2018 indicated their last permanent address was in Dutchess County. Two of the youth served (3% of the total) came from the neighboring counties of Westchester and Ulster. Of the 70 youth identifying Dutchess County as their home, 33 (47%) were from the City Poughkeepsie and the remaining 37 youth (53%) were from the following municipalities: Beacon (4); Fishkill (4); Hopewell Jct (3); Hyde Park (4); Lagrangeville (3); Pine Plains (1); Pleasant Valley (4); Town of Poughkeepsie (4); Red Hook (1); Rhinebeck(1); Salt Point (1); Staatsburg (2); Tivoli (1); Wappingers Falls (3); Wingdale (1).

7. Estimated number of runaway and estimated number of homeless youth in the previous year

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 RHY (unduplicated) in 2018. Of these youth, 19 were classified runaway and 48 were homeless according to the OCFS definitions. River Haven also handled 567 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). During the 2017/18 school year, County school districts reported a total of 909 homeless students. 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. Using available data, describe the *needs* of the population described above as identified by your municipality. Consider the needs listed below and describe, in broad terms, how they manifest in your local RHY population, as relevant:

- Homelessness prevention
- Family counseling / reunification
- Mental health
- Crisis services, including shelter
- Transitional independent living support
- Affordable housing/rapid rehousing
- Trauma-responsive services
- Trafficking and sexual exploitation
- Substance use disorder
- Sexual and reproductive health and health education
- Pregnant and parenting support
- Other, as identified by the municipality

All of the listed needs and *many* more manifest in our local RHY population. Each youth has their own unique story and issues, many of the RHY share similar needs including but not limited to: the above stated needs, along with food insecurity, access to health care, transportation, legal services, knowledge of services, mentoring, lack of psychiatric time, dropping out of school, educational supports, employment and career opportunities, lack of transitional living housing, risk of sexually transmitted diseases/HIV and pregnancy, partner coercion and violence, LGBTQ supports, and undocumented youth who are ineligible for services and/or require immigration assistance (DACA). It should be noted that while older RHY are eligible for adult services, they are often reluctant to use adult services, particularly the adult overnight shelter. Typically, RHY need concrete help and support (though they do not always admit it) to develop a realistic plan and access the services and opportunities that can help them reach their goals (case management/mentoring). A strength based, supportive approach is best as RHY often face complex obstacles and can easily become discouraged and lose hope (example: if told they don't meet certain eligibility criteria, they may feel personally rejected or angry at a seemingly unjust).

Many of our county's runaway and homeless youth experience multiple needs concurrently, and if they are not engaged in services early, face a landscape of exposure to street social networks and survival methods that are risky at best and often lead them down a dismal path where there is a high probability of exacerbated mental, physical and/or social difficulties.

3. Describe the local public and private *resources* (services and funds) that support the needs of the RHY population as described in the response to question above. This should include all services *designed specifically for the RHY population*. Additional resources that meet the needs as defined in question above may be included as well. Do not copy and paste a resource list here.

1. A description of non-residential resources designed specifically to serve RHY in your municipality, regardless of funding source.

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.

2. A description of all crisis or transitional residential resources designed specifically to serve RHY in your municipality, regardless of funding source. Include the total number of respite, crisis, and transitional beds designed specifically to serve RHY in your municipality.

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.

3. A description of resources designed for the RHY population supported by other county agencies (health, mental health, substance abuse, courts, etc.).

Many other services addressing health, mental health, substance abuse, employment, education, transportation, financial support and legal needs are supported through other 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 County Children and Family Services Department of Children, the Dutchess County Department of Planning and the Dutchess County Department of Community and Behavioral Health.

4. Other relevant community-based resources for the RHY population.

Other Relevant Community Resources - Every available community -based resource is relevant for the RHY population since the individual needs of RHY vary widely and cross over all service systems. The target population spans the child and family services system and the adult service system, which often operate as separate entities. While there is no means an excess of available resources, Dutchess County does offer a wide array of services and opportunities. RHY, particularly older RHY who are transitioning from childhood to adulthood, frequently require help in navigating the service system in order to fully access the supports they need and are eligible to receive.

4. Describe *how* the resources described above are coordinated for RHY within the municipality.

Include the following in your description:

1. Your plan to address service gaps in 2019.

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 2019.

2. Any new services or expansion of services planned in 2019.

Hudson River Housing has been in the process of expanding permanent supportive housing (PSH) for homeless young adults (ages 18-25) through the Empire State Supportive Housing Initiative (ESSHI). In October of 2017, HRH opened 5 units of PSH in the City of Poughkeepsie for homeless young adults with serious mental illness and/or a recent history of court placement. In 2019, HRH will add 7 more ESSHI units designated for homeless young adults. HRH is also working in conjunction with Dutchess Community College and the county's Dept of Community and Family Services to pilot a new program in September of 2019 that would provide 10 homeless DCC students with subsidized housing in the College's dormitory along with the supportive services they need to achieve their education/career goals and work toward self-sufficiency.

