

CHILD AND FAMILY SERVICES PLAN

May 1, 2004 – December 31, 2006

Broome County

This Child and Family Services Plan including the Strategic Component, the Administrative Component – Department of Social Services and the Administrative Component – Youth Bureau covers the period of May 1, 2004 to December 31, 2006. The plan contains County Outcomes and Strategies to be undertaken that respond to community needs by the Youth Bureau for youth development and runaway/homeless youth services and by the District in the areas of adoption, foster care services for children, preventive services for children, protective services for adults, protective services for children, other adult services, and other children and family services. In addition, the Plan contains a description of public participation. The Plan contains estimates of expenditures and program information.

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INTRODUCTION

Broome County is an Integrated Planning County. As such, Broome County DSS and Youth Bureau are jointly submitting this Child and Family Services Plan for the period May 1, 2004 through December 31, 2006.

This document addresses the results of the Integrated County Planning (ICP) team and the staff of the Broome County DSS and Broome County Youth Bureau in establishing goals, outcomes and strategies over the next three-year period.

This document provides the information required in 03-OCFS-LCM 19, Guidelines and Instructions for preparing County Service Plans, including the required appendices.

(I.) OUTCOME FRAMEWORK/MISSION/VISION

Broome County continues to utilize the NYS Touchstones framework as a guide to developing and maintaining positive outcomes for the children, youth and families within our community. For further details regarding Broome County Touchstones please refer to our website at: <http://www.gobroomecounty.com/icp/icptouchstones.php>)

The Broome County Integrated County Planning team has been successfully operating since 1998. Our mission is to establish and maintain an integrated, interagency planning process that will effectively guide us in allocating and managing our human service resources.

Broome County's vision continues to be, investing our resources to build strong families and communities.

Our view of effective integrated planning is centered on the following Guiding Principles:

1. Coordination, collaboration, and communication with the broader community maximizes our ability to respond to the needs of our residents.
2. A comprehensive needs assessment process should drive human service funding decisions. Our programs and services should build on the strengths of individuals and of our community.
3. A multidisciplinary approach to planning provides the best opportunity to meet the needs of the community.
4. Consumer input is critical to the planning process.
5. Planning will address all areas of human development and family life (i.e., economic security, physical and emotional health, education, citizenship, and community).
6. Funded programs and services will have empirical support and will be measured against outcomes.
7. Technology enables and supports our efforts.

ICP Goals

Integration of the Broome County human service planning process to:

- Improve the quality of life for Broome County residents.
- Promote science-based prevention strategies.
- Foster a rational distribution of resources based on needs, assessment, outcomes management and best practices.
- Build on individual and community assets.
- Support a community driven system.
- Meet community needs through involvement and empowerment of individuals and families.
- Promote change at the state and local levels.

Touchstones Categories

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

(II.) PLANNING PROCESS

The planning process used for the development of the Child and Family Services County Plan (CFS) is a long term, interactive process that involves many different entities and individuals. Since Broome County is an Integrated County Planning (ICP) County, planning is a continuous process.

Input concerning services provided by DSS, services coordinated and funded by the Youth Bureau, and needs and gaps in community human services that drive the planning process has been gathered from various sources throughout the year. Staff from DSS and the Youth Bureau are represented on broad based community task forces, coalitions, and councils that address issues, coordinate services, and plan and develop programs that address community needs. These community groups include representatives from human services, business, schools, law enforcement, religious groups, parents, youth, consumers and citizens at large.

See Appendix E for an extensive list of these groups.

DSS Planning Efforts

A significant amount of energy regarding planning over the past 18 months has focused on internal processes and reorganization. This planning was a necessary result of the impact of significant staff cuts in Services at the end of 2002. These cuts were compounded by the retirement of a number of long-term experienced staff, particularly at the supervisory and management levels.

There have been four major reorganizations of the Services Division, and several minor adjustments, to address workflow and response. As a means to determine the best realignment of staff the number, type, and needs of cases in the services division were evaluated. There was community input into the development/revision of these reorganization plans.

In addition to the staff cuts, we experienced reductions in other budget areas that affected our services to families. Many purchase of services (POS) programs experienced budget reductions. Funding for some programs was eliminated. We utilized information from our contract with CCSI, Inc. out of Rochester to help with decisions regarding programs. CCSI helped establish and monitor performance measures for contract agencies. In addition, a provider's forum was held; these forums had each contract service provider in the community describe their program, its funding, its results and the basis for their practice.

DSS participated in the Adoption Now meetings to review our planning and practices regarding youth freed for adoption. Efforts to recruit foster and adoptive homes have been combined with 2 other agency providers with the creation of BC FOCUS (Broome County Families Offering Children Unity and Safety). This incorporates joint recruitment and training of families.

A couple of notable examples of DSS participation and involvement in community planning processes include the Aging Futures Project, and the SICA (now KYDS) project.

Throughout the year, key agency staff persons are actively involved in a variety of groups, meetings, and forums to address community issues and needs. Through our participation in these community groups we are able to gather information, but also provide input into planning processes for and with the community. Details regarding these community meetings are included in Appendices B and E. A representative listing of these groups include:

- Children & Youth Services Council
- Family Violence Prevention Council (FVP)
 - Subcommittees: MDCR Medical Ad Hoc, SAYIT, Exec, Professional Ed, Agency-School Liaisons
- Single Point of Accountability (SPOA)
- Coordinated Children's Services Initiative (CCSI)
- Court Appointed Special Advocates (CASA)
- Foster Parent Association – Dare to Care
- Adolescent Pregnancy Prevention Services (APPS) Coalition
- Family Court Child Care Drop In Center Advisory Board
- Aging Futures
- Mothers & Babies Perinatal Network (M&BPN)
- Early Childhood Coalition (ECC)
- Single Point of Entry (SPOE) for Adults
- Office for Aging Advisory Board (OFA)
- HOME
- TRIAD
- Crime Victims Assistance Center (CVAC)
- Child Advocacy Center (CAC)
- Mental Health
 - Families First
 - Community Services Board

Alcoholism & Substance Abuse Services (ASAS) subcommittee
NY Public Welfare Association
Commissioners
Children's Services
Legal
Fiscal
Medicaid
CONNECTIONS: Management & Steering, Change Management, And Case Management
Refugee Assistance Center
Juvenile Justice Task Force
Keeping Youth Drug free & Safe (KYDS)

Youth Bureau and Advisory Board Planning Efforts

The mission of the Youth Bureau has always been to promote and encourage the development of a comprehensive system of services to youth and their families. We work in collaboration with local community-based agencies, schools, foundations, and county government to plan, coordinate and advocate for the well-being and protection of all youth, ages 0-21. One way this is accomplished is through the administration of delinquency prevention, youth development and runaway and homeless youth grants to local youth-serving agencies. Another important step to ensuring that a comprehensive system is in place is through our planning efforts.

Planning within the Youth Bureau continues to be an integral part of our function within the community. Ongoing planning includes our participation in many different planning groups throughout the community, many of which include youth and focus on specific issues. For more information about these groups see Appendix E.

In 2003, we initiated a process to begin categorizing our contracted programs, many of which we have been supporting for years, to identify gaps. As a result, we developed a matrix showing the programs based on the target population/needs, total youth served and the cost of the programs. This matrix helped us to define a process for identifying needs currently being met and unmet gaps. See Appendix H for more information.

Going through the exercise of creating this matrix not only assisted us with looking at youth service gaps, but also initiated several discussions about the possibility of moving towards a more targeted RFP process. Although, no decision has been made yet, we are continuing to discuss the feasibility of targeting Youth Bureau funds to specific types of programs based on the ongoing assessment of needs within the community.

In April of 2003, Denise Dyer, our NYS OCFS representative, conducted a focus group-type meeting with our Advisory Board to again, look at our current priorities. Prior to the meeting we worked with Denise to develop an Intervention Triangle categorizing our programs into three categories: *indicated interventions*, *selected interventions*, and *universal interventions*. Our finding was that most of our funds are allocated to programs categorized as selected interventions, which is in the middle of the triangle. The least of our funding is allocated to the very top of the triangle, which is the indicated intervention category. This category is usually the most expensive programs (eg. specialized therapy or counseling) and serve a very high need population. The third category and the bottom of the triangle is defined as universal interventions. This category focuses on programming that has community-wide impact, reaching a greater number of youth. See Appendix I for more information.

In a facilitated discussion, we answered questions about whether or not the Youth Bureau should continue supporting our currently funded programs or begin to shift resources to support other types of programs,

including more youth development. We also polled the members to see if any of our programs seemed more critical than others. Due to continuing limited resources we decided that it would not be feasible at this point to address new types of programming. A decision was made to continue to support and assess the needs being addressed by our current programs. The results from this activity helped guide us through the refinement of our request for proposal process in 2003 and will again, in 2004.

Municipal Planning Efforts

In the past the Youth Bureau has surveyed the municipalities to gather input about youth needs. We are planning to conduct another survey in the fall of 2004. A copy of this Plan, once final, will also be distributed to all municipalities for review and feedback. We will also be recruiting various members of local towns and villages to serve on various planning committees in the future. We are currently in the process of compiling feedback from the 2003 municipal annual reports as well. Once compiled, we will review it and develop strategies to address identified needs.

Integrated County Planning (ICP) Team

Our ICP team continues to meet twice a month and consists of Department Heads and Administrators from the Broome County human services departments including the Departments of Social Services, Youth Bureau, Health, Probation, Mental Health, Office for Aging, Office of Employment and Training, as well as the County Executive's Office, the County Information and Technology (IT) department, the United Way, and the Community Foundation for South Central NY. In addition to these bi-weekly meetings, ICP has held at least annual retreats for ICP members to focus on current status and future planning efforts.

Our ICP team has been a key planning entity for children and families since 1998. The leadership of several human services departments within Broome County government identified the need to integrate the planning and delivery of human services. They desired a mechanism for coordination and collaboration that would provide comprehensive services and minimize duplication.

Broome County ICP continues the process of *institutionalizing* a customer oriented system for delivering human services that builds on community and individual strengths and relies on standards, best practices, and outcomes that are valid and measurable. It seeks to accomplish this by combining several existing planning processes into a more streamlined and understandable process that guides the allocation and management of our human service resources.

ICP Accomplishments To Date:

- ICP has created a venue for discussion that can involve non-county agencies.
- Interdisciplinary discussions have lead to learning across disciplines and enhanced the knowledge of all individual ICP members.
- Collaborative partnerships have been supported by ICP including programs in the following areas: Healthy Families NY, Dental program, early childhood services, youth substance abuse prevention (SICA-CTC), PINS/Juvenile Justice task force, which was selected by the VERA Institute for future study, TAP survey, etc.
- The adoption of YASI as a common assessment instrument for probation, MH, and DSS. This has enhanced case level communication across different county departments.

- The Broome County Office for the Aging has joined the ICP team, providing a critical link to the needs of older residents. The Office for Aging brings its expertise in best practice planning to the ICP team.
- ICP provided a structure in which community agencies can present new ideas and grant initiatives. For example, the Invisible Children's Project of the Mental Health Association, the COPC grant initiative through the School of Education and Human Development at Binghamton University, and the Homeless Coalition presented their project plans to ICP. ICP members were able to openly discuss their concerns and garner their support to such projects.
- ICP provided a structure to solve problems and brainstorm ways to remove barriers in a number of different circumstances. For example, the team openly tackled issues related to the SICA-CTC project, TAP survey, and the Invisible Children's Project of the Mental Health Association. The team has worked to solve the funding dilemmas of individual agencies and programs through collaboration and coordination.
- ICP has sponsored a number of other community-wide planning forums such as the Adolescent Pregnancy Prevention Planning Forum, organized by Mothers and Babies Perinatal Network, Coordinated Children's Services Initiative (CCSI), and the Aging Futures planning initiative.
- ICP members have greater involvement with school districts. In April of 2004, the ICP team will be meeting with the Chief School Officers group, which includes all superintendents from Broome County's school districts.
- ICP supported and/or co-sponsored local conferences with the Family Violence Prevention Council, the Children & Youth Services Council, and CCSI Tier II to meet critical community needs in the areas of family violence (May 2000), gangs (May 2001), children's wrap-around services (November 2000) and community collaboration (May 2002).

Since its inception, ICP has strived to improve its resource allocation process and to better link resources with community needs and to support evidence-based programming for children and families. Since ICP represents the major funders of children and family services in the county, prioritizing resources is a critical function of decision-making.

Notable achievements include:

- ICP regularly discusses upcoming funding opportunities available from state, federal and private sources. This has been formalized in a RFP spreadsheet maintained and distributed by the Youth Bureau which tracks grant submissions and awards.
- Conducted a financial analysis of spending on programs and services across the different county departments.
- Touchstones were adopted as a framework in which to organize data.
- ICP sponsored the development of a social indicators database through the Homeless Coalition and the United Way. The social indicator database is now available on the web.
- ICP is entering its third year in supporting outcomes management. CCSI, a company from

Rochester, was contracted to provide contract management services on 28 sub-contracts from Mental Health and DSS. This represents a cultural change for subcontractors and the county.

- The team has reviewed financial expenditures across ICP county departments and is working toward getting more accessible data on financial information.
- The county has begun to support evidence-based programs in their purchase of service contracts. For example, a collective decision was made to convert Adolescent Prevention Services (at Catholic Charities) to Functional Family Therapy.
- The ICP team has made a commitment to using asset-based and youth development principles and strategies in funding decisions.
- ICP provided financial support for the TAP survey and facilitated the collaboration between the TAP survey planning group and the Communities That Care survey planning group.
- ICP developed an online letter of support request process for local organizations seeking letters of support from county departments when seeking external funding. This process proved to be beneficial in a number of important ways. It has enabled ICP members to become better informed about what local organizations are doing, has assisted agencies in preparing better proposals, brought additional resources to the community, and added a competitive level to the process.

Another notable achievement of this process has been the infusion of a theoretical discourse to promote reform. This level of discourse is rarely achieved in bureaucratic settings, yet is critical to planning for enduring systemic change. This process has provided us the opportunity to discuss, debate, and conceptualize the future.

We have continually asked ourselves challenging questions such as:

- What should the role of government be in the provision of services to children and families?
- At what level on the continuum of social problems should the county be involved?
- Should asset building be a county level service, or should we provide support to the community at large to provide for asset building?
- What does an integrated planning process really “look” like?
- Will there be flexible funding streams available to us to make integrated planning a reality?
- How is our “old” way of doing business getting in the way of truly enhancing the quality of life for our residents?
- What are the cultural norms of the “old” way of doing business?
- Do our programs and services follow best practice models validated by recent empirical research?
- Is the infrastructure of our county system capable of integrative planning?
- How do we conceptualize programs, services, and policy related to children and families?
- How do we cultivate a constituency for institutional reform?
- What role does technology play in our ability to plan, provide and deliver services in the future?

Planning Efforts with Youth and Families

Increased involvement of youth in the planning, implementation and evaluation of programs designed to meet their ever-increasing needs has been a long-standing goal of county youth-serving agencies. In October 2003, a countywide youth summit was held to provide teens with a safe forum for the exchange

of ideas, feelings and suggestions. The feedback we received from the youth in attendance was excellent and well received by the adults who were there. In the end, it quickly became apparent that we need to do more of this, and to find ways to get other youth involved, especially those who most need services and who are generally the least likely to participate. This is a key issue we as a county will be addressing in the future.

Input into the Human services system from youth has come from some youth who are recipients of services in some youth formats. One source of information has been the feedback from the regional Youth Speak Outs for foster children held annually. Broome County has consistently had youth involved as planners/participants and as attendees. These annual forums give important information from the youth perspective about how the system works and needed changes. We also have had input from a group of youth involved in various human services systems called The Free Radicals. This youth group had been supported through funds provided via TANF block grant funding. The Free Radicals have done presentations to ICP, to key DSS staff, and to the Youth Bureau advisory board.

In addition, the ICP team has made a commitment to begin strategizing about ways to increase family and consumer input into our ongoing planning processes, including this Plan, our public hearings, and other community-wide planning groups.

ICP Activities:

Broome County's ICP has spent a considerable amount of time and effort to capture and analyze expenditure data. Their initial conclusions are that Broome County spends a significant amount of money in providing direct services to highly vulnerable populations. In addition, they also contract with local agencies to provide services. In many cases, some community agencies receive funds from several county agencies to serve the same population. However, no community-wide database exists and it is often difficult to determine the number of clients being served, and how much duplication exists.

All of the above factors suggest that while the County is "service rich", resources are frequently allocated to the more expensive, high end, institutional solutions to serious problems. To date, ICP has not been able to identify a large number of preventive, community-based programs that promote cultural, recreational, or educational activities. While the Youth Bureau provides funds to municipalities for recreational and community based programs, these funds pale in comparison to those spent for rehabilitative services. The Department of Social Services will use its CASP and TANF Services Bock Grant funds to support and supplement, not compete with these services

(III.) NEEDS ASSESSMENT

COMMUNITY PROFILE

Broome County is located in South Central New York State. Tioga, Chenango, Delaware and Cortland Counties, and the State of Pennsylvania border it. The total land area for Broome County is 706 square miles. The County has a central urban/suburban core comprised of Binghamton, Johnson City, Endicott, and Vestal, surrounded by rural villages and towns. According to the 2000 Census, about 70% of our population is considered urban, with the remaining 30% described as rural.

According to Census 2000 data, the total population of Broome County is approximately 200,536, with a population density of 283 people per square mile. Census data reveals that 91.3% of the population is Caucasian, 3.3% African-American, 2.8% Asian, 2% Hispanic and .8% other. The County has served as a Refugee Resettlement site for over 3000 Asian, Middle Eastern, African, and Eastern European refugees since 1988.

Broome County also has an elderly population that is higher than the State and National averages. According to the 2000 Census, persons aged 60 and older represent 20.7% of Broome County's population, and 40.3% of Broome seniors are age 75 and older. In addition, the age 85 and older population is our fastest growing population (Aging Futures Findings Report, 2003).

Census data also shows that 12.8% of the population has an income below the poverty level, compared to the statewide rate of 14.6%. The median income is \$35,347, which is below the state median income of \$41,994 ; 15.9% of Broome's children live in poverty.

Nearly all of the jobs, services, health care and educational facilities are located in the central urban/suburban area. Once a thriving manufacturing and Defense Industry community, the last recession hit Broome County particularly hard. An estimated 12,000, well paying, manufacturing and industrial jobs were lost in the past decade. The current unemployment rate is 6.1% both in Broome County and Statewide.

Broome County has two major hospitals, Our Lady of Lourdes and United Health Services, Broome Developmental Center, Binghamton Psychiatric Center, Binghamton University, and Broome Community College. There are also seven Nursing homes within the county. In addition, there are a number of private, voluntary not for profit agencies in the county providing services under government contract for health, counseling, and rehabilitative related services.

