2013 Annual Report

ORANGE COUNTY

DEPARTMENT OF SOCIAL SERVICES





Steven M. Neuhaus County Executive

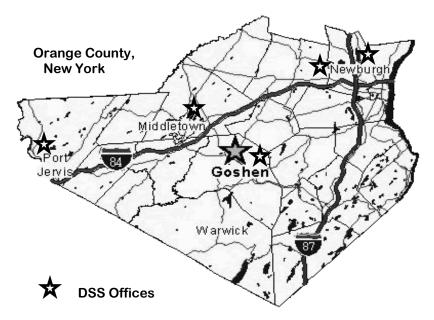
Anne Caldwell Acting Commissioner



Orange County still has a population ranking 12th highest in the state, according to U.S. Census data.

Although the county population has decreased from last year, the Department must continue to meet the challenges of increased service needs. The changes in the local economy, available employment opportunities, adequate housing options, and access to medical care are just some of the factors that impact the local Social Service district and county taxation.

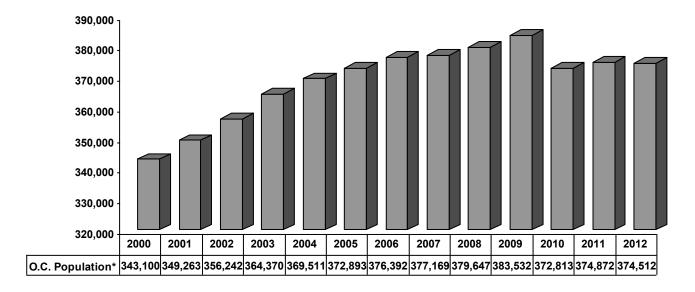
The Orange County Department of Social Services serves the residents of Orange County from six office locations, with 481 budgeted staff.





Visit the Orange County Government website:

http://www.orangecountygov.com



Data Source: www.census.gov

^{*} Estimate from July of each year

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OFFICE LOCATIONS:

OFFICE HOURS:

Monday – Friday 9:00A.M. – 5:00P.M.



ADMINISTRATIVE OFFICE 11 Quarry Road Goshen, New York 10924 Tel: (845) 291-4000

Fax: (845) 291-4338

SATELLITE OFFICES

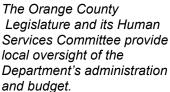


23 Hatfield Lane Goshen, New York 10924 Tel: (845) 291-2800 Fax: (845) 291-2985

Local Administration of Social Service Programs is the responsibility of the Acting Commissioner of Social Services, Anne Caldwell, (Ref. Chapter 55, Article 22 of the Social Services Law, State of New York). The Commissioner reports to the Orange County Executive.



33 Fulton Plaza Middletown, New York 10940 Tel: (845) 346-1120 Fax: (845) 346-1246



and budget.

Orange County Legislature
L. Stephen Brescia.

Chairman



141 Broadway Newburgh, New York 12550 Tel: (845) 568-5100 Human Services Fax: (845) 568-5191 Economic Independence Fax: (845) 568-5127



150 Pike Street Port Jervis, New York 12771 Tel: (845) 858-1420



Housing Resource Center 280 Broadway Newburgh, NY 12550

Tel: (845) 561-1665

Providing services, including housing to homeless individuals and families, In partnership with Catholic Charities Community Services, Inc.

OCDSS ORGANIZATION

Anne Caldwell, Acting Commissioner

Accounting - Todd Craner, Fiscal Director

Administration / Human Resources - Richard Magoch, Administrative Officer

Child Support - Melanie Dilorenzo

Economic Independence-

Terri Torchio, Director of Economic Independence

Temporary Assistance (TA)

Karen Dodd, Chief Social Welfare Examiner

- Medicaid (MA)
- Supplemental Nutrition Assistance Program (SNAP)

Energy / HEAP - Heather Monroe, Principal Social Welfare Examiner

Fair Hearings - Martha Peldunas, Principal Social Welfare Examiner

Human Services -

Lesley Dudzik-Andrews, Sr. Case Supervisor

- Child Protective Services
- Court & Generic Intake
- PINS & JD Prevention Services

Debbie Pesola, Sr. Case Supervisor

- Adoption
- Foster Care
- Homefinding
- Child Preventive Services

Irene Kurlander, Sr. Case Supervisor

Adult Services

Information Technology - Thomas Tejeda, Senior Network Support Specialist

Legal Affairs - Steve Toole, Esq., County Attorney's Office

Program Integrity / Contracts / Audit & Quality Control – Lydia Mowry, Director of Program Integrity

Resource Recovery - Robert Bogdanski, Fiscal Manager

Special Investigations - Janette Hendrick, Head Social Welfare Examiner

Staff Development - Salvatore Patella, Staff Development Coordinator

T

HE MISSION OF THE ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES

is to provide temporary help to eligible individuals and families with social service and financial needs in order to assist them with leading safe, healthy and independent lives.

MAJOR SERVICES

The Department provides and manages a wide range of social welfare programs. While there is overlap, different program areas serve different populations. Management of these programs is conducted under three Department Divisions, explained below.

- I. The **Human Services Division** provides services that enhance the ability of families to live together, enables individuals to remain in their homes, minimizes the risk of abuse or neglect, and provides for specialized care in residential settings when necessary. These services are based on need and generally provided without consideration of income. Human Service programs include Child Protective and Preventive Services, Foster Care, Homefinding and Adoption Services, Court and Generic Intake and Adult Protective and Home Care Services.
- II. The **Economic Independence Division** provides various forms of financial assistance to families and individuals. Programs are subject to income and resource eligibility that must be satisfied to qualify for assistance. Participation in Welfare to Work Programs is also required for employable applicants and recipients. Economic Independence programs include Temporary Assistance, Medicaid, Supplemental Nutrition Assistance Program, Managed Care, Child Care and Home Energy Assistance.
- III. The **Administrative Division** facilitates activities for the administrative and fiscal direction for the Department. Activities are carried out under the following units: Accounting, Contract Monitoring, Administrative Support Services, Staff Development, Information Technology,

Orange County Department of Social Services

Human Services Division

- Child Protective
- Child Preventive
- Foster Care
- Adoption
- Adult Protective
- Home Care Services
- Intake
- Foster Homefinding
- PINS/JD Prevention

Economic Independence Division

- Temporary Assistance
- Child Care
- Medicaid
- Managed Care
- Supplemental Nutrition Assistance Program
- Home Energy
 Assistance Program

Administrative Division

- Accounting
- Contract Monitoring
- Administrative Support Services
- Staff Development
- Information Technology
- Program Integrity
- Special Investigations
- Child Support

OCDSS Population Served 2011 - 2013

The Data Table below is a quick reference for the number of county households and individuals the Department serves through each program.

HUMAN SERVICES	2011	2012	2013
Number of Children Protective Services Reports			
(Children under age 18)	3,951	3,902	3,828
Children in care (mo. average)	402	380	391
Number of families receiving Preventive Services	436	395	409
Children adopted	46	26	33
Average Number of youth receiving PINS/JD Prevention Services per month	184	167	155
ECONOMIC INDEPENDENCE	2011	2012	2013
EGGRORIIG INDEI ENDERGE	2011	2012	2010
Temporary Assistance (TA) applications filed	8,601	7,007	7,095
TA cases (end of year)	3,280	3,146	2.910
TA recipients (end of year)	7,026	6,795	6,242
-Family Assistance (FA) cases (end of year)	1,602	1,503	1,378
-Safety Net Assistance (SNA) cases (end of year)	1,678	1,643	1,532
Home Energy Assistance Program (HEAP) payments	23,721 *	22,224	21,263
Medicaid applications filed	14,095	13,951	15,133
Medicaid only (MA) cases (end of year)	21,624	22,817	25,532
Family Health Plus (FHP) Cases (end of year) *incl. in MA only cases above	3,721	3,777	3,722
SNAP only cases (end of year)	16,464	15,882	16,904
Employment of TA recipients (via Employment & Training Adm.)	1,501	1,226	1,394
Homeless applicants/cases	2,991	2,518	3,531
Cases diverted to other housing remedies or ineligible	2,140	1,708	2,528
Homeless cases			
Temporarily housed at Emergency Housing Shelter (mo. average)	53	47	53
Temporarily housed at Hotel/Motel (mo. average)	24	13	2
Temporarily housed in transitional housing-Project Life (mo. average) Additional information is on page 31	19	15	15
ADMINISTRATIVE DIVISION	2011	2012	2013
ADMINISTRATIVE DIVISION	2011	2012	2013
Child Support cases (end of year)	30,868	26,219	26,941
Child Support total collected	\$38.8 mil	\$39.3 mil	\$40.9 mil
DSS Cases with substantiated fraud (Special Investigation results)	472	310	379
	677		1

KEY: * Starting 2010 –11 HEAP payments are shown for the heating season (Nov thru May).

All end of year figures equal the amounts on December 31 of the indicated year.



FUNDING FOR SOCIAL SERVICES

IN ORANGE COUNTY

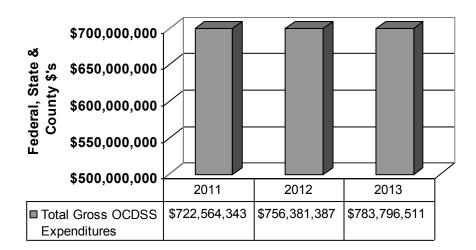
Social Services funding comes from a combination of Federal, State and County tax dollars to meet program costs and administrative expenses.

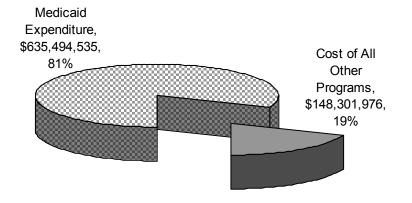
The Department's total Gross Budget exceeds that of any other County Department. Due to the numerous budgeting principles for the varied programs administered by the Department, an important factor to remember is that there are social service costs for Orange County consumers that are paid directly to providers of services by Federal and State sources. With this in mind, the Department's Gross Budget figures shown below include those costs.

