

**Westchester County  
Child and Family Services Plan  
Strategic Component  
January 1, 2007 to December 31, 2009**

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## **I. PLANNING PROCESS AND OUTCOME FRAMEWORK / MISSION / VISION**

The integrated services planning initiative brings together individuals and institutions from public and private sectors in a cross- system collaborative effort to improve the circumstances of children and families in Westchester County.

### **MISSION / VISION**

The mission is to assure the health, safety, protection and well being of Westchester's children, youth, families and vulnerable adults and to empower them to become or maintain themselves as independent, self-sufficient adults.

### **VISION AND GUIDING PRINCIPLES**

The integrated services plan and planning process is based upon recognition that for planning and services to be effective, they must:

- Be based upon a locally controlled interagency planning process
- Involve stakeholders in planning and evaluation of services
- Be developed and structured around the human development continuum
- Emphasize strength based, asset development, capacity building at the individual, family, community and countywide levels
- Be Family centered
- Be Outcome based / results oriented
- Prioritize resources

### **OUTCOME FRAMEWORK**

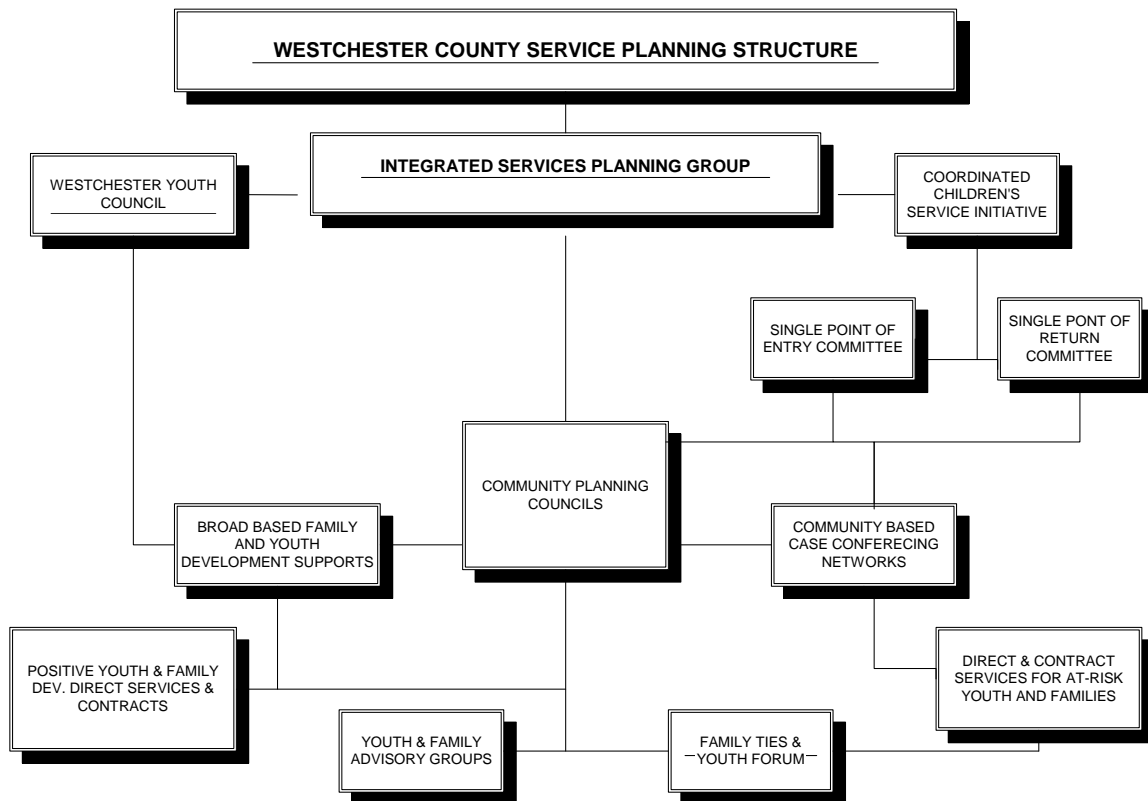
As a pilot county for Integrated County Planning, Westchester crafted its 2001 – 2003 Child and Family Services Plan around five cross system goals which were broken down into fourteen measurable objectives. The framework included selected goals and objectives from the New York State Touchstones Model, Ohio's Children First Model and the State of Georgia's Aiming for Results Model. In developing the 2007 – 2009 Child and Family Services Plan, Westchester has retained the same five goals:

- Goal 1: Mobilize Communities on Behalf of Children and Families
- Goal 2: Promote the Development of Healthy Children

- Goal 3: Strengthen Families
- Goal 4: Guarantee Access to High Quality Learning Experiences for Children
- Goal 5: Support Youth in the Development of Skills and Competencies Needed for Successful Transition to Adulthood

## II. PLANNING PROCESS

a. A multiple tier planning structure is in place as depicted on the chart below. No changes have been made in this structure for the submission of the 2007 – 2009 Strategic Plan.



As noted on the chart, the planning components include:

- Integrated Services Planning Group
- Coordinated Children's Services Initiative (and associated committees, Community Networks and family / peer support services)
- Community Planning Councils / Groups
- Westchester Youth Council

Though not depicted on the planning chart, the DSS Commissioner's Advisory Board and the County Youth Board participate in reviewing the Child and Family Services Plan and providing feedback prior to plan submission.

The roles, functions and membership of each of the 5 tiers of the integrated services planning structure are as follows:

**Integrated Services Planning Group:** This group meets quarterly and consists of administrators who daily set the course of planning and resource development for major sectors of children and family services. The group had been meeting quarterly, using the intervening months to work on goals and objectives. The group is co-chaired by the County Youth Bureau and the Department of Social Services. The group is the pivotal level for development of:

- Cross service system goals, objectives, activities and outcome indicators;
- Cross service system strategies for achieving the goals and objectives;
- Evaluating the impact of strategies adopted;
- Identifying cross system policy issues requiring attention;
- Supporting integrated services planning at community levels.

*The PINS Planning Committee and the Non Secure Detention Planning Committee operate as subcommittees of the Integrated Services Planning Group.*

Integrated Services Planning Group Membership consists of:

Director, Family and Children's Services Programs and  
Operations, Department of Social Services

Director, Integrated Planning  
Department of Social Services (Co-chair)

Director, Westchester County Youth Bureau (Co-chair)

Manager, Preventive Services – Department of  
Social Services

Director, Children and Adolescent Mental Health Services –  
Department of Community Mental Health

Director, Alcohol and Substance Abuse Services – Department  
of Community Mental Health

Assistant Commissioner, Department of Health

Vice President, United Way of Westchester / Putnam

Director, Westchester Children's Association

Director, Family Ties

Peer Leader, Youth Forum (selected work groups)

Assistant Commissioner, Department of Probation

Assistant to the County Executive

Director, Early Childhood Program–Westchester Community Opportunity  
Program

Parent Coordinator, Westchester Community Opportunity  
Program  
Director, Child Care Council of Westchester  
Chair, Westchester County Youth Board  
Representative from Office for Women

The 2007 – 2009 Child and Family Services Plan was reviewed with Integrated Services Planning Group members on October 12, 2006. Public Hearing date, time and location information was provided to ISPG members and attendance at the Public Hearing was encouraged.

**Coordinated Children’s Services Initiative (CCSI):** CCSI plays a critical role in the planning process for high-risk families and youth. It has been in place since the early 1990s. In establishing the Integrated Services Planning Group, every effort was made not to alter the CCSI process but to capitalize on some of its core structures and feedback mechanisms to develop parallel processes to assess, support and evaluate strategies to help strengthen youth and families. CCSI uses the Strength Based Discover Model that parallels the Asset Development and Positive Youth Development Models used by many of Westchester’s youth development programs.

CCSI meets monthly and membership is comprised of representatives from:

Probation  
Department of Community Mental Health (Chair)  
County Youth Bureau  
Department of Social Services  
Schools (4 – 5 school districts participate per year)  
Mental Health Clinics  
Psychiatric Hospitals serving children and youth  
Family Support Services  
Youth Support Services  
Non- profit agencies

CCSI has evolved a series of structures consisting of:

- Networks (community level high risk case planning groups)
- Parent and youth peer support services (Family Ties and Youth Forum)
- Single Point of Entry Committee (cross system mechanism for review of requests for placement in residential care made through Probation, DSS and / or DCMH)
- Single Point of (Return) Discharge Committee (mechanism created in 2000 to review and assure that strength based wrap around services are developed and in place for youth returning to the community from residential care)

- Dually Diagnosed MR/DD-SED (Serious Emotionally Disturbed) Planning Group developed to focus on the needs of dually diagnosed children and their families
- Early Childhood Initiative (established in 2001 to develop early interventions based upon wrap around and Strength Based Discovery Principles for children age 8 and under who require emergency psychiatric services)
- Sexually Aggressive Youth Planning Committee
- Transitional Services Planning Group (focusing on services and supports needed for youth making the transition to adult care systems)

The CCSI relies on 8 Community Planning Councils, which cover most of Westchester's larger urban communities, to provide a vehicle for identification of community level service needs and cross system issues for high- risk families. Westchester's Integrated Services Planning processes built upon many of the same councils to identify and articulate the needs of all families in the respective communities. Community Planning Councils receive consistent feedback from the 13 Networks. The Networks serve as high-risk case planning groups and operate emphasizing strength based, individualized care planning, are family centered and use a wide range of non-traditional family supports including:

- Family Ties (peer support services for parents with children / youth who have been involved in multiple systems of care): Family Ties operates 3 community based family resource centers (Yonkers, Peekskill and Mount Vernon);
- Youth Forum (peer support service for youth who have been involved in multiple systems of care);
- Respite (an array of planned activities to provide time out for parents and socialization supports for children and youth).

CCSI and DCMH staff continually developed grant applications covering areas such as Mental Health / Juvenile Justice and Transitional Services for Youth. The MH/JJ application to expand the Linkages Program Model was funded by OCFS and the Linkages Program also received a grant to extend this model to PINS youth.

**Community Planning Councils / Community Service Groups / Communities that Care Models:** Westchester's Integrated Services Planning Initiative seeks to strengthen and support the role of community planning councils. The number of communities that are active in community planning has doubled, growing from 5 to 10 communities in the last 2 years. Currently, ten target communities have been fully engaged in a process of formalized, community level cross service system needs assessment, goals and objectives setting, implementation and evaluation strategies. All ten of the communities

were active in CCSI and, thus, the challenge has been to broaden out from high-risk family needs to examining the needs of the general population. By end of 2006 eight target communities participated in community planning activities. Integrated Services Planning will continue to work with these communities throughout the three year plan cycle.

- Yonkers – Healthy Yonkers Initiative and Targeted Community Action Planning (T-CAP) youth gang/violence community strategic planning model based on CTC through OJJDP.
- Mount Vernon – Communities that Care Committee (Formal Communities that Care Model)
- New Rochelle – Project FOCUS (Families Organized to Curb the Use of Substances (Formal Communities that Care Model)
- Port Chester – Council of Community Services
- Ossining – Ossining Communities That Care (Formal Communities that Care Model)
- Peekskill – Peekskill Agencies Acting Together (Formal CTC Model)
- White Plains – White Plains Community That Cares (Formal Communities that Care Model)
- Mt. Kisco / Bedford – Committee for Peace Association
- Mamaroneck- R.A.D.A.R.- Communities That Care Group
- Eastchester- Community That Cares

Through technical assistance provided by Student Assistance Services, the communities of Mamaroneck and Eastchester were mentored and have now formally instituted the Communities That Care model of assessing risk and protective factors impacting youth and families in their communities.

**Westchester Youth Council:** The Westchester Youth Council was created in spring 2000 through funding from United Way, Westchester County Health Department and Westchester County Youth Bureau. The Council consists of over 30 youths recruited from throughout Westchester and is staffed through a contract with Family Services of Westchester (FSW). FSW also staffs the Westchester Youth Forum. The two groups have received advocacy training and have created a youth platform. The Youth Council meets monthly and conducts a range of activities related to needs assessment and community mobilization on behalf of youth. The Youth Council seeks to empower program participants to identify and promote a youth agenda.

A Junior Youth council has also been developed, and has given the Senior Youth Council members the opportunity to serve in a mentoring capacity to youth, ages 11 – 13.

**Westchester Youth Forum:** Operating under the CCSI, this group consists of 50 high school students and out-of-school youth from across Westchester County

who have had multiple service system involvement and use their experience to provide feedback and recommendations on the needs of high risk youth. Discussions and feedback have focused on foster care, residential care, and appropriate independent living skills for youth in care and exiting care. The Youth Forum participants have emphasized the need for a well-developed series of supports, with strong mentoring relationships, for youth exiting foster care and have outlined the extra assistance required to address their needs related to careers / employment, education, housing, sexuality, socialization, and parenting.