ADULT PROFILE

As mentioned previously, Broome County has a higher number of aged persons in the population than the statewide average. Broome has 20.7% of the population age 60 and over, vs. 16.9% statewide. Our county ranks 6th in the state for the proportion of elderly. 40% of our Seniors are age 75+. The fastest growing population group are those age 85 and up. For those persons age 60 and over, 6.8% live in poverty, and 11.3% are near poor (125% of poverty).

Mental health concerns are also significant for our older community members. In 2003 there were 245 referrals to the HOME team; diagnoses included depression (33.9%), dementia (43.8%), anxiety (14.7%), depression and dementia (9.3%), and depression and anxiety (3.9%).

Broome DSS averaged 461 adult protective cases throughout 2003. There were over 100 cases per month with DSS as the representative payee. Other agencies also provide representative payee services to adults in mental health case management programs. The Office for Aging has contact with more than 15,000 people per year, and provides some case management services to the elderly.

The adult "at risk" population are those who are unable to fulfill all their needs on their own, leaving them unable to keep themselves safe and independent. This inability to be independent and self directing may be due to physical or mental health problems, cognitive impairments, lack of financial resources, substance abuse, inadequate judgment, inability to follow through on tasks, and an absence of family or informal supports willing or able to provide assistance.

One fast growing group in the adult population according to a February 13, 2004 National Public Radio (NPR) report is those under the age of 65 who are on the Social Security Disability rolls. The rate is double that of 20 years ago; the current number is six million. For this group the return to work rate is close to zero (about 2/10ths of 1 percent).

YOUTH PROFILE

Broome County Youth Population by Age and Sex for Year 2000

AGE GROUP	FEMALE	MALE	TOTAL
0 – 4	5,524	5,747	11,271
5 – 9	6,363	6,598	12,961
10 – 14	6,752	7,244	13,996
15 – 17	3,835	4,032	7,867
18 – 19	3,917	3,722	7,639
20 – 21	3,733	3,654	7,387
TOTALS	30,124	30,997	61,121

SOURCE: U.S. Census 2000

Youth and Poverty

The percent of children ages 0-17 living in poverty is 15.9 %. Children continue to experience poverty at an alarming rate. Reliance on free or reduced school lunch is another indication of poverty and the Broome County average = 40.2%.

The table to the right shows the breakdown for youth in our 12 public school districts that were enrolled in the free or reduced lunch program during the 2000-2001 school year. Please note that actual numbers of youth enrolled in these programs is usually understated due to the fact that not all eligible students apply, and anecdotal information tells us that as youth get older the likelihood of applying for one of these programs tends to decrease.

SCHOOL DISTRICT	% ENROLLED IN FREE/REDUCED LUNCH PROGRAM (2000-2001)
Binghamton	55.8
Chenango Forks	31.7
Chenango Valley	17.6
Deposit	34.0
Harpursville	55.7
Johnson City	35.0
Maine-Endwell	20.9
Susquehanna Valley	23.4
Union-Endicott	25.1
Vestal	7.2
Whitney Point	33.9
Windsor	26.5

Source: NYS Department of Education, Statistics for Public School Districts.

Number of 16-20 Year Olds Applying for Public Assistance in 2003
(applying as head of household)

The number of adolescents on public assistance as well as the number of TASA cases also remains high. Applications for Public Assistance among older teens is another indication of poverty. The number of adolescents applying for public assistance each year remains at an alarming rate.

MONTH	TOTALS	MALE	FEMALE	PREGNANT	CHILDREN IN HOUSEHOLD
January	13	4	9	2	2
February	23	7	16	8	1
March	24	4	20	7	6
April	30	5	25	5	2
May	30	8	22	8	3
June	32	9	23	5	6
July	26	9	17	7	2
August	21	6	15	8	5
September	25	4	21	5	4
October	18	4	14	3	3
November	7	2	5	2	2
December	14	4	10	3	1
TOTALS	263	66	197	63	37

SOURCE: Broome County Department of Social Services

Education and School Success

On September 30, 2003, five area school officials made a panel presentation to the boards of the Community Foundation for South Central New York and the Hoyt Foundation on the most pressing issues facing our schools today. From this meeting the following key issues were identified for our community:

- Securing adequate school funding, especially when complicated by unfunded mandates from state and federal government.
- Educationally, the biggest challenge is working to meet the new state standards for special education kids.
- This area has a high percentage of high-needs kids, especially second-language learners.
- A higher percentage of low income kids than in previous years. More children are coming to school with basic needs not met.

There is also concern over the 0-5 populations of children in our County. School districts report that the number of children requiring special education has increased. The Health Department has seen an increase in their Early Intervention Program and their 3-5 pre-school program expenditures. There is a strong belief that many children are not entering school healthy and ready to learn. A community wide coalition has been formed to address the issues of this population.

Young people who do not complete high school are at a great disadvantage in today's society. Those youth who dropout from school have far higher unemployment rates than high school graduates. Statistics have also shown a strong correlation between high school dropouts and reliance on social services and increased probability of criminal activity. There is also strong correlation between academic success and risk behavior, both in school and out of school, among youth.

The table shown on the right shows the drop-out rates for each school district in Broome County. Please note that the way that drop-outs are defined and tracked by each district may be different.

SCHOOL DISTRICT	DROP-OUT RATES (2000-2001)
Binghamton	2.7
Chenango Forks	3.0
Chenango Valley	1.2
Deposit	1.4
Harpurville	7.5
Johnson City	3.4
Maine-Endwell	1.3
Susquehanna Valley	1.0
Union-Endicott	2.6
Vestal	0.8
Whitney Point	5.2
Windsor	2.8

SOURCE: NYS School Report Card, District Comprehensive Information Report - NYSED

Emphasis on education has increasingly become a high priority for the entire country. Many new laws and regulations have been created to target youth, who are believed to be at high risk for educational failure. Included in that high-risk group are runaway and homeless youth. In January 2002, the McKinney-Vento Homeless Assistance Act was reauthorized under the *No Child Left Behind Act of 2001*. New provisions of the law were created to ensure the educational rights and protections for children and youth experiencing homelessness. In addition, every single school district in the country, is now mandated to appoint someone as the designated school district Homeless Liaison.

Local RHY Data Surveys collected by the RHY Coordinator, indicate that there are about 200 youth each year identified by housing agencies, DSS, Probation, and youth service providers as being at-risk of running away or becoming homeless. Research has shown that one of the initial factors affected by youth experiencing homelessness is their education. Children and youth experiencing homelessness are far more likely to fall behind in school and/or be frequently absent, and eventually drop out.

In 2002, the Youth Bureau RHY Coordinator and the local RHY Committee made a commitment to improve collaboration with local school districts. We are continuing this effort by working to educate local schools about their responsibilities to ensure that all homeless youth have immediate access to education. Educational trainings were held in November 2002 and March 2004 targeting local school districts and their designated Homeless Liaisons and training was provided by NYS Technical & Education Assistance Center for Homeless Students and the Empire State Coalition of Youth & Family Services. In addition, follow-up surveys requesting school districts to identify areas of technical assistance or training needs are being issued on a regular basis now. As a result of increased coordination, the Youth Bureau RHY Coordinator has become a liaison for local school districts pertaining to runaway and homeless youth needs and issues.

Teen Pregnancy

Teen pregnancy remains as an area of concern for Broome County. In the year 2000 there were 250 live births to females less than 19 years of age; 88 of these were repeat births. Our pregnancy rate per 1,000 is less than the statewide average, 58.8 vs. 71.7. Conversely, we have 4 zip code areas that rank in the top 20% of NYS communities with unacceptably high rates of teen pregnancies.

Broome County rate for girls age 10-14 ranged from 1.4 to 2.2 per thousand between 1994 and 2000. All pregnancies in this age group are considered inappropriate; the goal would be to achieve a zero rate. For the age 15-17 age group the rate went from 40.8 in 1994 to 36.7 per thousand in 2000. In the 18-19 year old range rates ranged from 86.6 to 82 per thousand during the years 1994 to 2000.

“The common assumption is that children’s development and well being suffer serious adverse consequences when their mothers themselves have not reached adulthood. The younger the mother, for example, the more disadvantaged her background is likely to be – a difference that accounts in part for differences in well-being across children born to early and later childbearers.”

“Kids Having Kids”, Urban Institute

The relationship between teen parenting and the likelihood of child maltreatment, and foster care placement has also been well documented. In addition, it is known that teen parents are more likely than their peers to drop out of school, and less likely to return to school once the baby is born.

Broome County is fortunate to have our local Adolescent Pregnancy Prevention Services Coalition (APPS) to help address the issue of teen pregnancy. The APPS Coalition is a collaborative initiative through which local health, human service and education providers, advocates for youth, consumers and youth themselves identify and address the incidence of teen pregnancy, its underlying causes and associated risk factors, and the need for supportive and empowering programs for pregnant, parenting and at-risk teens. The Youth Bureau and DSS both play an integral role within the APPS Coalition.

Youth Development

Educating the community about Youth Development has been ongoing within Broome County for years. The Youth Bureau has made advocating for the “institutionalization” of youth development principles a top priority for the last 5 years. Within that time we have developed our local Advancing Youth Development training team which now conducts training opportunities several times a year. In addition, all agencies who subcontract with the Youth Bureau are required to utilize youth development principles within their programming. The Youth Bureau assists agencies with creating strategies and outcomes that focus youth development and more importantly, giving youth a voice. Employing youth development strategies and principles throughout the entire community may be a huge task but it has become an important goal of the Youth Bureau and the entire ICP team as well.

In April 2004 the Broome County Youth Bureau submitted a proposal to the Office of Children & Family Services for a Community Youth Development grant opportunity. In this proposal the Youth Bureau and its key partners, propose to conduct a feasibility study involving youth, community, agencies, schools and families to explore the possibility of the creation of a Broome

County “Youth Think Tank” for the purpose of planning and implementing a strategic plan for positive youth development. Our community has made targeted investments in the development and maintenance of Science-based youth programming and building on this strong foundation will be critical. Our community has identified risk factors as well as assets in relationship to the youth in the County. We have already made progress in addressing previously established goals in developing a Family Support Center in several school districts, which will serve to bring together youth and their families in a positive, caring atmosphere. Development of these centers in the remaining school district based communities will further bring Broome County to its long-term goals of youth having a voice in local planning. The Youth Bureau, its advisory board, and the ICP team has made a commitment to seeking out other grant opportunities to support the Community Youth Development proposal if not awarded by NYS.

Other ongoing youth development activities include the youth group known as the Free Radicals. This group consists of youth involved in various human services systems throughout their lives. This youth group had been supported through funds provided via TANF block grant funding and is learning leadership skills by developing and conducting presentations about their experiences with the human services systems. The Free Radicals have done presentations to ICP, to key DSS staff, and to the Youth Bureau Advisory Board and are in the process of planning a youth-run conference targeted to adolescents in our community.

The local APPS Coalition mentioned above also utilizes youth input in various ways to assist with planning efforts regarding adolescent pregnancy. A very important component of the APPS Coalition is the Teens Link project. This project recruits local youth to help educate the community about teen pregnancy issues. Youth who are part of Teens Link are provided with leadership skills training and then work together with adults, to create Power Point presentations about teen pregnancy. Each youth is then responsible to conduct these presentations throughout the community.

Runaway/Homeless Youth

In Broome County, there is an average of 125 youth each year admitted to local runaway and homeless youth housing programs, in 2003 there were 153 youth admitted. This information is compiled yearly based on the NYS RHYA Annual Survey of Services submitted by local programs serving runaway and homeless youth. According to the NYS Missing Children Registry the majority of children reported missing are reported as runaways. This number has been steadily increasing as well, from 302 youth in 1999 to 409 youth in 2003.

Youth Admitted to Housing Programs:	Year 2003
Males	71
Females	82
Total	153
16 and Under	23
17 – 18	60
19 - 20	70
Total	153

Source: 2003 RHYA Annual Survey of Services Local Compilation

In 2002, the Youth Bureau RHY Coordinator and the local RHY Committee worked to develop a new data collection tool called the RHY Data Survey. These surveys were distributed to local youth serving agencies, law enforcement, DSS, Probation, and all housing agencies in an effort to begin collecting unduplicated data about youth who are identified as runaway, homeless or at risk of. The 2003 data from local RHY Data Surveys indicate that there are around 200 youth each year identified by housing agencies, DSS, Probation, and youth service providers as being at-risk of running away or becoming homeless. The numbers of youth identified as runaway, homeless or at risk of either, have been steadily increasing each year. This is a concern for local youth advocates and housing agencies due to the fact that we have limited space to house runaway and homeless youth, and especially youth under the age of 18. Please see the Youth Bureau Administrative Component for a listing of homeless housing resources available.

In addition, the numbers of youth ages 16-20 applying for public assistance and the numbers of pregnant and parenting youth have both increased (See page 13). Using the data collected from both housing agencies and other youth service providers, we will be advocating for the creation of an emergency shelter for youth under 18 and a group transitional living program for youth 16-20. We have identified the need for both programs through ongoing planning and assessment via the RHY Committee and the Continuum of Care subcommittee of the Homeless Coalition of Broome County.

The RHY Data Surveys and RHYA Annual Survey of Services will both be utilized as ongoing data collection tools. In addition, the Homeless Coalition of Broome County is in the process of developing a local Homeless Management Information System (HMIS) to be used by all homeless housing providers. The HMIS would streamline the manner in which data about homeless individuals and families is collected and analyzed. The Homeless Coalition will also be conducting a “point-in-time” homelessness survey in the fall of 2004 and spring of 2005. The Youth Bureau RHY Coordinator and all runaway and homeless youth programs are an integral part of these efforts.

Health/Mental Health

According to the 2002 Teen Assessment Project (TAP) survey results most Broome County youth have a positive sense of well-being. They feel that most people like them (85%); they are happy with themselves most of the time (76%); and are happy with the friends they have (91%). At the same time, 28% of males and 44% of females responding to the TAP survey reported experiencing depression (“feeling depressed, helpless, hopeless, or very sad for a period of 2 weeks or longer”) in the past six months.

During the past 6 months, % of teens who thought about suicide:	Males	Females
Once or twice	9%	19%
Several times	8%	11%

Source: TAP 2002

In regards to mental health problems, in 2003, the local CPEP (Comprehensive Psychiatric Emergency Program) reported 1076 youth presented at the hospital for mental health problems, 489 of who were first visits. The number of youth placed in psychiatric hospitals has increased over the last several years; 101 in 1999 to 247 in 2001. The greatest increase has been in children under age 13. Children are presenting multiple times to CPEP for mental health crises. Further, the 2002 TAP survey suggests that youth are increasingly concerned about issues of violence, mental health, and substance abuse.

Tobacco use among adolescents continues to be a serious health concern. By 11th grade, only 51% of males, and 52% of females had never smoked. 17% of male and female 11th graders reported smoking daily (2002 TAP survey).

Alcohol/Substance Abuse – Youth

The rate for adolescent arrests for drug use in 10-20 year olds rose from 159.5/1,000 to 199.7, the statewide average is at 187.9 per thousand. Alcohol use by adolescents remains a significant concern. By 11th grade, only 24% of males and 25% of females had never used alcohol. This group reported that 7% of males and 1% of females used alcohol daily. 36% of males and 28% of females who report drinking alcohol began drinking when they were 11 years old or younger (2002 TAP Survey).

The 1998 OASAS youth survey data estimates that 15.6% of adolescents aged 12 to 17 have treatment needs related to chemical dependency. There is significant abuse/misuse of drugs by adolescents in Broome County. By 11th grade 54% of males and 42% of females had used marijuana or hashish. Twenty-three percent of males reported misusing prescription drugs, and 21% of females by grade 11. Abuse of other drugs was reported by 5 to 8% of adolescents in the 2002 TAP Survey.

The Broome County Youth Prevention Partnership – “Keeping Youth Drug-free and Safe” (KYDS Coalition) is a board of community agencies initially brought together to oversee the State Incentive Cooperative Agreement (SICA) Project in order to ensure the development of science based substance abuse prevention programs in Broome County. The KYDS Coalition utilizes the Communities That Care (CTC) model as a means to guide prevention strategies. CTC can be applied to substance abuse as well as

other high-risk behaviors in children. *As part of the CTC model the KYDS Coalition utilizes the concept of the Social Developmental Strategy, which pinpoints the critical elements and processes leading to positive youth development through risk factors and protective factors (also referred to as assets).* The coalition is dedicated to strengthening existing partnerships at the local level between traditional and non-traditional substance abuse prevention systems and activities.

CTC has been utilized to conduct an ongoing, comprehensive assessment of the needs and resources of our community, and specifically related to youth substance abuse issues. The CTC Youth Survey has been conducted twice in four out of twelve local school districts. The survey measures eighteen risk factors and nine protective factors. Results of these surveys show that alcohol continues to be the most used drug among youth with tobacco being next. Throughout the life of the project the following risk factors for Broome County have been reported as high compared to the national average and the matched comparison counties: *Poor Academic Performance, Favorable Attitudes Towards Alcohol, Tobacco and Other Drugs, Low School Commitment, and Parental Attitudes Toward Anti-social Behavior and Sensation Seeking.*

The KYDS Coalition continues to assess the needs and issues related to the prevention of youth substance abuse. They recently secured a Federal Drug Free Communities Support Program (DFCSP) Grant to obtain additional funding for the next five years for continuation and expansion of this Coalition. The KYDS Coalition is in the process of expanding to include other school districts in Broome County some of which are rural districts as well as other districts already implementing the CTC model. The Youth Bureau and DSS continue to play an important role within this planning initiative.

Alcohol/Substance Abuse – Adults

There is great concern over the mental health and drug and alcohol use in the community. The county is at the crossroads of several major highways and serves as a drug hub for Syracuse, New York City, and Philadelphia. Considerable law enforcement resources have been added to combat this problem. There are several major drug busts each year within the county. Broome’s rate for adult problems with alcohol, alcohol related deaths, adult exposure to drugs, adult drug arrests, adult alcohol related Probation cases, and adult alcohol related court mandate to treatment cases is higher than the statewide average (PRISMS 2003). This same report identifies Broome’s rate of adult alcohol related treatment as lower than the statewide average.