3. Where is current information concerning available shelter space, transportation, and services for RHY maintained? Where can vulnerable youth access this information on a daily basis?

- The Part I River Haven Shelter 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.
- The County's Dept. of Community and Behavioral Health operates the Stabilization Center –providing immediate response to crisis situations 24 hour/day; available on a walk-in basis; provides linkage to housing and other services as needed.
- The HelpLine (845-486-9700) can be reached by phone or text. They have trained mental health professionals available 24/7/365 to offer crisis counseling, support information and referrals.
The Mobile Crisis Intervention Team can also be accessed through the HelpLine with trained mental health professionals who can provide community based assessments and coordinate Emergency Department behavioral health services at Mid-Hudson Regional Hospital.
- The County's Dept. of Community and Family Services (RHYA Coordinator and Adult Services) can be contacted to provide information and referrals, assist with applying for benefits and housing based on eligibility.
- National Runaway Safeline operates a confidential crisis 1-800-RUNAWAY hotline and 1800RUNAWAY.org online services 24 hours a day, 365 days a year. A nation-wide database of nearly 10,000 youth and family resources provides countless options for callers to access a myriad of services, such as counseling, shelter services, alcohol/drug treatment and child protective services.

Municipal Service Planning Process

1. List the partners consulted by the municipal youth bureau and LDSS 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 above, including needs assessment tools used.

Appendix B contains resources available to municipalities that may be helpful in the planning process.

i. List the data sources used by the municipal youth bureau and DSS in composing this plan. Please be as specific as possible.

2018 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 Persons 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 local or regional "point in time" counts to collect data on the RHY population?

- Yes
- No

If yes, please consider sharing any outcome documents with OCFS by uploading them.

RHY Service Expansion

Indicate whether the municipality approves the provision of the following residential RHY services

Dutchess County: Runaway and Homeless Youth Services

from certified RHY programs in 2019:

Please be advised: Residential programs that do not receive state RHY funding under this plan may apply to OCFS for variances related to the age of youth served and the length of time youth may remain in such programs subject to the same limitations placed on municipalities per 9 NYCRR 182-1.13(a) and/or 182-2.12(a).

1. Runaway youth age 14 or older to remain in a certified residential RHY crisis services program where the filing of a petition pursuant to article 10 of the Family Court Act is not contemplated up to:

- 30 days
- 60 days
- Not applicable

Pursuant to 9 NYCRR 165-1.3(b)(6), if a youth stays beyond the applicable period chosen by the municipality, the municipality, through its runaway and homeless youth service coordinator or other specified designee, must provide written notice, within 60 days, to OCFS of the circumstances that made the provision of shelter necessary, efforts made by the program to find suitable alternative living arrangements for such youth and the outcome of such efforts.

2. Runaway youth to remain in a certified residential RHY crisis services program without the filing of a petition pursuant to article 10 of the Family Court Act, with consent in writing from youth and parent/guardian or custodian for up to:

Note: If the municipality selects 30 days above, 60 days must be selected here. If the municipality selects 60 days above, 120 days must be selected here.

- 60 days
- 120 days
- Not applicable

3. Homeless youth under the age of 16 to receive shelter in a residential Transitional Independent Living Support Program (TILP) provided the municipality provides notice for each such youth in accordance with 9 NYCRR 165-1.3(b)(6).

- Yes
- No
- Not applicable

4. Homeless youth to remain in a TILP for a period of up to:

- 18 months
- 24 months
- Not applicable

5. Homeless young adults (see key definitions) to receive all services available to homeless youth as indicated in this plan.

- Yes
- No

If the response to the above is no, briefly explain why the county is choosing not to make RHY

Dutchess County: Runaway and Homeless Youth Services

services available to this population at this time:

We only have one certified RHY Program and it is certified to serve youth under age 18. Current regs 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.

6. Please list the following information for the RHY service coordinator and/or additional designees who are permitted to provide any required notice to OCFS in accordance with 9 NYCRR 165-1.3(b)(6):

Name	Email	Phone
June Ellen Notaro	juneellen.notaro@dfa.state.ny.us	845-486-3662
Debra Bonnerwith	debra.bonnerwith@dfa.state.ny.us	845-486-3004

RHY System Coordination

Designation and duties of the municipal RHY services coordinator

Coordinator's Name:

June Ellen Notaro

Employer, including name of the division, bureau, or office where the position is located:

Dutchess Co Dept of Community & Family Services, Division of Youth Services, 60 Market St., Poughkeepsie, NY 12601

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

5%

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

Please upload a copy of job description / responsibilities as maintained by the employer to this plan.

Minimum responsibilities of RHY service coordinators are set forth in 9 NYCRR 182-1.15(c). The provided job description must meet these requirements at minimum.

Describe how residential RHY programs are monitored to confirm that youth accessing services have access to educational services, including transportation to and from educational programs.

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 or River Haven uses a

taxi service and is later reimbursed by State Ed for the cost. Any obstacles encountered in accessing educational services are documented by staff as are the actions taken to address the problem. Access issues are rare and generally addressed by contacting the school's liaison or other resources such as NYS TEACHS.