**DSS Commissioner's Advisory Board:** This board consists of 31 persons representing business, education, employment, family and mental health services, hunger, housing and homeless programs and advocacy, daycare and childcare, foster care, faith based community, advocates for the disabled, child welfare and youth advocates. This Advisory Board meets quarterly and children and family service issues are discussed at each meeting. The Commissioner sent a notice of the Public Hearing to each of the Advisory Board Members and encouraged their participation in the Public Hearing process.

**Westchester County Youth Board:** This is a 25 member advisory board appointed by the County Executive and confirmed by the Westchester County Board of Legislators. The Youth Board's mission is to promote and enhance efforts to serve youth and their families by supporting programs that strengthen the capacity of the family, raise public awareness on critical youth issues, and ensure comprehensive quality and collaborative services within the county. The Youth Board meets monthly and assists the Youth Bureau with planning, review of program, resource allocations, cross service system goal setting, program site visits, review of proposals, and participation in ongoing task forces. The chairperson of the Youth Board participates in quarterly Integrated Services Planning Group meetings.

**Municipal Youth Bureaus:** Westchester has 5 municipal youth bureaus. Representatives from all bureaus participated in plan development focus groups. The County Youth Bureau works closely with the directors of municipal bureaus to ensure compliance with OCFS Standards as well as to identify and address issues facing youth and to encourage collaboration and sharing of resources. The County Youth Bureau supports youth development among municipalities and assists municipal bureaus in securing state funds to be used for youth development programs and planning.

**Plan Development Focus Groups:** Based upon the recommendations of The Integrated Services Planning Group focus groups are used in needs assessment plan development when a 3 year plan is being crafted. This occurred during summer of 2003 and the fall of 2006. A broad range of county and community

level representatives participated in the focus groups with separate groups assessing needs and services for the following ages and stages of family and child development:

- 0 – 6 year olds – chaired by the Director of the Child Care Council of Westchester, the Director of Early Childhood Programs for Westchester Community Opportunity Program and Director of Early Childhood Mental Health from the Center for Preventive Psychiatry / Andrus.
- 7- 10 year olds – chaired by Westchester County Youth Bureau.
- 11-14 year olds – chaired by Westchester County Youth Bureau.
- 15 – 21 year olds – chaired by Westchester County Department of Social Services

The focus group on 0-6 year old issues was converted to the Early Childhood Committee and has met monthly since that time.

**PUBLIC HEARING:** See Appendix G.

**b) A list of required interagency consultation:** See Appendix B.

### **III. NEEDS ASSESSMENT**

#### **A. Strategies:**

Westchester conducts on-going needs assessment processes consisting of:

- Annual collection and analysis of socio demographic information and wide ranging analysis of key health and social conditions from a variety of sources. The annual needs assessment is posted on the web page of Westchester County Youth Bureau.
- Changing Demographics by population, race / ethnicity, regions of the county, age, households and families, children living in institutional settings, income distribution
- Healthy Beginnings with data on late or no prenatal care, low birth weight babies, infant mortality and children with health care coverage
- Family Functioning with emphasis on safe and stable homes, children in foster care, child protective services reports, children receiving preventive services, homeless families and children, domestic violence, parent education, and affordable housing.
- High quality learning with data on availability of child care for children infancy to 4 years, availability of school age childcare for children 5 to 12 years, academic foundation with indicators on 7 school districts for elementary and middle school report cards.

- Healthy Transitions to Adulthood with data on youth risk behaviors, teen pregnancy, juvenile delinquency, high school completion rates and post secondary school enrollment.
- Soliciting input from the various levels of the planning structure described in the preceding section.
- Assessing impact of Child and Family Services Plan Strategies in improving data outcomes and modifying strategies as needed.
- Securing feedback from the Runaway and Homeless Youth Advisory Committee which meets quarterly.
- Securing feedback from Day Care Program and Operations Managers meetings with representatives from the day care provider community and the Child Care Council of Westchester. .
- Securing feedback from Adult Protective Services participation in the Westchester County Aging Network Elder Abuse Coalition and monthly meetings with family service agencies, the District Attorney's Office, Putnam Westchester Legal Services, home care providers and the Alzheimer's Association. See Appendix B-1.

This report is also posted on the Youth Bureau web page.

## **B. Needs Assessment Activities- Focus Groups**

### **Focus Groups Findings: Group 0-6**

- Need for affordable, quality child care remains a high priority in Westchester County
- There are over 90,000 children ages birth to 6 years, while the county has only 26,000 slots of regulated child care for children 0-12 years of age.
- To continue to assist the Child Care Council of Westchester referral database to help parents find quality childcare, programs for children with special needs and assistance with paying for care
- To continue to assist the Child Care Council and others to advocate for Child and Family Health Plus

### **Group 7-10**

- Need for education in the areas of obesity, exercise and nutrition and give options to parents to choose healthy foods based on a limited income
- Address the inordinately large volume of homework given to children of this age group
- Need for positive role models especially males

- Establish a non-traditional approach to foster parental involvement where parents can attend weekend meetings or meet during the week after 7 pm
- Need for no or low cost childcare
- Hire more bilingual staff to help support this age group
- Address domestic violence and alcohol abuse issues
- Accessible transportation
- Have open enrollment in more after school programs at a lower cost

#### **Group 11-14**

- Improve communication between parents, school, and agencies;
- Need for parenting education to address issues of proper nutrition, obesity, appropriate curfews, positive discipline, etc.;
- Accessible and appropriate after school care;
- Catching children who fall through the cracks, especially undocumented immigrants and children in foster care;
- Labeling;
- Youth Violence-Bullying and Gang Involvement

#### **Group 15-21**

- The need for more mentor relationship among county youth and caring adults
- The need for more opportunities for job readiness training
- The need for youth workers to identify what skills they will need for the job market
- Additional help in addressing the problems facing Hispanic youth
- The need to advocate for undocumented immigrant youth to further their education

**C. Needs assessment conclusions** were outlined in detail in the 2004 – 2006 Supplement to the Child and Family Services Plan document. This outline is still valid for the 2007-2009 plan. A synopsis of the themes follows. An in-depth data supplement to the three year plan needs assessment was distributed with the plan, is updated yearly and can be found on the Westchester County Youth Bureau's website.

- **Need:** Westchester's population composition and distribution is substantially changing requiring service plan development and community collaboration not only on the county level but also at the municipal level.
- **Need:** Poverty in Westchester is highly correlated with race / ethnicity and female-headed households and is concentrated in five cities but is also increasing in towns and villages. This profile requires continued attention to the needs of families related to educational, employment opportunities and family supports for working parents.

- **Need:** An ample supply of affordable, quality day care and after-school age childcare programs is necessary to support increasing numbers of working parents.
- **Need:** School age children need additional supports to acquire the skills needed to succeed in school and be able to make a successful transition to the work world.
- **Need:** A well- coordinated network of services is essential for protection of children and support of families and requires community level needs assessment, development and evaluation with participation from formal and informal youth and family support systems.
- **Need:** As efforts are made to divert youth from foster care, PINS and Juvenile Delinquency placements, community service networks, with support from the county, need to strengthen diversion strategies and services.
- **Need:** Domestic violence education needs to be a part of all school curricula and youth service programs and continued cross service training and collaboration is needed to support early identification, assessment and referral to non-residential and residential domestic violence services.
- **Need:** Health care must be accessible to poor and low-income families with emphasis on use of coverage for prenatal and preventive health care.
- **Need:** Teen sexuality and risk taking behaviors heighten the risk of contracting AIDS and other Sexually Transmitted Diseases, teen pregnancy and alcohol and substance abuse. Additional cross system strategies and services are needed to address this cluster of behaviors.
- **Need:** Continued support is needed for coordination of a wide range of resources for runaway and homeless youth, including transitional services for youth ages 16 –21.
- **Need:** Community-school collaboration is needed in order to maximize the impact that community based organizations could have on academic issues.
- **Need:** Additional strategies are needed to better engage youth during out of school hours.
- **Need:** Support is needed for children and families during transitions focused on children entering school, youth moving from incarceration/county Department of Corrections back into the community and school, youth moving from home country to the USA (often on their own), youth moving between schools (elementary to middle school to high school to training, work or college), youth moving from one service group or service system to another.
- **Need:** Outreach to and support for immigrants recognizing that immigrant families frequently have youth out of school and have legal, educational, language, vocational and health challenges that impact all service systems.

- **Need:** Prevention and early intervention services with attention given to early prevention efforts that are home and community based and deal with behavioral, emotional and mental health problems.

**D. Disproportionate Minority Confinement / Contact (DMC) - Needs**

**Assessment Data:** New York State Office of Children and Family Services added a specific requirement to the 2004 – 2006 Child and Family Services Plan. It required that counties review and address disproportionate minority confinement. This new requirement was based upon “a wealth of data compiled by numerous sources, including the Federal Office of Juvenile Justice and Delinquency Prevention, the Child Welfare League of America” and the Casey Foundation. It is further supported by New York State OCFS data “showing a consistent and disproportionate number of minority children in both the state’s child welfare and juvenile justice systems”.

- Moral imperative of the discriminatory effects of over identification of one group of people over another and placing them in the custody of the state
- Fiscal impropriety and the inappropriateness of spending millions of dollars on youth who may not need to be in care, should be diverted from the system, or who should be released more quickly to a permanent resource after they are placed
- Health and safety concerns, mental health concerns and other youth development issues attendant with this issue
- Youth in the child welfare and juvenile justice systems typically have a discharge goal or plan to return to their family, or another resource in their indigenous community.”

Westchester’s Integrated Services Planning Group has approached this issue based upon the following data from 2003 and 2004:

**RACE / ETHNICITY –2000 CENSUS**

Asian	4.5%
Black / African American	14.2%
Hispanic (of any race)	15.6%
White	71.3%
American Indian / Alaskan Native	.3%
Other	6.6%

As noted in the 2003 – 2004 Needs Assessment Supplement, poverty, race and single female-headed households are closely linked in Westchester. This statistic continues in our county and ICP will address these concerns.

City	Minorities (% of total Population)	2000 Median Household Income	% Cost *Burdened Households	% Households Reporting incomes < \$15,000	% Female Headed Households
Mount Vernon	81%	\$41,128	42%	19%	19%
New Rochelle	46%	\$55,513	38%	15%	8.6%
Peekskill	65%	\$47,177	39%	15%	16.5%
White Plains	58%	\$58,545	35%	13%	8.1%
Yonkers	53%	\$44,633	38%	19%	14.7%

\*30% or more of income required for housing related costs.

Minority youth are disproportionately represented in:

- High school drop out rates
- Rates of children and youth classified as needing special education
- Under-employment and unemployment rates; and
- Child Welfare Care and Juvenile Justice Service Systems

Westchester's 2004-2005 Foster Care, PINS and Non Secure Detention Populations showed:

**Children in Foster Care as of 12/31/2004=888 12/31/05=666**

- Asian 0(0.0%) 0(0.0%)
- Black / African American 519 (69%) 457 (68%)
- Hispanic 137 (18.2%) 128 (19%)
- White 221 (29.4%) 67 (10%)
- Other 4 (0.5%) 13 (2%)
- Unknown 7 (0.9%) 1 (.1%)

**PINS – 16 Age Intake Data for 2004 and 2005**

- Black / African American 2004 =782 2005 = 987  
327 (41.8%) 309 (31.3%)
- Hispanic 245 (31.3%) 312 (31.6%)
- White 210 (26.8%) 366 (37.1%)

### **PINS – Age 18 Intake Data for 2004 and 2005**

	<b>2004 = 298</b>	<b>2005 = 467</b>
• Black / African American	95 (31.8%)	161 (34.5%)
• Hispanic	94 (31.5%)	119 (25.5%)
• White	109 (36.6%)	187 (40%)

### **PINS / JD Youth in Non Secure Detention in 2004 and 2005**

	<b>2004 = 312</b>	<b>2005 = 257</b>
• Black / African American	146 (46.8%)	142 (55.3%)
• Hispanic	94 (30.1%)	69 (26.8%)
• White	53 (17%)	24 (9.3%)
• Other	19 (6%)	22 (8.6%)

In order to address the issue of over representation of minorities in child welfare and juvenile justice systems, comprehensive cross service system county and community level strategies are required. Westchester has implemented a series of initiatives to strengthen prevention and diversion services, engage communities in assessing their own risk and protective issues, and influence use of research proven methods to address this issue within county and community level service structures.

**E. A list of all sources of data used in the Needs Assessment-** See Appendix C-1.

**F. Ongoing Needs Assessment –New Planning Activities:** See Goals 1 through 5.

## **IV. WESTCHESTER’S 2007 – 2009 GOALS, OBJECTIVES AND OUTCOMES**

Westchester’s Goals and Outcomes are shaped around the Children, Youth and Family Services Continuum put forth in the New York State Office of Children and Family Services Operational Framework. This emphasizes:

- Safety
- Permanence
- Well Being

across 5 levels of planning and service delivery. These levels are:

- **The Community** –with focus on services that ***foster* the well being, safety and development of all children**

- **Early Intervention** –with focus on services that preserve well being and safety, when potential for a problem is first evident
- **Family and Youth Focused Intensive Responses** – with focus on services that reduce demonstrable threats to well-being and safety
- **Out-of Home Placement** – with focus on services that permanently restore well-being and safety by modifying family living arrangements
- **Post Placement (& post incarceration) Interventions** – with focus on services that preserve safety and well being

The 5 levels comprise a risk/protective framework that guides the county and communities toward their vision of positive futures for young people by focusing on protective factors that can buffer young people from risks and promote positive youth and family development.