The primary drug of choice for Broome and New York State was alcohol, although the percentage was much higher in Broome. Broome had a much smaller percentage of opiate use than statewide, however. See table below:

	Alcohol (%)	Crack (%)	Marijuana (%)	Opiates (%)	Cocaine (%)	Other/Unk(%)
Broome	60	13.3	11.0	10.4	4.0	1.3
NYS	43.9	8.7	10.3	29.9	5.7	1.6

SOURCE: OASAS 2004 COUNTY RESOURCE BOOK

In 2001 there were 3051 adults admitted to substance abuse treatment in Broome County, an admission rate of 149.1 per ten thousand compared to New York States average rate of 151.2/10,000. Broome is consistent with the state in the gender breakdown of adults admitted to treatment, 74.9% male and 25.1 % female. Age breakouts for substance abuse treatment has a significant pattern.

<i>Age group by years</i>	<i>Broome</i>	<i>NYS</i>	<i>Rank order</i>
>18	5.2	5.1	5
18-20	5.0	4.9	6
21-24	7.5	7.7	4
25-34	22.4	24.5	2
35-44	39.0	36.6	1
45-54	16.7	16.6	3
55+	4.3	4.6	7

SOURCE: OASAS 2004

It is notable that the majority of our populations in substance abuse treatment services are our 25 to 55 year olds (78%). This is our primary wage earning and parenting group, which has implications for our economy and for the welfare of our children. The OASAS Resource Book identifies the primary source of income for the population in treatment; the most significant source listed is Other (31.3%), the next is Wages/salary (21.6%), followed by None (15.9%), SSI/SSDI/SSA (15.7%), Safety Net (13.4%), and TANF (2.2%). Only 22% are even identified as employed. A majority (54.7%) are identified as criminal justice clients.

Local DSS staff report that well over 50% of their cases involve substance abuse and mental health problems. Of the 643 cases referred to Protective Services for Adults (PSA), 13% were referred specifically due to drug and alcohol problems; upon assessment there were many more cases identified with substance abuse problems. At least 40% of the PSA caseload has substance abuse as one of their primary issues.

Workforce Development – Youth

In 2003, there were 263 16-20 year olds who applied for temporary assistance cases on their own. These applicants were seen by the staff of the Teen Services Unit (a Teen Age Services Act – TASA Program) for assessment of the appropriateness of the need to open the case and to assess these youth's services needs. Only 66 applicants were male, the other 197 were female. Of the 197 females, 63 were pregnant. There were 37 children of teens present in all 263 applications.

Each of the 263 cases will have employment issues, including finishing high school, and post secondary education needs. For pregnant and parenting teens there will be child care needs affecting their employment.

The local Workforce Development Board has established a youth committee to review and assess local youth employment issues. Emphasis on education and job preparedness has been identified as an important priority for our local youth. Workforce Investment Act funds have been made available to youth service providers to provide local in school and out of school youth with opportunities for job preparedness and educational skills to help prepare them for future employment and self-sufficiency. Broome County utilizes the Work Plus curriculum in several different programs to educate out of school youth and provide them with job skills needed for future employment. Broome County also has current programming that targets in school youth. The Youth Bureau continues to assist in the planning and allocation of funds for youth employment programs. The Director of the county Office of Employment and Training is a new addition to the Youth Bureau Advisory Board as well. As a result, the Board has committed to begin considering youth employment issues as a priority for future allocation of Youth Bureau resources.

Child Care

Child care remains a critical need for the community in several regards. Child care is a key component to employment seeking and retention. Additionally, child care is used as a service to keep children safe and at

home in some Preventive and Child Protective cases. Broome provides both mandated and optional subsidized day care services. Day care services are also provided to foster families when the foster parents are employed outside the home.

In 2003, we provided day care to 1,042 families and 1,726 children per month on average. This was a drop from the previous year average of 1,921 children per month. This was due, in part, to changes in our costs of the program and ability to meet the needs of some of the optional categories of clients. By mid year, we were able to adjust to serve these cases and bring the number of served back up. For the 1st quarter of 2004, we averaged 1,926 children per month in day care services and steadily increasing.

Informal providers in the community are providing the bulk of day care. There are several concerns with this trend. One concern is the frequency that these providers change for children. This leads to a lack of continuity, and variances in quality of care. Overall quality of care is another concern with informal providers. There are minimal requirements to providing informal care, as opposed to regulated care. There can be and are excellent informal providers, however there is no particular incentive or requirement to provide high quality child care. As noted elsewhere, there is a national and local trend towards optimizing children's early development to promote healthy growth and to prevent the need for higher cost interventions later in children's life.

Day care regulations are having an adverse impact on the goal of encouraging high quality, regulated day care. There are ever increasing requirements for regulated day care that do not apply to informal providers. This creates barriers to providers and families and actually promotes the use of informal day care. One aspect that is less able to be promoted in informal care is the opportunity for social interaction with peers.

Broome County has an Early Childhood Coalition (ECC), which is working to improve outcomes for children by focusing on: quality child care and education, effective parenting and healthy children. Through the ECC, Broome has developed a program of specialized training for caregivers as part of a professional development and mentoring program for area child care providers. This effort is intended to raise the bar and lead to best practices being broadly followed in all child care settings. ECC is also promoting the healthy children aspect through health education and screening for children at home and in childcare environments. (Building Brighter Futures for Broome report of the Early Childhood Coalition, March 2004). Currently, the mentoring and professional development initiative is operating in 90% of our county child care center sites and 37 out of 219 family/group day care sites.

Ready access to affordable quality day care continues to be the need and the goal.

Preventive Services

Broome's 2000 rate of preventive case opening per thousand children was over the state and comparable counties average: Broome preventive openings were 9.7 per thousand, statewide was 6.8, and comparable counties were 9.0 per thousand. Thus, between 2000 and 2002 we had a drop in the rate of children opened to preventive services through DSS.

The Department purchases preventive services from non-profit agencies in the community and from other county agencies. These services improve family functioning, prevent abuse and neglect, and reduce the number of children in out of home placement.

In 2003, the Department budgeted \$2.3 million for purchased preventive services.

PURCHASE OF SERVICES PREVENTIVE PROGRAMS

PROGRAM	PROVIDER	CAPACITY in CASES/MO.
Sexual Abuse Treatment Program	Family & Children's Society	68
Adolescent Preventive /Functional Family Therapy	Catholic Social Services	50
Therapeutic After-School Program	Children's Home of Wyoming Conference	43
Parent Aide/Homemaker Services	Family & Children's Society	961 hours/month
PINS Diversion, Juvenile Probation Services	Probation Department	Not applicable
Families First	Mental Health	12-15
Child Advocacy Center	Crime Victim's Assistance Center	Not applicable
Coordinated Children's Services Initiative (CCSI)	Catholic Charities	40
Juvenile Justice & Delinquency Preventive Program	Youth Advocate Program (YAP)	12
Non residential Domestic Violence Services	SOS Shelter, Inc	Not applicable

In 2002 the percentage of preventive openings to children not in foster care at the time of opening was 95.6%, compared to 90.6% for comparables. Overall in 2002 there were 383 cases opened for mandated preventive services in Broome. We had a lower percentage of children receiving preventive services who subsequently entered foster care (8.4% within 15 months) than our comparable counties (10.9%). Over 60% of cases opened in 2001 were closed within 15 months, 19% within 3 months.

The age breakdown for preventive services is significant, 58% of cases opened for preventive services in 2002 involved children age 10 and up. The smallest percentage of services was to children under age 2. This seems contradictory in light of local and national attention on the importance of early intervention into the preschool population. However, as a community, Broome County has taken a strong proactive stance on the need for early (0-5) intervention services to optimize youth development. Broome County DSS and Youth Bureau are key contributors to these local efforts. Both are members of the Early Childhood Coalition (ECC) and the Building Brighter Futures for Broome coalition. There are other key agencies providing services to this younger population; these include the Binghamton School Districts Parents And Children Together (PACT) program, Lourdes Youth Services Home Visiting program, Healthy Families NY, the Health Departments Early Intervention program, Family Enrichment Network and others.

School age prevention services are a significant need. The Mental Health Department, Youth Bureau and others have assisted with funding programs for this group of youth. Some of the efforts include school based counseling services, after school programs, and other opportunities for youth. Broome is part of a coalition that is developing the Western Broome Family Support Center. Other family support services in the community include Parents As Leaders (PAL) centers.

Community Preventive Services

Broome County requests to continue their waiver of system and Uniform Case Record requirements for the provision of Community Preventive Services. Broome County is continuing to provide Community Preventive Services for the PINS/JD population, and for the pre-PINS population from Grade 5 and up who are at risk of a PINS/JD petition.

Broome's waiver for the Uniform Case Record substitutes the YASI (Youth Assessment and Screening Instrument) for cases served by Probation under a purchase of service contract with DSS.

Broome DSS has converted one of their contract programs with Catholic Social Services to Functional Family Therapy (FFT). This service is intended to prevent PINS and JD's and the use of detention or other placements.

Broome County continues with efforts to reduce their use of detention, especially with the PINS population. One measure of success identified and being accomplished is the reduction in children returning home from detention. The underlying premise to this, as a measure of success is that if the youth can return home appropriately, then effective interventions should have prevented the need for detention. Our numbers over the past two years show a decrease in the number of youth discharged to home post detention stays.

YEAR	Number of Youth Discharged Home from Detention
2000	58
2001	64
2002	45
2003	37

Broome DSS is also requesting to continue their waiver of Systems requirements, including CCRS Child Care Review Service) requirements, and the waiver of individual programmatic eligibility determinations for Probation and Catholic Social Services FFT services.

Detention and Juvenile Justice Services

A high rate of detention use continues to be a problem in Broome. Despite continued efforts and services to reduce detention our detention care days rose by 548 days in 2003 from 2002 (a 9% increase). The table below gives an overview of some key information regarding detention in 2002 and 2003.

DETENTION	2002	2003
Total # of care days/year	5386	5934
Total # of youth	120	127
Ave. # in detention/day	14.8	16.3
# PINS petitions	67	81
# JD petitions	51	45
# of Males	61	68
# of Females	59	59
Average Length of stay (days)	46.1	46.4
Longest stay (days)	122	122
Pre-dispositional ave.	NA	36
Post-disposition average	NA	24.8
# of re-admits	23	19

SOURCE: Detention coordinators report 2002, 2003

The number of cases opened for PINS services is 20.1 per thousand, much higher than the overall state rate of 11.2 per thousand, and significantly higher than comparable counties rate of 14 per thousand. There was an 11% increase in PINS intakes from 2002 to 2003, after a 7% drop from 2001. Overall, between 2001 and 2003, there was a 4% increase in PINS referrals.

The majority of PINS referrals are made by parents, 276 out of 413 in 2003, or 67%. The next major referral source are schools, they made 155 of the 2003 referrals – an average of 17/month during the school year.

As indicated in the table to the right, while PINS referrals went up, the number of JD referrals declined by 20% between 2001 and 2002. The number of JD cases put on probation supervision increased during this period from 62 in 2001, to 81 in 2002. The number of JD cases closed almost doubled in the same time frame, 41 in 2001 to 75 in 2002.

Probation Intakes	2001	2002	2003
PINS cases	413	383	432
JD cases	545	436	NA
TOTAL	958	819	NA

SOURCE: Probation Department statistics

Some national juvenile justice indicators for the period 1990 to 1999 showed some interesting trends. For example, the use of detention increased 11%, juvenile delinquency cases increased 27%, although the proportion of cases ordered to detention remained steady – about 20% of cases processed. Also noted was that the greatest influx of cases were females committing person offenses. There was a 50% increase in the number of females entering detention, while only a 4% increase for males. (*Detention in Delinquency cases*, Paul Harms, Office of Juvenile Justice and Detention Programs.)

Broome has applied for and received some TANF allocation funding to pilot some programs whose intent is to prevent or reduce detention, and PINS petitions/complaints. If we get the level of outcomes we want, we would hope to get additional funding beyond the present allocation to continue these projects.

Overall, the need is to continue the efforts to reduce the PINS and JD population of youth in Broome County.

Child Protective Services

Year	# Reports Received	Rate of Indicated Reports
1998	2175	25.1
1999	1976	28.0
2000	2086	23.5
2001	2437	24.6
2002	2358	24.3
2003	2156	25.6

Broome continues to receive a high rate of State Central Registry (SCR) for Abuse and Neglect reports. The table at left shows the trend for the past 6 years.

SOURCE: 2002 MAPS and 2004 Connections CPS reports

At the current rate of reports for 2004 we will receive 2164. Except for 1999, Broome’s rate of SCR reports has consistently been higher than their comparable counties. In 2002 the rate was 51.2 reports per thousand children in Broome County, an increase from the 2000 rate of 45.1 per thousand.

Broome has a 25% higher rate of CPS calls made by mandated reporters (those required by law to report suspected child abuse) compared to the statewide average, and 16% higher than the average of our comparable counties

Rates for Key CPS indicators - 2000	Broome average/1,000 youth in population	Comparables /1,000 youth in population	Statewide
CPS Total reports	45.1	32.3	37.2
CPS mandated reports	24.2	18.1	20.3
CPS reports indicated	9.3	8.8	9.0

SOURCE: PRISMS 2003 report

At the end of 2002 and in 2003 we had several child fatality reports, after a five-year period with zero fatality reports. Child fatality investigations take a toll on staff and the community, even when the finding is due to accidental causes. Besides the Broome DSS investigation by CPS, these fatalities include law enforcement, medical/coroner’s review, and regional office review.

There was a CPS case review done by OCFS regional office staff in 2003. Their findings were that sufficient information to adequately assess safety at 24 hours, 7 days and at the conclusion of the case. Other findings included that: children were safe in the cases they reviewed; appropriate decisions were made regarding the need for Family Court action; decisions to place in foster care were appropriate; reviewers agreed with the decisions regarding the determination of the cases reviewed. The issues

identified in this review regarded having overdue determinations, gathering insufficient information on all siblings in a few cases, and the follow up provision of services on several cases after the determination was made.

One of the strengths of our local CPS services is their strong working relationship with law enforcement agencies. This relationship allows CPS and Law Enforcement to work as a team to jointly investigate child abuse cases. This is further enhanced by our access to the services of a Child Advocacy Center (CAC) here in Broome. The CAC provides a child friendly, safe, neutral place to conduct interviews of child victims, with the ability to conduct these interviews in a non-threatening, supportive way. Of the cases interviewed at CAC, 87% of the interviews occurred within 72 hours of the report. Additionally, the CAC can arrange for expert medical exams if needed, through specially trained medical providers. The CAC medical team provided medical exams to 113 children in 2003. In 2003, CAC provided services to a total of 201 children; 165 of these children were involved with Broome DSS/CPS, the rest were law enforcement only cases (non-familial abuse). Besides medical services and a site for interviewing CAC provides crisis intervention, supportive counseling, and advocacy for families/children. Family advocates conducted 1,220 activities on behalf of children and families served in 2003. (Source: CAC Annual report to DSS for 2003.)

Adult Protective Services

Protective Services for Adults are intended to enable endangered adults to live safely in the community in an environment in which they are free from physical and emotional harm. The services available include: identification of persons in danger; investigation and assessment; direct service provision; counseling for adults, their families, or other involved parties; arranging alternative living situations; case management including referrals and linkage to appropriate services and programs; advocacy; provision of involuntary services when necessary including legal interventions, guardianships and representative payee services; provision of homemaker and housekeeper/chore services. These services are available to adults of all income levels who meet all of the following eligibility criteria:

- Adults 18 years of age and older.
- Mental or physical impairment.
- Inability to meet essential needs, secure entitlements or protect him or her from injury, neglect, or exploitation.
- In need of protection from actual or threatened harm, neglect, or hazardous conditions.
- No one is willing or able to assist them responsibly.

Referrals to PSA continue at a high rate, averaging 54 per month. On average the PSA unit served 461 cases per month through 2003; 120 of these were opened primarily for financial management services. There are a number of adult protective clients who are served in the community case management programs, primarily through Mental Health. There are also elderly adults who are served through the County's Office for Aging program.

Reasons for referral included self neglect (483), neglect by others (45), verbal or emotional abuse (44), physical abuse (37), and financial abuse/exploitation (80). Interventions ranged from casework counseling, to providing financial management, to seeking guardianship.

Problems identified in PSA referrals included: mental illness (162), drug/alcohol abuse (85), dementia (92), poor housing conditions (46), domestic violence (26), eviction/homelessness (42), and requests for DSS to assume representative payee status (112), and aid with obtaining DSS benefits (46). There has been an

increase in the number of financial exploitation cases seen in PSA; unfortunately, intervening effectively takes too long, and a client can be drained of most or all of their assets before safeguards are in place.

Earlier in our Community and Adult profile section we identified some of the challenges facing Broome County. Our high rate of elderly, and especially the frail elderly, will challenge us to adequately meet their needs in the community. In addition, the growth in disabled and impaired adults will pose its own demands for services to this population. Finally, the continued growth in demand for financial management services will strain our community resources able to accommodate this need.

Foster Care

A review of the Touchstones data, 2002 MAPS data, and 2003 CCRS data highlights some specific areas of concern.

The 2002 MAPS data gives us the following information. At the end of 2002, Broome County had 336 children in foster care placement. Our bulk of admissions (38.5%) were in the 14 – 17 year old age group. This same age group also had the highest percentage of discharge (41.9%). For all children in care at the end of the year 59.2% were age 10 and over. The mean length of time for children in their placement was 2.82 years (the median was 1.65 years). Of those children who were discharged from foster care 60% returned home, 20% were adopted, 7% went into Independent living, and 13% went to other destinations. Only 84 children were in care with their sibling group intact. During 2002 there were 25 children placed in foster care who had been in foster care within the past 24 months. From 1998 to 2002 our total number of care days decreased from 148,859 to 133,521

In 2003 we had 118,391 care days. Our current rate of placement at 7.2/1,000 is less than the state’s rate of 8.5/1,000. However, more than half of our current foster care placements are children over the age of twelve. This poses a significant problem in regards to achieving permanency outcomes. Youth are remaining in foster care until older ages; one measure of this is the increasing number of youth in care over the age of 18 (23 in 2002, and 25 in 2003). Once a child reaches the age of 18, they must consent to remain in care, clearly more youth are choosing to remain in foster care at older ages. Many times this is to allow them to either complete high school or enter college programs with supports in place.

ANNUAL CARE DAYS	Total care days in year	Number of Children per Day
1998	144,215	395
1999	145,671	399
2000	139,754	381
2001	131,583	361
2002	132,072	362
2003	118,391	324

SOURCE: CCRS Summary Characteristics reports 1998 -2003

There are an average of 324 children in care through 2003, a drop of 57 children per day over the prior three years. This is a significant decrease since 1995, when 457 children were in care. Our admissions have gone from 174 in 2000 to 166 in 2003. There has also been a decrease in the number of discharges, from 231 in 2000 to 164 in 2003. The trend is to see fewer children placed than the number discharged, thus reducing our overall number of children in care.