The Director of Youth Services/RHYA Youth Coordinator monitors (typically with OCFS) the Hudson River Housing River Haven part I Shelter on an annual basis. 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.

Crisis Services Programs

Please provide the following information about each RHY residential crisis program certified by OCFS to operate in your municipality. One form must be completed for each certified program. Programs must be included here to remain eligible for state RHY funds. A [data dictionary](#) is available for reference.

Program Name:

Program Address:

Program Contact Name:

Program Contact Phone Number:

Program Contact Email:

Operating Certificate Number as issued by OCFS (4 digits):

Program Per Diem Rate as contracted with the LDSS:

This program will receive State RHY funds in 2019:

Ages of youth served by program:

Under 18

Specify ages of youth program is certified by OCFS to serve if "other" selected above:

Maximum length of stay offered by program:

Maximum bed capacity for target population as certified by OCFS:

Maximum operating bed capacity for target population in 2019 (projected):

Maximum bed capacity for dependent children as certified by OCFS, if applicable:

Maximum operating bed capacity for dependent children in 2019 (projected), if applicable:

Maximum combination bed capacity for all persons in the program as certified by OCFS:

Maximum bed capacity for target population and dependent children in 2019 (projected):

Please provide the following information about each RHY residential crisis program certified by OCFS to operate in your municipality. One form must be completed for each certified program. Programs must be included here to remain eligible for state RHY funds. A [data dictionary](#) is available for reference.

Program Name:

Program Address:

Program Contact Name:

Program Contact Phone Number:

Program Contact Email:

Operating Certificate Number as issued by OCFS (4 digits):

Program Per Diem Rate as contracted with the LDSS:

This program will receive State RHY funds in 2019:

Ages of youth served by program:

Specify ages of youth program is certified by OCFS to serve if "other" selected above:

Maximum length of stay offered by program:

Maximum bed capacity for target population as certified by OCFS:

Maximum operating bed capacity for target population in 2019 (projected):

Maximum bed capacity for dependent children as certified by OCFS, if applicable:

Maximum operating bed capacity for dependent children in 2019 (projected), if applicable:

Maximum combination bed capacity for all persons in the program as certified by OCFS:

Maximum bed capacity for target population and dependent children in 2019 (projected):

Please provide the following information about each RHY residential crisis program certified by OCFS to operate in your municipality. One form must be completed for each certified program. Programs must be included here to remain eligible for state RHY funds. A [data dictionary](#) is available for reference.

Program Name:

Hudson River Housing

Program Address:

313 Mill Street, Poughkeepsie, NY 12601

Program Contact Name:

Christa Hines

Dutchess County: Runaway and Homeless Youth Services

Program Contact Phone Number:

845-454-5176

Program Contact Email:

CHines@hudsonriverhousing.org

Operating Certificate Number as issued by OCFS (4 digits):

2280

Program Per Diem Rate as contracted with the LDSS:

190.55 ?????

This program will receive State RHY funds in 2019:

Ages of youth served by program:

Under 18

Specify ages of youth program is certified by OCFS to serve if "other" selected above:

Maximum length of stay offered by program:

30 days initial stay

Maximum bed capacity for target population as certified by OCFS:

12

Maximum operating bed capacity for target population in 2019 (projected):

12

Maximum bed capacity for dependent children as certified by OCFS, if applicable:

0

Maximum operating bed capacity for dependent children in 2019 (projected), if applicable:

0

Maximum combination bed capacity for all persons in the program as certified by OCFS:

12

Maximum bed capacity for target population and dependent children in 2019 (projected):

12

Please provide the following information about each RHY residential crisis program certified by OCFS to operate in your municipality. One form must be completed for each certified program. Programs must be included here to remain eligible for state RHY funds. A [data dictionary](#) is available for reference.

Program Name:

Program Address:

Program Contact Name:

Program Contact Phone Number:

Program Contact Email:

Operating Certificate Number as issued by OCFS (4 digits):

Program Per Diem Rate as contracted with the LDSS:

This program will receive State RHY funds in 2019:

Ages of youth served by program:

Under 18

Specify ages of youth program is certified by OCFS to serve if "other" selected above:

Maximum length of stay offered by program:

30 days initial stay

Maximum bed capacity for target population as certified by OCFS:

Maximum operating bed capacity for target population in 2019 (projected):

Maximum bed capacity for dependent children as certified by OCFS, if applicable:

Maximum operating bed capacity for dependent children in 2019 (projected), if applicable:

Maximum combination bed capacity for all persons in the program as certified by OCFS:

Maximum bed capacity for target population and dependent children in 2019 (projected):

Please provide the following information about each RHY residential crisis program certified by OCFS to operate in your municipality. One form must be completed for each certified program. Programs must be included here to remain eligible for state RHY funds. A [data dictionary](#) is available for reference.