## Goal 1: Mobilize Communities

Objective 1: Support the work of community planning councils/groups in 10 targeted communities by end of 2006 and develop planning structures in additional communities in 2007 and 2009

### Community Level:

- The County Youth Bureau, the departments of Social Services, Community Mental Health and Health, Student Assistance Services, United Way and Westchester Children's Association will collaborate to support communities in adopting planning and mobilization models focused on well-being, safety and positive development of all children and families.
- Extensive supports for the use of the Communities that Care Model are now in place in 10 communities. Through this model, extensive federal and state grant funding in the eight communities has been obtained. It is projected that more than \$12 million dollars will be garnered, through these grants within the 10 year period that each community is funded for. We will continue to look for financial supports for new communities that begin the CTC process in 2007 - 2009.
- The County Youth Bureau and Student Assistance Services have been providing technical assistance to PAT and to the Yonkers Juvenile Justice Planning Group. These support services will continue until the end of the planning cycle.
- The Mt. Vernon Community Health Initiative is a coalition of public and private organizations and individuals collaborating with the City of Mt. Vernon to educate the residents of Mt. Vernon enabling them to become empowered to make healthful lifestyle choices. Twenty eight organizations are represented by the coalition, including some organizations that continue to play a vital role in making the Initiative a success.
- The Mt. Vernon Community Health Coalition has come up with strategies in accordance with the six Spectrums of Prevention namely, 1) Strengthening individual knowledge and skills; 2) Promoting community education; 3) Educating Providers; 4) Fostering partnerships and networks; 5) Changing organizational practices; and 6) Influencing policy.

- The Integrated Services Planning Group will continue work with representatives from the Healthy Yonkers Initiative to explore ways to secure funding for implementation of a Targeted Community Action Planning Model (T-CAP) in Yonkers. In addition, the Yonkers Juvenile Justice strategy planning coalition continues to meet to devise a strategy and action plan which will specifically address issues of implementation funding and program sustainability. Planning process will focus on juveniles under family court ages: 7-15.
- The Integrated Services Planning Group linked with an Initiative sponsored by the African American Men of Westchester exploring educational deficiencies impacting minorities.
- The ISPG will promote activities designed to build the capacity of local Community Based Organizations thereby promoting stronger collaborations and communities.
- Student Assistance Services will continue to support the work of the newly funded drug-free communities, Mamaroneck, Eastchester, Cortlandt, Yorktown, and Port Chester.

### **Early Intervention Level**

- Coordinate use of Community Optional Preventive Services funding to support 15 youth development programs in Communities with high-risk indicators. COPS support is in place and will continue.
- 0-6 Focus Group has become an ongoing Early Childhood Committee and plans cross service training to support more uniform identification and response to children with early risk indicators, especially developmental delays.
- Numerous activities were undertaken, including DSS contracting with WIHD to develop and introduce through training, a child developmental screening workbook for all child welfare staff. Training was provided and screening tools introduced. Evaluation will be conducted through the DSS Quality Assurance Team and WIHD.
- DCMH / the Mental Health Association / Family Ties and the Open Door Health Center, continue to support efforts from DSS to coordinate child welfare service intervention on behalf of families with young children in Ossining, Tarrytown, Sleepy Hollow and Elmsford.

- DCMH and Family Ties will continue to expand the Early Childhood Network Model to 2 additional communities.
- The Early Childhood Network Model is in place in 3 communities.
- The Westchester County Youth Bureau in collaboration with the District Attorney's Office sponsored a Youth Violence and Gang Prevention kickoff in April to raise local awareness of the growing gang and youth violence problem in local communities throughout Westchester and to help communities mobilize around this important issue.
- The WCYB targeted three specific communities; White Plains, Port Chester, and Yonkers, as pilot communities to implement advanced and enhanced youth violence prevention and gang prevention activities.
- The WCYB will take the lead in sending out speakers from the Violence Prevention Committee to help community organizations raise the awareness of the need for gang and youth violence prevention.
- DSS will continue piloting Community Child Protection supports and practice reforms. A contract to expand community case management supports to low risk families, where there still appears to be the need to address family issues that may contribute to recidivism, was awarded to Family Ties, Inc. These services are provided in the Peekskill and Mt. Vernon communities. The Child Welfare Policy and Practice Group provided a second round of training for pilot staff and community partners and provided training for all of the Department's child welfare staff in the use of the Family Engagement approach to service planning and provision. The County has incorporated the policy and practice aspects of Family engagement, but has discontinued the pilot related to dual tracking since State legislation and the State Central Register do not provide support to the dual track procedures. The governor vetoed, for the second time, the Dual Track legislation passed by both houses of the New York State Legislature.

### **Out of Home Intervention Level**

- PINS Steering Committee and leaders from CTC will review and discuss baseline data on disproportionate minority representation in foster care and detention.

- Discussions are ongoing. Data is being tracked at PINS, NSD and Foster Care levels. In 2005, the Probation Dept. introduced the YASI (Youth Assessment Services Inventory) into practice across PINS processes creating a standardized front end-screening instrument, a key element described by the Casey Foundation as a critical element in address disproportionate minority representation in high-risk services. New PINS legislation went into effect in April 2005 in effect strengthening diversion mandates and creating a process more akin to FINS (Families in Need of Supervision). (See Goal 5 for a more extensive description of activities).
- Police, schools and judges will be involved in developing plans to address disproportionate minority representation in out of home care.
- Mt. Vernon, New Rochelle, Ossining, White Plains, and Peekskill are communities that have successful Communities That Care coalitions. They have received continual funding from the SAMSHA- Drug Free Communities grant. The grant includes Project SUCCESS, parent empowerment groups, the Training for Intervention Procedures Program, information dissemination, coalition development activities, and a variety of community specific initiatives.
- Strategies in place in Multnomah County Oregon were reviewed, along with Anne E. Casey Foundation strategies. This is an ongoing process. Key strategy elements have been incorporated into use at Probation, DCMH and DSS. This information was included in the second round of training on "Undoing Racism" and consideration was given to include it in the follow-up strategies developed in the future training. Future planning includes gathering data and visiting police departments throughout the county to discuss the importance of this topic.
- Probation PINS Diversion continues to closely link 16 programs and practice enhancements will be reviewed and strengthened to further reduce placements.
- PINS diversion enhancements that implemented new PINS legislation effective April 2005 will continue. See the attached PINS and Community Optional Preventive Services (COPS) plan.
- The PINS Steering Committee continues to plan for cross –service system strategies to reduce Disproportionate Minority Contact in communities throughout our county.

- Through the process activities identified, two community strategies will be discussed with Communities that Care planning groups with further supports for community level efforts to address DMC issues. Of particular focus are the communities of Mt. Vernon where a One Stop Youth Center is opened under joint planning with DSS, DSS WIA, County Youth Bureau and Mt. Vernon Youth Bureau. White Plains also has initiated a series of activities focused on recognizing and combating racism. In 2005, the White Plains School District hired a consulting firm to train all staff on undoing attitudes of racism. These activities are on-going. In 2006, the White Plains School District also asked for help in addressing reducing youth violence.
- DSS will continue to work with the Foster Care Network to develop 100 additional foster homes / adoptive homes in communities that account for the largest number of foster children.
- PINS Steering Committee will continue to lead the data collection and analysis and strategic planning to reduce DMC.
- Probation PINS Diversion and its closely linked 16 programs and practice enhancements will be reviewed and strengthened to further reduce placements.

### **After Care / Reintegration Level**

- DCMH Transitional Services, RHYA Advisory Committee, DSS, Probation and CTCs will develop supports for youth returning to the community from out of home care. Representatives from DCMH Transitional Services, RHYA Advisory Committee, DSS, and Probation will present to CTC coalitions with the purpose of engaging their support to develop or support initiatives for youth returning to the community from out of home care. A community will be selected for focus on after care issues related to housing, education, employment and health care for youth.
- The One Stop Youth Employment Center opened in Mt. Vernon in November 2004. The center continues to have activities that are offered by DSS staff, the City of Mount Vernon and Westcop.

- The One Stop offers:
  - Program orientations and job readiness workshops, including resume preparation, job search techniques and job interviewing skills.
  - Guest speakers from various careers
  - Tutoring for high school students
  - Tutoring and employment counseling
  
- Key elements of the Casey Model will continue to be implemented and analyzed in the WIA One Stop youth programs, and child welfare independent living and aftercare and transitional services programs will assist youth to become and/or remain self-sufficient. A Transitional Service Model was selected and implemented in 2005 and will continue through 2009.
  
- Although not designed specifically for youth exiting care or incarcerations, efforts will be made to connect providers and customers from these levels of care with the One Stop Youth Employment Center and WIA Youth Employment Programs.
  
- After Care Services are in place for runaway youth through the RHY Shelter and have been and will continue to be re-evaluated in line with the new PINS Diversion legislation.
  
- An Independent Living work Group was formed to address the particular needs of foster care youth aged 14 and older to prepare for independence, adulthood and self-sufficiency. It is co-lead by the Westchester Children's Association, Children Village Pathways to adulthood program and DSS. Participants included voluntary child care providers, foster care youth, WCA, CV-PAD and DSS. Between 2007 and 2009 this workgroup will expand to include community based service providers and families of foster care youth.
  
- DSS, through CV – PAD will develop active participation of older foster care youth in the New York State Youth In Progress (YPI) initiative.

**GOAL 2: Promote the Development of Healthy Children as measured by:**

- **Increase the awareness of health care and well being resources for teens.**
- **Maintenance of enrollment of low-income children in government-sponsored health care programs (enrollment of 69,592 in May 2005 and 68,706 in May 2006) and families enrolled in Family Health Plus (enrollment increased from 6,392 in May 2005 to 7,102 in May 2006) and development of methods of determining if insurance coverage is being used for preventive health care.**

**Objective 1- Increase the awareness of health care and well being resources for teens**

**Out-Of-Home Placement Level:**

- DSS will assure that the importance of prenatal care is underscored in adolescent sexuality components of Independent Living Skills provided to all foster children, age 14 and older. Use of the Ansel Casey model measures effectiveness of the Independent Living Skills Training provided to youth. This model includes the provision of adolescent sexuality information and the youth's response to it in terms of behaviors. TCD: Ongoing.
- DSS, Probation and Non Secure Detention will assure that all youth in detention have this information included in their assessment and counseling and after care service. Adolescent health issues are reviewed as part of the intake and discharge process at the Non-Secure Detention Program.

**After Care / Reintegration Level:**

- Pathways to Adulthood (PAD) involvement with the Single Point of Return Committee and the Foster Care Discharge Review, will review provision of independent living skills training on a case by case basis within 6 months prior to planned discharges to assure that youth have been connected to health care and have been engaged in discussion of relationship responsibilities.

- Several of the contracted agencies have prepared youth with a best practice model. Ongoing efforts are being made to bring all agencies up to standard. SPOR will continue collecting data on the healthcare and relationship responsibility issues with quarterly progress reports.
- DSS WIA will emphasize the importance of this same issue in discharge planning at the Corrections Department.

**Objective 2: Maintenance of enrollment of low-income children in government-sponsored health care programs (enrollment of 69,592 in May 2005 and 68,706 in May 2006) and families enrolled in Family Health Plus (enrollment increased from 6,392 in May 2005 to 7,102 in May 2006) and development of methods of determining if insurance coverage is being used for preventive health care.**

Utilization data remains available for statewide and Westchester County Health Plans. Westchester’s Health Plans cover New York City, Westchester and other counties in the Hudson Valley Region so the care levels reported are not specific to Westchester. However, they are as follows:

	<b>Immunization</b>			<b>Lead Testing</b>
<b>West. County Health Plan</b>	59.2%			74.8%
<b>Statewide Average</b>	56%			74%
	<b>Well Child &amp; Preventive Care</b>			
	<b>&lt;15 mo.</b>	<b>3 – 6 yrs.</b>	<b>Adolescents</b>	
<b>West. County Health Plan</b>	75.8%	84.6%	89.2%	
<b>Statewide Average</b>	65%	71%	45%	

Westchester now exceeds the Statewide average in all measures of preventive health care for children. The County will strive to maintain its preventive health care utilization level above the statewide average.

**County Level:**

- DSS will continue to work with the Managed Care Plans and New York State Department of Health to establish methods of obtaining County

specific data on levels of care being provided to Westchester's Families and Children. DSS will participate in the State's annual surveys of care plans' performance and will pursue, with State assistance, access to the finer details of the information reported to the State via the Health Provider Network. Participation in Article 44 Surveys will be continuous.