In 2000 the Broome foster care admission rate of 3.8/1,000 children in the population exceeded the statewide average of 3.5/1,000 and comparable counties average of 2.6/1,000. Our rate of children in

foster care showed similar differences: Broome 7.6/1,000, Statewide 6.5/1,000, and comparables were 4.6/1,000.

Significantly the mean age in care has increased from 11.3 years in 2000 to 12.07 years in care in 2003; while the median has correspondingly increased from 12.75 years to 13.75 years. The length of stay in care (LOS) has been more erratic, averaging 2.84 years from 1995 - 2000, and is currently at 2.72 years. The median LOS has shown a steady decline from 1.94 years in 1995 to currently 1.72 years.

In 2003, the OCFS Syracuse Regional Office conducted a Safety and Permanency Assessment review of a sample of DSS' foster care cases. Overall, the findings from that review were positive.

These included that: adequate safety interventions were in place in all cases, that children were provided with appropriate services to achieve their permanency planning goal, appropriate adjustments were made to the family's service plan as needed. Other comments included that the Court had determined the district had made reasonable efforts to finalize the child's permanency plan in all applicable cases, and that in all cases with a comprehensive visitation plan, the plan was appropriate for the child and the district was providing necessary assistance to facilitate visitation. A significant finding was that parents and children were appropriately involved in case planning activities. The issues identified in the review primarily were problems with adequate or appropriate documentation requirements not being met. The other key finding was related to not meeting the contact requirements on all cases.

Disproportionate Minority Confinement: New York state has asked districts to evaluate their status as regards to what is termed as disproportionate minority confinement (DMC). This refers to comparing the proportion of minority children in care compared to your county's proportion of minority groups in the population. The following table gives the 2000 US Census population breakdown by percentage of overall population. The comparison columns are the percentage breakdown by race of the population of children in care in 2002 and 2004; actual numbers are given where available.

	2000 Census	2002 MAPS %	2002 #	3/2004 CCRS %	3/04 #
White	91.3%	81.5%	274	74.3%	254
Black	3.3	14.9	50	7	24
AmerInd/Al	.2	0	0	0	
Asian	2.8	.6	2	0	0
Other	.8	NA	NA	NA	
2 or more	1.6	NA	NA	8.5	29
Hisp/Latino	2.0	3.3	11	1.8	6
			326 of 336		307 of 342

Some of the problem with the above table is that it uses different data sources for comparison purposes; not all categories were given in the same breakdown in each source. As can be seen from the given information, there is a disproportionate breakdown by race of children in foster care. Black youth are over-represented, as are those of mixed racial heritage. White, Asian, and American Indian/Alaskan natives are under-represented in care. Those of Hispanic ethnicity were over-represented in 2002 and under in 2004.

There is no apparent reason for these discrepancies in our internal placement practices that we could discern. The most likely explanation is that there is a higher rate of referrals to our agency for Black and mixed race youth. All youth are referred to DSS Services by outside sources, primarily the Child Abuse Hotline, and Probation/Family Court. Their referrals come in turn, through community-based referrals – schools, neighbors, relatives, law enforcement and others. There are also self-referrals for services. Internal

referrals do come on occasion from other parts of the agency, temporary assistance, child support, medical services, or others.

Neither the Child Abuse Hotline nor Broome DSS track the incidence of referral by race. Racial and other demographic data are only captured when a case is open to ongoing services by the agency. In terms of any practice issues, we would need to know the racial proportion of referrals received, and then compare that to the proportion of race in cases opened for ongoing service. This would need to be further delineated by those cases DSS chose to open and those mandated to receive DSS services by Family Court/others – primarily the PINS/JD youth.

The above chart does note that the total percentage of black youth in care dropped in half between 2002 and 2004, although the final number of 7% still is more than double the percentage of black youth in the community census for 2000. The other category of concern was youth of mixed race, and that was not available in the data for 2002. This group is more than 5 times higher than the population at large.

Adoption Services

The connection of children in foster care to permanent homes includes adoption. Broome County continues to see this as a population in need. Currently there are 105 children in Broome DSS guardianship due termination of their parents legal rights; 61 of these children have a goal of adoption. Only 12 of the 61 are currently in an adoptive placement (Broome County DSS). CCRS data indicates that 24 children have been freed for over one year and have no adoptive resource identified. There are another 19 children who are not yet legally freed whose goal is adoption.

Petitions to terminate parental rights (TPR) are being pursued at an earlier point of time in the child’s placement. However, the legal process to free children for adoption is continuing to take long periods of time (usually 12 months or more) from the filing of the petition to disposition. This does not include the time if an appeal is filed. This factor in conjunction with the overall increased age of children in foster care results in greater difficulty in providing needed adoptive resources to these children. As children age in foster care there are fewer available adoptive resources, which becomes a critical issue as children reach their teen years.

The 2002 draft MAPS report has the following trend data:

	Adoption Goal Set	# Children Freed	# Children Placed	# Discharged to Adoption
1998	22	26	19	16
1999	41	41	21	23
2000	48	38	25	34
2001	38	38	32	16
2002	21	18	41	37

SOURCE: MAPS 2002 draft data

2003	NA	23	15	34
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SOURCE: Broome County DSS internal data

In 2003 Broome participated in the Adoption Now project. This project involved a team review of children waiting for adoption. These included children in various stages of the adoption process – those with no adoptive resource identified, those with adoptive resources identified and not yet placed or not yet finalized, and children who have disrupted from adoptive placement. The team included OCFS regional office adoption specialists, Family Court Staff, DSS Legal staff, DSS Services Administrators, the DSS

Services Adoption Supervisor, and Services caseworkers. Cases were reviewed quarterly, and only dropped off review if adoption was finalized. Some of the findings from this review process included a need to shift focus toward individualized recruitment efforts for many of our freed children, a need to expedite the process of approving adoptive families, a need to focus on older children needing adoption, and expediting adoptions by children's foster parents. The majority of adoptions continue to be by the children's foster families (68% in 2002).

For several years Broome DSS has jointly trained potential foster and adoptive families together; in the last two years that training has become part of the certification process to approve families. We believe that this gives adoptive families a chance to better understand a child's foster care experiences, and to consider being foster parents as well as adoptive. This also introduces potential foster families to adoption since they are likely to become adoptive parents in the future.

Our ongoing need is to recruit both foster and adoptive families who can provide temporary or permanent homes for Broome County's children in need of such homes. We will be challenged to do more individual, specific recruitment efforts for children. One of the critical needs is to have adequate resources to keep siblings in placement together when appropriate.

Domestic Violence Services

While national trends show an overall decline in Domestic Violence (Bureau of Justice Statistics, US Department of Justice), the incidence of Domestic Violence remains a serious concern with serious consequences for the victim and the community. In 2002 the national rate for women age 16-24 reported as victims of domestic violence was 19.6 per thousand.

In Broome County services to victims of domestic violence are provided primarily by the SOS Shelter, Inc. and the Crime Victims Assistance Center. Broome DSS contracts with the SOS Shelter to provide non-residential services for domestic violence. Temporary Assistance funds and Title XX funds are used to pay for residential services for many of the Shelter's residents.

The SOS Shelter received 1,660 calls to their hotline number, housed 215 individuals, and provided non-residential services to 495 individuals in 2003 (SOS Shelter, Inc. 2003 Annual report). In addition to these services the SOS Shelter does a significant amount of community education and outreach. In 2003, they provided 17,760 units of non-residential services. The residential program housed an average of 8 persons per night. Significantly, many of those housed included children of the women in residence; in 2003 that meant 105 children for the 110 women housed.

Children's involvement in domestic violence is cause for concern about the children's, as well as the adult's safety. A significant number of Child Abuse and Maltreatment Hotline reports involve domestic violence issues. In light of that, Broome DSS has contracted with the SOS Shelter to provide a half time staff person who works on site at the agency to provide information and assistance to families we come into contact with through CPS. This liaison works closely with Services staff, she has made joint visits to individuals and families, provides information and referral, as well as advocacy services, and serves as an expert consultant to Services staff on dealing with issues of domestic violence in cases. This project has served to increase identification of domestic violence as an issue in families, and to improve interventions into these cases.

In the adult arena, in 2003 Protective Services for Adults received 26 referrals specifically identifying domestic violence issues as the reason for referral. In addition, many cases upon assessment had identified problems or concerns about issues of domestic violence. The elderly are a particularly vulnerable population in PSA, due to their physical, mental and social vulnerability. That does not lessen the

significance of domestic violence issues in the rest of the PSA population, given that they are frequently vulnerable due to their own mental health, developmental disabilities, and substance abuse problems. As with elder adults, many of these impaired adults are often dependent on their abuser for meeting basic needs.

Our child and adult victims of domestic violence will continue to need specialized services and supports to escape the cycle of violence. Staff continues to need training to keep a focus on awareness and intervention issues for this group.

(IV.) OUTCOMES

The Broome County Child and Family Services Plan contains outcomes and strategies that respond to community needs in program areas under the responsibility of the Broome County Department of Social Services and the Broome County Youth Bureau. Community outcomes are based on results and data gathered from needs assessment activities. Information from our public hearing, and from interagency consultation was incorporated into the needs assessment.

Broome County continues to utilize the NYS Touchstones framework as a guide to developing and maintaining positive outcomes for the children, youth and families within our community. For further details regarding Broome County Touchstones please refer to our website at: <http://www.gobroomecounty.com/icp/icptouchstones.php>

PREVENTIVE SERVICES

The Broome County Department of Social Services provides mandated and non-mandated preventive services for families and children in Broome County who face issues such as child abuse and neglect, parent-child conflict and severe child behavior problems. Mandated preventive services are provided for children who are at risk of foster care placement or who are already in foster care, but will be able to return home early with the provision of preventive services.

The Department provides a wide array of preventive services. In 2003, 3,603 families/month received Preventive Services from the department, either through direct services or purchase of services. The Department purchases preventive services from non-profit agencies in the community and from other county agencies. The Department also provides preventive services directly to cases through our Family Services units. All these services are provided to improve family functioning, prevent abuse and neglect, and reduce the number of children in out of home placement.

The largest number of resources is targeted at the PINS and pre-PINS population. These children are at highest risk of out of home placement due to serious child service needs. They may exhibit behaviors such as drug and alcohol use, sexual activity, truancy, running away and criminal activity. These children are generally out of the control of their parents. Many have mental health issues and/or learning disabilities. If preventive services interventions are not successful, they are at high risk of placement in residential facilities, many of which are out of the county.

Outcome: Children who have been adjudicated as PINS/JD and children at risk of being petitioned as PINS/JD will be maintained at home, and will not be in out of home placements.

Touchstone Life Areas: **PHYSICAL AND EMOTIONAL HEALTH, EDUCATION, CITIZENSHIP, AND FAMILY.**

Touchstone Goals: Children and youth will have optimal physical and emotional health. Children will leave school prepared to live, learn and work in the community. Children and Youth will demonstrate good citizenship as law abiding, contributing members of their families, school and communities. Families will provide children with safe, stable and nurturing environments.

Federal Title IVB Goals: 1, 4

Performance Target

Baseline: Of the 400 children facing PINS allegations, 120 could expect to be placed in out of home facilities without purchased preventive services.

Target: 300 children receiving purchased preventive services will improve their behavior and performance at home, in school and in the community effectively reducing their risk of a PINS adjudication and/or out of home placement.

Of the children who can have PINS adjudications, less than 20% will enter foster care.

Strategy: The programs providing purchased preventive services will provide, and case manage, appropriate treatment and support services for the children and families authorized by DSS to receive these services.

The contract managers for the purchased preventive services and the program staff will monitor the performance of the children in their program including court activity and placements in out of home care.

FOSTER CARE & ADOPTION SERVICES

The number of children in care overall continues to decline. At the end of 2003 we had 336 children in care.

Broome County DSS has four units of 8 caseworkers and a supervisor in each who handles cases involving children in foster care, in addition to ongoing protective and preventive cases. In addition to providing services to children in direct foster care, these caseworkers also manage children placed in care with our contract agencies. We contract with 25 voluntary child caring agencies for services ranging from critical/intensive residential treatment, to residential treatment centers, group residences, group homes, diagnostic programs, specialized and therapeutic foster care.

There are currently 93 Broome County children freed for adoption who are not in adoptive placements. Of these, 44 children have a goal other than adoption. Most adoptions include an adoption subsidy (89%), which is provided to assure the adoptive family can meet the child's ongoing services needs.

With the implementation of the 1997 Federal Adoption and Safe Families Act (ASFA) efforts to make and follow through with earlier permanency decisions, including adoption, have been implemented. There has been an ongoing workgroup whose focus is the successful implementation of ASFA goals for children and

families. As a result of that workgroup, training, education, policies and procedures have been developed to assure more timely permanency outcomes.

Broome County DSS has one Adoption and Homefinding unit of 6 caseworkers and a supervisor, who recruit, train, certify, and provide ongoing support to foster and adoptive parents. This unit also provides adoptive services to children freed for adoption whose goal is adoption. This unit also does the matching of children needing foster families to available foster homes. The unit has been working to develop more effective recruitment strategies to increase the number of foster and adoptive families. In addition to the above, there is a Permanency planning specialist who monitors cases for ASFA compliance and serves as the independent third party reviewer at our Service Plan Reviews.

Outcome: Children removed from their families will be ensured stability, continuity, and an environment that supports all aspects of their development by achieving permanency goals earlier, without a subsequent return to foster care.

Touchstones Life Areas: **PHYSICAL AND EMOTIONAL HEALTH, FAMILY, AND COMMUNITY.**

Touchstones Goals: Children and youth will have optimal physical and emotional health. Families will provide children with safe, stable and nurturing environments. Broome County will provide children and youth with opportunities to help them meet their needs for physical, social, moral, and emotional growth.

Federal IV-B Goals: # 1 and #2.

Performance Targets

Baseline: 49.3% of children who are discharged achieve reunification within 12 months of their placement

Target #1: Our target is to increase this to 56.6% of children discharged home will do so within 12 months.

Strategy: For children whose goal is return home the child and family will be engaged in the necessary services earlier, through focused case planning and timely referrals to services. We will provide for/or arrange earlier intensive reunification services. Service Plan Reviews will focus on permanency, need for concurrent planning for reunification and adoption, and discharge planning. The Permanency Planning Review team will conduct a review for all children who reach 10 months in care. One strategy under way is the development of a Family Treatment Court that is expected to be operating by October 2004.

Monitoring: The Adult and Family Services Director will monitor the overall length of stay in care. The Services Directors and the Deputy Commissioner for Services will monitor this outcome.

Baseline: 49.3% of children discharged from foster care returned home within 12 months of their current placement.
18.4% of children discharged to adoption were finalized within 24 months of their removal from the home.

Target: 56.6% of children discharged from foster care will be discharged home within 12 months of the current placement.

32% of children adopted will occur within 24 months of the child's removal from the home.

Strategy: Participate in the development of a local Family Treatment Court for Abuse/Neglect cases with substance abuse issues.

Monitoring: Our Director of Children's Services, and Assistant County Attorney are part of the team developing this project.

Strategy: Hold Service Plan Review meetings at 90 days from placement, and at 6 months. Focus on permanency and discharge planning at these reviews. Engage the family and child (where appropriate) in these review meetings.

Monitoring: Service plan reviews are scheduled and facilitated primarily by our Permanency Planning Specialist.

Strategy: Review cases by the Permanency Planning Review Team by 10 months after placement to focus on whether the child is returning home or alternative permanency plans, including adoption, should be pursued.

Monitoring: The Directors of Services share membership in this team. The meetings are scheduled and facilitated by our Permanency Planning Specialist.

Strategy: Improve adoption planning efforts by developing Individualized adoption plans for freed children, utilizing an Adoption expediter on cases and to train staff on the process, improve our agency response to inquiries by potential foster and adoptive families.

Monitoring: This strategy is the responsibility of the Adoption/Homefinding Supervisor, under the supervision of the Director of Children's Services.

Baseline: Our incidence of children returning to foster care within 12 months of discharge is 15.1% of children placed in the year.

Target: Our target is to reduce this to 8.6% or less of the children who are admitted to foster care having been in foster care within the past 12 months.

Strategy: Evaluate whether we should be utilizing the trial discharge option rather than final discharge in certain cases.

Strategy: Review cases of children who return to care within 12 months to evaluate why they returned to care, and what may have been ways to avoid this occurrence.

Strategy: Provide after care services, either directly, or through purchase of services, or referral to appropriate community services.

Monitoring: The Deputy Commissioner of Services, with the assistance of the Directors of Services, will do monitoring of this target.

Baseline: 88.5% of children in foster care had no more than two placement settings in their current foster care placement.

Target: 88.9% of children in foster care will have two or fewer placements during their period of foster care.

Strategy: Recruit adequate resource families to provide foster care services able to be match children with the best placement to meet their needs. Provide sufficient training and supports to these families to prevent placements from disrupting.

Monitoring: This strategy will be the responsibility of the Adoption/Homefinding Supervisor, with the support of the Directors of Services, and the Deputy Commissioner for Services.

Strategy: Contract with sufficient agencies to best meet the needs of children in higher levels of care.

Monitoring: The Deputy Commissioner will be responsible for contracting with the child caring agencies, and soliciting feedback from staff regarding the agencies ability to meet our children's needs.

Baseline: There are inadequate foster and adoptive home resources to meet the needs of Broome County children in foster care (66 Foster homes in 2004).

Target #3: a) Increase the number of available foster homes by 20 by 2006.
b) To increase the number of adoptive homes, particularly for older, or hard to place children.

Strategy: Develop and implement sustained recruitment activities for foster and adoptive homes. Continue collaboration in recruitment and training of foster parents with CHWC and Berkshire. Continue to pay childcare for working foster parents. Utilize individualized recruitment strategies for hard to place children.

Monitoring: The Adoption/Homefinding Supervisor will monitor this activity.

Baseline: In the period 2001 – 2003 there was an average of 26 children per year freed for adoption. In the same period we averaged 29 children placed in adoptive homes and 29 children whose adoption was finalized through the courts. Our baseline for the length of time to achieve adoption within 24 months of removal is 18.4

Target #4: All Children being placed for adoption with their placement resource will be placed within 4 months of being freed. For all other children active recruitment efforts will begin once the TPR petition is filed. Individual adoption plans will be developed for children without identified/committed adoptive resources.

Strategy: Once a petition to terminate parental rights has been filed, discussions will occur with the placement resource family regarding their willingness to become a permanent family for a child. Placement resources will be given the information necessary to be approved as an adoptive family. When the placement resource is not an adoptive resource, the search for an alternative permanent family will be initiated.

The Homefinding staff will become adoption expeditors, through training and working with OCFS Adoption Expeditors.