Program Name:

Program Address:

Program Contact Name:

Program Contact Phone Number:

Program Contact Email:

Operating Certificate Number as issued by OCFS (4 digits):

Program Per Diem Rate as contracted with the LDSS:

This program will receive State RHY funds in 2019:

Ages of youth served by program:

Specify ages of youth program is certified by OCFS to serve if "other" selected above:

Maximum length of stay offered by program:

Maximum bed capacity for target population as certified by OCFS:

Maximum operating bed capacity for target population in 2019 (projected):

Maximum bed capacity for dependent children as certified by OCFS, if applicable:

Maximum operating bed capacity for dependent children in 2019 (projected), if applicable:

Maximum combination bed capacity for all persons in the program as certified by OCFS:

Maximum bed capacity for target population and dependent children in 2019 (projected):

Transitional Independent Living Programs

Please provide the following information about each RHY TILP certified by OCFS to operate in your municipality. One form must be completed for each certified program. Programs must be included here to remain eligible for state RHY funds. A [data dictionary](#) is available for reference.

Program Name:

Program Address:

Program Contact Name:

Program Contact Phone Number:

Program Contact Email:

Operating Certificate Number as issued by OCFS (4 digits):

Program Per Diem Rate as contracted with the LDSS:

This program will receive State RHY funds in 2019:

Ages of youth served by program:

Specify ages of youth program is certified by OCFS to serve if "other" selected above:

Maximum length of stay offered by program:

Maximum bed capacity for target population as certified by OCFS:

Maximum operating bed capacity for target population in 2019 (projected):

Maximum bed capacity for dependent children as certified by OCFS, if applicable:

Maximum operating bed capacity for dependent children in 2019 (projected), if applicable:

Maximum combination bed capacity for all persons in the program as certified by OCFS:

Maximum bed capacity for target population and dependent children in 2019 (projected):

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 Youth Enrichment

Program Address:

313 Mill St., Poughkeepsie, NY 12601

Program Contact Name:

Pat Kellett

Program Contact Phone Number:

845-454-5176

Program Contact Email:

pkellett@hudsonriverhousing.org

Hours of accessibility to RHY population:

Varies

Target Population (age and other relevant demographics):

They project to serve 75 RHY youth in 2019:

38 males and 37 females

30 White; 30 African American; 9 Hispanic/ Latino; and 6 Two or More Races

20 youth 10-14 years of age; 55 youth 15-17 years of age

Non-residential RHY Services Provided:

HRH's Enrichment Program will provide a multi-dimensional array of year-round enrichment activities to promote physical fitness, health/wellness, supportive interpersonal relationships, employment readiness, educational/life skills, volunteerism, and civic engagement among 75 at-risk youth residing at HRH's runaway/homeless shelter. By boosting protective factors of targeted youth, they will be better able to avoid harmful behaviors and develop along a healthy trajectory. Activities include physical fitness (basketball, yoga, hiking), creative expression (art, music, dance workshops), healthy relationship groups, cultural experiences (art galleries, concerts, museums, farms), community service projects, Youth Advisory Board, and social enterprise activities.

Municipal Service Planning Process

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

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

What is the process to attain a waiver allowing our certified RHY shelter (River Haven) to briefly extend the stay of a youth who turns 18 during their stay at the shelter? This would help us avoid a situation where a youth must immediately leave on their 18th birthday without having an appropriate discharge plan.

The RHY regs are unclear as to whether the County, upon notifying OCFS, is able to approve extensions beyond 60 days. While this is not an urgent need, it could come up. Also, if Hudson River Housing were to entertain the idea of modifying the shelter's physical space to create emergency housing for youth over 18 years of age, they would need to know the exact level of separation they would need. Will this be covered in the fine tuning of the RHYA regs that we understand the State is currently revising?

PINS Diversion Services

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

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

Designation of Lead Agency

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

Select the Lead Agency for PINS Diversion Services:

- Probation
- LDSS

Inventory of PINS Diversion Service Options

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

Service Category	Service Gap
a. Residential Respite (required)	
<p>Providers: 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.</p> <p>Geographic Area: Countywide</p> <p>Number of Youth Able to Serve: 600</p>	<p><input type="checkbox"/> There is a service gap in this service</p>
b. Crisis Intervention 24 Hours	

<p>Providers: Dutchess County Office of Probation & Community Corrections; Dutchess County Department of Behavioral and Community Health Mobile Crisis Team and Stabilization Center</p> <p>Geographic Area: Countywide</p> <p>Number of Youth Able to Serve: 600</p>	<input type="checkbox"/> There is a service gap in this service
<p>c. Diversion Services / Other Alternatives to Detention (required)</p>	
<p>Providers: Dutchess County Office of Probation & Community Corrections</p> <p>Geographic Area: Countywide</p> <p>Number of Youth Able to Serve: 300</p>	<input type="checkbox"/> There is a service gap in this service
<p>d. Alternative Dispute Resolution Services (optional)</p>	
<p>Providers: The Mediation Center of Dutchess County</p> <p>Geographic Area: Countywide</p> <p>Number of Youth Able to Serve: 2-6</p>	<input type="checkbox"/> There is a service gap in this service
<p>e. Other</p>	
<p>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.</p>	<input type="checkbox"/> There is a service gap in this service
<p>f. Other</p>	
	<input type="checkbox"/> There is a service gap in this service