<u>Please note that the expenses are based on the actual year end expenses.</u>







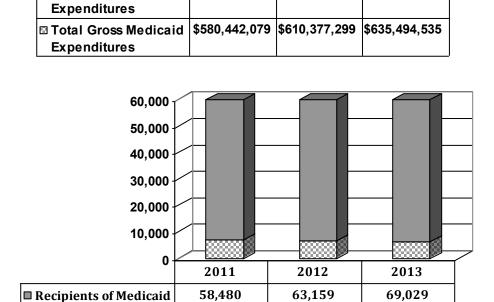


Medicaid represents approximately 81% of the projected Department's Gross Expenditures. The approximately 19% that remains represents the costs for all other expenditures.

The continued rise in the cost of the Medicaid Program and the subsequent impact on the overall Department of Social Services' budget has been an ongoing trend, shown in the chart.

The Medicaid Program, has been expanded to provide access to medical assistance for a growing population of uninsured.

Note: Recipients of Temporary Assistance also receive Medicaid.



7,026

2011

\$722,564,343

2012

\$756,381,387

6,795

2013

\$783,796,511

6,242

\$800,000,000

\$600,000,000

\$400,000,000

\$200,000,000

■ Total Gross OCDSS

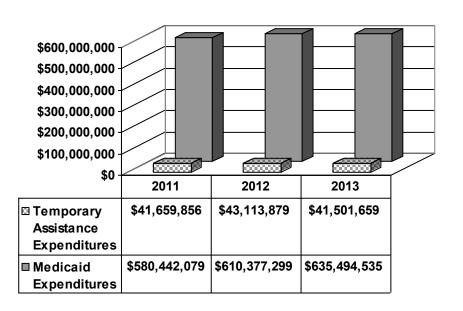
■ Recipients of

Temporary Assistance

\$0

Note:

The projected expenditures for Medicaid vs.
Temporary Assistance — (Cash Assistance, Safety Net Assistance and Emergency Assistance for Adults)



Human Services Division



HOW CAN HUMAN SERVICES HELP?

Human Services programs may be able to help with:

- Safely keeping families together
- Children's behavior and needs
- Family issues and stressors
- Building on families' natural supports
- Linking to formal and informal community resources
- Placing a child in foster care or placing a child for adoption
- · Adopting a child
- Elder care / planning

CHILDREN'S SERVICES

- Child Protective Services
- Child Preventive Services
- Foster Care
- Homefinding
- Adoption
- Intake
- PINS/JD Prevention

The mission of **Children's Services** is to promote safe, permanent homes for Orange County children at risk of abuse, neglect, or out of home placement. Today's child welfare philosophy and practice, and the laws which guide them, clearly focus on the preservation of families and protection and permanency for children. The purpose is to remove risk from children rather than remove children from risk.

ADULT SERVICES

- Home Care Services
- Protective Services for Adults

The mission of **Adult Services** is to maintain individuals in the community as long as possible rather than placing them in residential facilities. Protective Services for Adults is designed to prevent or remedy neglect, exploitation or abuse of adults. Home Care is designed to strengthen the adult's capacity to function in the community with additional safety and independence.

Intake Services

Intake is responsible for assessing the service needs of children and families in non-CPS (Child Protective Services Cases) matters. Requests for services can come from schools, Family Court, law enforcement, other agencies or families directly. Services offered include:

- Information & referral services
- Crisis intervention and screening for Children's services programs
- Court-ordered services and/or placements for youth who are either a Person in Need of Supervision (PINS) or a Juvenile Delinguent (JD)

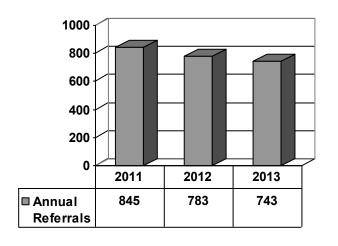
INTAKE (GENERAL)

Non-CPS Intake services are designed to develop assets and reduce risk of <u>future</u> child and family problems. Participation in these services is generally voluntary. Concerns and needs are addressed through referrals to community services.

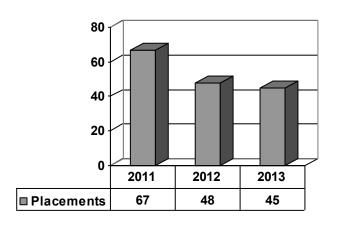
The Intake Unit provides services throughout Orange County. The nature of their casework practice is short term involvement with families.

The increase from 2010 to 2011 could have been attributed to the closure of some school based programs. The Intake Unit may have absorbed many of the cases usually sent to those programs. In 2012, there was a minor reduction in the number

Annual Referrals for Intake



PINS & JD's Placed 2011-2013



INTAKE (COURT)

Court Intake provides assessment, diversion, referral and when necessary placement services for PINS (Persons In Need of Supervision) and JD's (Juvenile Delinquents).

Services are provided to adolescents and children who are at risk or involved with the juvenile justice system. Primarily, Court Intake caseloads consist of adolescents and their families. Caseworkers are responsible for court ordered placements of PINS (Persons in Need of Supervision) and JD's (Juvenile Delinquents) and they work closely with Family Court, the Orange County Probation Department, and the County's Legal Division. Their work often involves arranging emergency residential placements for these youth.

The **COURT INTAKE UNIT** is also involved with special programs designed to reduce and avoid placements of adolescents:

Southwest Key Programs:

<u>Family Keys</u> - an immediate short-term intervention for the purpose of assessment and connection to formal or informal supports specifically to address the needs of youth identified as exhibiting PINS/JD behaviors.

<u>Community Connections</u> – provides case management services to youth exhibiting PINS/JD behaviors through direct case contact with family and child by way of individual, group and recreational interactions.

Rehabilitation Support Services (RSS):

<u>Intensive Clinical Case Management (ICCM)</u> – services to youth experiencing high need for mental health intervention.

Occupations, Inc. :

REAL Changes – a program under contract with a community based agency that provides intensive casework services to a limited caseload of youth at high risk of out of home placement due to PINS and/or JD behaviors.

Youth Advocate Program (YAP):

Residential Alternative Program – a service offering an alternative to residential placement through intensive wraparound services for youth at risk of involvement with the juvenile justice system.

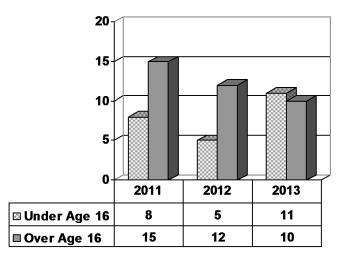
NHS:

<u>Functional Family Therapy (FFT)</u> – an outcome driven model of family intervention offering home-based therapy services to families with at risk children ages 11-18.

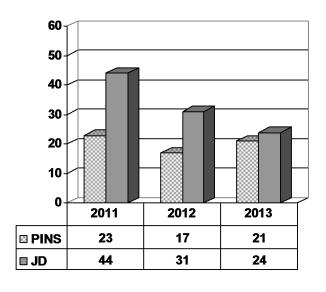
ASTOR Services for Children:

<u>Family Therapeutic Services and Support</u> – case management services with a component of mental health assessment and intervention for referred youth identified as displaying PINS/JD related behaviors.

PINS Age Breakdown



PINS & JD Placements Breakdown



To contact the Children's Intake Units call:

PINS/JD Preventive Intake (845) 291-2800

General Intake
Northwest Human Services (NHS) (845) 561-1038

Child Protective Services (CPS)

Child Protective Services is the public agency responsible for receiving and investigating reports of abuse and maltreatment of children in familial, foster home, and day care settings for the purposes of:

- preventing further abuse or maltreatment of children; and
- coordinating, providing, or arranging for and monitoring the provision of those services necessary to safeguard and promote the child's well-being and development and to preserve and stabilize family life.

NOTE: Non-familial abuse is a criminal matter to be reported to police.

The local Child Protective Services Units are based both in Newburgh and Goshen Human Services offices. These units respond to allegations of child abuse and neglect that are made to the New York State Central Register of Child Abuse and Maltreatment (SCR). The SCR operates on a 24/7 basis evaluating potential reports and referring accepted reports to the local DSS office. DSS maintains a number of Child Protective on-call professionals who provide investigative and protective services during non-traditional hours.

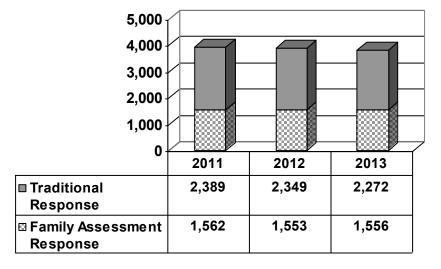
New York State Central Registry of Child Abuse and Maltreatment 1-800-342-3720

Traditional Response involves an investigation of allegations including sexual abuse, serious physical /medical/ emotional abuse and children placed in licensed child care or foster care settings. The conclusion of these investigations results in a formal determination as to whether or not maltreatment occurred. Referrals for services and ongoing support are made where needed and cases may be referred to Family Court.

Family Assessment Response (FAR) involves an assessment of family functioning based on allegations determined to be low or moderate risk, including minor physical injury, lack of supervision, lack of basic needs such as food/clothing/shelter, educational neglect, parent/child conflicts, health/medical/mental health needs that if left unattended may result in harm. No formal determination is made at the conclusion of an assessment as to whether or not maltreatment occurred. Referral for services and ongoing support are made as needed.

In response to legislation passed in New York State allowing for Family Assessment Response (Chapter 452 of the Laws of 2007), Orange County became one of the pioneer counties to pilot this new initiative. Orange County has opted to accept nearly all allegations into the FAR track that are not otherwise excluded by the law.

Child Abuse/Neglect Reports Received in 2011 -2013



Children's immediate safety and risk of abuse is assessed.

A service plan is developed and when appropriate, services are arranged and monitored to safeguard and ensure the child's well being. Preserving and stabilizing family life are primary goals whenever possible.

CPS has the authority to take emergency protective custody of children in imminent danger.

Specialized Services

Multidisciplinary Child Abuse Investigative Team (MDT) – includes CPS, Law Enforcement, Mental Health Department, medical provider and District Attorney's office.

Within our CPS division there is joint law enforcement / CPS Unit for investigation of child sexual abuse, select physical abuse allegations, serious physical abuse and child fatalities. This Unit combines the expertise of CPS staff and law enforcement personnel to conduct joint investigations achieving effective child protection and perpetrator control. Staff of this Unit receive specialized training.

Special Assistance Trauma Unit (SATU) – clinical treatment team available to provide crisis intervention and short-term treatment.