Monitoring: The Services Supervisors, Adoption Supervisor and Permanency Planning Specialist will coordinate these efforts. The Directors of Children's Services and Adult and Family Services will be responsible for monitoring this outcome.

INDEPENDENT LIVING SERVICES

In 2003 an average of 22 youth per month, age 16-20, applied for their own Family Assistance case. There are 169 youths, ages 14 -21 in foster care placement. Independent Living services for this at risk population is crucial to ensure they learn the skills and receive the support they require to become productive, self sufficient adults.

A Home visiting program for pregnant and parenting teens under the age of 21 and their children up to age 3 who are receiving Family Assistance or have income below 200% of the Federal poverty level has been funded. The goals of this program are: to promote healthy beginnings for children, strengthen family bonds, provide support to new parents, reduce the risk of child abuse and neglect, and promote long term self sufficiency.

The Department of Social Services two independent living specialists who are actively working with the youth who have or are deemed to have a permanency goal of independent living. These caseworkers are providing assessments of skill levels and ongoing training to assist these youth to learn the independent living skills required to be self-sufficient.

Broome County has 2 programs to help teens with transitioning to adult independent living, the Teen Transitional Living Program (TTLP), and the Supervised Independent Living Program (SILP). These programs provide housing and supportive services to youth to transition to independence.

In 2004, DSS helped 5 current, and former foster care youth obtain funding to support higher education goals through the Educational Voucher program through OCFS.

Outcome: Adolescents in foster care, and pregnant, parenting, at risk teens will develop the social, educational, and vocational skills necessary for self-sufficiency.

Touchstone Life Area: **ECONOMIC SECURITY, EDUCATION, CITIZENSHIP, AND COMMUNITY**

Touchstones Goals: Youth will be prepared for their eventual economic self-sufficiency. Children will leave school prepared to live, learn and work in a community as contributing members of society. Children and youth will demonstrate good citizenship as law abiding, contributing members of their families, schools, and communities. Children and youth will be provided with opportunities to help them meet their need for physical, social, moral, and emotional growth.

Federal Title IVB Goals: #4

Performance Targets

Baseline: 93 Youth (ages 14-21) were discharged from foster care in 2002.

Target #1: Reduce the number of youth leaving foster care who subsequently apply for temporary assistance.

Strategy 1: Assist youth in foster care to attain higher educational goals through the Educational Voucher program, help them to identify sources of aid and funding, and providing encouragement and support to those youth going on to higher education

Strategy 2: To increase youth participation in meaningful independent living training activities. We will engage youth in identifying their IL needs and ways to assist them in preparing for these needs.

Strategy 3: To continue to develop our youth mentoring program, and connect every youth to at least one ongoing caring, adult resource person.

To be tracked by IL workers, and Temporary Assistance staff. To be monitored by the Director of Adult and Family Services.

CHILD PROTECTIVE SERVICES & DOMESTIC VIOLENCE

The Broome County Department of Social Services is responsible for receiving and investigating all reports of child abuse and neglect. In addition, Child Protective Services must, when appropriate, provide, arrange for, or monitor the provision of services necessary to ensure and protect the child's welfare and to preserve and stabilize family life whenever possible.

When families are unable or unwilling to accept or use supportive and rehabilitative services, Child Protective Services has an obligation to initiate Family Court Proceedings to protect the child. Child Protective Services must be able to receive and investigate reports on a 24-hour a day, seven days a week basis.

Broome County Child Protective Services has received an average of 2200 State Central Register (SCR) reports for investigation over the past five years. According to our MAPS data, the indication rate in 1999 was 24.8% and over the past three years (2001-2003), we indicated an average of five hundred 575 reports each year. Child Protective Services workers estimate that 70% of their indicated cases opened for ongoing services involve some level of domestic violence as well as child abuse or maltreatment.

The Broome County Family Violence Prevention Council's mission is to reduce the incidence and severity of family violence in Broome County, including child abuse, child neglect, and elder abuse, by developing and implementing a comprehensive, coordinated community program for preventing, identifying, assessing and treating all forms of family violence. The Broome County Department of Social Services supports the council by paying for staff salaries, housing their offices, and by Department of Social Services staff's participation in council activities and representation on all council committees.

The Broome County Department of Social Services and SOS Shelter, Inc., an approved residential and non-residential domestic violence service provider, collaborated on that agency's application for funding through the New York State Office of Children and Family Services' Request for Proposals for Prevention Programs in order to start a Child Protective Services/Domestic Violence collaboration program. This collaboration serves to improve the provision of services to families impacted by child abuse or maltreatment and domestic violence. Since funded this program involves collaboration between the two agencies in conjointly working with families affected by violence in the home.

In regards to the national indicators utilized in the Federal Child and Family Services Review of Child Welfare, New York State and Broome County exceeded the set standard for recurrence of maltreatment; the National standard is set at 6.1% or fewer children had a subsequent indicated report within 6 months. New York's rate was 13.47%, and Broome County's baseline performance was 12.6%. Broome's goal is to reduce that rate to 11.6% or less.

The other safety indicator was based on maltreatment in foster care. While New York State did not meet the standard of 0.57% or fewer of children in care would be the subject of an indicated report of maltreatment by their foster care provider, Broome's did exceed the standard with a baseline of 0%.

Outcome: Victims of domestic violence and their children who are named in State Central Register reports will be recognized and afforded optimal opportunities to be safe and protected from domestic violence.

The incidence of recurrence of child maltreatment will be reduced as part of enhancing children's safety and well-being.

Touchstone Life Areas: **FAMILY, PHYSICAL AND EMOTIONAL HEALTH**

Touchstone Goals: Parents/Caregivers will provide their children with households free from physical and emotional abuse, neglect and domestic violence. Children and Youth will have optimal physical and emotional health.

Federal Title IVB Goals: 1, 3

Performance Targets

Baseline: There are an estimated two hundred State Central Register reports involving families with children who are experiencing problems of domestic violence that may go unrecognized or that may not have appropriate services or safety options offered to them.

Target: Two hundred Child Protective Services investigations will result in increased safety for families of women and children experiencing domestic violence and child abuse or neglect. Non-offending parents in domestic violence situations will be supported and assisted to actively protect themselves and their children.

Strategies: Outstation a domestic violence worker within Child Protective Services Intake in order to assist Child Protective Services staff in conducting improved screenings for domestic violence. There will be cross training between the DV liaison and CPS staff. The DV liaison will provide advocacy and support to at least 75 families a year.

A CPS Supervisor will be the liaison to the DV outstation worker. The DV worker will track the number of cases and type of interventions provided per month.

Baseline: Our baseline performance for the Federal standard for Recurrence of Maltreatment is 12.6%.

Target: Our target outcome is to achieve 11.6% or less repeat indicated reports within 6 months of a prior indication.

Strategies: Clean up our systems data: including data maintenance, and reducing overdue investigation conclusions. Evaluate reports as received to determine whether they should be reported as duplicate rather than new reports. Where possible we will consolidate subsequent reports into the current investigation. (This refers to when multiple reports are received on the same family from multiple sources.) Address the high number of investigations ordered by Family Court for abuse and neglect. Review cases that have an indication within 6 months

of a prior report. One of our current strategies is participation in a process review of our CPS Services with a facilitator provided through OCFS.

All CPS Supervisors and their staff are responsible for the data maintenance activities, and converting reports to duplicates, or consolidating investigations. The Director of Children's Services, the Deputy Commissioner, and/or their designees will do the review of cases.

The Director of Children's Services will monitor this outcome.

DETENTION

Broome County's usage of Non Secure Detention continues to be high. In 2003, there were 127 youth admitted to detention, 19 of these were re-admissions to detention. The average length of stay in detention in 2003 was 39.9 days per youth. The majority of our detention placements are ordered by our Family Court Judges, or are out of county/state runaways (these account for a very few admissions per year), in some circumstances, law enforcement can place a youth directly in detention.

Broome County added a Detention Coordinator position in 1999. The Coordinator works with the County Attorneys, and Family Court to manage the detention population, to facilitate and broker placements, monitor court dates, and work toward shorter lengths of stay.

In 2000, we added a case manager to the Haskins facility, in order to determine the immediate service needs of the children placed in detention, and to access the needed services for these youth.

Outcome: The number of youth remanded to detention will be reduced. The length of stay of children in Non Secure Detention will be reduced.

Touchstone Life Area: **CITIZENSHIP**

Touchstone Goal: Children and Youth will demonstrate good citizenship as law abiding, contributing members of their families, schools and communities.

Federal IVB Goals: 1, 2

Performance Target

Baseline: The 127 children admitted to detention in 2003 were in care for an average of 39.9 days. There was an average of 16 children per day in detention in 2003.

Target: The length of stay for children placed in detention will be reduced to an average of 25 days by 2006. The number of children in detention will be reduced to an average of 12 per day by 2006.

Strategy: The Detention Coordinator, Case Manager, and for children in DSS custody, the Caseworkers will develop a plan for each child in detention that ensures an appropriate and timely discharge. In 2004, we will test two pilot programs for diversion from detention; these programs will prevent twenty detention placements over a 3-month period. If successful, and there is available funding we will seek to continue these programs.

The Detention Coordinator and the Services System Supervisor will monitor the length of stay for children in detention. The Juvenile Justice Task Force will monitor the overall use of detention and effectiveness of strategies to reduce our use of detention.

DAY CARE SERVICES

Our day care services include the provision of subsidized day care to families/children in the community. We also contract with State OCFS to provide the local day care registration services for day care providers. Part of our responsibilities includes investigating complaints about day care providers in violation of regulatory requirements.

Subsidized Day Care is provided to the following populations:

- Child protective/preventive cases to reduce risk of abuse or neglect of children
- Families with active CPS case as part of a safety plan
- Temporary Assistance Families to assist with self-support and self-sufficiency
- Families transitioning out of Temporary Assistance, and
- Income eligible families

Sources of funding for Day care services include the State Child Care Block Grant (CCBG), and Title XX funds. Under the block grant, families are required to contribute 35% of the fee for the provision of childcare.

State income standards (SIS) are used to determine eligibility for childcare. Our standards are to provide subsidized care for families with up to a maximum income of 200% of the State Income Standards. Very low income is defined as Families at 150% of SIS.

Subsidized Day care is available when a family is receiving temporary assistance, and

- Participating in an approved substance abuse treatment program, or
- Is homeless, or
- Is a victim of Domestic Violence, or
- Has a short term emergency

Subsidized Day Care is also available when a family is participating in an approved activity in addition to their required work activity. This is re-evaluated at least every 6 months.

Families within 200% of SIS, can receive subsidized Day Care if:

- The caretaker is physically or mentally impaired (up to 6 months with a medical report)
- To actively seek employment (for two weeks, with a maximum of 6 weeks under special circumstances)
- To participate in approved educational or vocational training (up to 3 months if part of their employment plan)
- For a sanctioned parent in unsubsidized employment earning less than minimum wage

Broome County Day Care Service include eligibility screening, screening of legally exempt providers, assisting families in locating child care, and entering into the Child Care Information Systems.

Outcome: Families will be provided with subsidized day care in order to meet their goals of self-sufficiency. Children will receive appropriate day care to meet their needs for safety and growth and development.

Touchstones Life Areas: **ECONOMIC SECURITY, COMMUNITY**

Touchstone Goals: Children and Youth will be raised in families with sufficient economic resources to meet their basic needs. Adults will have sufficient economic resources to meet their basic needs.

Children, Youth and families will be provided opportunities to help them meet their needs for physical, social, moral, and emotional growth. Formal and informal services will be available and accessible to children, and adults in our community.

Performance target:

Baseline: An average of 1700 children/month were provided subsidized day care in 2003.

Target: Subsidized day care will be provided to at least 1900 children/month.

Strategy: Subsidized day care will be provided to as many eligible families as there is funding available to support. When there are more families needing day care than funding is available, we will serve the lowest income families first. Protective/Preventive cases are served without regard to income. The Day Care unit will collaborate with Temporary Services, Employment, Transitional Opportunities Program, and Services staff in the provision of day care.

Monitoring: the Supervisor of our Day Care unit will primarily monitor this strategy.

Target: Continuous improvement will be made in the quality of available day care.

Strategy: Broome County will continue to support and participate in the Early Childhood Coalition (ECC), whose goals include improved childcare. The ECC will continue to support efforts to enhance the quality of children's day care providers.

Monitoring: The Youth Bureau Director and the Deputy Commissioner for Services will monitor this through their participation in the Early Childhood Coalition.

PROTECTIVE SERVICES FOR ADULTS

The Broome County Department of Social Services provides Adult Services to over 450 persons per month, who are at risk of abuse, neglect or exploitation.

Through outreach and trainings, the PSA staff tries to educate the community about PSA services. Presentations regarding PSA services are provided to community agencies. Medical students and interns are individually provided information about PSA and given the opportunity to make a home visit with one of the PSA caseworkers. In the past two years, through the Family Violence Council, there has been a series of community trainings regarding adult abuse and neglect. In addition to the training, a public service announcement campaign was developed and launched. The PSA staff regularly participates on numerous boards, coalitions, councils and interagency meetings.

As a result of this outreach, PSA receives referrals from a wide variety of sources. These include hospitals, physicians, home care agencies, police agencies, landlords, emergency medical technicians, relatives, neighbors, Office for Aging, nursing homes and various community agencies.

We have seen an increase in the number of financial abuse allegations, and efforts to reach out to enhance banks to increase their awareness of financial exploitation, and encourage their referrals to PSA. For cases where the financial exploitation has been substantiated, the agency provides representative payee services, and in extreme cases, petitions the court for guardianship.

In 1998, the National Center on Elder Abuse published a study of elder abuse. It found that for every reported incidence of elder abuse, neglect, self-neglect or exploitation, five go unreported.

In 2000, Broome County Department of Social Services and Broome County Office for Aging entered into a cooperative agreement that is called the Elder Abuse Outreach Program. The project is to assist in identifying and providing services for impaired elders who are victims of abuse or are unable to meet their essential needs for food, shelter, clothing or medical care, and who have no one available who is willing or able to assist them responsibly.

Outcome: Adults who are being financially exploited will be identified and protected from further financial exploitation.

Touchstone Life Area: **ECONOMIC SECURITY**

Touchstone Goal: Impaired adults will be protected from financial exploitation.

Adult Service Goal: Impaired adults who are abused, neglected or exploited by others, will be identified, have their situation thoroughly investigated, and be protected.

Performance Target

Baseline: 80 adults were referred to Protective Services for Adults services (PSA) for financial abuse in 2003. Many of these adults would be at risk for ongoing financial exploitation without intervention. PSA provides representative payee services to over 100 adults/month; there were 112 referrals for rep payee in 2003.

Target #1: Fifteen adults per year will avoid financial abuse, or have financial exploitation quickly stopped. Rep Payee services will be provided to adults needing these services in the community.

Strategy: Continue with community education regarding the issue of financial exploitation, including key indicators. Provide or arrange for financial management services when no appropriate person can be found in the individuals own relationships. Meet with community resource agencies/providers regarding planning for meeting the ongoing need for financial management and informal financial assistance to the adult and elder population.

The Director of Adult and Family Services and the PSA Supervisors will help arrange and/or provide appropriate training for the community. The PSA Intake Supervisor will monitor the number of referrals that are made to PSA for financial services or exploitation.

Outcome: Elders who are at risk will be identified and linkages made to appropriate services that will meet their needs.

Touchstone Life Area: **PHYSICAL AND EMOTIONAL HEALTH**

Touchstone Goal: Adults will have optimal physical and emotional health.

Adult Service Goal: Impaired adults who are abused, neglected, or exploited by others, will be identified, and have their situation thoroughly investigated and be protected.

Adult Service Goal: The mental health, developmental, health and social services needs of impaired adults will be thoroughly assessed to assure that appropriate service plans are developed.

Performance Target

Baseline: 643 referrals were made to PSA in 2003, 590 of these were assigned for an intake assessment. There were 54 repeat referrals to PSA in 2003.

Target #1: Reduce repeat referrals by 20%.

Target #2: Provide timely assessments, and timely referrals to services to prevent future risk of abuse/neglect.

Strategy: Continue to educate the community about indicators of adult abuse or neglect, and how to make referrals to appropriate agencies for intervention. Advocate in the community and through legislation to be able to timely and effectively address financial exploitation. Evaluate reasons for repeat referrals to PSA. Continue participation in community coalitions and groups addressing adult protective issues. Track the timeliness of intake assessments being completed. The Office of Aging will continue to provide Elder Abuse Outreach services in the community.

The Family Violence Prevention Council will assist with community education/awareness. PSA staff will stay involved in key community groups to promote adult abuse/neglect awareness and intervention.

The Director of Adult and Family Services will monitor the Adult Protective outcomes.

YOUTH DEVELOPMENT AND RUNAWAY/HOMELESS YOUTH

ECONOMIC SECURITY: Children who experience economic deprivation in childhood are at risk for a wide-range of negative social, health, educational and future employment outcomes, including inadequate nutrition, parental stress and depression, developmental disabilities, exposure to infectious diseases, school failure and low earnings as adults.

Touchstone Goal - Children and youth will be raised in families with sufficient economic resources to meet their basic needs and will be prepared for their eventual economic self-sufficiency.

Outcome 1: All youth under 21 that are unable or unwilling to reside at home will be provided with 24-hour access to safe housing, and will eventually be discharged to a safe environment (home, other family member, supportive residence).

Strategies

- Youth will be provided with a continuum of services including outreach, counseling, case management, housing and after care services.
- The Youth Bureau will work with local agencies in the development of an emergency shelter for youth under 18 and a group transitional living program for both males and females ages 16-20.
- The Youth Bureau will work with DSS to ensure that a memorandum of understanding with the local Interim Family Home program is in place to allow certified foster homes to be dually certified as RHY host homes as well.

- The RHY Coordinator, RHY Committee, and the Homeless Coalition Continuum of Care subcommittee will continue to identify, assess, monitor, and encourage development of all available resources for youth under 21 that are unable or unwilling to reside at home.
- The RHY Coordinator and DSS will continue as active members on the Homeless Coalition of Broome County and its Continuum of Care subcommittee.

Outcome 2: Youth admitted to runaway and homeless youth programs and youth in foster care will be provided with case management and independent living skills training to help prepare them for self-sufficiency.

Strategies

- The Youth Bureau will contract with a certified OCFS provider to serve runaway and homeless youth who are in need of independent living skills training.
- Youth in RHY programs will have access to youth employment opportunities and programs that prepare youth for eventual employment.
- DSS will continue to provide independent living skills training to youth in foster care and youth that will be leaving foster care with a goal of independent living.
- RHY Coordinator will work to increase coordination between the DSS Independent Living program and the RHY services network.