PINS Diversion Procedures

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

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

PINS Diversion Services Protocol	Responsible Agency(ies)
a. Determines the need for residential respite services and need for alternatives to detention	
<p>Describe how provided:</p> <p>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 alternative to detention options which are considered for any youth who scores medium or high on either assessment.</p>	<input checked="" type="checkbox"/> Probation <input checked="" type="checkbox"/> LDSS <input type="checkbox"/> Other
b. Provides an immediate response to youth and families in crisis (includes 24 hours a day response capability)	
<p>Describe how provided:</p> <p>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 be contacted in situations where violence is present.</p>	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input checked="" type="checkbox"/> Other
c. Serves as intake agency—accepts referral for PINS diversion services, conducts initial conferencing, and makes PIN eligibility determinations	
<p>Describe how provided:</p> <p>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.</p> <p>All youth under the age of 18 who fit the legal criteria of a PINS will be considered for diversion services. The Sr. Probation Officer of the Dutchess County Office of Probation and Community Corrections Family Court Intake/Diversion 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.</p> <p>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.</p>	<input checked="" type="checkbox"/> Probation <input type="checkbox"/> LDSS <input type="checkbox"/> Other

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

Name of assessment instrument used:

- YASI
- YLSI
- Other

- Probation
- LDSS
- 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.

e. Works with youth and family to develop case plan

Describe how provided:

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

f. Determines service providers and makes referrals

Describe how provided:

All medium and high risk cases that are accepted for PINS Diversion services are presented to the PINS Review Committee, which is comprised 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 and the Collaborative Solutions Team. The PINS Review Committee meets weekly to review all cases

- Probation
- LDSS
- Other

g. 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 Sr. Probation Officer or 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. Unless there are emergency circumstances, generally there is a meeting with the supervisor, probation officer and family and/or consultation with Collaborative Solutions Team members 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 Planning activities the county has engaged in related to this current plan. Include every organization in the county that are involved to date in the PINS Diversion Services planning process. Schools, law enforcement officials, and the local family court are critical partners. Respite service providers, youth bureaus, detention facilities, and others also are important to the planning process.

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

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

List stakeholder and service agency involvement in 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

B. PINS Diversion Services Population

Please define the PINS Diversion Services population in your county for 2018. Specifically, please provide the following as whole numbers (not %):

Number of Youth carried over from previous year:

171

Number of PINS Diversion Services referrals filed by parents:

100

Number of PINS Diversion Services referrals by schools:

151

Number of PINS Diversion Services referrals by police:

1

Number of PINS Diversion Services referrals by victim:

0

Number of PINS Diversion Services referrals other sources:

0

Please identify other sources:

N/A

Number of PINS Diversion Services cases closed as Successfully Diverted:

162

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

32

Number of PINS Diversion Services cases that remain open:

162

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

Is your county performing any pre-PINS diversion techniques?

Yes

No

If "Yes" please list and describe:

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.

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.

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 %	<p>Of the 212 PINS complaints accepted in to diversion services, 188 cases (or 89%) did not go to petition.</p> <p>We would like to see the proportion of cases avoiding petition increase or at least remain the same within the next 12 month period.</p>	<ol style="list-style-type: none"> 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. 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 DSS 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	<p>Of the 212 PINS complaints received, 203 (or 96%) avoided placement.</p> <p>We would like to see the proportion of cases avoiding placement increase or at least remain the same within the next 12 month period.</p>	<p>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.</p> <p>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.</p> <p>3. Collaborative Solutions Team members and one Probation Officer will provide Functional Family Therapy at the Office of Probation on a part-time basis.</p> <p>4. The Dutchess County Office of Probation will provide curfew monitoring services when funding is available.</p>
Change #3			

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.
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?

1. An APS Supervisor participated in 8 of 9 scheduled E-MDT meetings.
2. APS Case Manager participated in 3 of 7 Coalition on Elder Abuse Education Committee meetings. The Adult Services Director participated in 9 of 12 Coalition on Elder Abuse meetings that reviewed and discussed outcomes of Education Committee meetings.
3. This strategy was not implemented in 2018. The plan is to implement this strategy in 2019.
4. There were no APS cases referred to the E-MDT in 2018. Obtaining client consent to bring forth

- a case to the E-MDT presents a barrier to the referral process.
5. Eight outreach sessions were conducted by Adult Services staff and by District Contractor Dutchess Mediation Center.

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

Adult Services participation in scheduled E-MDT meetings and the Coalition on Elder Abuse Education Meetings were successful. The District was successful in conducting 8 public outreach sessions, in collaboration with the Coalition on Elder Abuse, and anticipates an increase in public education sessions in 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?

Strategies 1 and 2: The Mediation Center kept a record of attendance, minutes or notes (E-MDT) and distributed non-confidential minutes to participants. The Adult Services Director reviews the minutes to track participation and accomplishments of strategies and updates the Deputy Commissioner of outcomes.