A clinical treatment team, SATU, is available through contract to provide short-term therapeutic crisis intervention to victims.

Services to Families Initiated or Provided by Child Protective Services:

- Assessments
- Casework Counseling
- Support and Advocacy
- Referrals to community services appropriate to address identified risk to children
- Crisis Intervention/Emergency needs
- Intensive Home-Based Family Preservation Services
- Domestic Violence Services
- Family Development Specialists
- Psychiatric / Psychological / Clinical Assessments and Services
- Increasing natural supports

Possible Outcomes of CPS Investigations:

Unfounded Reports – no credible evidence of abuse or maltreatment was found (Credible Evidence is evidence worthy and capable of being believed.)

Indicated Closed Reports – Some credible evidence of child abuse or maltreatment, but problems have been sufficiently addressed or appropriate community services have been initiated successfully.

Indicated Opened Reports – Credible evidence with future identified risk to a child or children, requiring Family Court intervention and/or continued monitoring of risk and/or compliance with services.

Persons mandated to make reports include:

- medical and hospital personnel
- school officials
- social service workers
- child care workers
- residential care workers and volunteers
- law enforcement personnel
- mental health clinicians

Note: Confidentiality of reporters is protected.



For additional information about Child Protective Services in New York State you may go online to:

http://www.ocfs.state.ny.us

- the NYS Office of Children and Family Services

For a wide range of data on health, education and well-being of New York's children and families you may go online to:

http://www.nyskwic.org

-the Kids' Well-Being Indicator Clearinghouse

Preventive Services for Children



Preventive Services are provided to children and families in order to reduce risk, keep families safely together and prevent foster care placement.

Services to families initiated or provided by Preventive Services:

- 1) Family Case Management
- 2) Case management services for youth exhibiting PINS /JD behavior
- 3) Ongoing Assessment of Safety & Risk
- 4) Family Development Specialists

- 5) Respite Services for crisis situations
- 6) Parent training and counseling
- 7) Drug/Alcohol Treatment
- 8) Mental Health Treatment

Preventive Services are provided by contractual agreements with community based agencies. Caseworkers in these programs provide supportive and rehabilitative services to families where children have been assessed to be at risk of foster care placement. Caseworkers primarily function to engage families with Preventive Services in order to prevent the foster care placement of children and separation of families.

Much of the work with families is in the 'field' - at family's homes, children's schools, community agencies, etc. Case management practices include constant reassessment of risk factors for children and then revising the service plan accordingly. Preventive Services Caseworkers provide crisis intervention, counseling, referrals, and arrange for and authorize a wide variety of supportive services (see list of services above). Caseworkers are closely involved with the family and the providers of supportive services, monitoring the effectiveness of the services. In some cases the Family Court is involved in ordering cooperation and participation of families with Preventive Services. Additionally, Caseworkers maintain an ongoing collaborative relationship with the Department's Legal Division and Family Court in order to maintain current status reports about families' progress.

Mandated Preventive Services are initiated through referrals by (CPS) Child Protective Services, voluntary requests for services, and service requests for Persons in Need of Supervision (PINS) and (JD's) Juvenile Delinquents.



SPECIAL PROGRAMS DESIGNED TO PRESERVE FAMILIES



<u>Family Development Program</u> - In-home support services to improve parenting skills. Task specific training as related to household management, child care, hygiene and / or nutrition is provided.

<u>Improving Families</u> - Short-term, intense intervention providing wraparound services. The program provides crisis intervention to alleviate the risk of placement.

<u>School-Based Preventive Services</u> – Prevention services for children and families from all school districts in Orange County, who attend the Orange-Ulster BOCES system.

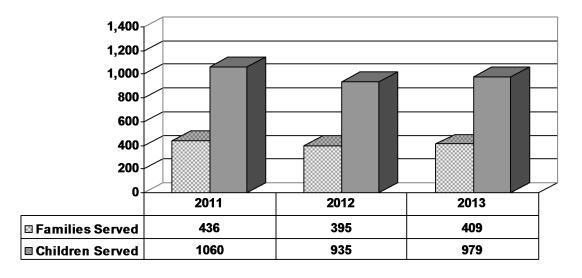
Services include crisis intervention; assessment and development of a service plan; information & referral; short-term casework counseling; and liaison services between DSS and the school district.

Providing Preventive Services results in successful avoidance of placement of children into Foster Care or residential programs, resulting in a cost-effective strategy for preserving families and improving the quality of life for children.

The total Foster Care expenditures for 2013 were \$23,245,875 or an increase of \$2,421,563 from 2012. The total Preventive Services expenditures, (total of the Purchase of Services (POS) line) was \$13,492,161 representing a \$512,095 increase over 2012 actual expenditures.

For the year end 2013, Preventive Services were provided to an average of 417 families and 990 children. On December 31, 2013, there were 409 families and 979 children being served. There was an increase in both the number of families and children served over 2012. These children were identified as being at risk of abuse and/or neglect, or placement outside of their home.

Number of Families and Children Served at Year End 2011-2013



Foster Care

Foster Care provides temporary out of home care for children who have been abused or neglected by their birth parents or legal guardian, or placed as a juvenile delinquent (JD) or person in need of Supervision (PINS). Children may reside in family foster care, group homes, or congregate care facilities. Services are provided to birth parents, children, and foster parents to reunite families. When reunification is not possible, children's permanency goals may be adoption or another permanent living arrangement.

The **Adoption and Safe Families Act (ASFA)** of 1997 limits the length of time a child may remain in foster care. Concurrent planning begins immediately upon a child's placement to ensure reunification or adoption, unless special circumstances exist. A transition plan must also be developed for those aging out of foster care to prepare them to live independently after discharge.



FOSTER CARE UNIT

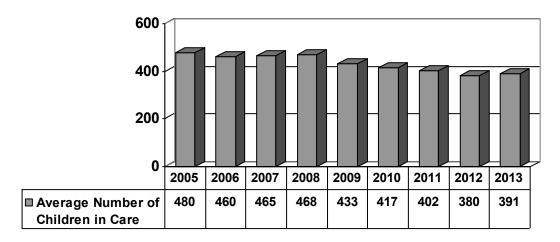
Foster Care Caseworkers provide casework services to the children in family foster care, group and residential programs and to their birth parents and siblings at home. Casework efforts are geared to reunite families or to ensure permanency planning for foster children through adoption. Caseworkers coordinate services for both birth parents and foster parents.

Caseworkers provide casework counseling to foster children. They are also responsible for ensuring adolescents in foster care are receiving independent living skills preparation. Caseworkers are responsible to ensure foster children receive preventive health care and routine medical exams. They monitor the children's academic achievements, participate in their educational planning and submit referrals to committee for those with special needs. Many foster children benefit from mental health counseling and Caseworkers work closely with treatment providers. Caseworkers are responsible for working with the birth parents and providing services such as referrals and follow-up with appropriate rehabilitative interventions. Social Service Law requires that the Department make diligent efforts with birth parents toward a goal of family reunification. If after diligent efforts, reunification is not possible, Caseworkers work closely with our Legal Division to initiate legal action to terminate parental rights and free children for adoption.

CHILDREN COME INTO FOSTER CARE AS A RESULT OF:

- Children identified as abused and/or neglected
- Children adjudicated Persons in Need of Supervision or Juvenile Delinquents
- Children placed in care voluntarily or permanently surrendered by their parents

Average Number of Children in Care from 2005 - 2013

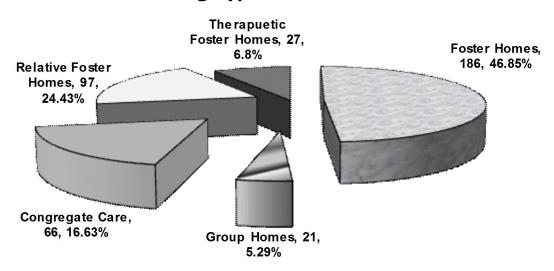


TYPES OF FOSTER CARE:

- Foster Homes maximum up to six children residing with certified foster parents
- Relative Foster Home relatives approved to care for family members
- <u>Therapeutic Foster Homes</u>

 clinically enriched foster care services for children with more challenging behaviors
- Group Homes maximum of thirteen children, typically teenagers not appropriate for a family care setting, who attend community schools
- <u>Congregate Care</u> Residential treatment programs that include an educational component, for children and youth with high level needs.

At the end of 2013, children were placed in the following types of foster care ...



SPECIAL PROGRAMS DESIGNED TO PROVIDE ENHANCED SERVICES TO ASSIST CHILDREN AND FAMILIES:

- The **Family Support Program** provides an alternative counseling program to support families in achieving permanency.
- The Independent Living Program provides life skill development to promote self-sufficiency for adolescents in foster care who are unlikely to return to their parents or be adopted.
- Home Based Therapy through Orange County Mental Health provides home-based therapy to children and foster families.
- **Bridges to Health (B2H)** a community based mental health waiver services for foster children. children and foster families.
- **Community Alternatives** provides intensive case management to youth coming out of residential placements as they transition back to their community.
- **North American Family Institute (NAFI)** provides intensive case management and in-home clinical services to youth coming out of residential placements.
- Transitional Support Services (TSS) provides intensive support for youth aging out of foster care.

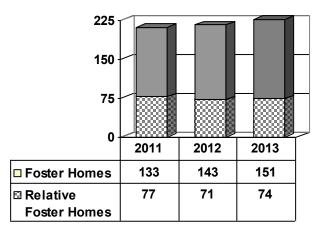
Homefinding

HOMEFINDING UNIT staff recruits, trains and certifies families to be foster and adoptive parents. Family foster care is where the majority of foster children reside. The Agency utilizes the Model Approach to Partnership in Parenting (MAPP) and Caring for Our Own (CFOO), which are New York State recognized curriculums for training potential foster parents. Special attention is paid to familial resources of children placed in foster care which allows for specialized training and an expedited certification process. Caseworkers in this Unit facilitate a series of MAPP sessions that are held evenings to accommodate working parents. Caseworkers also complete home studies with prospective foster and adoptive parents to determine their suitability in providing foster care.

Caseworkers participate in various local community awareness events to do outreach and recruit foster and adoptive families that will lead to developing available foster homes.