Outcome 3: The Youth Bureau will continue to encourage collaboration among youth service providers and Workforce Investment Act (WIA) funded programs to ensure that youth are provided opportunities for youth employment related activities.

Strategies

- The Youth Bureau and DSS will continue to work with the Broome Employment Center and local providers to ensure that youth have opportunities for year-round employment.
- The Youth Bureau will remain active on the At Risk & Out of School Youth Committee of the Children & Youth Services Council.
- The Youth Bureau will require that all subcontracted programs working with teens collaborate with WIA youth employment programs when necessary and appropriate.

PHYSICAL AND EMOTIONAL HEALTH: Assuming the responsibilities of parenting before one is financially, socially or emotionally prepared carries increased risks of later difficulties for the parent, the child and the community. Adolescent mothers are less likely than their non-parenting peers to complete high school. They are more likely to have large families and live in poverty. Their children are at greater risk of infant mortality, poor health, lower cognitive development, worse educational outcomes, higher rates of behavior problems and higher rates of adolescent childbearing themselves. Adolescent childbearing also places a greater financial burden on society in terms of the increased supports required to assist these families.

Touchstone Goal - Children and youth will have optimal physical and emotional health and will be free from health risk behaviors, including unsafe sexual activity.

Outcome 1: The Youth Bureau will be advocate for and encourage the development of programs that promote primary and secondary pregnancy prevention strategies.

Strategies

- The Youth Bureau will contract with agencies that provide needed services to pregnant and parenting teens.
- The Youth Bureau will promote and support primary and secondary pregnancy prevention strategies within the community.
- The Youth Bureau and DSS will continue to be active members on the Adolescent Pregnancy Prevention Services Coalition.

Outcome 2: Contracted programs that promote healthy youth development activities, will document that youth gain positive assets and show a decrease in risk taking behaviors as a result of positive program intervention.

Strategies

- The Youth Bureau will require that all contracted programs incorporate youth development principles and activities into their program designs, and identify asset-based outcomes.
- The Youth Bureau will contract with agencies whose programs offer activities that help to increase assets and decrease risk taking behaviors among youth.
- The Youth Bureau will continue as an active member of the Broome County Youth Prevention Partnership Keeping Youth Drug-free and Safe (KYDS) Coalition in order to assist agencies and schools with addressing the need for a continuum of services related to the prevention of youth alcohol and substance abuse.
- The Youth Bureau will continue to seek funding for implementation of youth development strategies to increase the involvement of youth in the planning, implementation and evaluation of programs designed to meet their ever-increasing needs.

EDUCATION: Beyond its inherent message of failure for students who drop out, young people who do not complete high school are at a great disadvantage in today's society. Dropouts have far higher unemployment rates than high school graduates. The social, economic and personal costs include foregone tax revenues, decreased productivity, increased demand for and reliance on social services, increased probability of criminal activity, reduced political participation and generally poorer health.

Touchstone Goal - Students will stay in school until successful completion. Children will leave school prepared to live, learn and work in a community as contributing members of society.

Outcome 1: The Youth Bureau will participate in collaboration efforts to address the educational needs of youth in school, youth who have dropped out of school, those at risk of dropping out and students in homeless situations.

Strategies

- The Youth Bureau will continue to participate on the At Risk & Out of School Youth Committee of The Children and Youth Services Council and the Agency/School Liaisons Committee of the Family Violence Prevention Council.
- The RHY Coordinator will work with designated Homeless Liaisons in local school districts to educate them about local resources and to ensure that schools are meeting the needs of all homeless students according to the McKinney-Vento Homeless Assistance Act.

- The Youth Bureau and DSS will encourage programs assisting youth living in both short and long-term out-of-home placements (foster care, RHY programs, etc.) to make education a priority for youth in those programs.
- The Youth Bureau will work with other agencies and collaborations to promote the development of strategies that address school dropout prevention.

Outcome 2: The Youth Bureau will continue as a partner of the Broome County Early Childhood Coalition (ECC) to attain the vision that all children will enter school ready to learn more and maximize their potential.

Strategies

- The Youth Bureau will support the education of parents and caregivers as primary care takers and first teachers of young children.
- The Youth Bureau will continue to support programs that target the 0-5 age population.

CITIZENSHIP: The reasons why adolescents misbehave or commit crimes are very complex. Most adolescent behaviors simply represent limit-testing and experimentation with adult activities. Some engage in more serious acts of delinquency or crime that may bring them to the attention of the juvenile or criminal justice systems.

Touchstone Goal - Children and youth will demonstrate good citizenship as law-abiding, contributing members of their families, schools and communities.

Outcome 1: All youth under 21 will be given the opportunity to assume personal responsibility for their behavior, participate in family and community activities, and have positive peer interactions.

Strategies

- The Youth Bureau will contract with various agencies to ensure that a range of needed youth services, from mental health counseling to juvenile sex offender treatment, is provided in our community.
- The Youth Bureau will continue to be an active member on the Coordinated Children’s Service Initiative Tier II Committee to help plan for youth at risk of placement outside of their homes.
- The Youth Bureau will continue to be involved on the local Juvenile Justice Taskforce.

FAMILY: Victims of child abuse and neglect can suffer long-term social and psychological consequences. Disproportionate numbers of runaway and homeless youth, youth in residential placements in the juvenile justice system and adults incarcerated in the criminal justice system have histories of being abused as children.

Touchstone Goal - Families will provide children with safe, stable and nurturing environments, free from physical and emotional abuse, neglect and domestic violence.

Outcome 1: The Youth Bureau will collaborate with other agencies to help educate and promote the awareness of child abuse and its effects on children.

Strategies

- The Youth Bureau and DSS will support programs that promote child abuse prevention and programs that address the treatment of victims of abuse, neglect and other forms of violence.

- The Youth Bureau will ensure that pregnant and parenting youth living in RHY programs will be provided education about the effects of child abuse and refrain from abuse with their own children.
- The Youth Bureau will ensure that youth victims of abuse living in RHY programs are appropriately referred for counseling and support services.
- The Youth Bureau will encourage all contracted programs to utilize mandated child abuse reporter training and other violence prevention training activities with youth program staff.
- The Youth Bureau and DSS will be active members of the BC Family Violence Prevention Council.

COMMUNITY: It is imperative that NYS communities provide children, youth and families with healthy, safe and thriving environments. Communities should ensure that children, youth and families are provided with opportunities to help them meet their needs for physical, social, moral, and emotional growth.

Touchstone Goal - Communities will provide opportunities for youth to make positive contributions to community life and to practice skill development.

Outcome 1: The Youth Bureau will work with the community to provide opportunities for youth to make positive contributions to community life, to practice skill development, and to encourage adults in the community to provide youth with good role models and opportunities for positive adult interactions.

Strategies

- The Youth Bureau will continue to promote various models of youth development and encourage collaboration between them.
- The staff of the Youth Bureau will recruit individuals to participate in Youth Development training opportunities such as BASICS, Advancing Youth Development, Search, ABCD, and Communities That Care.
- The Youth Bureau will continue to support the municipal programs in Broome County to ensure that recreation opportunities are made available at no cost to youth.
- The Youth Bureau will work with local municipal programs to provide youth development training opportunities focusing on volunteers, coaches, referees, and parents of youth in sports and recreation programs.
- The Youth Bureau will be actively involved in the development of a system that will insure that all youth have the opportunity to have meaningful involvement in the planning, development, implementation and evaluation of various county youth programs.

(V.) PLAN MONITORING

Overall implementation of the CFS Plan will be monitored by the Deputy Commissioner for Services, the individual Services Directors within the Department of Social Services, and the Youth Bureau Executive Director. The Deputy Commissioner for Services will be responsible for monitoring all of the Social Services programs. The Services Directors will monitor progress in each of their individual program areas, and the Youth Bureau Executive Director will be responsible for monitoring implementation of the services identified under its jurisdiction.

Both the Department of Social Services, the Youth Bureau and the Youth Bureau Advisory Board will review achievement of the outcomes on a quarterly basis. In addition, the Integrated County Planning

team will be updated on the implementation of the CFS Plan on an annual basis, and will make recommendations concerning the progress being made toward the outcomes identified in the Interim CFS Plan. The Broome County ICP Team will review annually the reports of both the DSS and Youth Bureau to aid in their on-going planning efforts.

(VI.) RESOURCE ALLOCATION / FINANCING PROCESS

Since its inception, ICP has strived to improve its resource allocation process and to better link resources with community needs and to support evidence-based programming for children and families. Since ICP represents the major funders of children and family services in the county, prioritizing resources is a critical function of decision-making.

The Youth Bureau will continue to allocate funds based on priorities identified in the Plan, to regulatory needs, and special circumstances. For further details please see the Youth Bureau Administrative Component.

2003 YOUTH BUREAU RESOURCE ALLOCATION PLAN

Youth Initiatives	\$ 44,940
Youth Development/Delinquency Prevention - Recreation	\$125,948
Youth Development/Delinquency Prevention – Service	\$124,308
Runaway/Homeless Youth Act	\$ 54,193
Special Delinquency Prevention Programs - A & B	\$113,998
Safe Places	\$ 45,000
Integrated County Planning	\$ 65,000
TOTAL	\$573,387.00

DSS will allocate OCFS and non-state funds according to priorities identified in the Plan, as stated within and as updated, as well as to required social service laws and regulations. For further details see the DSS Administrative Component.

BCDSS SERVICES PROGRAM EXPENDITURES 2003

	Expended	% Reimbursement
Federal	\$ 9,465,698	50.5%
State	\$ 4,726,956,	25.2%
Local	\$4,499,628	24.0%
School Dist	\$ 37,634	0.2%
TOTAL	\$18,729,911	99.9%

APPENDICES

APPENDIX A

**PLAN SIGNATURE PAGE
CHILD AND FAMILY SERVICES PLAN**

We hereby approve and submit the Child and Family Services Plan including the Strategic Component, the Administrative Component-Department of Social Services and the Administrative Component-Youth Bureau for the Broome County Department of Social Services and Youth Bureau for the period of May 1, 2004, through December 31, 2006.

Arthur Johnson, Commissioner
County Department of Social Services

Date

Ann VanSavage, Executive Director
County Youth Bureau

Date

Donna Hill, Chair
County Youth Board

Date

WAIVER

Broome County requests a waiver to 18 NYCRR 407.5 (a) (3) which requests a numerical estimate of families, children and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix C, of the Administrative Component – Department of Social Services is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the Broome County Child and Family Services Planning Process.

Arthur Johnson, Commissioner
County Department of Social Services

Date

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

Jeffrey P. Kraham, County Executive

Date

APPENDIX B-1

**CHILD FAMILY SERVICES PLAN
List of Required Interagency Consultation**

PROTECTIVE SERVICES FOR ADULTS

AGENCY TYPE	AGENCY NAME	DATES/FREQUENCY OF MEETINGS
Aging	Office for Aging, Aging Futures Project	Monthly 15 meetings
Health	Health Department, United Health Services, Medical residency program Medical students FVPC - Medical Ad Hoc Family and Children's Society Home health aides	Quarterly Quarterly 4X/year 4X/year 4-6 X's/year 4X/year
Mental Health	Mental Health Alcohol and Substance Abuse committee Mental Health Dual recovery project United Health Services, Comprehensive Psychiatric Emergency Program Single Point of Entry Criminal Justice/Mental Health	Monthly 6X/year, 9 workgroup meetings Monthly Quarterly,+ 4 task force meetings Weekly Quarterly
Legal	DSS Legal unit, Medical examiners/coroner's conference, District Attorney Attorney General's office Elder Law Attorney's: Levine/Gouldin/Thompson	As needed September 03 Monthly Monthly August 03
Law Enforcement	Broome Police Academy, Criminal Justice/Mental Health committee CPEP/Police task force	8/03 Quarterly 4 meetings
Other Public/Private/Voluntary Agencies	Homeless Coalition Triad ICP Family Violence Prevention Council Multi-Disciplinary Case Review team Full Council Executive Council Community Education	Monthly 4-6 X's/year Bi-weekly 1X/mo Every 2 months Every 2 months 1X/mo
	See Appendix E	

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan:

These meetings collectively cover a wide range of topics related to Adult Protective issues, including a heavy focus on financial exploitation of the elderly, mental health needs and services, substance abuse needs and services, educating the public and providers of services adult protective issues and seeking help in the community, among others. There was a task group that addressed police transportation of mentally ill for psychiatric evaluation by the police; this included law enforcement, PSA, and mental health providers in clarifying roles and expectations under the various procedures for requesting or ordering transport. Other meetings concentrated on addressing financial exploitation and prosecution of financial crimes. One of our Adult Protective supervisors has been asked to participate in a statewide task force in 2004 to identify an agenda for addressing elder abuse and adult protective changes needed in New York State.

APPENDIX B-2

**CHILD FAMILY SERVICES PLAN
List of Required Interagency Consultation**

CHILD PROTECTIVE SERVICES

AGENCY TYPE	AGENCY NAME	DATES/FREQUENCY OF MEETINGS
Law Enforcement	District Attorneys Office Police training academy Criminal Drug Court	Monthly 4 X's
Family Court (judge or designee)	Family Court Judge Connerton Family Court Judges Law Clerks Family Treatment Court Committee	3 meetings 4 meetings Several meetings and two conferences
Public/Private Agencies	Family Violence Prevention Council Full council Executive Committee Multi-disciplinary Case Review team Medical Ad Hoc Agency and School liaisons Community Education Professional Education Inter agency planning Sexually Aggressive Youth in Treatment	Every other month Every other month Once a month Every other month 4X's a year At least monthly Every month Monthly Monthly
Public/Private Agencies	Broome County Health and Human Services Committee. Family Enrichment Network Mandated Reporter Education at BCC Health Department OCFS – Syracuse regional office staff Technology Solutions, Inc Adoption and Safe Families Act committee Child Advocacy Center SOS Shelter Marcia Caliccia, Cornell School of Industrial and Labor Relations	2X's/year 4X's/year 2 X/year At least monthly 10 meetings Monthly 6X's/year Monthly At least weekly 3X's

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan:

These meetings have consisted of discussion of changes in the CPS division structure and staffing; services needed by families and children; and issues of access to services. Meetings with OCFS staff have been related to fatality reviews, the process and outcome of a CPS case review; and development of an overall process review of CPS services. The above meetings provide an opportunity for education, collaboration, and improving practice and outcomes for families who are/have experienced issues of child abuse and neglect.

APPENDIX B-3

CHILD FAMILY SERVICES PLAN List of Required Interagency Consultation

CHILD WELFARE SERVICES

AGENCY TYPE	AGENCY NAME	DATES/FREQUENCY OF MEETINGS
Government Agencies	OCFS Syracuse Regional Office	Monthly
	OCFS Connections project staff	4X's
	Broome Probation Department	6X's
	Mental Health Department	Monthly
	Health Department	Monthly
	Family Court	4X's
	Families First	Monthly
Authorized Agencies	Children's Home of Wyoming Conference	Monthly
	Kids Peace, Inc	1X
	Youth Advocate Program (YAP)	4X
	Catholic Charities Girls Group Home	4X
	Berkshire Farms	Monthly
Concerned Individuals/Groups	ASFA	Monthly
	TAP Survey Meeting	1X
	Family and Children's Society	Bi-weekly
	Catholic Social Services	6 X's
	Functional Family Therapy (FFT)	
	Foster Parent Association	4 X's
	Adolescent Pregnancy Prevention Program (APPS)	Monthly
	Early Childhood Coalition (ECC)	Monthly
	Court Appointed Special Advocates (CASA)	6 X's
	Coordinated Children's Services Initiative	Monthly
	BC FOCUS	Monthly
	SICA/KYDS (Keeping Youth Drug free and Safe)	Monthly
	Integrated County Planning (ICP)	Bi-weekly
	Early Intervention Coordinating Council	Quarterly
	NYPWA-NY Public Welfare Association	Monthly
Family Violence Prevention Council	Monthly	
	See Appendix E	

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan:

The above meetings cover a wide variety of issues related to child welfare, from the provision of services to the coordination among agencies, to identify gaps in services, and barriers to access to services. Feedback about the effectiveness of programs/services is a part of many of these meetings. Issues that continue to create major concerns in the child welfare area have to do with the multiple and complex needs of children and their families. The ability to effectively serve cross system youth continues to be impacted by differences in the State agencies rules, responsibilities, funding and requirements.

APPENDIX B-4

CHILD FAMILY SERVICES PLAN List of Required Interagency Consultation

DAY CARE SERVICES

AGENCY TYPE	AGENCY NAME	DATES/FREQUENCY OF MEETINGS
Government Agencies	OCFS Regional Office Registrar's Meeting Broome CPS staff Health Department Administration of Medication Public Forums	Monthly On investigations of complaints Monthly 4 X's
Other Public/Private/Voluntary Agencies	OFB Policy council Family Court Children's Center advisory group	Monthly Quarterly
Concerned Individuals Groups	Early Childhood Coalition Mother and Babies Perinatal Network School Age Day Care Providers Technical Assistance to providers	Monthly Monthly 3X's/year As requested/needed
Child Care Resource & Referral Agencies	Family Enrichment Network Provider Information Night Southern Tier Organization of Professional Child Care Providers Day Care Organization	Quarterly Monthly 8X's/year 2-3 trainings

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan:

Meetings serve to review and keep all necessary participants updated on current regulation and practice issues. Meetings also address needs for day care providers, and non-traditional day care hours. Promotion of quality day care is a goal of several of these groups.