Strategy 5: The Adult Services Director maintained a log of District outreach education presentations. The Mediation Center completed outcome reports on elder abuse education presentations that were reviewed by the Adult Services Director and Deputy Commissioner.

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

Strategies 1, 2 and 5: Remain the same.

Strategy 3: Remain the same with goal to achieve in 2019.

Strategy 4: Supervisors have reported that obtaining client consent to bring forth cases to the E-MDT is an obstacle

What will you do instead?

Strategy 4: 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.

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 DBCH 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.

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.

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

All strategies were implemented in 2018. The District met with Department of Behavioral and Community Health (DBCH) administrators to identify gaps in services, and strategize on collaborative options to better serve vulnerable adults with unmet mental health needs. Adult Services staff partnered with DBCH Mobile Crisis Team (MCT) and Stabilization Staff (24hr mental health center) to refer vulnerable persons (homeless, post hospital discharges, and other community based adults in crisis) for evaluations and support in establishing service plans. Administrators of the DBCH MCT and Stabilization Center presented an overview to Adult Services staff. The goal for 2019 is to expand on this referral process to include team meetings and tracking of outcomes.

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

The Adult Services Division staff gathered and entered data on homeless persons and families into the HMIS system.

Six case consultation meetings were held in 2018. The case consultation presentation format was implemented. The Director of Services maintains a record of meetings summaries and/or notes.

Adult Services staff partnered with DBCH Mobile Crisis Team (MCT) and Stabilization Staff (24hr mental health center) to refer vulnerable persons (homeless, post hospital discharges, and other community based adults in crisis) for evaluations and support in establishing service plans. Referrals to mental health providers were documented. Administrators of both the DBCH MCT and Stabilization Center presented an overview to Adult Services staff. The Director initiated the development of a homeless referral form to share with mental health providers and hospitals that remains in the planning process for 2019. The goal for 2019 is to produce an Adult Services request for assistance form for DBCH, hospitals and other medical providers to utilize to connect their clients to Adult Services, both PSA and Housing.

Hudson River Housing (non-profit housing service provider) and DBCH provided in-service education sessions to Adult Services staff. There were also six community resource presentations offered to all District staff reviewing service options relevant to the Adult Services client population.

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?

The Director of Services received scheduled HMIS reports from the HMIS Customer Support Representative. These reports are reviewed by the Commissioner and Director of Services and were used to collect data for County and District planning purposes.

The Director participated in Case Consultation meetings, received summaries/notes from meetings for record keeping and received post consultations updates from the Case Supervisors.

The Director, Deputy Commissioner and Commissioner participated in meetings with DBCH to identify gaps in services and implement actions to improve service delivery to the vulnerable adults with mental illness.

Attendance sheets were maintained for in-service education/resource sessions.

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

Attending DBCH MCT monthly meetings once per month may not be reasonably attained due to time constraints.

What will you do instead?

The goal for 2019 is to expand on the referral process to include case specific team meetings with DBCH and tracking of outcomes.

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 Social Services Day Care Unit
c. Income Eligible Families:	Dutchess County Department of Social Services Day Care Unit
d. Title XX:	Dutchess County Department of Social 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 2017-2018 Rollover funds: <i>(available from the NYSCCBG ceiling report in the claiming system)</i>	\$115,3558
b. Estimate FFY 2018-2019 Rollover Funds:	\$-188,7976
c. Estimate of Flexible Funds for Family Services transferred to the NYSCCBG:	\$0
d. NYSCCBG Allocation 2019:	\$6,776,113
e. Estimate of Local Share:	\$193,433
Total Estimated NYSCCBG Amount:	\$6,235,128
f. Subsidy:	\$5,186,986
g. Other program costs excluding subsidy:	\$0
h. Administrative costs:	\$1,048,142

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

Appendix L: Other Eligible Families if Funds are Available

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

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

d) in an emergency situation of short duration	<input type="radio"/> Yes <input checked="" type="radio"/> No	
3. Families with an open child protective services case when child care is needed to protect the child.	<input checked="" type="radio"/> Yes <input type="radio"/> No	
4. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child to be protected because the child's caretaker:		
a) is physically or mentally incapacitated	<input type="radio"/> Yes <input checked="" type="radio"/> No	
b) has family duties away from home	<input type="radio"/> Yes <input checked="" type="radio"/> No	
5. Families with incomes up to 200% of the State Income Standard when child care services are needed for the child's caretaker to actively seek employment for a period up to six months. Child care services will be available only for the portion of the day the family can document is directly related to the caretaker engaging in such activities.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
6. PA families where a sanctioned parent or caretaker relative is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="radio"/> Yes <input type="radio"/> No	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	<input checked="" type="radio"/> Yes <input type="radio"/> No	
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	<input type="radio"/> Yes <input checked="" type="radio"/> No	
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	<input type="radio"/> Yes <input checked="" type="radio"/> No	
d) a program providing literacy training designed to help individuals improve their ability to read and write	<input type="radio"/> Yes <input checked="" type="radio"/> No	