The Homefinding Unit staff also plays a critical role in assisting Caseworkers from the other Children's Services Units with placing children appropriately in foster care as well as in respite foster care. They help in matching children with appropriate foster families to meet the children's individual needs. The Unit maintains a computerized database of certified foster homes to aid in the matching process. Casework services are provided to foster families to improve the families' functioning as foster parents so that they remain a viable resource for the Agency. The Unit also hosts the annual Foster Family Picnic to recognize the efforts of foster families and provides a day of fun and networking of foster families. Periodically, the Unit publishes a foster parent newsletter as a vehicle to educate and inform foster and adoptive families.

Number of Foster Homes Certified (end of Month) 2011-2013



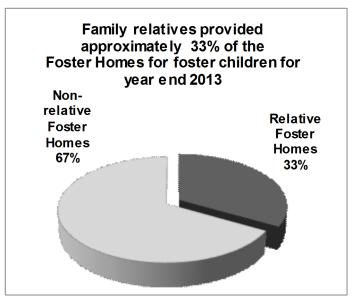
There were 225 Foster Homes at the end of 2013.

Homefinding (cont'd)

FOSTER HOME RECRUITMENT

Recruitment efforts for prospective foster families attempt to reach Orange County families of all income levels, ethnic groups and geographic areas. Single, as well as two parent families are welcomed. Recruitment tools include:

- Presentations to church and community organizations
- Collaboration with contract agencies to promote interest in adolescents and special needs children
- Media ads and announcements
- Posters
- Word of mouth promotion by current foster parents and provide finder's fees to encourage promotion by foster parents
- Bi-monthly orientation sessions for anyone inquiring about foster parenting. Mass mailings to area businesses, schools and libraries requesting them to display our recruitment material
- The development of professional recruitment materials



LICENSING REQUIREMENTS FOR FOSTER HOMES

- 30 hours training program known as Model Approach to Partnerships in Parenting (MAPP)
 Conducted by DSS staff
- Comprehensive home study to assess motivation and ability to care for foster children
- A minimum of two home visits to verify adequate health and safety standards
- Clearance through the New York State Central Register to Child Abuse Maltreatment
- Fingerprint screening for criminal history on all household members over 18
- Medical exams of prospective foster/adoptive parents
- 3 personal references

Scheduled Orientation Sessions are held throughout the year for Orange County residents interested in becoming Foster Parents or Adoptive Parents. These Orientation Sessions provide an overview of the requirements for becoming Foster or Adoptive Parents, as well as answering questions for attendees. Orientations are scheduled both in the day time and evening hours to accommodate the agency contracts with a national marketing company, Foster Care Network for the recruitment of Foster / Adoptive Parents.

For more information about becoming a foster parent you may call the Foster Care Network at: 1 (877) 297-3303 or email: FosterCare@co.orange.ny.us



Adoption

Caseworkers
arrange for
permanent homes
for foster children
who have been freed
for adoption and
provide services to
those birth parents
who want to relinquish (surrender)
legal rights to their

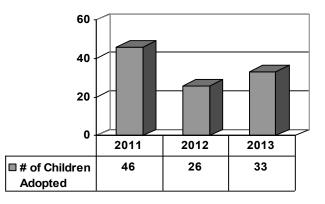
child to allow the child to be adopted. They work with potential adoptive parents in completing adoptive home studies. Our Agency, through the Adoption Unit, is part of a statewide adoption network that connects potential adoptive parents with waiting children across the state and also through the Internet.

Caseworkers in this unit provide casework counseling to both children, birth parents and foster and adoptive parents throughout the adoption process. They work at preparing the freed child for adoption, recruiting families on a child specific basis and providing post adoption casework services to both children and adoptive parents. Most children adopted through the foster care system receive adoption subsidies as well as medical benefits. They work closely with the adoptive families and Family Court in arranging for and carrying out the necessary legal procedures.

The Adoption Unit also helps adults who were adopted through the foster care system to register with the State to receive medical and non-identifying information.

The annual Heart Gallery coordinates efforts between counties to recruit adoptive families for local children in need of permanent adoptive homes. The Heart Gallery is a portrait exhibit featuring children in foster care who are available for adoption.

Number of Children Adopted in 2011-2013



ADOPTION PROGRAM CHOICES:

- Adoption through Foster Care
- Adoption-only
- 6 Legal Risk

Adoption through Foster Care

Typically, foster parents are given first preference to adopt when a foster child who resides in their home becomes freed for adoption. As foster families adopt 85% of the children freed for adoption, foster care may become a viable option for families who are interested in adopting.

For consideration:

- Foster families must be willing to work with the agency and the birth family.
- Familial resources may be identified for children

Adoption-Only

The remaining 15% of the children freed for adoption and who are without a permanent resource become available to adoption-only families.

For consideration:

- Young children without physical, mental or emotional disabilities are generally not available for adoption through the foster care system.
- Children freed for adoption and available to adoption-only families are generally older with special needs.

Legal Risk

Legal risk involves children in foster care with the goal of adoption. DSS intends to seek Family Court's order to terminate parental rights and see the child freed for adoption. While most children in this circumstance eventually become freed, there are no quarantees.

The 'legal risk' population consists of:

- a low percentage of children (approximately 15%) in foster care who will not be adopted by their foster parents. They will eventually become available to other adoptive families
- the family must be willing to work with the agency and birth family
- there is no guarantee that the child will be freed for adoption

For Additional Information, please visit our website adopt orangecountyny.org

Protective Services for Adults

PROTECTIVE SERVICES FOR ADULTS (PSA)

Caseworkers providing Protective Services for Adults (PSA) bring assistance to mentally or physically impaired adults, 18 or older, who have an inability to meet their essential needs of food, clothing, shelter, or medical care, and/or who are unable to protect themselves or their interests from neglect or abuse, and who further, have no one willing and able to help in a responsible manner.

PSA Caseworkers investigate reports of adult abuse and neglect through a thorough assessment of risks facing the adult and the adult's capabilities. They develop a supportive services plan to address identified needs and involve appropriate services and resources in the community. In situations where the adult is at imminent risk and is refusing services, PSA works closely with the court system to gain access to the individual and assess their situation. In appropriate cases, PSA will ask the court to appoint a guardian to act on behalf of the client. PSA Caseworkers work closely with professionals from various fields including but not limited to mental health, health, hospitals, legal, law enforcement, and aging.

There is no income limit for eligibility to receive PSA services

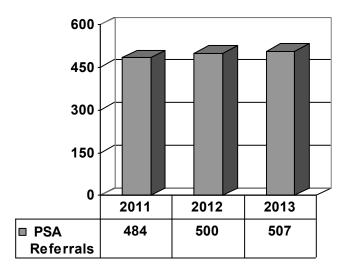
Victims of adult abuse include:

- the frail elderly
- the developmentally disabled
- the chronically mentally ill
- the physically disabled
- substance abusers

PSA Services include:

- counseling
- case management
- financial management
- advocacy
- accessing entitlements/ benefits
- arranging for
 - personal care
 - ♦ chore services
 - ♦ shopping
 - and other similar services

Number of PSA Referrals Assigned in 2011 - 2013



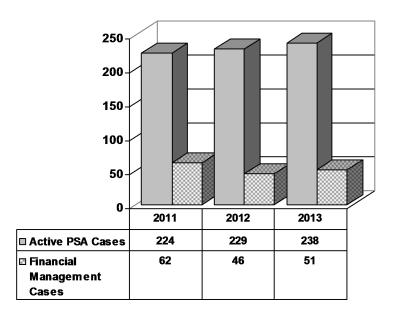
PSA CRITERIA:

- + 18 years of age or older and physically or mentally ill or disabled
- has been harmed or may be at risk of harm and cannot protect themselves
- has no one able and willing to responsibly help them

= PSA Eligibility

The Concept of Self-determination

Adults, unlike children, are legally acknowledged to be competent. People with a mental illness are also presumed to be competent and have the right to exercise free choice in making decisions. This is the concept of self-determination and means that an individual at risk can refuse services, interventions and assistance. Protective Services for Adults may only be provided on an involuntary basis when it has been demonstrated that the individual lacks the ability to understand the consequences of his or her actions and decisions.



Financial Management is a service provided by Protective Services for Adults. This service permits staff to act in the best interests of a client to manage their income and meet their financial obligations, including - but not limited to - costs of maintaining housing, obtaining medications and acquiring groceries.

PSA staff provided these services for an average of 51 clients per month during 2013

ABUSE & NEGLECT DEFINED:

Physical Abuse

The use of non-accidental force that results in bodily injury, pain, or impairment. This includes, but is not limited to, being slapped, burned, cut, bruised or improperly physically restrained.

Sexual Abuse

Non-consensual sexual contact of any kind. This includes, but is not limited to, forcing sexual contact with self or forcing sexual contact with a third person.

Emotional Abuse

Willful infliction of mental or emotional anguish by threat, humiliation, intimidation or other abusive conduct. This includes, but is not limited to, isolating or frightening an adult.

Financial Exploitation

Improper use of an adult's funds, property, or resources by another individual. This includes, but is not limited to, fraud, embezzlement, forgery, falsifying records, coerced property transfers, or denial of access to assets.

Active and Passive Neglect

Active neglect is the willful failure by a caregiver to fulfill care-taking functions and responsibilities. This includes, but is not limited to, abandonment, deprivation of food, water, heat, cleanliness, eyeglasses, dentures, or health-related services. Passive neglect is the non-willful failure to fulfill care-taking responsibilities because of inadequate caregiver knowledge, infirmity, or disputing the value of prescribed services.

Self Neglect

This is the adult's inability, due to physical and/or mental impairments, to perform tasks essential to caring for oneself.

If an adult <u>is in danger and needs immediate assistance</u> you should contact local law enforcement.

If adult abuse or neglect is suspected, Call Adult Protective Services at (845) 291-2800.

http://www.orangecountygov.com
Or
http://www.ocfs.state.ny.us

RESPONDING TO REFERRALS

PSA responds to referrals with a visit to the adult's home within 3 working days, or within 24 hours for life threatening situations. Services will be provided that reduce the risk to the adult and which support the adult's ability to stay in the community for as long as possible.

In 2013, Adult Protective Service received 739 referrals for assessment. Some of these referrals were directed to other agencies. The caseworkers were assigned 507 of the referrals for assessment. Ongoing Protective Case Management Services were provided to an average of 171 individuals each month.