APPENDIX B-5
List of Required Interagency Consultation
RUNAWAY HOMELESS YOUTH

AGENCY TYPE	AGENCY NAME
Department of Social Services	<p>Youth Bureau RHY Coordinator, DSS Deputy Commissioner of Services, Children’s Home of Wyoming Conference, and Berkshire Farm Center & Services for Youth Staff met several times throughout 2002 and 2003 to discuss foster home and host home recruitment.</p> <p>DSS staff members are members of the RHY Committee, the Homeless Coalition of Broome County and Continuum of Care subcommittee of the Homeless Coalition.</p>
RHYA Providers	<p>RHY Committee meets on a monthly basis and is chaired by the Youth Bureau RHY Coordinator. Committee members include: DSS, Mental Health, Probation, YWCA, YMCA, Berkshire Farm Center and Services for Youth LIFE House IFH Program, Catholic Charities Teen Transitional Living Program (TTLP), Southern Tier AIDS Program (STAP), Comprehensive Psychiatric Emergency Program, Mothers and Babies Perinatal Network APPS Coordinator.</p> <p>Youth Bureau RHY Coordinator met with Berkshire Farm Ctr.& Svcs. for Youth and Catholic Charities TTLP staff to discuss development of RHY Emergency Shelter and Group Transitional Living programs.</p>
Other Public/Private/Voluntary Agencies	<p>Homeless Coalition of Broome County meets on a monthly basis. Members include: Youth Bureau RHY Coordinator, DSS, Health department, Mental Health department, Probation, Volunteers of America, SOS Shelter, Catholic Charities, Berkshire Farm Ctr. & Svcs. for Youth, Binghamton Housing Authority, UHS, YWCA, YMCA, Fairview Recovery Services, Veterans Service Center, Carroll Street Mission, City of Binghamton Planning, Mental Health Association, STAP, Broome Recipient Affairs, Binghamton University, The Haven, Opportunities for Broome, concerned community members, homeless and formerly homeless individuals.</p> <p>Homeless Coalition Continuum of Care (CoC) Subcommittee meets on a monthly basis and members include: Youth Bureau RHY Coordinator, DSS, Mental Health, YWCA, VOA, Catholic Charities TTLP, Berkshire Farm Ctr. & Svcs. for Youth, Fairview Recovery Services, and concerned community members.</p> <p>Homeless Coalition Community Awareness Subcommittee meets on a monthly basis and members include: Youth Bureau RHY Coordinator, Mental Health Association, Catholic Charities TTLP, YWCA, YMCA, STAP, Berkshire Farm Ctr. & Svcs. for Youth, and concerned community members.</p>
Schools and Designated School District Homeless Liaisons	<p>RHY Committee has coordinated several educational training events to inform schools and designated district Homeless Liaisons about the McKinney Vento Homeless Assistance Act and schools responsibilities toward ensuring that homeless youth are receiving equal access to education.</p>

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan: Discussion regarding development of new and/or expanded programs are part the planning, needs assessment, and runaway and homeless youth outcomes sections of the CFS Plan. Development of a continuum of Care for runaway and homeless youth, including development of a shelter and group transitional living, is identified as a need within the CFS Plan. Coordination with local school district Homeless Liaisons is identified as a need within the CFS Plan and is listed as a new outcome for the Youth Bureau.

APPENDIX C
LIST OF DATA SOURCES USED IN NEEDS ASSESSMENT

<u>SOURCE</u>	<u>CHECK ALL USED</u>
1. NYS Touchstones Kids Count Data Book	<input checked="" type="checkbox"/>
2. Monitoring and Analysis Profiles	<input checked="" type="checkbox"/>
3. Child Care Review Service	<input checked="" type="checkbox"/>
4. US Census Data	<input checked="" type="checkbox"/>
5. OCFS Data Warehouse Reports	<input checked="" type="checkbox"/>
6. Child Trends Data Bank	<input type="checkbox"/>
7. Prevention Risk Indicator/Services Monitoring System- PRISMS (OASAS)	<input checked="" type="checkbox"/>
8. NYS Department of Health (such as Vital Statistics)	<input checked="" type="checkbox"/>
9. Surveys	
Communities That Care Survey	<input checked="" type="checkbox"/>
Search Institute Survey	<input type="checkbox"/>
TAP Survey (2002)	<input checked="" type="checkbox"/>
United Way (Compass Survey or other)	<input type="checkbox"/>
NYS RHYA Annual Survey of Services (2000-2003)	<input checked="" type="checkbox"/>
10. Other Data Sources including archival data (please specify):	
NYS Missing Children Annual Report (1999 – 2003)	<input checked="" type="checkbox"/>
Assessment of Adolescent Pregnancy-Related Needs & Issues in Broome County (Mothers & Babies Perinatal Network, 2002)	<input checked="" type="checkbox"/>
Aging Futures Findings Report (Aging Futures Partnership, 2003)	<input checked="" type="checkbox"/>
Broome County Youth Bureau Annual Reports (2000-2003)	<input checked="" type="checkbox"/>
Youth Bureau – Subcontractors Program Annual Reports (2003)	<input checked="" type="checkbox"/>
Broome County DSS Annual Reports (2000-2003)	<input checked="" type="checkbox"/>
Broome County Youth Prevention Partnership Comprehensive Youth Development Plan for August 2000 - 2010	<input checked="" type="checkbox"/>
Broome County RHY Data Surveys (2003)	<input checked="" type="checkbox"/>
Family and Children’s Society 2003 Annual Report	X
Broome DSS Program Expenditures reports	X
United Health Services Comprehensive Psychiatric Emergency Program reports	X
2004 OASAS Local Services Plan – Broome	X
Adoption Now meeting notes	X
Broome County Detention reports – Annual and quarterly	X
Haskins Non Secure Facility Annual Reports 2002, 2003	X
Broome County PINS Adjustment Services Quarterly Report	X
Community Health Assessment Broome County Health Department 1999-2004	X
Federal Child and Family Services Review (CFSR) indicators	X
Broome District Profile Indicators for CFRS	X
Office for Aging Annual report	X
OCFS Division of Rehabilitative Services Detention Services	X
2004 OASAS County Resource Book	X
US Dept of Justice Bureau of Justice Statistics 2002	X
Broome County Visioning Project for Children and Adolescents by CGR (Center for Governmental Research) July 2002	X
BCDSS – PSA Statistical report	X
BCDSS – Monthly Reports	X
Child Advocacy Center Quarterly and Annual Reports	X

APPENDIX D

Relationship Between County Outcomes and Title IV-B Federal Goals

INFORMATION IS INCLUDED IN THE NARRATIVE PORTION OF THE PLAN.

Directions: Please list each county outcome that supports or relates to achievement of the below identified Federal goals. If the information is included in the narrative, the Appendix does not have to be included.

Title IV-B of the Social Security Act Subpart I
Goal 1: Families, including nuclear, extended and adoptive families will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their heritage; and in planning for their children's future.
Goal 2: Children who are removed from their birth families will be afforded stability, continuity and an environment that supports all aspects of their development.
Goal 3: Victims of family violence, both child and adult, will be afforded the safety and support necessary to achieve self-sufficiency (adult), and/or to promote their continued growth and development (child).
Goal 4: Adolescents in foster care and pregnant, parenting and at-risk teens in receipt of public assistance will develop the social, educational and vocational skills necessary for self-sufficiency.
Goal 5: Native American families, including nuclear, extended and adoptive families will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their tribal heritage; and in planning for their children's future.

APPENDIX E SUMMARY PLANNING PROCESS

Adolescent Pregnancy Prevention Services Coalition

Membership: Mothers & Babies Perinatal Network of SCNY, Inc. – Lead Agency

30 Member group with representatives from: BOCES, Family Enrichment Network, Chenango Forks School District, Planned Parenthood, Boys and Girls Club, YWCA, Binghamton City School District, Lourdes Youth Services, BC Gang Prevention, STAP, United Way, Family & Children’s Society, Health Dept, New Horizons Chemical Dependency Treatment Program, Susquehanna Valley High School, BC Youth Bureau.

Mission Charge: The purpose of this group shall be to afford an opportunity for representatives from the community to participate in formulating, implementing, and evaluating the Adolescent Community Services Project. This group shall further address issues and service needs of adolescents in Broome County.

Meeting Frequency: Monthly

Learnings: Adolescent parents are less likely to complete high school and far less likely to go on to college. The children of adolescents are more likely to experience poor health, school failure and poverty. Infants born to teen mothers are at higher risk of prematurity, fragile health, need for intensive care, cerebral palsy, epilepsy and mental retardation as well as infant mortality.

Advancing Youth Development

Membership: Youth Bureau & Cornell Cooperative Extension – Lead Agencies

Broome County Youth Bureau, Cornell Cooperative Extension, BC Health Dept, Self Sufficiency Center, Berkshire Farm Center and Services for Youth, Catholic Charities, Boys & Girls Club of Binghamton, DSS

Mission Charge: The AYD training teaches five positive youth development concepts or principles through a variety of activities and discussion: Youth Developmental Outcomes; Adulthood; Youth Participation/Youth Voice; Supports and Opportunities; and Core Competencies of Youth Workers.

Meeting Frequency: Training is 28 hours for the full Advancing Youth Development course, and 4 hours for the BASICS Course.

Learnings: The training has institutionalized the basic principals of positive youth development in Broome County agencies and programs serving youth; increased the knowledge and skills of frontline youth workers; supported recognition of youth work as a valued profession; and initiated and strengthened local community networks for youth development.

Center City Coordination Project (C3)

Membership: Binghamton University – Lead Agency

Six Task teams including members from Binghamton University, Association for Vision Rehabilitation and Employment, BC Youth Bureau, City of Binghamton Economic Development, BOCES, NYS DOL, Cornell Cooperative Extension, BC DSS, BC Office of Employment and Training, Transportation and YWCA, YMCA, and the Binghamton Housing Authority.

Mission Charge: The C-3 Program, initiated through BU’s School of Education and Human Development, will coordinate efforts to help the residents of Districts 7 and 9 improve their overall quality of life. Initially, C-3 will focus on five areas of concern including community organizing and planning, housing issues, training and job placement, education and health and well being.

Meeting Frequency: Monthly

Learnings: Community faith-health informational summit was held by area churches and health care providers on disease prevention and health education. Developed a survey to be administered to senior citizens. Researching and compiling a database of area doctors, dentists, and other health care providers. Improvement of data on service needs and gaps, youth survey, planning a series of workshops to address best practices in job search and career planning.

Coordinated Children’s Service Initiative – Tier II

Membership: Catholic Charities – Lead Agency

Catholic Charities, Binghamton Psychiatric Center, Vestal Schools, Family & Children’s Society, Union Endicott Schools, Mental Health, DSS, Crisis Center, NYSOCFS, OMR, Mental Health Association, Lourdes, Health Dept, BOCES, Probation, Children’s Home of Wyoming Conference, NYSOMH, BC Attorney’s office, Youth Bureau

Mission Charge: CCSI is an innovative approach to working with families who are in need of help from a variety of service providers. CCSI is a process families and providers can use to recognize, honor, and utilize strengths to address difficulties. We believe that every family has strengths, which we build upon to develop an action plan.

Meeting Frequency: Monthly

Learnings: Intensive in home family preservation program working with at risk youth and families. Working with the reunification of kids who are coming out of placements with their families. Crisis issues are addressed and working to stabilize the family unit.

Children & Youth Services Council

Membership: Council officers voted on annually.

120 Member group, including schools, non-profits, DSS, Mental Health, Youth Bureau, and Probation.

Mission Charge: The mission of the Council is to advocate the development of a comprehensive and integrated human service system for all Broome County children, youth and their families, through planning, implementation and coordination of appropriate prevention, education and treatment services.

Meeting Frequency: Bi-Monthly by the school calendar. Working committees meet monthly.

Learnings: The CYSC is a direct offspring of past efforts at sorting out the youth services system. It came into being in September 1984. There is a shared perspective that prevention is much more effective and less costly than intervention, after a problem has become serious.

Early Childhood Coalition

Membership: Health Department – Lead Agency

Youth Bureau, Broome Community College, Broome County Health Dept., DSS, Binghamton City School District, Lourdes Hospital, Family Enrichment Network, united Health Services, Greater Binghamton Coalition, Broome-Tioga Chief School Officers' Association, united Way, Cornell Cooperative Extension, Decker, Gaffney, Hoyt and Klee Foundations, and Mothers and Babies Perinatal Network.

Mission Charge: An all inclusive, assets-based environment for children age 0-5 and their families.

Meeting Frequency: Monthly

Learnings: Too many of our children, even those who graduate from high school, leave school without the basic skills needed to succeed. Research shows that this is because so many reach school without the key prior experiences – listening, speaking, interaction with peers and adults, and exposure to books – needed to realize their learning potential during school years. Remediation and special education are far more costly than early developmental efforts with infants and toddlers.

Family Court Children's Center

Membership: Family Enrichment Network – Lead Agency

Family Enrichment Network, BC Family Court, Crime Victims Assistance Center, Mothers and Babies Perinatal Network, DSS, Youth Bureau

Mission Charge: The Children's Center is a drop-in child care center for children ages 6 weeks to 12 years whose families are involved in a court process.

Meeting Frequency: Quarterly

Learnings: New York State pioneered the idea of drop-in centers for children. The centers were championed by State Chief Judge Judith Kaye. The Broome County facility is the 30th family court drop-in center opened in NYS since 1994. Locally 3,715 children have been taken care of through 2/04.

BC Family Violence Prevention Council

Membership: The Council is made up of 40 members of private agencies, government agencies, community at large and clergy. Members are appointed for a three-year term. Council member nominees are submitted to the County Executive and Legislature for approval and appointment. There is a coordinator and part time clerical staff that provides guidance and coordination for Council activities.

Mission Charge: The mission of the organization shall be to reduce the incidence and severity of Family Violence in Broome County including child abuse and neglect, domestic violence and elder abuse, by developing and implementing a comprehensive, coordinated community program for preventing, as well as identifying, assessing and treating all forms of Family Violence. There are eight committees of the Council.

Meeting Frequency: Full Council meets every other month. (Six times per year). Each committee meets at least six times per year except for nominating.

Learnings: The Council strives to provide interagency coordination and management of cases to maximize institutional responses to family violence. The Council encourages and supports coordinated, cooperative development of programs and services designed to provide prompt professional crisis intervention, treatment and prevention of family violence. The Council supports and provides training for professionals who deal with all forms of Family Violence. The Council facilitates public

education and awareness of the issues of Domestic Violence, Child Abuse and Elder Abuse in the community. The Council provides advocacy for local, state, and federal legislation targeted to prevent or eradicate family violence.

HEART (Health, Education, Awareness, Resource Team)

Membership: United Health Services – Lead Agency

United Health Services, Lourdes, Cancer Society, Cornell Cooperative Extension in both Tioga and Broome County, BC & Tioga Health Departments, Youth Bureau, American Heart Association and others.

Mission Charge: The HEART Coalition envisions a community where exercise opportunities are family fitness programs in convenient locations and senior citizens and children supporting one another in safe exercise. Healthy food choices are available and consumed everywhere including schools, restaurants, workplaces, special events, and at home. All of these things in a smoke free environment.

Meeting Frequency: Monthly

Learnings: BC Walks, Walk Your Child to School Day, Just Ask Us Campaign with local restaurants, Walk n Roll, School Programs, 2% or less milk, Weight Loss Program for Seniors, Wildcat Wellness in the Johnson City Schools.

Homeless Coalition of Broome County

Membership: Coalition officers voted on annually.

DSS, Youth Bureau, Health department, Mental Health department, Probation, Volunteers of America, SOS Shelter, Catholic Charities, Berkshire Farm Center & Services for Youth, Binghamton Housing Authority, UHS, YWCA, YMCA, Fairview Recovery Services, Veterans Service Center, Carroll Street Mission, City of Binghamton Planning, Mental Health Association, Southern Tier AIDS Program, Broome Recipient Affairs, Binghamton University, The Haven, Opportunities for Broome, concerned community members, homeless and formerly homeless individuals.

Mission Charge: To continue to develop and advocate for the continuum of care available for homeless persons in Broome County.

Meeting Frequency: Monthly

Learnings: HUD Continuum of Care grant application successfully awarded to Broome County projects past 2 years in a row. Worked in collaboration with Runaway/Homeless Youth Committee to coordinate first ever homelessness awareness ½ day conference entitled, “The Invisible Culture”, held in November 2003. Task-group formed to research the development of a low-demand shelter in Broome County. Task-group formed to develop a crisis plan for homeless individuals during cold winter months.

Juvenile Justice Taskforce

Membership: DSS – Lead Agency

Youth Bureau, DSS, Mental Health, Probation, Law Department, Detention Coordinator

Mission Charge: To assure effective, appropriate, and timely services to youth in the Juvenile Justice system.

Meeting Frequency: Bi-Monthly

Learnings: Our particular focus is prevention. Our performance targets are to: target 70% of PINS complaints to be successfully adjusted at intake; target 160 PINS youth at intake with specific high risk and needs for evaluation; target 50% of PINS case plans to be completed within 30 days of the initial probation intake meeting; target 350 PINS youth at diversion to participate in effective interventions that specifically target the behaviors underlying the primary complaint; and to reduce adjudicated PINS youth residential placements by .5%.

Runaway/Homeless Youth Committee

Membership: Youth Bureau – Lead Agency

DSS, Mental Health, Probation, YWCA, YMCA, Berkshire Farm Center & Services for Youth, Catholic Charities TTLP, Southern Tier AIDS Program, Mental Health Association

Mission Charge: To develop a continuum of care for runaway and homeless youth through prevention, advocacy, provision of services, empowerment of youth, access to safe, secure and stable living environments, preparing our youth for self-sufficiency, and by teaching our youth to be accountable and responsible.

Meeting Frequency: Monthly

Learnings: Conducted conference entitled, “The Rights of Runaway and Homeless Youth”, in November 2002. Worked in collaboration with Homeless Coalition to coordinate first ever “Invisible Culture” conference, November 2003. Training for school district Homeless Liaisons in March 2004. Currently focusing on improving the methods to track runaway and homeless youth.

Youth Prevention Partnership – KYDS Coalition

Membership: Mental Health – Lead Agency

Law Enforcement, Human Services, Youth Bureau, Mental Health, DSS, OASAS, Public Health, Media, UE Schools, JC Schools, ME Schools, Chenango Forks Schools, Lourdes Youth Services, YWCA, Endwell Rotary, McCue Advertising and Public Relations, WBNG, Broome County Council of Churches, BC Probation, Southeastern Organization of PTA, and Press & Sun Bulletin.

Mission Charge: The Broome County Youth Prevention partnership is Keeping Youth Drug-free and Safe (KYDS Coalition) is a collaborative effort to create opportunities for supportive, healthy, drug-free youth, families, and neighborhoods in Broome County.

Meeting Frequency: Monthly

Learnings: Reduce youth substance abuse in Broome County; provide a comprehensive picture of BC's youth and family profile and needs, resources, planning efforts, key findings, and recommendations. Implemented the risk and protective factor framework that influence substance abuse and developed research based strategies to reduce risk and increase protection. Created systems changes by enhance community efforts to promote and deliver effective substance abuse prevention strategies among multiple sectors of the community.

Aging Futures Project

Membership: Office for Aging is the lead for this project. Other members include: Action for Older Persons, DSS, Health Department, The Council of Churches, Rural Health Network, United Health Services, Lourdes Health Center, Upstate Medical

Center, United Way, Consumers, Senior Citizen Centers, First Ward Action Council, Red Cross, Family and Children's Society, Home Health Services Providers, Community Alternative Systems Agency (CASA), Broome County Planning, Town of Union, Mental Health, YWCA, Refugee Assistance Center, Four County Library system, and Metro Interfaith.

Mission: To improve the quality of life for older residents, as they define quality. Overall this group seeks to provide coordination and planning around services to senior citizens.