<p>e) an English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading, and writing the English language for individuals whose primary language is other than English</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<p>f) a two-year full-time degree granting program at a community college, a two-year college, or an undergraduate college with a specific vocational goal leading to an associate's degree or certificate of completion</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Temporary Assistance recipients only with approval of DC DCFS Employment Worker.</p>
<p>g) a training program, which has a specific occupational goal and is conducted by an institution other than a college or university that is licensed or approved by the State Education Department</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Temporary Assistance recipients only with approval of DC DCFS Employment Worker.</p>
<p>h) a prevocational skill training program such as a basic education and literacy training program</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>If approved by the DC DCFS Employment Worker and the program does not exceed 6 months.</p>
<p>i) a demonstration project designed for vocational training or other project approved by the Department of Labor</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<p>Note: <i>The caretaker must complete the selected programs listed within 30 consecutive calendar months. The caretaker cannot enroll in more than one program.</i></p>		
<p>8. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associate's degree or certificate of completion and that is reasonably expected to lead to 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.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Temporary Assistance and low income families for attendance at a college or university in courses that are conducted on the campus, not online</p>
<p>9. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associate's degree or a certificate of completion that is reasonably expected to lead to an improvement in the caretaker's earning capacity 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.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Temporary Assistance and low income families for attendance at a college or university in courses that are conducted on the campus, not online</p>
<p>10. PA recipients or low-income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program leading to a bachelor's degree and that is reasonably expected to lead to an improvement in the caretaker's earning capacity if the caretaker is also working at least 17½ hours per week. The caretaker must demonstrate his or her ability to</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Only Temporary Assistance recipients at a college or university in courses that are conducted on the campus, not online.</p>

successfully complete the course of study.		
11. Families with incomes up to the 200% of the State Income Standard when child care services are needed for the child's caretaker to participate in a program to train workers in an employment field that currently is or is likely to be in demand in the future, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program, provided that child care services are only used for the portion of the day the caretaker is able to document is directly related to the caretaker engaging in such a program.	<input type="radio"/> Yes <input checked="" type="radio"/> No	

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

I. Reasonable Distance

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

1. The following defines "reasonable distance":

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.

Family Share Percentage selected by the district:

30%

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
- Yes

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

I. Fraud and Abuse Control Activities

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

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 72 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.

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 family child care program
 - Provider
 - Provider's employee

- Provider's volunteer
- Provider's household member age 18 or older

Legally-exempt in-home child care program

- Provider
- Provider's employee
- Provider's volunteer

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

- Provider / director
- Provider's employee
- Provider's volunteer

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

- Provider / director
- Provider's employee
- Provider's volunteer

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

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

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

- a. The district will not apply this additional local standard when the applicable person **resides** outside of the subsidy-paying district.
- b. The district will not apply this additional local standard when the **program's site of care is located outside** of the subsidy-paying district.
- c. The district will not apply this additional local standard when **the informal provider is younger than 18 years** of age.

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

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

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

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

Illness of the adult or child or a temporary crisis

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?

- 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:

The district will pay for child care while a parent or caretaker relative works a second or third shift when the parent or caretaker relative requests it and the Day Care Unit Director and the Deputy Commissioner determine that it is necessary to allow him/her to get a minimum of 6 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.

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

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 their **title, responsibilities, and qualifications.**

*Do **NOT** give names or resumes of 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:

Michele Pollock Rich

Telephone number:

845-452-7155

E-mail Address:

michelep@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% of 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 their **title, responsibilities, and qualifications.**

*Do **NOT** give names or resumes of 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	<p>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.</p>	Two year degree and/or life experience working with domestic violence survivors.
Youth Advocate	<p>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.</p>	Bachelors degree preferred. Significant experience working with children & families in crisis may be substituted for degree.
Community Development Coordinator	<p>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.</p>	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	<p>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.)</p>	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	<p>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.</p>	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:

Re. Luader Smith

Telephone number:

845-765-8337

E-mail Address:

Luader6@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 of 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 their **title, responsibilities, and qualifications.**

*Do **NOT** give names or resumes of 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
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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.
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Title XX Program Services Matrix

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

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

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

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

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

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

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

- Yes
- No

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

List of Data Sources

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

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

Adult Services Automation Project (ASAP.Net)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adult Protective Services (APS.Net)—NYC only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Surveys				
County Search Institute Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities That Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAP Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way (Compass Survey or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other				
Other Data Sources	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specify Any Other Data Sources:	Local Dutchess Data Voluntary Agency Data Outcome Reports from our Co-Located Services and Preventive Agencies	local Dutchess County data	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 Evironmental, 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 Family Court Principal Court Attorney	Dutchess County District Attorney Office: Mid Hudson Legal Services; Office of Aging, Mental Hygiene Legal Services
Family Court (judge or designee) ¹	Dutchess County Family Court	Dutchess County Family Court	Dutchess County Family Court Referee	
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, Contract Monitoring Supervisor, 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 Support Services Grant Administrator	
Other Public / Private / Voluntary Agencies ^{1,4}				Dutchess Mediation Center
Other (#1)				Hudson River Housing
Other (#2)				Community Action; Rebuilding Together;

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.