FAMILY TYPE HOMES FOR ADULTS PROGRAM

The program allows individuals interested in providing housing and services to adults who are unable to reside independently, to apply for a certificate to open their homes to adults in need. The program is authorized through the New York State Office of Children's and Family Services and administered by the local Protective Services for Adults program. Orange County operates the third largest Family Type Homes for Adults program in the State.

During the year there was a monthly average of 51 certified homes and 162 beds.

To learn more about Family Type Homes for Adults please call (845) 291-2800.

Home Care Services

The **Home Care Unit** determines consumers' appropriateness for the Medicaid funded Long Term Care Programs listed below, with the exception of the Care at Home Waiver program. Adult Home Care monitors the case management of the Care at Home cases. On average, the number of Medicaid recipients receiving services through the Adult Home Care Long Term Care programs in 2013 was 972. Referrals for Home Care Services totaled 342 in 2013.

Personal Care (Aide) Program (PCA) provides assistance with activities of daily living that are essential to maintaining one's health and safety at home. Personal Care Aide (PCA) services are provided through a licensed agency or a Consumer Directed Personal Assistant Program (CDPAP) agency. Included in the Personal Care Aide program is the Personal Emergency Response System.

During the year there was a monthly average of 679 Personal Care Aide cases.

The **Personal Emergency Response System (PERS)** is provided through the Personal Care Services Program for individuals who are self-directing to enhance in-home safety. The average monthly number of PERS units authorized in 2013 was 163.

The **Long Term Home Health Care Program (LTHHC)** is a waiver program that offers an alternative to institutionalization. In addition to providing Personal Care Aides, Personal Emergency Response Systems, nursing, therapies and waiver services, LTHHC enables certain couples with income and resources above the Medicaid level to be eligible for Medicaid and remain at home. There was a monthly average of 294 Long Term Home Health Care Cases in 2013.

Consumer -Directed Personal Assistance Program (CDPAP) - - (through the Personal Care Program) permits consumers greater freedom of choice and flexibility in receiving personal care services. The consumer or the person acting on the consumer's behalf (such as the parent of a disabled or chronically ill child) assumes full responsibility for hiring, training, supervising, and – if need be – terminating the employment of persons providing the services. The average monthly number of Consumer-Directed Personal Assistant Program cases in 2013 was 316.

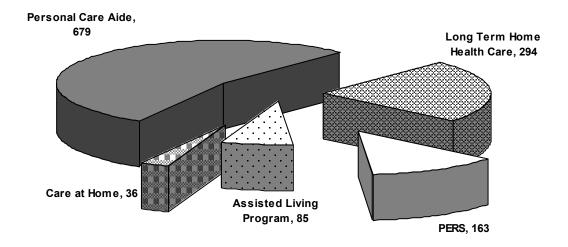
Home Care Services (cont'd)

Care at Home Program is a waiver program that provides skilled services and waiver services in the home of medically fragile children who would otherwise need institutionalization. In some cases modifications are made to homes so the child could remain in his/her home. There was a monthly average of 36 Care at Home cases during the year.

The **Managed Long-Term Care Program** provides health and long-term services to adults with chronic illness or disabilities to better address their needs and to prevent or delay nursing home placement. Services include but are not limited to nursing, physical therapy, occupational therapy, speech pathology, medical equipment and supplies, podiatry, dentistry, optometry, respiration therapy, transportation and social day care. This program is available to Medicaid recipients who are eligible for admission to nursing homes.

The **Assisted Living Program** is a safe alternative to residential placement. The program offers the residential services of an adult home, with community long-term care services. Services may include personal care, room, board, housekeeping, supervision, home health aides, personal emergency response services, nursing, physical therapy, occupational therapy, speech therapy, medical supplies and equipment, adult day health care, a range of home health services, and the case management services of a registered professional nurse. The average monthly number of consumers in the Assisted Living Program was 85 in 2013.

Average Number of Consumers per Program in 2013





Information regarding Long Term Care provider agencies and their services may be obtained by contacting Orange County Connects Point of Entry Staff at::

(845) 615-3710

9:00 AM to 5 PM

Monday through Friday



ECONOMIC INDEPENDENCE DIVISION

This Division provides various forms of financial assistance to families and individuals through programs that are subject to income and resource eligibility criteria. The programs are listed below:

Temporary Assistance

- Family Assistance (FA)
- Safety Net Assistance (SNA)

Supplemental Nutrition Assistance Program (SNAP)

Medicaid

Home Energy Assistance

Employment

New York State promotes three key themes for Temporary Assistance to eligible families and individuals:

- **Personal Responsibility** taking the steps necessary to improve life, actively participating in setting goals and taking action to accomplish those goals, and assuming responsibility for searching for and finding the financial means to support oneself and one's family.
- ♦ **Employment** considering employment as a first priority in order to become self-sufficient, accepting work is the goal of Temporary Assistance regardless of the number of barriers the family or individual may be required to overcome.
- Self-sufficiency moving forward and transitioning from the need for Temporary Assistance.

POVERTY GUIDELINES are used to determine financial eligibility criteria for Programs administered by the Economic Independence Unit.

2013/2014 Poverty Guidelines (annual income):

Household size	2013 Poverty Guideline	2014 Poverty Guideline
<u>1</u>	<u>\$11,490</u>	<u>\$11,670</u>
<u>2</u>	<u>\$15,510</u>	<u>\$15,730</u>
<u>2</u> <u>3</u>	\$19,530	\$19,790
_	\$23,550	\$23,850
<u>5</u>	<u>\$27,570</u>	<u>\$27,910</u>
4 5 6	<u>\$31,590</u>	<u>\$31,970</u>
<u>7</u>	\$35,610	\$36,030
<u>8</u>	<u>\$39,630</u>	<u>\$40,090</u>
For Each	+ 4,020	<u>+ 4,060</u>
Additional		
Person		



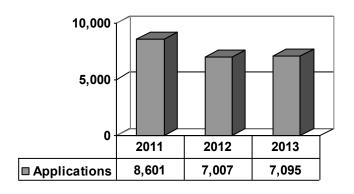
Temporary Assistance (TA)

TEMPORARY ASSISTANCE (TA) provides short-term help for families and individuals if they are unable to work, cannot find employment or are under-employed. Temporary Assistance Programs include Family Assistance and

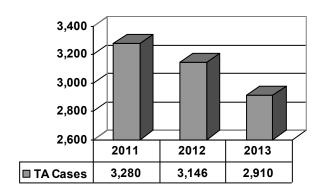
Safety Net Assistance, intended to financially assist while a family or individual takes steps to transition to self-sufficiency. Temporary Assistance Units are located in Middletown and Newburgh OCDSS offices. Social Welfare Examiners interview applicants, gather documentation and determine Temporary Assistance eligibility.

During 2013, OCDSS responded to 7,095 families and individuals that applied for Temporary Assistance.

Applications filed for TA in Orange County



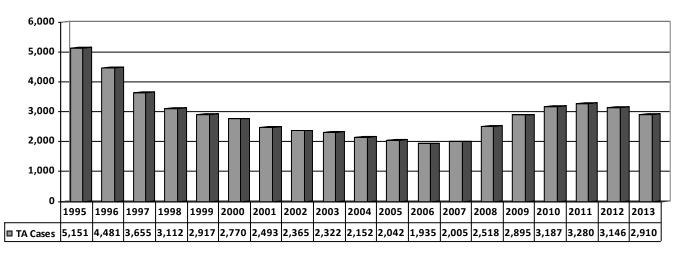
Households in Orange County receiving TA (cases at end of year)



As of December 31, 2013 there were 2,910 cases receiving Temporary Assistance in Orange County.

Federal and State Welfare Reform Legislation and initiatives enacted since 1996 have permitted greater flexibility for operating Public Assistance programs that focus on providing short-term *Temporary Assistance* while recipients actively work toward self-sufficiency. Emphasis on employment and other initiatives supporting transition of families and individuals to self-sufficiency has been key in the resulting decreased need for Temporary Assistance in Orange County between 1995 – 2006. However, from 2007 through 2011 the end of the year caseloads have increased; this may possibly be due to economic changes. The decline from 2011 to 2013 may correlate to the change in the local economy and particularly the local unemployment rate.

Welfare reform Impact on Caseloads 1995-2013 (end of year)

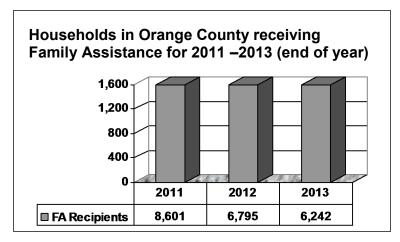


Family Assistance (FA) provides temporary assistance to eligible families that include a minor child living with a parent (including families where both parents are in the household) or a caretaker relative. It is operated under federal Temporary Assistance for Needy Families (TANF) guidelines.

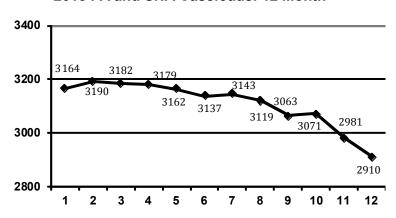
Under Family Assistance, eligible adults are limited to receiving benefits for a total of <u>60</u> months in their lifetime, including months of TANF-funded assistance granted in other states. The counting of this 60-month limit began in December 1996.

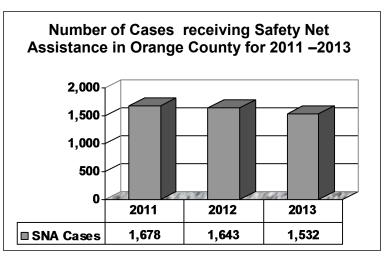
Parents and other adult relatives who can work must be working or involved in work-related activities. Additionally, parents are responsible for cooperating with the Department in locating any non-custodial parent for the purpose of establishing child support payments.

Safety Net Assistance (SNA) provides temporary assistance for single adults; childless couples; children living apart from any adult relative; families of persons found to be abusing drugs or alcohol; families of persons refusing drug/alcohol screening, assessment or treatment; persons who have exceeded the 60-month limit on assistance, and; aliens who are eligible for Temporary Assistance, but who are not eligible for federal reimbursement.