- DSS will continue to monitor the NYS OMC Health Provider Network (HPN), which utilizes the Health Plan Employer Data Information Set (HEDIS) and Quality Assurance Reporting Requirements (QARR) to measure performance on aspects of preventive, acute and chronic health issues.
- Utilization reports will be available at the request of the Integrated Services Planning Group for follow up discussion, strategy development and collaboration with community partners.

#### **Community Level / Early Intervention Level:**

- Integrated Services Planning Group and the Child Health Task Force and the Healthy Yonkers Initiative will develop concrete methods for keeping this issue at the forefront of community outreach throughout 2007 - 2009.

#### **Family and Youth Focused Intensive Response Level and Out-of-Home Response Level:**

- DSS / Youth Bureau / DCMH will review the range of family and youth service contracts providing one on one casework or counseling and during site visits and record reviews, will assess how contractors provide preventive health care information to youth and families. DCMH requires a health care section in their records as part of the licensing requirement. Included in the DSS progress notes template is a section relating to health care information.
- All youth entering the Runaway and Homeless Youth Shelter will continue to be medically screened and linked with follow up adolescent preventive health care.

- Youth exiting Non Secure Detention for return to home will be connected with adolescent preventive health care as part of their discharge plan.
- The Designated Assessment Services Team will assure that youth engaged in PINS DAS Assessment and Diversion are receiving adolescent preventive health care. The DAS Assessment includes a review of preventive health issues. The YASI standardized PINS Intake process focuses on health care as well as youth risk taking behaviors. Follow up case management services are provided, as needed, by Lexington Center for Recovery, to assure linkage with service to which the youth has been referred during diversion. Referral data is collected and analyzed in the PINS Steering Committee.
- All children and youth in foster care receive regular medical care through the DSS Pediatric Clinic or through residential care providers with 3<sup>rd</sup> party Service Plan Reviews double- checking on this issue.

#### **After Care Services / Reintegration Level:**

- Single Point of Return Committee includes preventive health care in its discharge plan review.
- The DSS Pediatric Clinic assures that children who are returning to their families have required well - care follow-up and specialized medical care follow up appointment schedules and that the after care workers are aware of these follow up medical needs and schedules.
- DSS staff and contract agencies providing after care services will assure that preventive health care and specialized health care needs are attended to by the parent / relative to whom the child is returned.
- Transitional Services Programs will assure that teens aging out of care are continuously covered by health insurance and educated as to the importance of preventive care.

**Early Intervention and Family and Youth Focused Intensive Intervention Level:**

- WIHD will provide in-depth assessment, family intervention and family support services (under contract with DSS) for all families where children or parents have been assessed as having developmental disabilities.
  
- WIHD will provide monthly progress reports to DSS Child Welfare administrators and will meet quarterly with them to review progress, identify issues requiring follow up and incorporate results into the Department's CompStat process.
  
- DSS includes educational advocacy in family situations where a youth with disabilities appears to not be receiving the required level of educational programming and services. Educational advocacy services are in place affixed to JD / PINS Diversion, runaway and homeless youth services and Family Court Cases, CCSI and Youth Bureau Services. Educational issues are reviewed at Integrated Services Planning, CCSI and PINS Steering Committee meetings.
  
- DCMH will sustain and expand its community based Networks for high-risk cross service family planning. Networks are currently in place as follows:
  - Yonkers
  - Mt. Vernon
  - New Rochelle
  - Eastchester
  - Port Chester
  - Lakeland
  - Peekskill
  - Ossining / Sleepy Hollow / Tarrytown
  - White Plains / Greenburgh
  - Bedford / Mt. Kisco
  
- In addition, two specialized Networks are in place and include:
  - Early Childhood
  - Transitional Services

- DSS, DCMH and the Youth Bureau will continue to fund and oversee Intensive Case Management Programs for children with serious emotional disturbances.
- DSS and DCMH will continue funding for the Functional Family Therapy Program; begun in 2002, under Community Optional Preventive Services funding providing intense short- term therapeutic services to PINS Diversion families.
- DSS and Children's Village has expanded and will continue to provide the Multi-Systemic Therapy Program, under Community Optional Preventive Services Funding, as part of PINS Diversion. The positive outcomes have included fewer truant days, fewer class cuts, increase in average grades, positive peer group associations and more students have post secondary school plans.
- In communities where the Juvenile Fire-Setters Intervention Networks (JFINs) will be replicated, the Youth Bureau and DCMH will identify cross service representatives including fire and police departments, DSS, Probation, families, community service providers, Networks, American Red Cross and faith based community and provide training on identification, reporting and treatment and develop protocols inclusive of confidentiality requirements and interdisciplinary team work.

### **OUT OF HOME CARE LEVEL:**

- WIHD will provide supports for children with disabilities in foster family homes and will provide developmental evaluations of children referred from the foster care caseworkers or identified through the DSS pediatric medical unit.
- WIHD will provide in-depth assessment, family intervention and family support services (under contract with DSS) for biological and foster families when ever a foster child has been assessed as having developmental disabilities.
- Single Point of Entry Committee (inclusive of Family Ties) will continue to review referrals for residential care and include review of developmental and emotional history as part of this process. This Committee meets monthly and developmental and emotional history taking and service related considerations are an intrinsic aspect of the Committee's work. DSS, DCMH and Probation will

continue to develop specialized resources for youth who are fire setters, sexually aggressive or in need of intensive treatment.

- DSS has expanded its respite care capacity for preventive services families through a newly awarded contract program through Family Services of Westchester (FSW). This new Respite for Preventive Services Families Program provides respite and community based respite services to preventive services families with an initial focus on preventive services for families with children aged 0 – 6. In addition, Respite for Preventive Services families will collect initial baseline data regarding the types of respite identified as necessary and requested, and the age groups of youth and families for which such preventive services respite is needed.

### **After Care / Reintegration Level Strategy**

- Single Point of Return Committee (including Family Ties) will continue to monitor this aspect of planning for youth returning to the community from residential care. Single Point of Return Committee meets at least monthly and more frequently as needed and continues to monitor this aspect of care. Membership has been broadened to include representatives from Probation whenever PINS or JD youth are being considered for discharge as these youth begin the placement process through Probation. Discharge planning includes developmental and emotional needs of the youth.
- DSS has restructured and expanded its After Care Services beginning in 2006 to prevent foster care recidivism related to emotional disabilities of parents or children. The new model is a two tiered After Care Program with all youth and families discharged to reunification or to other significant relative/adult. Each youth and their family receive a minimum of 12 months of post placement case work / case management services. Based upon assessment of risk for replacement, high-risk families will receive additional After Care Services in a second tier that may extend through 24 – 30 months post placement.

**Goal 3: Children will be raised in nurturing, permanent families with parent(s) who protect them and assure their health and well being and families will be supported to successfully do this.**

**Objective 1:** DSS will continue piloting Community Child Protection supports and practice reforms. A contract to expand community case management supports to low risk families, where there still appears to be the need to address family issues that may contribute to recidivism, was awarded to Family Ties, Inc. These services are provided in the Peekskill and Mt. Vernon communities. The Child Welfare Policy and Practice Group provided a second round of training for pilot staff and community partners and provided training for all of the Department's child welfare staff in the use of the Family Engagement approach to service planning and provision. The governor again vetoed the legislation that provided for a Dual Track approach to CPS investigations that had been passed by both houses of the New York State Legislature. The County has incorporated the policy and practice aspects of Family engagement, but has discontinued the pilot related to dual tracking since the legislation and the State Central Register do not provide support to the dual track procedures.

**County / Community Level**

- DSS is implementing the Functional Family Assessment model. Training on the Functional Family Assessment model continues to be conducted at DSS, and the Family Functioning model is being implemented.
- New York State OCFS Critical Thinking Training is being provided to all DSS child welfare managers, supervisors and workers to improve the decision making skills and competencies. Critical Thinking requires you to reason, reflect and respond to information and situations in a focused, structured, and objective manner.

**Early Intervention Level**

- DSS / DCMH / Family Ties will assure that early intervention work with families involved with CPS in Peekskill and Mount Vernon are

supported by family team conferencing and Network engagement linkages to Family Ties groups.

- The Every Kid Counts project which began in July 2005 continues to assist Westchester County in achieving positive outcomes for children and their families who are known to Child Protective Services and who have been deemed to be at low to moderate risk of future CPS reports. Every Kid Counts accomplishes this by reducing the family issues and behaviors that may lead to repeat CPS reports or potentially, foster care placements, utilizing a wraparound, strength based family meeting model, known as Family Unity, designed specifically for child welfare situations, that is solution focused and has family decision making at its core.
- DSS and Family Ties also developed a joint proposal to OCFS to expand family conferencing with TANF families in the Mount Vernon area. Family Ties of Westchester, Inc. implemented the Family Unity model in the Mount Vernon service area, focusing on families residing in New Rochelle, in order to achieve positive outcomes in safety and well-being for families and their children who are known to Child Protective Service and Preventive Services. The funding was a one time only opportunity through OCFS but the success of the program prompted DSS in July, 2006, to include a Family Unit component in the Every Kid Counts project.

### **Out of Home Services / After Care / Reintegration Levels**

- Foster care or juvenile justice involvement of any children will be reviewed by the Single Point of Entry Committee (SPOE) to ascertain if substantial prevention efforts were made and make recommendations for continued work with the family during foster care placement.

**Objective 2: Through provision of a strong cadre of family support services, reduce the number of children entering foster care without prior preventive services or protective services or both (during the 12 months prior to placement) from 44 % in 2005 to 20 % by end of 2009 and reduce the percentage of children who return to foster care after 12 months from 7.9 % in 2005 to 7 % by end of 2007, 6% by end of 2008 and 5% by end of 2009.**

**Data Update as of June 2005:** The data drawn for the Objective was from the OCFS Data warehouse Report. In order to better understand this type of report, a list of all 318 children were looked at in the Data warehouse to ascertain if Preventive or Protective Services were provided to the child within the 12 months preceding placement in 2005. The searches showed the following for 2005 admissions:

	<b># Children <u>2005</u></b>	<b>% <u>2005</u></b>
• Preventive Services Only	49	15%
• Child Protective Services Only	53	17%
• Both Preventive and Protective Services	75	24%
• Neither Preventive or Protective Services	141	44%

Of the 141 youth who did not have Preventive or Protective Services in the 12 months immediately prior to placement, 59 or 42 % of the 141 youth were JD or PINS placements (26 JDs and 33 PINS).

**County / Community Level:**

- QA will participate in outlining internal DSS and external service issues impacting Preventive Services and make ongoing recommendations for changes / improvements throughout the year.
- QA Team reviews (issues and trends) will be brought to the monthly CompStat managers meetings for follow up and to the ISP Group, CCSI and PINS Steering Committee for resource development and review of cross service system issues.
- QA Team and child welfare managers will also meet with representatives from CTC and other Community Planning Groups to elicit feedback on how preventive and protective services interact with other community level services and review themes that emerge from placements that occurred with no prior CPS or Preventive Services involvement. This process is ongoing through a range of committees but needs to be tied to data driven trends. This will be further evolved in 2007 - 2009.
- DSS, DCMH, Family Ties and WIHD will repeat training for both CPS and Preventive Services staff on the role of individualized case planning, family engagement, and role of Networks and review of supports available for children and parents with disabilities.

- CTCs and community planning groups will identify risk-protective priorities and incorporate them into their planning for services, programs and supports.
- Seven CTC communities have used their risk-protective data as the basis for securing \$100,000 a year (renewable for up to 10 years) for a total of 1 million dollars for each community, with the ten year total for these grants equaling \$7 million. Each community has secured one or more grants with the grants including:
  - Drug Free Communities (SAMHSA – CSAP)
  - Police – Probation Partnership (New York State division of Criminal Justice Services)
  - Safe Schools/Healthy Students (Department of Education)
  - Weed and Seed (Department of Labor)
  - Drug Free Communities Mentoring (OJJDP)
- Additional communities (3) are expected to implement the CTC process in 2006 and 2007.

### **Early Intervention / Family and Youth Focused Intensive Services**

- DSS, through use of Community Option Preventive Services funding will continue to fully support Probation Department PINS and JD Diversion, designated drug / alcohol and mental health assessments and follow up, educational advocacy and intensive services through research based best practice programs such as Multi Systemic Therapy and Functional Family Therapy.
- DSS, Probation, DCMH and Family Ties (as part of the PINS Steering Committee) will continue to revise the Non Secure Detention conferencing process to reduce lengths of stay of youth in NSD, assure support for parental involvement in discharge planning and strengthen community supports to enable youth to be discharged to parents or relatives.
- DSS will continue TANF funding for co-location of drug / alcohol staff with Child Welfare staff in each district office under the new FFFS block grant.
- DSS, in collaboration with the Office of Court Administration, will continue to provide a Certified Alcohol and Substance Abuse Counselor (CASAC) to manage DSS cases involved with the Family Drug Court in White Plains and Yonkers, and is currently expanding to include a Juvenile treatment Court to serve JDs (Juvenile Delinquents).