Meeting Frequency: Monthly

Learnings: This project began with a survey of the needs for seniors in our community. They recently were awarded a major grant to proceed with the development of community education and awareness of available services. Through this project, issues in services and gaps in/barriers to meeting our older citizens needs will continue to be addressed.

Comprehensive Psychiatric Emergency Program (CPEP) Advisory Board

Membership: United Health Services, Psychiatrists, Mental Health, DSS, Probation, Children's Home of Wyoming Conference, Law Enforcement, Recipient Affairs Office, Mental Health Association, Lourdes, Fairview Recovery Services, Office for Aging, Broome Developmental Services, Chenango Forks schools, and Catholic Charities.

Mission: To provide broad based community feedback regarding the operations of CPEP. To identify community issues and barriers related to CPEP's services, and follow up. To create necessary linkages and collaboration to assure effective services/interventions with cases presenting at CPEP.

Meeting frequency: Quarterly

Learnings: This advisory board has served as a forum to build understanding and cooperation across systems and agencies to assure appropriate and effective use of CPEP in the community. In the past year one focus of this group was to address the issue of police and Commissioner of Mental Health transports for psychiatric evaluations.

Single Point of Entry (SPOE)

Membership: DSS, Project Uplift, Binghamton Psychiatric Center, Catholic Charities, Mentally Ill/Chemically Addicted (MICA) program, Renaissance Plaza, any mental health case management providers.

Mission: To assure that high needs adults with mental illness get into the most appropriate mental health services to meet their needs. To assure the most efficacy in providing services to this population.

Meeting Frequency: Weekly

Learnings: This brings together the major providers of case management services to review specific cases and determine the appropriate level of services needed, and reach agreement regarding which agency/program will provide the necessary services.

Single Point of Access (SPOA)

Membership: Mental Health, Catholic Social Services, DSS, County Attorney's office, Adolescent Behavioral Health Clinic, Probation, Family and Children's Society, Children's Home of Wyoming Conference, Mental Health Association, Boys of Courage Community Residence, and Harbor Homes Therapeutic Foster Care program.

Mission: To assure that high needs children who are seriously emotionally disturbed get into the most appropriate mental health services to meet their needs.

Meeting Frequency: Weekly

Learnings: This brings together the major providers of case management and mental health services to review specific cases and determine the appropriate level of services needed, and reach agreement regarding which agency/program will provide the necessary services. The SPOA committee's approval is required to access certain mental health service programs. The group also serves to identify service gaps and needs, as well as barriers to services.

Triad

Membership: Law Enforcement/Senior citizens leaders/ Services. Specific members include the Sheriff's Department, Local Police Chiefs, AARP, Office for Aging, and DSS.

Mission: To improve communication between these groups around issues which affect our community's senior citizens.

Meeting Frequency: Quarterly

Learnings: By working together we can help our elderly be aware of their risks and how to protect themselves from criminal exploitation.

Broome Family Treatment Court

Membership: DSS, Youth Bureau, DSS Legal Department, County Attorneys office, Family Court Judge Connerton, Family Chief Court Clerk, Law Guardian representative, Broome County Bar Association, Mid New York Legal Aid, Treatment providers- Addiction Center of Broome County/New Horizons/Mental Health, Probation, Salvation Army, Binghamton University Political Science Department.

Mission: To develop and implement a Family Treatment Court in Broome County. The Family Treatment Court will work with families before the Court for abuse or neglect, where one of the primary issues is substance abuse. The goal is to prevent foster care placement, if possible, or to achieve earlier permanency outcomes for these children.

Meeting Frequency: Monthly since April 2003.

Learnings: This started with a core group attending a conference in Albany last spring; this conference was jointly sponsored by OCA and OCFS. An expanded group began meeting to begin development of the Family Treatment Court. A core group has attended one site visit to a model court in California, and is scheduled to attend 2 more sites in 2004. The local court is anticipated to begin in October 2004.

BC FOCUS (Broome County Families Offering Children Unity and Safety)

Membership: DSS, Berkshire Farms Center, Children's Home of Wyoming Conference, various foster/adoptive parents.

Mission: To recruit, train, and retain resource families to provide foster care for Broome County's foster children by pooling resources and expertise.

Meeting Frequency: Monthly information meetings. 10 week training sessions minimally twice a year.

Learnings: By working together and through collaboration we can increase the pool of available resource families to provide foster and adoptive homes to our children in foster care. Instead of competing for families, we jointly recruit and train, and then with the family, the agencies determine the best fit of family to agency. We have increased our turnout at informational recruitment meetings, and we have had a larger pool of families participate in training.

New York Public Welfare Association (NYPWA)

Membership: All New York State local district Departments of Social Services.

Mission: To provide a forum for cross learning, cross training, sharing experiences and best practices, and for advocacy for local district concerns and needs.

Meeting Frequency: Monthly. There are two major conferences each year.

Learnings: This association has been an invaluable resource for cross district learning, for sharing best practices, for providing analysis of key legislation and budget issues, and as an effective bridge between state level staff and local districts. They have aided in advocacy efforts. This association provides support, and promotes excellence in social services.

Adoption and Safe Families Act (ASFA) committee

Membership: Syracuse Regional Office staff, DSS Services, DSS Legal, Directors of Services, Case Supervisors, and Caseworkers.

Mission: To promote safety and permanency for children in foster care with DSS. This group serves to advise on the implementation of policies, practices, and procedures to comply with the ASFA requirements and identified issues.

Meeting frequency: Monthly

Learnings: Through this committee DSS has developed or revised procedures that promote early permanency. They have also provided or arranged for training to be provided to staff to help implement changes and promote best practices.

APPENDIX F TECHNICAL ASSISTANCE NEEDS

The following are technical assistance needs identified by the Youth Bureau's contracted programs and municipalities based on the 2003 annual reports:

- Workshops/clinics on coaching
- Dealing with parents/guardians who feel winning is of utmost importance
- Assisting with construction of a new park
- Continued need for more referees
- More grants to support programs
- Need more trained employees to work with students who have special needs
- Continued need for a local secured juvenile facility and a local juvenile holdover facility.
- Training by NYS to reduce the costs to local Police Depts.
- Newer computers with Roadrunner access for children
- Need more adults to read to kids
- Identification and assistance in securing additional funding and support towards the development of a youth emergency shelter for runaway and homeless youth
- Portable TV/VCR for video-based educational curriculums
- A database to collect, record and analyze information collected from clients
- Need help in identifying long-term funding sources

Technical assistance needs required to implement the above plan and achieve the stated outcomes include:

- Assistance from an Adoption expediter
- Help with training and development of concurrent planning
- Resources to support the implementation of the Family Treatment court, including funding for dedicated staff to support this effort.
- State wide foster/adoptive parent recruitment activities and resources which can be utilized by local districts
- Sufficient child care funding to meet the need for quality child care.
- Review/revision of child care regulations which promote informal child care over quality registered providers of day care
- Greater flexibility in Supervised Independent Living Programs (SILP's) to have graduated levels of staffing and supervision in programs.
- Continue the Education Voucher Program for children in and leaving foster care to promote post high school education programs.
- Provide effective cross training programs for experienced casework staff, with a focus on practical, and regulatory differences among programs.
- Provide a pool of regional "floating" staff to assist in districts with shortages of trained, experienced staff due to vacancies/leaves/training.
- Change laws related to financial abuse/exploitation to expedite protection of vulnerable adults, and better prevent draining of their assets pending investigation/intervention.
- Continue SCR improvement process, including the taking of reports and the administrative review process. Administrative reviews should be done once on any given indicated report to address all potential SCR issues of retention and applicability to employment for all named subjects.
- Reduce barriers to information sharing between Probation and DSS pending adjudication and/or disposition to help shorten stays in detention for youth.
- Set and support workload standards for staffing in DSS local districts.

**APPENDIX G
PUBLIC HEARING (OPTIONAL APPENDIX)**

Public Hearing

Broome County

Public Hearing Held: **2/24/04**

Public Notice Published: **2/10/04**

Newspaper: **Binghamton Press and Sun Bulletin**

Number who attended: **34**

Areas represented at the Public Hearing:

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

Issues identified at the Public Hearing:

Below are the verbal and hand written comments provided at the public hearing. There are additional attached typewritten comments.

DSS can use New York State Commission on Quality care (CQC) to advocate for the children within the CSE process. They can also handle legal issues for children with developmental disabilities. Bill Combs/Albany is the contact person. DSS should hold school districts responsible for PINS placements. Parents do not need to lose custody/nor does DSS need to get custody. School districts are passing along their responsibility.

Needs updated phone list.

Would like to see an increase in preventive services.

How can we help with increasing investment of caseworkers and involvement in the process? (Team meetings, return phone calls in a timely fashion.)

Prevention Suggestions

Ensure that caseworkers are knowledgeable (working knowledge) of the various preventive programs. The DSS liaison for each program should carry the vast majority of the cases in order to maximize consistency with the cases and to ensure that a cooperative effort is taking place to avoid placement – this will also ensure that a true “partnership” between the county and the service provider will take place. Take a historical look at what has worked and what hasn’t. A small committee (mini SPOA) to ensure that a child/family gets to the correct (best matched) preventive service.

The Domestic Violence area of DSS has been providing broad based services to the community via CVAC & SOS.

DETENTION

Seems that the price we pay for our Out-of-County beds (Goodhope) is very high compared to other rates. We may save money by utilizing other Detentions that may be a little further away.

There are a high number of Broome County kids in detention – A lot of times there are more kids in detention than we have contracted beds – Shouldn’t we have more beds locally since it’s cheaper all around – Can we access our current detention to create more beds? It just seems more cost effective.

Seems that more kids need Secure Detention and we do not have any contracted secure beds, so we pay higher rates when a child is remanded to secure and secure beds are hard to access in New York State because so many of them already have contracts. A lot of youth are being placed in non-secure with serious JD charges and aggressive behavior that creates an unsafe situation – This is a concern.

Youth seem to sit in detention for a long period of time already in the custody of DSS without even knowing their caseworker or what a plan is. Parents don’t even get to talk with DSS workers many times. Seems that DSS workers wait until there is no time left in detention and then they are rushing to find an appropriate placement.

Better communication between DSS and Detention workers on the plans, concerns, etc. involving the youth. Cases get transferred and it’s a struggle to find out who the worker is – many times we won’t know who the worker is for weeks.

Since detention has no choice in the type of youth that come in to the facility it would be safer to have more staff for better supervision. Many kids are extremely aggressive, mentally ill, and detention is limited for any sort of psychiatric assessment/help. More workers on would help deal with the situation to provide a safe environment for everyone.

Sometimes youth sit in detention for long periods of time due to Family Court Proceeding taking a long period of time (Attorneys’ and Judges’ schedules). Detention kids should take priority since it’s a temporary holding facility with no services.

Detention has a caseworker for all transportation and appointments. Many times it is a struggle to juggle 12 youths' many appointments. On the same note, lack of services is a problem for youth in detention (Mental Health).

Develop a program that parents and children can live in together, with supervision, and address areas of deficit.

Adoption services of DSS have extended themselves to other adoption service agencies in the community to broaden their target base and to educate the community about the services. One area to be further developed would be developing/or collaborating with a clinical service to provide counseling to foster parents and youngsters after the placement.

Need to watch PSA POS contract with Family & Children's Society.

PSA is seeing an increasing need for the services provided for this population who are elderly, high need, not Medicaid eligible and in immediate need of aide service.

We recently are seeing more "hoarders" and have used Family and Children's Society to do extensive clean ups in apartments that were condemned/uninhabitable.

Dorothy Condon, Family and Children's Society.

APPENDIX G (cont'd.)

Below is the announcement that appeared in the Binghamton Press and Sun Bulletin Newspaper.

<p>STREPTOCOCCUS, MALIC, BUCK & tan, choke chain found on Birch St., COCKER-X. Female, Tan, pink collar. Found on Mary St. Binghamton. (607) 778-2493</p>	<p>2004 Expansion. All students. Entry level, no exp. needed. Great for students & second income. Must be motivated, first apply, first considered 748-4858 or workforstudents.com</p>	<p>CUSTOMER SERVICE & DISPATCH All shifts. (607) 786-2006.</p>	<p>ROOFING OPPORTUNITIES With CFE Incorporated Positions Available: •Field coordinator •Field Foreman •Roofing Mechanic •Shop/Yard Person 607-748-3499</p>	<p>Employment Opportunities www.lourdes.com</p>	<p>Looking for sharp, motivated persons to work as Independent Contractors Call Dave Watson 607-798-1380 Press & Sun-Bulletin</p>
<p>Personals 114</p>	<p>A-1 COURTESY Cab Inc. Drivers wanted days/nights. Apply 210 Court St</p>	<p>***** DRIVERS/ROUTE WHY WAIT Earn wky \$600-\$800 Vehicle Provided Career Opportunity Cash Daily & More Call Sal 607-722-0047</p>	<p>***** SALES/ROUTE EARN \$600-\$800 Wkly Natl Co. expanding 3 immediate openings, vehicle provided, free training, rapid advancement. Call 607-722-0648</p>	<p>LPN/RN Needed 3 days/wk in Conklin area to accompany child in SV schools INTERIM HEALTH CARE (607) 722-6461</p>	<p>TV ADVERTISING Sales person: must be motivated. Send resume VICZ, 4600 Vestal Pkwy E., Vestal, NY 13850.</p>
<p>Meet Local Singles! record & listen to ads free! 757.9000 C.O. 18*</p>	<p>CARPENTRY WORK for Yorktown Apts. Temporary FT, approximately 6 weeks. Need own transportation \$7.50/hr. 607-343-1135</p>	<p>EARN EXTRA INCOME Cleaners-PT/FT The Night Shift 607-748-9218 x332</p>	<p>General Employment 204</p>	<p>NURSES RN's, LPN's, CNA's, HHA's Sibley Nursing. 772-1588</p>	<p>Jobs Wanted 218</p>
<p>Notices 112</p>	<p>Notices 112</p>	<p>General Employment 204</p>	<p>General Employment 204</p>	<p>Professional/Management 210</p>	<p>CHILDCARE PROVIDER In Binghamton has openings for newborn & up. 7 shifts, 607-729-4571</p>
<p>The Broome County Department of Social Services and the Broome County Youth Bureau will be hosting a COMMUNITY FORUM on Tuesday, February 24th from 12:00 to 2:00 PM at the Broome County Public Library, 185 Court Street, Binghamton, NY. The purpose of the FORUM is to seek community input on the development of a multi-year plan for services to Children, Families, Youth and vulnerable Adults. The services included in the plan are Child Protective Services, Foster Care and Adoption Services, Preventive Services, Protective Services to Adults, Day Care Services, Youth Development Services, and Services to Runaway and Homeless Youth. The public is invited and anyone who is interested in commenting on these services is encouraged to attend. Written comments may be submitted to Karen K. Perkins at Broome County DSS, or Ann VanSavage at Broome County Youth Bureau.</p> <p>BROOME COUNTY COMMUNITY FORUM Tuesday, February 24th from 12:00 Noon to 2:00 PM Broome County Public Library 185 Court Street, Binghamton, NY</p>		<p>AUTOMOTIVE SERVICE TECHNICIAN Looking for a quality Auto Service Technician. GM Experience A Plus. Full Time Monday-Friday. Excellent Working Conditions. The latest in diagnostic and repair equipment. Contact David Mertz. 729-6261 Van Atta 4433 Vestal Parkway E., Vestal, NY</p>	<p>COMMERCIAL LENDER must have 2-4 years experience in SBA/Commercial lending, packaging and origination. AAS or BS degree required. BRANCH MANAGER with 2-4 years experience in a financial institution. Emphasis on business and loan portfolio development, employee motivation, and delegation. Business degree preferred. SERVICE & SALES REP 1-2 years consumer lending exp. Emphasis on loan applications and new accounts. Effective communicator with PC skills. Apply at any branch or send your resume with salary requirements to: H. R. Recruiter Visions Federal Credit Union 24 McKinley Ave. Endicott, NY 13760 www.jobs@visionsfcu.org Equal Opportunity/ Affirmative Action Employer</p>	<p>CIVIL ENGINEER: (ET) seeking job in inspection surveying, hydraulic highway design or construction. Refs, resume Peter (607) 467-5532 Will clean your 2 bdrm house for \$40. (607) 748-5807</p>	
<p>PRESS & SUN-BULLETIN 2/10/04</p>		<p>Sunday Only Single Copy Hauler 2 Positions Available Vestal - Binghamton JC - Endicott HOURS - SUN AM 3 AM - 7 AM A Large Station Wagon / Pickup Truck A Must Contact: Transportation Manager Binghamton Press Co. 798-1333</p>	<p>Business Opportunities 220 ESTABLISHED TURN-KEY Wine & Liquor store. v lots of growth potential \$33,000 607-625-5120</p>	<p>Need a new nest? Find your next apartment online. Real Estate MARKED LISTING apartments.com Visit us online at pressconnects.com</p>	

APPENDIX H

BROOME COUNTY YOUTH BUREAU IDENTIFYING NEEDS SPREADSHEET (2003)

	Recreation	Counseling/ Mental Health	RHY Shelter / Services	Teen Pregnancy Prevention/Svcs.	Child Abuse Prevention	Independent Living	Work Readiness/ Skills Training	After School Activities	0-5 Population	Alcohol/ Substance Abuse	Drop-Out Prevention
Family & Children's Society Special Populations Treatment		X									
Samaritan Counseling Center Youth Counseling Project		X									
Crime Victims Assistance Center Youth Victims Services		X			X						
Catholic Charities Teen Transitional Living Program			X		X	X	X				
ACCORD Court Appointed Special Advocates					X						
Mothers & Babies Perinatal Network Family Resource Centers					X				X		
Catholic Charities Gateway Center for Youth		X									
Lourdes Youth Services Young Parent Support Program				X	X				X		
Berkshire Farm Ctr. & Svcs. for Youth LIFE House Interim Family Homes			X								
YWCA - Young Women's Residential Achievement											
Family & Children's Society Juvenile Sex Offender Treatment		X									
Mothers & Babies Perinatal Network Kid's Count Parents Add -- Safe Places								X			
Cornell Cooperative Extension Kid's Stuff							X		X		
Municipal Youth Employment							X				
Municipal Recreation Programs	X										
TOTAL FUNDING (2002)	\$144,498	\$113,985	\$103,019	\$90,972	\$89,500	\$77,291	\$77,091	\$54,166	\$47,268		
TOTAL YOUTH SERVED (2002)	44,248	983	63	98	19,562	44	85	624	1604		

APPENDIX I

Broome County Youth Bureau Program Intervention Triangle (April 2003)