2013 FA and SNA Caseloads: 12 Month





ELECTRONIC BENEFITS

Eligible recipients of Temporary Assistance receive their benefits by using a Common Benefit Identification Card (CBIC).



The card is used at Automated Teller Machines (ATM's) displaying the QUEST logo.

TEMPORARY ASSISTANCE WORK REQUIREMENTS

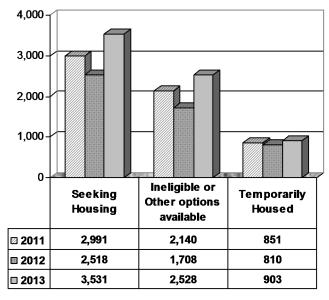
OCDSS contracts for all employment activities with the Orange County Employment and Training Administration (ETA). ETA is responsible for providing employment orientation, referral to training and job opportunities, and post employment services to Temporary Assistance consumers. Both DSS and ETA contract with a number of agencies to provide these services.



When a Temporary Assistance applicant is determined employable, they are referred to a NYS Department of Labor (DOL) worker for job placement. If suitable employment is not obtained, the application process is completed and an appointment given to attend an orientation session that reviews the employable recipient's responsibilities. These responsibilities include job search, securing child care and participating in various required activities. The recipient is then assigned a case manager who completes an employment plan and assigns the client to an approved work activity. Activities include job readiness programs, workfare assignments, and community service. Once employment is secured, a post employment case manager provides follow-up services to assist in overcoming any barriers that may jeopardize their continued employment.

TEMPORARY HOUSING ASSISTANCE (THA) may be provided to families and individuals seeking help from OCDSS because they have become homeless. An assessment is completed of each household's situation by OCDSS staff in order to determine eligibility for Temporary Housing Assistance and/or if there are any other options available for families and individuals to be housed. If no alternatives exist, alternative temporary housing may be available through transitional housing programs, at homeless shelters, or as a last resort in hotels or motels.

There are many factors that are considered when a family or individual is homeless and needs temporary housing until they can locate and obtain permanent housing, such as location of employment, schools (when children are involved), available temporary housing, available permanent housing options, etc.



During 2013, the number of families and individuals that sought housing assistance from OCDSS totaled 3.531.

Temporary housing was identified and assistance provided for 903 of these families and individuals, while ineligibility for DSS assistance or location of alternative housing accounted for the remaining 2,528 households.

Due to an increase in the number of transitional housing options, there was a noticeable decease in the number of individuals placed in temporary housing.



Affordable housing resources in Orange County have been steadily on the decline for several years. Adequate development of affordable housing has not occurred and rental housing has grown beyond financial reach for many working families and individuals. Particularly impacted by this trend are community residents on fixed incomes due to age and/or disabilities.

Top Reasons cited for homelessness:

- ◆ Lack of affordable housing
- ◆ Unemployment
- ♦ Low-paying employment
- ♦ Mental Illness
- ♦ Substance Abuse
- Discharge from medical institutions
- ♦ Domestic Violence
- ♦ Limited Life Skills
- Release from correctional facilities

The chart on the right shows the number of homeless families and individuals residing in temporary housing on December 31, 2013

HONOR EHG (formally	16 families
Emergency Housing Group):	30 individuals
Project LIFE	
(transitional family shelter):	16 families
Bridges:	8 individuals
YAP Transitional Housing:	28 individuals
Community Housing Initiative (CHI 9W):	4 families
	4 individuals
Community Housing Initiative (CHI PJ):	2 families
	0 individuals
Ecclesia:	9 individuals
Newburgh Ministry :	10 individuals
Hotels/Motels:	0 families
	6 individuals

<u>Temporary Housing</u> for eligible homeless families and individuals may be provided at :

HONOR EHG - Serving homeless adults, families and youth with onsite services and Aftercare to assist residents' transition to safe and independent permanent housing through the LINKS (Living Independently with New Knowledge and Services) program. An Addictions Crisis Center offers medically monitored chemical dependency Crisis services and shelter.

Project LIFE - Serving homeless families with temporary transitional shelter that provides services for up to six months, permitting families to successfully gain permanent housing and financial independence.

Bridges - Serving homeless individuals with temporary shelter that provides services for up to 90 days, permitting individuals to seek employment and permanent housing.

YAP Transitional Housing - Serving homeless individuals with temporary shelter that provides services for up to 90 days, permitting individuals to seek employment and permanent housing.

Community Housing Initiative (CHI 9W) & (CHI PJ)- Serving homeless individuals and families with temporary shelter that provides services for up to 90 days, permitting them to seek employment and permanent housing.

Ecclesia - Serving homeless single females with temporary shelter.

Newburgh Ministry - Serving homeless adults.

Hotel/Motels— Serving homeless individuals when placement in a program is not possible.

Orange County Housing Consortium (OCHC) is a partnership of nearly forty public, private and non-profit organizations joining to meet a common goal:

...to improve the quality of life for our communities by cultivating and promoting access to housing opportunities.

OCDSS has worked with the Housing Consortium to address housing gaps in the county. The Consortium has produced a comprehensive Continuum of Care. The total for the Continuum of Care submissions and award was \$2,253,323. The US HUD funding was used to develop emergency shelter services; transitional, supportive and special needs housing; Shelter + Care programs; supervised group homes; respite for OMH/OMRDD individuals and families and; counseling and services for people with psychiatric and addictive disorders. Additional initiatives using alternative funding have also been developed.



Assisting those experiencing

- A Housing Crisis
- Rent in arrears
- Eviction
- Homelessness

Housing Resource Center 280 Broadway Newburgh, NY 12550 (845) 561-1665

Housing Resource Center (HRC) is a collaborative effort with OCDSS and multiple service providers to develop a strength-based, private-public sector partnership to address the issues of homelessness. The goal of the HRC is to reduce the length of stay in temporary housing, prevent the loss of permanent housing (eviction proceedings), and prevent the need for emergency housing. The staff build on the strengths of the homeless families and individuals, providing them with resources to help develop their self-sufficiency. The Housing Resource Center (HRC) was established at 280 Broadway in Newburgh, NY. Catholic Charities, as lead agency, provides housing services in partnership with the Department of Social Services.

Domestic Violence

Local social service districts are mandated to implement provisions addressing Domestic Violence. Applicants and recipients of Temporary Assistance (TA) receive information about domestic violence and the protections and services available. Families receiving Children's Services are screened for Domestic Violence and may receive Domestic Violence services from a co-located liaison.

Persons who self identify as victims are referred to a specially trained domestic violence liaison who assesses whether the domestic violence claim is credible and whether it impacts the person's ability to meet TA program requirements, such as child support cooperation requirements, work activity requirements, and other requirements. Local district domestic violence liaisons are mandated Child Protective Services (CPS) reporters and are required to report suspected child abuse.

For domestic violence programs in Orange County, call:

Toll free: 1-888-503-4673

Safe Homes Project of Orange County: (845) 562-5340

Human Service caseworkers can also assist you with this information: (845) 291-2800

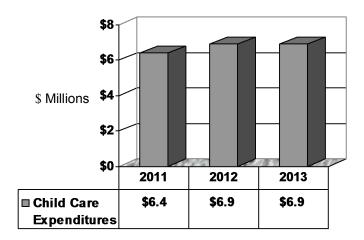


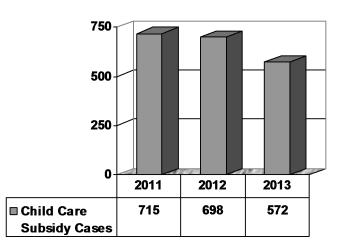
Child Care

Child Care is a critical element for families who are trying to gain and/or maintain employment and self-sufficiency. Subsidized child care offers an important option for eligible families as it can:

- enable a parent or caretaker to engage in work or other work-related activities
- enable teen parents to attend high school or equivalent training







Parents who would like to know if they qualify for child care assistance can call for a telephone screening. A mail-in application process is available to those who have completed the telephone screening or an appointment for an interview can be scheduled. Information that will be requested in order to determine eligibility for child care assistance includes:

- □ Completed, signed, dated application (if not a recipient of Temporary Assistance)
- □ Verification of gross wages for the last 8 weeks
- □ Verification of any other income
- □ Verification of need for care (i.e.; work schedule)
- □ Name, address, phone number & weekly charge of the provider caring for each child needing care
- □ Birth certificates and Social Security cards
- □ Verification of Orange County residency
- □ Consent form
- □ Disclaimer notice

For information call Child Care: (845) 291-4000

More online information about Child Care/Day Care may be obtained at:

https://www.ocfs.state.ny.us (NYS Office of Children and Family Services)

The Child Care Council of Orange County maintains a listing of all registered, licensed child care providers in Orange County. Parents may locate a provider by calling the Council at: (845) 294-4012 or 1-800-827-1751 Website: www.childcarecounciloc.org

Supplemental Nutrition Assistance Program (SNAP)



The SNAP Program is a Federally funded program designed to supplement low-income households in order to meet basic nutritional needs. They are used to purchase food items and are redeemed with use of the Common Benefit Identification Card (CBIC) at point of sale locations. There are income and resource tests as well as employment-related requirements for able-hodied recipients. The program is regulated by

employment-related requirements for able-bodied recipients. The program is regulated by the U.S. Department of Agriculture.

Under the 2008 **Working Families Food Stamp Initiative (WFFSI)**, New York State has waived limits on the amount of savings an income-eligible person can have to receive benefits. The program has dramatically expanded and simplified SNAP eligibility statewide and has increased enrollment among eligible working families.

Families and individuals may qualify for SNAP Benefits if they:

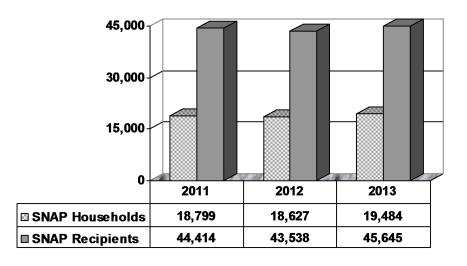
12,009 applications for the SNAP Program were filed in 2013

- Have low wage earnings
- Have little or no income
- Are elderly and/or disabled
- Receive Supplemental Security Income SSI or Temporary Assistance
- Are homeless (even if staying with someone temporarily or staying at a shelter temporarily)

NOTE: SNAP eligibility may result even if a household owns their home and/or a vehicle.