- DSS / DCMH and Lexington Center for Recovery will develop an outcome evaluation and introduce it to the Child Welfare CSW / CASAC service to closely track impact of drug / alcohol assessment and treatment follow up and tie treatment outcomes to child welfare outcomes reporting out on Outcomes through the PINS Steering Committee.
- DSS will fund the Office for Women to oversee provision of non-residential domestic violence services, including the STAR Program (Students Terminating Abusive Relationships).
- DSS will provide family violence screening for TANF Assistance cases.
- Child Welfare units will have a domestic violence counselor (My Sisters' Place) available to help screen cases and develop safety interventions that, whenever possible, allow for the children to remain with the non offending parent.
- DCMH and CCSI members will continue to operate high-risk case conferencing Networks in 10 communities and 2 specialized Networks on Early Childhood and Transitional Services (older adolescents aging out of the children's services systems – Cross references Goal 2, Goal 5 and Goal 3).
- Family Ties provides parent skills training in 5 communities and operates parent support groups in 6 communities (See Goal 2, Objective 3 for listing). Family Ties has also opened a family resource center in Ossining.
- DSS will provide Preventive Services funding for in-home parent skills training programs and intensive case management programs and will create a central unit for monitoring purchase of case management services for approximately 250 preventive cases.

### **Out of Home Care Level:**

- DSS, in conjunction with the Mental Health Association of Westchester, will expand the scope of the 3<sup>rd</sup> party independent service plan review process by moving the process to MHA, broadening the process to include children in all levels of foster care, increasing parental, youth and foster parent participation in the reviews and creating a CQI feedback process by district office, service, unit, worker and case. In the first quarter of 2005, the process was also broadened to include children in residential and group home placements. MHA 3<sup>rd</sup> party Reviews are ongoing.

- Through the QA Team, DSS will continue to examine issues contributing to lengths of stay and foster care recidivism and develop strategies to address these issues internally and through the Integrated Services Planning Group, PINS Steering Committee and CCSI.
- DSS will explore a variation of New York City's Equip to standardize evaluation of residential care and group home outcomes.
- DSS will institute a high level administrative review of any case for which a worker / supervisor is proposing a discharge goal of Independent Living. All cases where there is a plan to discharge a child from foster care must be presented before a panel for review. This includes all children being discharged to Independent Living. These cases are brought either before the Foster Care Discharge Review Committee (if being discharged from family foster care) or the Single Point of Return Committee (if being discharged from residential care). The plan for discharge must be reviewed and approved by the respective committee. Both committees have interdisciplinary / interdepartmental, interagency representatives on them.
- DSS redesigned its Independent Living Skills Program to assure that each foster child, age 14 or older, receives comprehensive and on-going assistance in learning and practicing the skills needed to make the transition to self-sufficiency and utilizes full implementation of the Ansell-Casey Independent Living Competency Assessment model. Outcomes will be measured and monitored beginning 2007 through 2009.

**After Care Intervention / Reintegration Strategy:**

- DSS / DSS WIA Office / Probation/Youth Bureau and the Single Point of Return Committee will explore ways to redesign After Care Services for Older Adolescents to include elements of the Ansell Casey Model and assure that youth exiting care have established relationships with a mentor.
- DSS contracts with You Gotta Believe to provide services to develop adult permanency resources for youth exiting foster care. A visitation center is being piloted by DSS and HOPE, Inc. (Helping Out People Everywhere) in the Yonkers District Office to enhance parent/child visitation and expedite permanency outcomes for foster children. DSS is also providing After Care Services for adopted youth and their adoptive families through a new two tier Foster Care After Care Services Program for all youth being discharged to reunification or to other significant relative/adult.

- Single Point of Entry Committee will continue to monitor the planning for youth being placed in away from home placements (other than foster homes) and youth already in placement who are believed to be in need of a higher level of care. Community resources are discussed in order to address any other options. Single Point of Entry Committee meets twice monthly. Membership includes DCMH, MRDD and MHA, Youth Bureau, DSS Residential, and Family Ties. SPOE assesses the developmental and emotional needs of the youth in order to determine the appropriate placement for him or her.
- Foster Care After Care Services Tier I and Tier II Program will be provided for all youth being discharged to reunification or to other significant relative/adult.
- The Single Point of Return Committee (SPOR) continues to review discharge planning for youth exiting residential and group home care returning to the community.
- DSS established the Foster Care Discharge Review Committee as a parallel to the Single Point of Return Committee. The FCDR reviews planned discharges of children from foster family homes including those being discharged from Therapeutic Foster Boarding Homes. The review not only includes children being returned home but also youth being discharged to adulthood.
- Both the Foster Care Discharge Review Committee and the SPOR committee have interagency / interdisciplinary team members including representatives from the MHA 3<sup>rd</sup> party service plan review program, domestic violence service providers, drug and alcohol treatment providers, WIHD and the Probation Department.
- DSS / Probation / Corrections and the Youth Bureau will establish parallel review processes for youth exiting the jail similar to the SPOR and the DSS / Corrections Interdepartmental Agreement will be amended to more specifically outline this process.

A review process began in 2004 for youth exiting the penitentiary with a concentration on teaching job readiness skills and matching youth with a minority mentor. A DSS WIA staff member is specifically assigned to the penitentiary who reports on youth and program progress. These activities will continue and be expanded in 2007 – 2009.

- DSS, the Youth Bureau, Probation/Corrections and BOCES will coordinate to establish baseline data and develop strategies to address the strengths, needs and resources for housing, mental health, substance abuse and

support systems for youth aged 16 – 21 exiting the County penitentiary and jail who will reside in Westchester.

- DSS / Children's Village will continue the Life Skills Program (5 bed residence) with extensive job skills and independent living skills training for youth over 18 exiting foster care to independence.
- For young children returning to biological parents / relatives from care, DSS will work closely with DCMH and Networks to assure that strong family services are in place and sustained for extended periods of time to prevent foster care recidivism in the 12 to 24 months post placement period.

**Objective 3: Increase the number of foster children who achieve permanency through adoption from 66 in 2006 to 80 by the end of 2007, 90 by the end of 2008 and 100 by the end of 2009.** In 2004 – 52 adoptions were finalized, in 2005 – 62 adoptions were finalized and in 2006 - 66 adoptions were finalized. In 2006, 68% were finalized within 12 months of being freed for adoption.

#### **County Level:**

- DSS, through its contract with the Foster Care Network, will recruit, train and expand the number of foster / potential adoptive homes in Yonkers, Mt. Vernon, Peekskill, White Plains and New Rochelle by 100.
- From January 2006 – October 2006, 30 new dually certified foster/adoptive homes were developed. DSS has continued annual contracts with the Foster Care Network and continues to monitor and evaluate the pace at which new homes are being recruited, trained and certified, particularly examining the progression from inquiry, scheduling of orientation, attendance at orientation and scheduling of training, attendance / completion of training through certification.
- DSS will engage the Integrated Services Planning and Community Planning Councils in review of need to develop foster / potential adoptive parents.
- DSS will restructure its permanency process to assign Adoption workers to cases at the point the goal is changed to adoption. This new process is being tracked and monitored at monthly meetings between adoption and district office managers and supervisors.

- DSS and MHA will increase involvement of foster parents in 3<sup>rd</sup> party service plan reviews in order to keep concurrent planning processes focused on expediting reunion or adoptions. Service plan review meetings will be scheduled more frequently than every 6 months if it appears that the permanency process has stalled. MHA is participating in training for foster parents and working with the foster parent association to increase foster parent participation in service plan review processes.
- DSS and Family Court will continue the Adoption Panel and monthly review of the status of children for whom the goal of adoption has been set.
- Monthly communication between DSS and the Family Court has facilitated closing gaps in the adoption process. A panel consisting of DSS, Family Court and Yonkers Regional Office staff (OCFS) meets twice per year to review every case in which there is a child who has a goal of adoption. Barriers are identified and solutions developed to facilitate the process.
- DSS, OCA and Family Court will continue to participate in Adoption Now (state strategy) for setting adoption targets and celebrating the finalization of adoptions with media coverage.

### **Early Intervention and Intensive Services Level:**

- DSS / Family Ties / WIHD will coordinate involvement of foster and potential adoption parents in parent support groups, as needed.
- Family Ties has expanded its services to include foster families. Family Ties has outreached to the foster parent organization, led DSS training for foster parents and offered their services to foster families in need. This outreach and training process is funded under a contract with DSS initiated in 2004.
- DSS / WIHD will provide in-home assessments and supports for foster and adoptive parents to deal with parenting and behavior challenges presented by foster children for whom adoption is the goal.
- WIHD provides these services under contract with DSS. The program provides assessments of initial foster home placements, including the

appropriateness of the home for the children placed there, as well as the immediate needs of the children. WIHD recommendations are implemented by the respective caseworker involved with the children.

- DSS staff (foster and adoption staff) will be trained in changing strategies to achieve adoptions and permanency planning with adolescents.
- Concurrent Planning training was provided to DSS staff in 2004. This training addressed strategies to facilitate permanency / adoption for all children in care. In addition, DSS is presently in contract negotiations with a vendor that specializes in permanency planning for adolescents. The contract will include additional training for DSS staff.

**After Care /Reintegration Level:**

- As a result of its evaluation of post adoption service needs, DSS has funded a new RFP awarded program to provide post adoption services and supports to post adoptive children and their adoptive families, as well as to provide training and referral to child welfare professionals to increase and improve the skills and competencies and availability of needed adoption oriented supports and services in the community.

**Goal 4: Support Access to High Quality Learning Experiences for Youth (This goal is basically focused on community and early intervention levels for children 0 –12, Quality Learning Experiences for Youth 13 – 21 are covered in Goal 5, Objective 2)**

Studies have demonstrated that high-quality early childhood education programs have short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completions. Research also shows that at the elementary (and high school levels), high achievers spend more time in "high –yield" out-of-school learning activities than low achievers. "High –yield" activities include reading, writing, studying, being tutored, watching educational TV, playing with computers, participating in clubs, volunteering, doing a hobby and participating in organized sports. Day care provided by accredited/high quality licensed and registered, day care programs offers valuable early childhood educational experiences.

In December 2005, upon the recommendation of the County Executive, the Westchester County Department of Social Services entered into a contract with ETC Institute, Inc. in order to conduct a study regarding the utilization of licensed and registered day care programs, the utilization of other day care services, and the utilization of subsidies in Westchester County. During the 2006-2009 cycle, attention will focus on implementing the practicable recommendations from the study that will help children to gain access to programs where high quality learning activities take place and to working with the day care community to encourage programs to enhance the availability of high quality learning as an integral part of the day care services provided.

**Objective 1: Increase accessibility to affordable, quality child care and after school care as measured by:**

- **Availability of full day infant / toddler/ preschool slots.** According to November 2006 data there were 14,267 full time slots for infants, toddlers and preschoolers in Day Care Centers, Group Family Child Care and Family Child Care. A total of 16,187 slots were available in these facilities in November 2006. The remaining 1920 slots were for school aged children. The number of children receiving DSS day care subsidies at the end of the third quarter of 2006 was approximately 3500. Projections for children receiving day care subsidies by the end of 2006 range between 3500 and 4000.
- **Availability of after school childcare for children ages 5 – 13.** The number of registered after school childcare slots in School Age Child Care programs for children ages 5 – 13 were 10,240 in November 2006. An additional 1920 school age slots were available in day care centers and

with Family and Group Family providers. The total number of school age slots available in November 2006 with programs licensed by the New York State Office of Children and Family Services was 12,160.

- **Availability of accredited programs in Westchester County.**  
Accreditation is a lengthy process that helps programs better define their educational missions and set higher goals for the program, as well as the staff. By mid 2003 there were only 30 programs in Westchester that had completed the national accreditation process. By November 2006, 61 Westchester Day Care programs had achieved national accreditation status.

Regulated Full Time Child Care Capacity in Westchester County by Modality and Age Group as of 11/1/2006 was as follows:

<b>Modalities</b>	<b>Number of Providers/Programs</b>	<b>Infant Slots</b>	<b>Toddler Slots</b>	<b>Preschool Slots</b>	<b>School Age Slots</b>	<b>Total Slots</b>
<b>Licensed Child Care Centers</b>	<b>164</b>	918	2349	8264	1386	<b>12,917</b>
<b>Registered School Age Programs</b>	<b>116</b>	n/a	n/a	n/a	10,240	<b>10,240</b>
<b>Registered Family Child Care</b>	<b>244</b>	226	226	786	246	<b>1,484</b>
<b>Licensed Group Family Child Care</b>	<b>148</b>	278	278	942	288	<b>1,786</b>
<b>Totals</b>	<b>672</b>	<b>1422</b>	<b>2853</b>	<b>9992</b>	<b>12,160</b>	<b>26,427</b>

**County / Community Level:**

- DSS will work with the Child Care Council and the Day Care Community in order to implement the economically viable recommendations made by ETC pertaining to increasing access to quality child care.
- DSS will provide instruction to day care center staff on day care subsidy eligibility through a community liaison/consultant in order to increase awareness as to who may be eligible for assistance. A contract with the consultant for these services is being executed in November 2006. Services will also include training in claiming for reimbursement for services rendered

in order for providers to avoid costly mistakes. Training in the use of an automated attendance system will also be provided as soon as the pilot phase is completed.