Youth Services Director

This is a professional position within the Dutchess County Department of Community and Family Services with multi-faceted responsibilities in the areas of children and youth services program development, administration, assessment and evaluation. Job responsibilities include but are not limited to the following:

- Manages the work of staff members in the Youth Services division, ensuring appropriate coverage in the unit, assigning work and job tasks
- Directly supervises subordinate staff members, including evaluation of work performance, completing appraisals, interviews, coaching, counselling and participating in disciplinary proceedings
- Participates in hiring process including reviewing job applications, interviewing and making recommendations regarding hiring prospective candidates
- Completes administrative tasks including but not limited to preparing budget requests, analyzing state, federal and local directives and preparing written and oral reports, attending inter and intra agency meetings, preparing data and statistical reports
- Participates in workgroups and planning committees including but not limited to the Integrated County Planning Committee, Youth Board and Coordinating Council and its subcommittees, Youth Council, Human Trafficking task force, School Safety advisory committee, Hudson Valley Youth Bureau Association
- Directs and advises on Youth Council members' projects
- Plans, conducts and/or participates in training, informational meetings and workshops on various topics applicable to children, youth and families that are offered inside or outside the agency
- Analyzes youth services needs and makes recommendations to improve indicators for children/youth
- Monitors and evaluates contract agencies to fulfill the department's goals
- Administers the Youth Board's annual OCFS allocation process including but not limited to developing timelines, materials, technical assistance to bidders, and completing and filing state paperwork
- Administers STSJP annual allocation process including but not limited to technical assistance to partner agencies, completing and filing state paperwork
- Works closely whenever needed with community partner agencies to serve the needs of Dutchess County children, youth and families
- Represents Commissioner, DCFS or Youth Services division when requested
- Serves as the county designated runaway and homeless youth service coordinator, to carry out the functions listed in 9 CRR-NY 182-1.15
- Performs other duties as assigned; may need to operate a county vehicle to travel within and outside Dutchess County
- Demonstrates professionalism, reliability and responsibility during performance of all job tasks

Inventory Count Date: 1/22/2018
 Population: Sheltered and Unsheltered Count

Unaccompanied Youth Households

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Number of unaccompanied youth households	21	8	0	0	29
Total number of unaccompanied youth	21	8	0	0	29
Number of unaccompanied children (under age 18)	6	0	0	0	6
Number of unaccompanied young adults (age 18 to 24)	15	8	0	0	23

Gender (unaccompanied youth)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Female	8	0	0	0	8
Male	13	8	0	0	21
Transgender	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0

Ethnicity (unaccompanied youth)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Non-Hispanic/Non-Latino	17	5	0	0	22
Hispanic/Latino	4	3	0	0	7

Race (unaccompanied youth)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
White	12	5	0	0	17
Black or African-American	6	3	0	0	9
Asian	0	0	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	3	0	0	0	3

Chronically Homeless (unaccompanied youth)	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total number of persons	2		0	0	2

Inventory Count Date: 1/22/2018

Population: Sheltered and Unsheltered Count

Parenting Youth Households

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of parenting youth households	4	0	0	4
Total number of persons in parenting youth households	9	0	0	9
Total Parenting Youth (youth parents only)	4	0	0	4
Total Children in Parenting Youth Households	5	0	0	5
Number of parenting youth (under age 18)	0	0	0	0
Children in households with parenting youth under age 18 (children under age 18 with parent under 18)	0	0	0	0
Number of parenting youth (age 18 to 24)	4	0	0	4
Children in households with parenting youth age 18 to 24 (children under age 18 with parents under age 25)	5	0	0	5

Gender (parenting youth)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Female	4	0	0	4
Male	0	0	0	0
Transgender	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0

Ethnicity (parenting youth)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Non-Hispanic/Non-Latino	4	0	0	4
Hispanic/Latino	0	0	0	0

Race (parenting youth)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
White	0	0	0	0
Black or African-American	4	0	0	4
Asian	0	0	0	0
American Indian or Alaska Native	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0
Multiple Races	0	0	0	0

Point-in-Time Count NY-601 Poughkeepsie/Dutchess County CoC

Chronically Homeless (parenting youth)	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total number of households	1		0	1
Total number of persons	2		0	2



**Office of Children
and Family Services**



**Division of Criminal
Justice Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

MICHAEL C. GREEN
Executive Deputy Commissioner

May 2, 2019

Dear Local District Commissioner or Probation Director:

This letter is to inform you that the PINS Diversion Services Section of the Dutchess County Child and Family Services Plan (CFSP) has been approved jointly by the Office of Children and Family Services and the Division of Criminal Justice Services effective April 18, 2019.

The Office of Children and Family Services and the Division of Criminal Justice Services are committed to providing the support you need to continue to offer quality services and improve outcomes.

Sincerely,

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

Dr. Nina Aledort
Deputy Commissioner
Division of Youth Development and Partnerships for Success
NYS Office of Children and Family Services