Work Requirements

Household members applying for SNAP Benefits, except those qualifying for a specific exemption, must register for employment at the time of application. Work registrants are required to participate in SNAP employment programs as assigned and must respond to requests from DSS regarding their employment status and availability for work.



By the end of 2013 there were 19,484 Orange County households, equaling 45,645 people, receiving SNAP benefits.

For more information about the SNAP Program call one of the DSS offices noted below.

Applications are received at the Newburgh and Goshen DSS Offices:

141 Broadway Newburgh, NY 12550 (845) 568-5100

11 Quarry Road Goshen, NY 10924 (845) 291-4000

or visit the NYS Office of Temporary and Disability Assistance at: http://www.otda.state.ny.us

Home Energy Assistance Program (HEAP)

The Home Energy Assistance Program (HEAP) offers assistance with heating and utility costs, as well as certain essential heating equipment replacement and repairs. Households may qualify for Home Energy Assistance if they are:



- Receiving Temporary Assistance.
- · Receiving Food Stamp Benefits.
- Receiving Supplemental Security Income SSI.
- Having income at or below current guidelines.
- Living in subsidized housing and pay directly for heating costs.

NOTE: There does not have to be a heating or utility emergency in order to apply for and receive regular HEAP.

OR

In 2013, Orange County issued approximately 21,263 payments during the November 2012 through May 2013 heating season. The HEAP funds authorized in 2013 totaled \$ 7,252,907.

For more information about HEAP call the DSS offices where HEAP Applications are received:

Middletown 33 Fulton Plaza Middletown, NY 10940 (845) 346-1120 Newburgh 141 Broadway Newburgh, NY 12550 (845) 568-5100

or visit the NYS Office of Temporary and Disability Assistance at:

http://www.otda.state.ny.us

The **Orange County Fuel Fund** assists households that are unable to pay their energy bills, but do not qualify for HEAP. The income guidelines for the program are higher than those of HEAP. A household may qualify for a one-time award if its total annual gross income is within the guidelines. The fund can cover a portion of the cost for fuel oil, natural gas, propane, wood, pellets or electricity.



For additional information visit the Orange County United Way's website

www.uwoc.org or call (845) 457-4774 ext. 3112

Fair Hearing



Applicants and recipients of Economic Independence Programs may request a Fair Hearing if they do not agree with a decision made by the Department regarding their eligibility for assistance. A New York State Administrative Hearing Officer conducts these hearings at the Quarry Road office in Goshen. Since 2011 there were a total of 3,349 requests for hearings. In an effort to save county dollars, the Fair Hearing Unit adopted the Diversion Program. During the period between July 1, 2011 to 12/31/2013 the Unit diverted a total of 730 cases.

The statewide toll-free # to request a Fair Hearing is: 800-342-3334

The website address for requesting a Fair Hearing is: http://www.otda.state.ny.us/oah/forms.asp

Medical Assistance (Medicaid)

Medicaid is a Federal-State entitlement program for low-income Americans and is one of the largest sources of health insurance in the United States.

Medicaid is the largest program in the federal "safety net" of Temporary
Assistance programs, providing essential medical and medically related services to
the most vulnerable populations including low income elderly and disabled Medicare
beneficiaries. Federal payments for Medicaid far exceed those made to states for
highways and mass transit, education, housing, Temporary Assistance, Supplemental Nutrition
Assistance Program and children's nutrition programs.

The Medicaid Program was enacted in the same legislation that created the Medicare program - the Social Security Amendments of 1965 and makes federal matching funds available to states for the costs they incur in paying for health and long-term care services for eligible individuals.

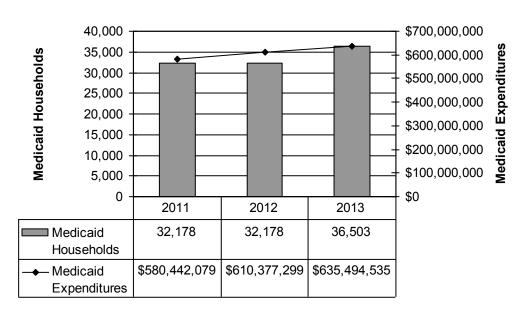
As a joint federal and state program, each state establishes its own eligibility standards, benefit packages, payment rates and program administration under broad federal guidelines. As a result, there are **56** different Medicaid programs in the United States. Additionally, state participation is voluntary and since 1982 all states have chosen to participate.

Medicaid affects tens of thousands of health care providers and millions of health care workers nationwide. More than 5,000 community hospitals, 15,000 nursing facilities, 7, 000 group homes and other institutions for mentally retarded, 700 community health centers, and 585 managed care plans participate in the Medicaid program. These facilities and plans employ millions of workers.

In New York State, DSS Departments in each county are responsible for determining eligibility for Medicaid, however the program benefits and coverage are under the administration of the New York State Department of Health.

Medicaid has become the driving force of the DSS budget. Medical costs for services continue to increase at remarkable rates.

15,683 applications for Medicaid were filed in 2013.



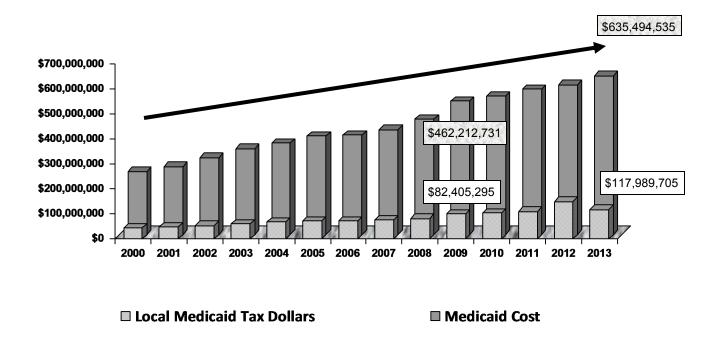
The table below shows a comparison of the 2008 & 2013 Orange County Medicaid Services Expenses:

2008 & 2013 Medicaid Expenses	2008	2013	% Change
Skilled Nursing Facilities	\$88,803,137	\$86,988,295	2.04%
Hospital Inpatient	\$46,709,677	\$36,972,362	-20.85%
Drugs & Supplies	\$44,173,063	\$8,733,453	-80.23%
Clinics	\$20,980,413	\$33,039,303	57.48%
HCBS Waived Services	\$64,137,028	\$98,617,978	53.76%
HMO (Managed Care)	\$114,725,448	\$274,541,747	139.30%
Personal Care	\$21,383,008	\$24,609,514	15.09%
Rest/ Rehab Option Services	\$13,118,615	\$13,083,779	27%
Hospital Outpatient	\$6,357,992	\$8,830,996	38.9%
Intermediate Care Facilities	\$11,891,224	\$16,823,211	41.48%
Physicians	\$2,700,806	\$4,685,582	73.49%
Transportation	\$8,198,940	\$14,223,687	73.48%
Other Practitioners	\$2,367,423	\$3,768,905	59.2%
Dental	\$1,969,451	\$1,331,423	-32.4%
All Other (i.e.: Prepaid Mental Health, Eye Appliances and DME, Lab & X-ray)	\$14,696,506	\$9,244,300	-37.1%

<u>Medicaid spending</u> is dependent on a variety of factors:

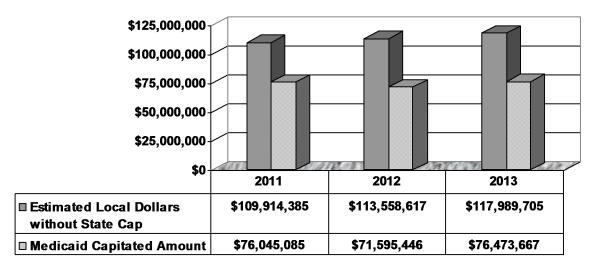
- ♦ Number of eligible individuals enrolled
- ♦ Cost of medical and long term care services provided
- ♦ Use of covered services by enrollees
- ♦ State decisions regarding the provision of optional eligibility groups and/or optional services

The chart below shows both the Local Medicaid Tax Dollars and the Total Medicaid costs. The costs for years 2008 and 2013 are illustrated to demonstrate the increase in tax dollars needed for the program over the time period.



* The traditional local cost on Medicaid in 2013 would have been \$117,989,705 however, the Medicaid program has a local cap of \$76,473,667.

Medicaid Capitated Amount vs. Estimated Local Dollars without State Cap in 2011-2013





An Overview of Programs available to provide Medical Assistance to uninsured and under-insured residents of Orange County

MEDICAID provides three types of critical health protection:

- Health insurance for low-income families with children and people with disabilities
- Long-term care for older Americans and individuals with disabilities
- Supplemental coverage for low-income Medicare beneficiaries for services not covered by Medicare and Medicare premiums, deductibles and cost sharing

Expanded Medicaid eligibility may help to provide medical assistance for children at the following income levels:

- 100% of poverty for pregnant women and children age 6+
- 133% of poverty for children 1 6
- 185% of poverty for pregnant women and children 0 - 1
- 200% of poverty for pregnant women

For information call O. C. Dept. of Social Services, Medicaid Unit at (845) 291-4000.

MEDICAID MANAGED CARE is Mandatory in Orange County for those who are eligible. Medicaid Managed Care improves access to quality medical services in a cost effective manner. For more information call O.C. Dept. of Social Services, Managed Care Unit at (845) 291-4000 or N.Y. Medicaid Choice at 1-800-505-5678.

PRENATAL CARE ASSISTANCE
PROGRAM (PCAP) provides prenatal care to promote healthy outcomes from the determination of pregnancy through the postpartum period. Pregnant women and infants (up to age one) with family income at or below 200% of the Federal Poverty Level may qualify. For information call O.C. Dept. of Social Services, Medicaid Unit at (845) 291-4000.

FAMILY HEALTH PLUS (FHP) is a

Managed Care program for adults 19 through 64 who do not have health insurance through their employers, but have income and resources too high for Medicaid. For more

information you may call 1-877-934-7587 or O.C. Dept. of Social Services, Medicaid Unit at (845) 291-4000.