- DSS will work with the Child Care Council of Westchester, Inc. and the County Board of Legislators in order to continue to improve the locally funded day care scholarship program.
- DSS, the Child Care Council and the day care providers will assess the impact of activities 1 – 3 at regular meetings (held at least eight times during the course of each year) and resolve any issues accompanying these processes.
- DSS will continue to be an active participant in the Westchester Partnership for Affordable Day Care.

**Goal 5: Support Youth in Making the Successful Transition to Adulthood as measured by:**

- Decrease in the number of youth who are PINS, Juvenile Delinquents or involved in criminal offenses, including gang involvement
- Increase in number of youth who will delay becoming parents until adulthood.
- Increase in the number of youth who will be free from health-risk behaviors (smoking, drinking, substance use and abuse, unsafe sexual activities, unsafe driving, making healthy diet and exercise choices)
- Increase in the number of youth who will successfully enter college and / or the work force

**Objective 1: In 2007 – 2009, Westchester seeks to reduce the % of youth intakes / inquiries resulting in court petitions from 25.2% to 23.5 % by end of 2007, 22% by end of 2008 and 20.5% by end of 2009 by further strengthening the PINS Diversion Process and implementing strategies contained in Goals 1 – 4 and Objective 2 of Goal 5.**

**In 2003 - 2005 the combined PINS populations (PINS – Age 16 and PINS –Age 18) included:**

	<u>2003</u>	<u>2004</u>	<u>2005</u>
• Youths seen at intake or inquiry	1,514	1,434	1,453
• Youth seen at intake or inquiry stages- withdrew from the PINS Process or Diverted	1,157	835	770
• Youths referred for court petition	357	475	366
• PINS youths detained at non-secure detention	224	251	253
• PINS youths placed in foster care	66	58	61

The % of youth intakes / inquiries resulting in court petitions decreased from 33.1% in 2004 to only 25.2% in 2005. In 2005 the number of youth seen at intake increased by 19, and the number of youth placed in residential care increased by 3.

**In 2004 - 2006 Juvenile Delinquency Data indicators included:**

	<u>2004</u>	<u>2005</u>	<u>2006</u>
• Juveniles Delinquency Appearance Tickets issued	953	1,117	990
• Cases were diverted	490	438	413
• Cases were sent to County Attorney (Offense didn't allow for adjustment or Probation Violation was requested).	511	679	575
• Youths placed on probation	143	133	170
• Youth were placed in residential care	35	35	35

**Data On Use Of Non-Secure Detention and Lengths of Stay in Non-Secure Detention:**

In summer 2003, the PINS Steering Committee developed a package of strategies to reduce the lengths of stay in Non Secure Detention. Chief among the strategies was the creation of an interdisciplinary/ Inter agency case conferencing process within the initial 10 days of a youth's placement at NSD. Probation /DSS/ DCMH/ Family Ties and Children's Village NSD staff meet together and with family members to develop a care plan for each youth. After Care Services were also expanded, through the funding of; programs like Multi-Systemic Therapy (run by Children's Village) and Functional Family Therapy (run by the Mental Health Association of Westchester). The results have been quite positive even though the criteria for entry to NSD directly via police or court remand did not change. It is believed that the new PINS legislation that took effect on 4/1/05 will support diversion of youth to respite and crisis placement facilities such as the Runaway and Homeless Youth Shelter. A comparison of 2004 and 2005 NSD data follows:

- Total number of youths (PINS and JDS) placed in NSD decreased by 18.9% (59 youths), from 312 in 2004 to 253 in 2005.
- The number of care days decreased by 15% (1,237 days) in 2005.
- The number of youths in NSD for 45 or less days decreased to 194 in 2005 from 257 in 2004.
- The percentage of youth, with length of stays of 45 days or under, decreased by 7%, from 82.4% in 2004 to 75.4% in 2005.
- The percentage of total care days accrued by youth with lengths of stay of 45 days or under decreased from 52.5% in 2004 to 32.5% in 2005, a decrease of 20%.
- The number of youths in NSD over 45 days increased from 55 in 2004 to 63 in 2005, an increase of 14.5%.
- The percentage of care days over the 45 day limit to total NSD care days decreased from 30.1% in 2003 to 18.4% in 2004, to 42.6% in 2005.
- Of the 194 youths with lengths of stay under 45 days in 2005, 74.2% had lengths of stay of 20 days or less, another 11.8% had lengths of stay

between 21 and 30 days and another 14.4% had lengths of stay between 31 and 45 days.

**Of the 194 youths with NSD lengths of stay under 45 days in 2004, 148 or 76.2% were discharged home, a 7.7% increase from 2004. Twelve of the 63 youths with lengths of stay over 45 days, 17.4%, were also discharged home.**

**Disproportionate Minority Contact:**

**The racial/ethnic breakdown of Westchester County’s population, the foster care population and the PINS and JD populations are as follows:**

<u><b>Westchester County</b></u>					
	<b>General Population</b>	<b>Foster Care Population</b>	<b>PINS to 16 Population</b>	<b>Pins to 18 population</b>	<b>PINS / JD youth in NSD</b>
<b>White</b>	<b>62 %</b>	10 %	37.1%	40%	9.3%
<b>Black</b>	<b>12 %</b>	68 %)	31.3 %	34.5 %	55.3%
<b>Hispanic / Latino</b>	<b>14 %</b>	19 %	31.6 %	25.5 %	26.8%
<b>Asian</b>	<b>4 %</b>	0.0 %)			
<b>Other</b>	<b>8 %</b>	3 %			

It is evident that there is a disproportionate percentage of minority youth:

- represented in foster care population,
- represented in the PINS to 16 population
- represented in the PINS to 18 population, and
- represented in the non-secure detention PINS/JD population.

## **County Level:**

**Activity 1:** The Integrated Services Planning Group and PINS Steering Committee will create opportunities to meet with CTC and community planning groups to review the full range of goals, objectives and activities outlined in Goal 1 and engage each community in discussion of ways to further divert youth from involvement in the juvenile justice system and PINS population.

- Integration of Peer Mediation in pilot/target communities, and of Juvenile Law Education in Westchester's schools and for our JD/PINS population.
- 
- Mt. Vernon Police/Probation "Ride-Along Pilot Program" serving JD/PINS youth.
- 
- Pilot Youth Drug Court out of White Plains Family Court
- 
- Youth Court in Greenburgh, Peekskill, Yorktown and New Rochelle - Youth Court is a voluntary alternative to the criminal justice system for young people who have committed a misdemeanor crime or an offense. (First offenders only) The goal of Youth Court is to intervene in early antisocial, delinquent and criminal behavior.
  - Receives referrals from police, probation, schools, social services, etc.
  - Diverts youths from the juvenile justice system
  - Saves probation and the courts money
  - Promotes peers judging peers
  - Gained the respect of offenders, parents and the public as a tool for dealing fairly with juvenile offenders
  - Received acknowledgment by elected officials as a Youth Court Proclamation was presented in Sept. 2006 proclaiming September Youth Court Month in Peekskill
  - Youth Court volunteers have participated in community events such as Peekskill Celebration and the Rotary Horse Show
  - Have received training from police officers, assistant district attorneys and defense lawyers
  - Meet with Board members and prominent members of the community
  - Have heard cases such as criminal mischief, petit larceny and truancy
  - Have been in discussions with the police department regarding violence/fighting and how Youth Court can be used as a tool in this regard.

- In order to improve information collection and analysis to assist in fine tuning and modifying service planning and client outcomes at the county and community level, the Westchester County Department of Probation is taking the lead in developing an automated Management Information System and has assigned a full time supervisor to this project. TCD: This Family Court system will provide an automated information platform for Intake, Investigation and Supervision for both the PINS and JD client populations. Additionally, the system will provide for automated data collection, sorting, and outcome reporting to meet both local and state data collection responsibilities. TCD: The project should be completed during first quarter 2007 and fully operational in the second quarter.
- YASI is a standardized intake and case plan instrument which New York State OCFS and DCJS have jointly promoted. YASI is being used in the Linkages Program (JD / Mental Health Program located at the New Rochelle Family Court), and continues to be implemented with all Probation PINS Diversion cases. Data from this system will be examined along with the risk assessment conducted on each PINS Diversion case through the continuum of the Probation PIR, the DAS Panel Assessment as well as more in depth clinical and alcohol/drug assessments conducted on a case by case basis. Both assessment processes will be analyzed to further refine service planning and outcome tracking in 2007-2009.
- Probation Department and Westchester County's Information and Technology Departments have developed an automated case management system. Implementation of a case management tracking system will enhance analysis of youth diversion efforts and also help aggregate issues contributing to youth entering detention, PINS recidivism and youth entering out-of-home care.
- DSS will track Service Plan development, court involvement, discharge planning recommendations and issues contributing to excessive lengths of stay in NSD (excessive is defined as lengths of stay in excess of 45 days).
- The PINS Steering Committee will be broadened to include greater consideration and analysis of JD diversion strategies. An extensive review will be made of resources to support JD Diversion, factors contributing to the current level of detention and ways to reduce detention usage for this population.

- The PINS Steering Committee will replicate at Woodfield Secure Detention the Case Staffing process developed and piloted at NSD. This Case Staffing model will be modified as necessary to meet the specific Secure Detention system, child and family circumstances.
- The WCYB has implemented the Power of Peace, a violence prevention model, in four communities: Yonkers, Greenburgh, Port Chester and White Plains. The program trains youth in peaceful conflict resolution and aggression reduction techniques to reduce the need for physical conflict to solve disagreements. Power of Peace will continue in 2007 through 2009 in four more additional cities.
- The WCYB funded two 15-21 youthful offender specific programs through additional IIK money that are gang specific prevention programs to help youth transition into healthy adulthood: the Step-Up program of the WPYB and the Nepperhan Community Center Reentry/Transition program.
- 500 attended the Phase 2 of Gang Awareness training at Westchester County Center in April 2006. This was a collaborative effort between the Westchester County Youth Bureau and the Westchester County District Attorney's Office as sponsors of the training. In 2007 through 2009, Reducing Youth Violence Summits will continue targeting school personnel, youth, parents and law enforcement.
- Through use of Community Optional Preventive Services Funding and PINS Allocation Funding, DSS will coordinate and continue to financially support:
  - PINS / JD Diversion Staff of the Probation Department
  - CSW / CASAC Mental Health / Drug and Alcohol Assessment, referral for treatment and follow up case management.
  - After care staff for the Runaway and Homeless Youth Shelter to provide follow up to assistance for older adolescents returning to families from the shelter.
  - Functional Family Therapy and Multi-Systemic Therapy Programs
  - 15 Youth Development Programs in conjunction with the Westchester County Youth Bureau (65% state aid, 35% Invest-in-Kids).
  - Educational Advocacy affixed to the PINS Diversion process under contract with the Youth Bureau through MHA.
  - Student Assistance Services technical assistance for implementing and sustaining Communities That Care Models in communities outlined in Goal 1.

**Community Level Strategy:**

- The Integrated Services Planning Group / PINS Steering Committee and CCSI will meet with chairs of the community planning groups and CTCS to evaluate diversion services at the community level and assure that diversion is included in the risk / protective assessment of their communities.
- The Integrated Services Planning Group will engage community planning groups in evaluating the Annie E. Casey Foundation strategies for reducing Disproportionate Minority Representation in child welfare and juvenile justice systems. See Activity I on County Level Response.
- The DMC Workgroup and various community level groups will continue to outreach to other critical partners such as the schools and police through CTC and community based outreach.
- Community Planning Councils will review and establish ways to build upon the Positive Behavioral Intervention Supports model (PBIS) in place or being introduced into school districts through DCMH, tie it to the Communities that Care process and apply the same principles to PINS / JD diversion interventions with schools, police and families.
- In 2007 – 2009, PBIS outcome and PBIS and PINS / JD diversion initiatives will continue to be more closely aligned. In 2006, the PBIS model was incorporated into the NSD program in order to further tie PBIS principals to the PINS / JD diversion interventions. See Goal 2, County Level for identification of PBIS school districts / schools).Objective 3.

**Early Intervention / Family and Youth Focused Intensive Response Level:**

- Youth Bureau and Runaway and Homeless Youth Advisory Committee will continue to implement strategies and recommendations for service development or redesign supported by the Integrated Services Planning Group and PINS Steering Committee. The identified issues for these youth include:
  - Educational issues
  - Expansion of Shelter Usage from a cross-systems perspective
  - Enhancing collaborative relationships with cross-systems (i.e. Probation, DCMH, DSS)
  - Expanding Outreach to youth and families about the RHYS services and supports available to them.

- Community based outreach such as the Sanctuary Drop-In Center in Yonkers and a mobile outreach bus.
- There continues to be an acute need for expansion of transitional housing options for older youth in Westchester County. The Integrated Services Planning Group will support the Youth Bureau, DSS child welfare and housing to expand and enhance transitional housing options for older youths who cannot access the runaway shelter or return to their families. Such initiatives will include but not be limited to the Children's Village Life's Bridges Transitional Living Program, and H.O.P.E., Inc.'s Independent Living Supportive Housing Program.
- DSS, the Youth Bureau, Probation/Corrections and BOCES will coordinate to establish baseline data regarding strengths, needs and resources for housing/homelessness, mental health, substance abuse and support systems for youth aged 16 – 21 exiting the County penitentiary and jail who will reside in Westchester.
- The Integrated Services Planning Group / PINS Steering Group has implemented educational advocacy services and supports that work closely with community planning groups to identify and monitor related improvements in schools that appear to be using a push out approach with academically challenged students over age 16 and to advocate for changes in this practice. See Goal 1 as well.

### **Out of Home Intervention Level**

- The Integrated Services Planning Group, PINS Steering Committee and leaders from Communities that Care will continue to outreach to engage the police, schools and other partners critical to comprehensive collection, review and discussion of baseline data on disproportionate minority representation in foster care and detention
- The Integrated Services Planning Group, PINS Steering Committee and leaders from Communities that Care will continue to outreach to engage the police, schools and other partners critical to comprehensive collection, review and discussion of baseline data on disproportionate minority representation in foster care and detention. The DMC Workgroup will develop plans to address disproportionate minority representation in out of home care. (See Goal 1).
- The ISPG planning group will implement strategies identified through research on "Reducing Minority Confinement", especially researched "Best

Practice” strategies implemented in Multnomah County Oregon where minority confinement has been radically reduced and Juvenile Detention Alternative Initiative strategies conceived of by the Annie E. Casey Foundation. ISPG has and will continue to:

- Formulate a vision and related policy goals for reducing Disproportionate Minority Confinement (DMC)
- Create structures and expand stakeholder representation and participation (e.g. task forces) charged with sustaining a focus on DMC,
- Collect data and conduct research to document where disparity occurs
- Build coalitions and alliances with communities and people of color
- Assure that the composition of the workforces of the intervening systems is diversified
- Diversify the service delivery system by contracting with organizations located in and managed by people of color
- Provide cultural and racial sensitivity training for staff at all levels of every agency of the system
- Minimize opportunities for discriminatory decisions by creating objective instrument and guidelines free of racial bias
- Improve legal representation to increase advocacy for youth of color (See Goal 1)

#### **After Care / Reintegration Level:**

- ISPG will continue to support and further develop Mt. Vernon’s transitional services anchor site located at the One Stop Youth Center which incorporates the Casey Transitional Services Model into its programming. Continued focus will be on after care issues related to housing, education, employment and health care for youth transitioning back to the community.
- The Annie E. Casey Model, previously identified to be the most comprehensive Model with successful track records in assisting youth to become and / or remain self-sufficient, will continue to be implemented through DSS transitional services and after care services for youth.
- DSS will implement the Transitional Service Model in 2007 - 2008 and evaluate implementation in 2008-2009. If successful, the model will be replicated in other CTC communities with significant numbers of youth returning to the community from out of home care.

#### **OBJECTIVE 2: Reduce youth risk taking behaviors and increase opportunities for positive youth development as measured by:**

- Increase in the number of youth who will delay becoming parents until adulthood. Westchester’s teen pregnancy rate has dropped from 51.3 pregnancies per 1,000 females ages 15 – 19 in 2000 to 49.3 pregnancies

per 1,000 youth in this age group by 2002. The target is to further reduce the teen pregnancy rate to 43.5 by end of 2006, to 41 by end of 2008.

- School Drop out Rates for 2004 – 2005 were:
 

Yonkers	3.9%
White Plains	2.7%
Peekskill	4.3%
New Rochelle	0.7%
Port Chester	3.6%
Tarrytown	1.2%
Mount Vernon	4.6%
Ossining	1.7%
  
- % District Student High School Graduates 2004 – 2005 School Year
 

Yonkers	63%
White Plains	78%
Peekskill	66%
New Rochelle	72%
Port Chester	81%
Tarrytown	71%
Mount Vernon	52%
Ossining	76%
  
- Percentage of Westchester’s 18 – 24 Year Olds Who Are High School Graduates (Data Source: Annie E. Casey Foundation and Year 2000 Census)
 

Not High School Graduates	25.8%
High School Graduates	74.2%

**County Level:**

- The Integrated Services Planning Group will identify and review the range of task forces and committees in place and invite the chairs of these groups to develop a cross task force youth agenda that can further foster integrated efforts.
  
- The Integrated Services Planning Group will schedule a meeting or series of meetings with representatives from the various task forces to review the purposes of the single- issue task forces, identify overlapping membership and overlapping service representation, review the range of service approaches and strategies being used by

each and explore willingness to shift focus to holistic youth development within a risk / protective framework.

### **Community Level:**

- The Youth Bureau will continue to work with community planning groups to provide training on grant writing. These sessions acquaint municipal youth bureaus, schools and community agencies with federal and state grant-writing guidelines.
- Communities that Care Planning Councils were used as collaborative entities to secure the following funding: Drug Free Communities / SAMHSA-CSAP \$100,000 yearly grants for an initial five-year period, with an additional renewable five-year grant for New Rochelle, Mt. Vernon, White Plains and Ossining, Peekskill, Eastchester and Mamaroneck.

Safe Schools/Healthy Students –Department of Education Funding was secured in the amount of \$5.5 million for the period of 10/1/04 – 9/30/07.

New Rochelle CTC was used as the collaborative entity to secure funding for a Drug Free Communities Mentoring grant that included Mamaroneck and Peekskill in 2005 and Mamaroneck and Eastchester in 2006. Funding was in the amount of \$75,000 for each year. The mentoring provided an opportunity to assist all of these communities with preparation to receive the drug-free community grant, and all three communities were successful.

- The Youth Bureau is the lead agency and has adopted the Advancing Youth Development (AYD) Training Model. The AYD partners consist of New York State Office of Children and Family, Cornell Cooperative Extension, and the Cornell University and The Association of New York State Youth Bureaus. AYD training is composed of five sessions. Each session introduces youth workers to a youth development concept. This training provides a forum for learning practical applications of the youth development concept. The youth development perspective helps to guide youth workers towards successfully meeting the psychosocial needs of youth and helping them to build a full range of competencies. In 2007 – 2009, the Youth Bureau will offer and encourage all county funded youth programs to enroll staff in and complete the AYD training.

Over 100 youth development workers from 28 agencies have completed the AYD training. Additional workers are on a waiting list for January 2007 AYD training.

- DSS will continue to collaborate with the Youth Bureau, DCMH, Westchester Community College and selected school districts in utilization of its Community Optional Preventive Services Funding and TANF funding to support implementation of researched based youth development programs tied to academic support.

Westchester Scholars: The County Youth Bureau is the lead agency in recruiting and providing services for this program, it is a public / private collaborative effort. The program provides non-cash incentives for excellence in academic achievement and community service to children of TANF funded public assistance families in grades 7 – 11. The program provides high achieving students the opportunity to earn recognition in the form of incentives, which include personal computers, printers, Encyclopedia Software, Internet connections, computer training and mentoring. New York State has appropriated TANF funds to Westchester County to be used to provide awards and an additional match of \$65,000 is donated by a private foundation to enhance this effort. Students are eligible based on grades (C or better GPA), attendance (no unexcused absences), and community service.

Fifty-six (56) additional youth were enrolled in the Westchester Scholars Program in 2006. The program continues in 2007- 2009 with a goal of increasing enrollment to an additional fifty scholars each year.

Jandon Scholars: This initiative is funded by the Jandon Foundation and provides 12 partial scholarships per year (\$10,000 per student over four years) to graduating high school students identified as having achieved academic excellence and provided significant community services. Students eligible for the scholarships are in 12<sup>th</sup> grade and are served by DSS. The criteria used for scholarship award winners is based upon 10% community service, 45% grades and 45% SAT's. Jandon Scholarship winners are also awarded a computer through the Westchester Scholars Program.

- DCMH will expand the Positive Behavior Intervention and Support Model to additional school districts.
- The Integrated Services Planning Group will work with community planning councils to utilize the results of CTC risk / protective surveys to develop community level strategies that strengthen protective factors for youth, especially during out-of-school hours.

- Extensive technical assistance has been provided to CTC communities through the County Youth Bureau and through Community Optional Preventive Services funding for Student Assistance Services to provide this technical assistance and help foster interest in the CTC model used by additional communities. (See Goal 1)

**Early Intervention Level:**

- DCMH will expand PBIS to additional school districts by end of 2004 and advocate for additional state training and technical assistance to bring 3 more districts into this process. (See Goal 2)
- The Youth Bureau will encourage development of Advantage After School Program applications in 2007 – 2009
- The Youth Bureau provides technical assistance to applicants whenever OCFS releases a new RFP for Advantage After School Programs.
- DSS will continue to provide an educational advocate affixed to the PINS diversion process to assure that youth engaged in this process are in appropriate educational settings and linked with youth development services described under this goal. This service has been in place since 2003 and will continue. The Education Advocate has been intervening in an average of 7 cases per month with the most frequent advocacy issue being readmission of a youth to school with appropriate educational level programming.
- United Way, through its Community Schools Initiative, will continue to increase academic performance and parental involvement and decrease school violence and youth risk behaviors that lead to dropping out of school in each middle school in the following school districts: Mount Vernon, Tarrytown / Sleepy Hollow. Community School Programs are in place.

***Students participating in the A. B. Davis Community School in Mt. Vernon achieved the following:***

- 99% success rate on increased attendance
- 94% decrease in acts of violence
- 87% decrease in the behaviors that determine the probability of dropping out of school

### ***Recent A.B Davis Community Schools Activities***

- Lunch time student counseling in the cafeteria which addresses the emotional and recreational needs of 7<sup>th</sup> & 8<sup>th</sup> grade students
- Life Skills Instruction program
- After School instruction in 7<sup>th</sup> and 8th grade reading comprehension
- After School instruction in Computer Basics (Word processing, Keyboard)
- English language Arts instruction
- Evening computer literacy instruction for adults in English, Spanish, Portuguese
- Substance Abuse Counseling (group & individual)
- Lunch Time Computer Assisted Instruction
- Adolescent Pregnancy Prevention Program
- Art Expression & Music activities
- Modern and interpretive dance
- Summer enrichment program
- Cultural field trips
- Intake and assessment of needs
- Information & referral to on-site and off-site services i.e. mental health, substance abuse treatment, literacy, ESL, immigration, medical & legal

### ***Students participating in the Sleepy Hollow Community School achieved the following:***

- 85% success rate on increased attendance
- 84% decrease in acts of violence
- 100% decrease in the behaviors that determine the probability of “dropping out” of school

### ***Recent Sleepy Hollow Community School Activities;***

- Drop-In-Center at lunchtime to promote and develop positive socialization skills
- Weekly “Girls Discussion Group” to discuss peer pressure, attitude, self-image, relationships and decision- making.
- Weekly “Boys Group to discuss, peer pressure, attitude, self-image, relationships and decision- making..
- Weekly Parent Support Group, which continues to grow and recruits new parents each year.
- Red Cross Babysitting Certification Program
- Character Education Program, which is a violence prevention model created by the Committee for Children which has been expanded to all classrooms in the 2005 – 2006 school year.

**Tarrytown / Sleepy Hollow Community Schools Initiative**  
has:

- Developed a Drop-In-Center at lunchtime to promote positive socialization skills for over 50 students weekly.
  - Developed a Girls Discussion Group for 20 girls, which meets weekly to discuss peer pressure, attitude, self-image, relationships and decision- making.
  - Developed a Boys Group, modeled after the Girls Group. This group began in January 2005 and will continue.
  - A Weekly Parent Support Group, which continues to grow and recruits new parents each year.
  - Developed a Character Education Program, which is a violence prevention model created by the Committee for Children. This program began in mid- March 2005 and will be expanded to all classrooms in 2005 – 2006 school year.
- 
- Westchester Community Foundation will continue to provide opportunities for funding through competitive Requests for Proposals, which allow not-for-profit agencies to plan and implement programs in their communities. The following areas have received Westchester Community Foundation funding: Mount Vernon, Ossining and Mount Kisco.
  - The County Youth Bureau and DSS Workforce Investment Office will continue to conduct a job fairs annually. This collaborative effort connects summer employers and will maximize funding for summer youth employment.
  - DSS / WIA continues to provide year round employment and job readiness training for youth age 16 and over.
  - The WIA has 3 youth services contractors, 3 of which serve youth under 16. These include:
    - City of Peekskill Youth Bureau
    - City of White Plains Youth Bureau
    - City of Mt. Vernon Youth Bureau
- Older youth are served through WIA contracts with:
- City of Peekskill Youth Bureau
  - The Children’s Village
  - Westchester Community Opportunity Program

**Reduction Efforts:** In an effort to reduce use and abuse of alcohol by youth, DCMH will continue its cadre of prevention programs and assure linkage

of youth prevention with Student Assistance Services school based programs in multiple high schools and middle schools in Westchester.

- DSS will continue to collaborate with the Youth Bureau, DCMH, Westchester Community College and selected school districts in utilization of its Community Optional Preventive Services Funding and TANF funding to support implementation of researched based youth development programs tied to academic support.
- Westchester DSS and the Westchester County Youth Bureau will continue to provide educational incentives for TANF youth through:
  - Push Program (funded through the New York Works Block Grant): This program is a collaboration between DSS, Westchester Community College and 6 school districts and provides intensive tutoring for TANF youths at risk of school drop out for failure to meet State Education testing standards. The PUSH Program consists of multiple weekly sessions, after school 2 days per week and on Saturday at Westchester Community College. Upon successful completion students are provided with a Dell computer, a printer and one year of free Internet access. The program, year to date, has engaged 177 youth. It has an 84% success rate for students graduating and entering vocational programs, the military and Westchester Community College. Participating school districts have included Eastchester, Tuckahoe, White Plains, Peekskill, Mount Vernon, Greenburgh Central 7 and Port Chester.
- DCMH will expand the Positive Behavior Intervention and Support Model to additional school districts. ( see Goal 2).
- The Integrated Services Planning Group will work with community planning councils to utilize the results of CTC risk / protective surveys to develop community level strategies that strengthen protective factors for youth, especially during out-of-school hours.
- Westchester County Youth Bureau and the Taconic region of County Youth Bureaus are providing technical assistance to New York City's Division of Youth and Children and Family Services for the upcoming Regional Youth Bureau's Conference.
- As described in Goal 5 Objective 1, through use of Community Optional Preventive Services and TANF Services funding, alcohol and substance abuse assessment and referral services have been affixed to PINS Diversion.

- DSS, the Office for Women, My Sisters' Place and the Northern Westchester Shelter will continue to provide school and community based information, education and counseling to prevent youth from engaging in violent peer relations and offer assistance to youth who are members of families in which violence occurs.
- DSS will continue to provide a domestic violence liaison to assist child welfare units in each district office with screening for and intervening with families in which domestic violence is present.

### **Family and Youth Focused Intensive Response Level**

- DSS Program Coordinator Youth Services position within its Children's Services Program Office will continue to assess the educational and youth development needs of its foster children and work with foster care staff and contracted programs in assisting foster parents and youth to connect to community based after school and youth development programs.
- DSS provides an educational advocate for foster children located within the Family Court who intervenes on behalf of children and youth to assure that they are placed in appropriate educational settings.
- DSS has also used TANF Services funding for alcohol and substance abuse assessment and referral services affixed to CPS and Mandated Preventive Services.
- Services have been and continue to be in place with outcome measurements and tracking to take place in 2006 - 2009.
- DSS has also developed a domestic violence liaison to assist child welfare units with screening for and intervening with families in which domestic violence is present.

### **After Care / Reintegration Level**

- The Integrated Services Planning Group will assess the discharge planning provided to youth exiting the county jail to ascertain how they are being linked to follow up education and out of school services.
- Members of the Youth Board and the Director of the County Youth Bureau met with the First Deputy Commissioner of Correction. A review process has begun for youth exiting the penitentiary. The process includes teaching job

readiness skills and matching youth with a minority mentor. DSS / WIA has a staff member specifically assigned to the county facility and reports on each youth's progress.

- Based upon the findings of activity 1, follow up recommendations were made to the Department of Corrections, service providers and WIA one stop centers on the needs of this populations and ways to increase youth engagement in education, employment and after school hour programs.
- The Single Point of Return Committee will include both educational and after school hour needs in its reviews of proposed discharge plans for children exiting foster care. These reviews take place at 6 months and 30 days prior to discharge with the last review focusing on services and supports that have been put into place.

## **ADULT SERVICES GOALS OBJECTIVES AND OUTCOMES 2007 THROUGH 2009**

**Goal 1: To utilize multi-disciplinary community resources to improve assessments and to develop service plans which reduce risk and protect adults.**

**Outcome 1.1:** Expand the training of the community and enhance the skills of APS staff to ensure that the most vulnerable cases are identified, comprehensively assessed, and appropriately planned for.

**Strategy:**

Provide a team assessment by an APS caseworker and all sources of case management to evaluate for possible decline in functional capacity, level of care needed and legal capacity.

**Strategy:**

Utilizing a multi-disciplinary approach by the Department of Public Safety, County Executive's Office, District Attorney's Office, County DSS, and County Senior Programs and Services, cross training will be offered to various service providers to establish the role of each and to create guidelines to improve coordination and service provision.

**Strategy:**

In conjunction with County Police Academy, APS is participating in the training of new police recruits on issues of elder abuse and exploitation.

**Strategy:**

In conjunction with the Elder Abuse Coalition and Department for Senior Programs and Services, APS created a training manual and will begin training financial institutions on issues of financial exploitation of the elderly.

**Strategy:**

Expand the number of representative payee program slots with Family Service Society of Yonkers.

**Indicators:**

Internal data collection such as reports and logs will be used to identify the following:

- Number of multi disciplinary trainings held.
- Number of Elder Abuse Subcommittee meetings attended.
- Number of representative payee program slots utilized.

All of the above strategies are being implemented. All APS staff have been trained on ASAP software which has proved to be a more efficient monitoring system. Moreover, through further outreach, communication between APS staff and Mental Health providers, County Law Department and Supreme Court has greatly increased.

**Goal 2: To provide protective services in the least restrictive manner, respecting the adult's rights to self-determination and decision-making.**

**Outcome 2.1:** Increase the number of adults being served in Family Type Homes for Adults by 100% in the next three years. As of January, 2004, there are 12 homes in Westchester serving 20 adults.

**Strategy:**

Outreach to Adult Day Programs, Homeless Shelters, and to the ACT teams to identify individuals in need of congregate level I care.

**Strategy:**

Improve coordination with church groups, Community Services and Senior Services in identifying potential FTHA providers.

**Strategy:**

Work with the potential provider in fulfilling State requirements for certification of homes.

**Strategy:**

Provide training to providers on State mandates at least twice a year.

**Strategy:**

Provide ongoing support to providers with resident problems and replacements.

**Indicators:**

Internal data collection such as monthly reports and logs will be used to identify the following:

- Number of adults in Family Type Homes
- Number of outreach meetings
- Number of customers assessed for Family Type Homes
- Number of customers placed in Family Type Homes each month
- Number of homes in Family Type certification process
- Number of homes certified as Family Type Homes

Each of the strategies above has been implemented and continues on an on-going basis. There are twelve certified homes and two in the process of being certified.

## **V. PLAN MONITORING**

The Integrated Services Planning Group oversees the implementation of the Child and Family Service Plan. This group is co-chaired by the Executive Director of the County Youth Bureau and the Director of Integrated Services for the Department of Social Services and meets quarterly. Progress in plan implementation is the focus of the quarterly meetings. Other key committees within the Integrated Services Planning Structure also meet monthly, bi monthly and quarterly to review progress in their particular area of expertise and report back to the larger Integrated Services Planning Group. DSS and the Youth Bureau compile data from a wide variety of sources to track outcome measures.

## **VI. RESOURCE ALLOCATION / FINANCING PROCESS**

**A.:** The Westchester County Youth Bureau's resource allocation plan relates to the distribution of 5 OCFS funding streams through a contract process with not-for-profit agencies. These funding streams include:

- Special Delinquency Prevention Programs
- Youth Development/Delinquency Prevention Programs- Youth Services
- Youth Development/Delinquency Prevention Programs- Youth Initiatives
- Runaway and Homeless Youth Act
- Community Optional Preventive Services

In 2006, these five funding streams involved 21 state aid applications and associated contracts.

The Westchester County Youth Bureau also distributes OCFS funding- based upon a per youth in the population formula- to municipalities for:

- Municipal Youth Bureau Administration
- Municipal Youth Services
- Municipal Recreation

The County Youth Bureau uses county tax levy funding for:

- Invest In Kids Programs:

Additional New York State OCFS funding for youth development programs is secured through Westchester County DSS under:

- Community Optional Preventive Services (14 programs funded with COPS and IIK funding).

For RHYA, COPS and municipal Youth Services and Recreation formula funding, the Westchester County Youth Bureau uses a Request for Proposals process in conjunction with issuance of the Needs Assessment Profile to award contracts. The Bureau has moved to the use of 5-year funding cycles based upon contract performance. Contracts awarded for the year 2004 will remain in place through 2008, pending continuation of adequate OCFS appropriations and other funding appropriations and positive contract performance.

Proposals received in response to the RFP are reviewed and rated by teams consisting of ISPG and Youth Board members, Youth Bureau staff, and youth representatives. The Resource Allocation Plan is then developed by the Youth Bureau and presented to the Deputy County Executive and the Youth Board for review and approval.

Westchester County has 5 municipal Youth Bureaus, Mount Vernon, New Rochelle, Peekskill, White Plains and Yonkers. Only one of the 5 bureaus, that of the City of Yonkers, distributes OCFS resources to community based agencies through OCFS application processes. The County Youth Bureau reviews the applications submitted by Yonkers. Municipal Youth Bureaus can and do apply for Westchester County Youth Bureau grants to support community programming based upon their own community needs assessment process.

The Office of Children and Family Services RHYA funding is used primarily to support the operation of the Children's Village Sanctuary Program, which is an emergency, short-term shelter for runaway and homeless youth, males and families, ages – 12 –17. It is the only short- term emergency shelter serving runaway and homeless youth in Westchester. The Sanctuary program meets a vital need in Westchester for, without this program, these youth would be subject to the hardships of living on the streets, and could be victims of sexual and other abuses, as well as severe emotional and health issues, lack of schooling and more. From January through October of 2006 the Sanctuary program sheltered 203 youth and, throughout the year used an average of 76% of the possible care days; many months exceeded that percentage. In addition, from January through October 2006 the shelter received 403 calls to the emergency 24-hour hotline seeking critical assistance. All of this data, as well as additional data included in the RHYA Needs Assessment part of the Child and Family Services Plan Needs Assessment Supplement, support the need in Westchester County for the use of RHYA funds to support the operation of the Sanctuary Program.

In addition, a percentage of the OCFS RHYA funding (17%) is used to support a Runaway and Homeless Youth Coordinator, who is responsible for coordinating

and advocating for countywide services to meet the needs of Westchester's runaway and homeless youth population. The functions of this position are described in the Youth Bureau Administrative Component of the Child and Family Services Plan.

**B.:** **The Department of Social Services** uses a combination of federal, state, and local dollars to support the delivery of services to customers in Westchester County and address the service needs described in this document. The Department uses the following federal dollars:

- Title XX Block Grant
- Temporary Assistance to Needy Families (TANF) and associated block grants (New York Works, TANF Services) – Used extensively to support youth development services, domestic violence services and alcohol / substance abuse assessment and referral services for TANF and Child Welfare families.)

The Department uses the following state funds:

- New York State Family and Children's Services Block Grant
- Child Care Block Grant
- Emergency Assistance to Family
- Community Optional Preventive Services (used extensively to support Communities that Care Model implementation and youth development services and PINS / JD Diversion Services provided through interdepartmental agreement with the County Youth Bureau and Departments of Probation and Community Mental Health.
- Other State Funding:
  - Protective
  - Preventive
  - Adoption
  - Independent Living
  - After Care
  - PINS Allocation (Used to support PINS Diversion and implementation of 2 evidence based best practice models – Functional Family Therapy and Multi-Systemic Therapy models affixed to PINS Diversion and Non Secure Detention)

The Department also uses funds from local district tax levy to address needs outlined in this Plan, including day care.

**VII. ADDITIONAL INFORMATION (OPTIONAL)**–Not applicable to this Updated Plan

## **VIII: Appendices**

<b>Appendix A</b>	<b>Plan Signature Page – Child and Family Services Plan</b>
<b>Appendix B</b>	<b>List of Required Interagency Consultation (Optional)</b> <b>1) Protective Services for Adults</b> <b>2) Child Protective Services</b> <b>3) Child Welfare Services</b> <b>4) Day Care Services</b> <b>5) Runaway and Homeless Youth Services</b>
<b>Appendix C</b>	<b>List of Data Sources Used in Needs Assessment</b>
<b>Appendix C-1</b>	<b>List of Potential Data Sources</b>
<b>Appendix D</b>	<b>Relationship Between County Outcomes &amp; Title IV-B Federal Goals</b>
<b>Appendix E</b>	<b>County Summary Planning Process Activities – Optional</b>
<b>Appendix F</b>	<b>Technical Assistance Needs</b>
<b>Appendix G</b>	<b>Public Hearing Requirements</b>