HOME AND COMMUNITY BASED

SERVICES (HCBS) affords flexibility for creative alternatives to institutionalization. A mix of non-medical, social and supportive services such as homemaker services and adult day care services are designed to best meet the needs of various populations. Enrollees may include the elderly, individuals with physical and developmental disabilities, those with chronic mental illness, mental retardation, and persons with AIDS. More information about these services may be obtained by contacting O.C. Dept. of Social Services, (845) 291-4000 or O.C. Dept. of Mental Health (845) 291-2600 orDevelopmental Disabled services at www.orangecountynyddconnections.com.

COMPREHENSIVE MEDICAID CASE MANAGEMENT (CMCM) addresses the

medical, social, psychosocial, educational, and financial needs of recipients. Services are covered under the Medicaid Program and are provided through agencies contracted by New York State. For more information call O.C. Dept. of Social Services, Aid to the Disabled (845) 291-4000 or a local CMCM provider.

MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH

DISABILITIES offers an opportunity to buy Medicaid health coverage. To qualify, consumers must be certified disabled by the Social Security Administration or by the State or County Medical Review Team; live in New York State; be between age 16 and 65 and; be a U.S. citizen or have satisfactory immigration status. Consumers must work in a paid- position for which all applicable income and payroll taxes are paid and meet the income and resource guidelines. For information call the O.C. Dept. of Social Services at (845) 291-4000 or Independent Living, Inc. at (845) 561-4061.

THE FAMILY PLANNING BENEFIT PROGRAM is a Medicaid program for women and men of childbearing age (10—65) for birth control devices and supplies, testing and examinations, screening for sexually transmitted diseases and HIV, certain cancers and educational and counseling services. Applications can be made through local Planned Parenthoods, community health centers or in a Medicaid Office. For information call the O.C. Dept. of Social Services at (845) 291-2002.

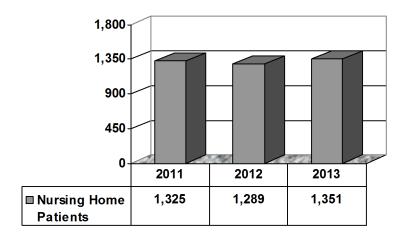
MEDICAID VS MEDICARE

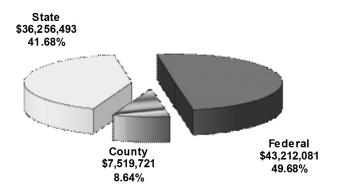
Medicaid is often confused with Medicare. While Medicaid eligibility is administered by the Department of Social Services, Medicare is run by the Federal Social Security Administration and provides medical insurance for the aged, blind and disabled.

For additional information about Medicare contact: 1 -(800) - MEDICARE (4227)

NURSING HOME UNIT

This Unit conducts interviews, verifies data and documents, and determines eligibility for people in need of Nursing Home care. Nursing Home care represents the most costly Medicaid service provided. State and Federal funding met 91.36% of the 2013 expenditures.





Skilled Nursing Facilities top the list of Medicaid expenditures. At the end of 2013, there were 1,351 Orange County residents receiving Nursing Home care. The total cost of Nursing Home care for the year was \$86,988,295.

ADMINISTRATIVE DIVISION

This Division provides varied services related to the administrative and fiscal direction of the Department, as well as supportive services. The Department Units within this Division are listed below.

Please note that several Administrative Division Units have been reported on within other Division sections. Direct management is provided under the Administrative Division; however, their services are closely coordinated with the services of other Divisions. These particular Units, along with the location of their report, have been so indicated.



ADMINISTRATIVE DIVISION RELATED SERVICES

CHILD CARE

(ECONOMIC INDEPENDENCE DIVISION)*

CHILD SUPPORT

HUMAN RESOURCES

STAFF DEVELOPMENT

PROGRAM INTEGRITY

CONTRACTS

INFORMATION TECHNOLOGY

MANAGED CARE

(ECONOMIC INDEPENDENCE DIVISION)*

SPECIAL INVESTIGATIONS

Note: * Program update found in Division Report

<u>ADMINISTRATIVE SUPPORT SERVICES UNIT</u>

Staff in the Administrative Support Services Unit is responsible for:

- Incoming and outgoing mail
- Building services and maintenance
- Courier Service
- Supervision of contracted cleaning services
- Purchasing and supplies
- Case number assignment through Master Index
- Safety and loss control coordination for all DSS buildings
- Records Management



Child Support

The Child Support Enforcement Unit provides the following services:



Location of absent parents

Various methods of searches are conducted to locate absent parents if the custodial parent is uncertain of the whereabouts

Paternity Establishment

Voluntary acknowledgement or court action may be taken to establish parenthood

Support Establishment

To ensure receipt of child support a court order is obtained as a result of filing a petition for support

Medical Support Establishment

Filing a petition with Family Court can help to obtain health insurance for a child when the absent parent has available coverage

Support Collection

Support order may state that payments be made directly to the Support Collection Bureau where payments are tracked and forwarded to the custodial parent/guardian

Support Enforcement

Actions for non-payment of support may include automatic deduction from income; seizing tax returns, lottery winnings, and bank accounts; suspension of motor vehicle licenses; and court enforcement

Medical Support Enforcement

Absent parent's employer will be required to deduct any employee paid health insurance premiums from his/her wages

Review and Adjustment

Support orders can be periodically reviewed to make certain the support amount meets the correct amount allowed by law

Monitoring and Enforcement

Monitor, audit and adjust support cases to indicate changes in the case and/or financial status that could necessitate action. Process all aspects of license suspension, cost of living adjustments and work within the guidelines of the Department of Taxation and Finance programs.

Child Care Petitions

Absent parents will be required to make court ordered payments for Child Care.

Any of these actions may be taken across state lines.

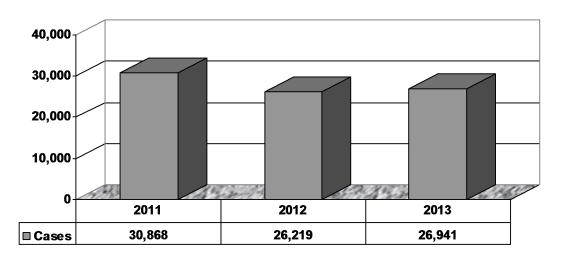
Every child has the right to support from both parents.

You may be eligible for Child Support Services if:

- ▲ You are a custodial parent or guardian needing services.
- ▲ You are a recipient of Temporary Assistance (automatically provided).
- ▲ You are not receiving Temporary Assistance, but complete a Child Support application for services. Most services are free, but attorney fees and field investigation costs may be requested. These costs may be deducted from a child support payment at the time the absent parent begins payments.

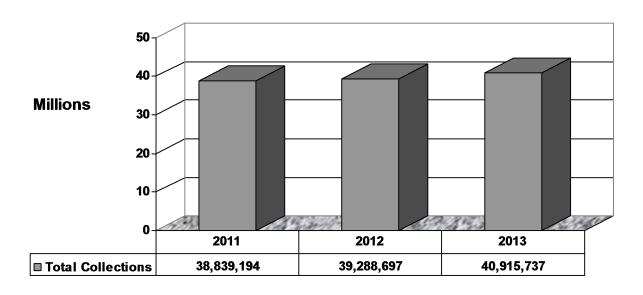
Child Support Staff have ongoing interaction with Family Court, the County Attorney's Office, the NYS State Child Support Office, as well as other Courts, Child Support Offices and employers throughout the County, State and Country in order to accomplish the mission to establish paternity and support orders for children.





The Orange County Child Support Office experienced an increase of over 2.75% in total cases at year end 2012 verses 2013. However, the Total Annual Child Support Collected actually increased by over 4% or \$1,627,040, as shown in the chart below.

Total Annual Child Support Collections



The Orange County Child Support Office managed Child Support Collections for Orange County residents that totaled over \$40.9 million dollars in 2013.

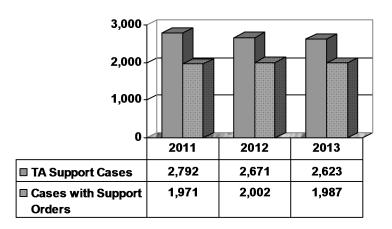
Child Support cases for recipients of Temporary Assistance with support orders accounted for more than 75% of the total number of cases handled by the Child Support Office in 2013.

The remaining cases are 'private' cases. The Child Support Services are provided due to court orders or citizens' request and are not due to mandated compliance for DSS program eligibility.

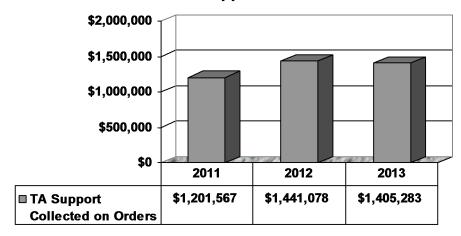
In 2013, there was a decrease in Temporary Assistance recipients with support orders in Orange County. There was about a 1.8 % decrease in Child Support cases for these recipients between 2012 and 2013.

The Annual Temporary Assistance Child Support Payments decreased by over 2.45%.

Child Support Cases for Temporary Assistance (TA) Recipients for 2011-2013 (end of the year)



Annual TA Child Support Payments Collected on Support Orders



More online information about Child Support may be obtained at:



https://newyorkchildsupport.com

(NYS Office of Temporary & Disability Assistance)

https://www.ocfs.state.ny.us

(NYS Office of Children and Family Services)

https://www.acf.dhhs.gov/programs/cse

(US Administration for Children and Families, Department of Health and Human Services)

Finance / Accounting



The Fiscal Director is responsible for management of the Accounting Unit and preparation of the Department's budget, as well as charting and projecting expenditures as the year progresses. Oversight is also given for the claiming of expenditures, enabling the Department to receive proper reimbursement from Federal and State Government sources.

The many fiscal responsibilities of the Finance/Accounting Unit are reflected in the varied assignments summarized below.

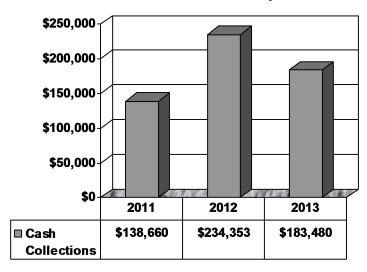
The **ADMINISTRATIVE AUDIT/ACCOUNTS PAYABLE** staff spends their day auditing and paying administrative bills, which include contractual and equipment costs (such as rent, utilities and supplies). They reimburse employees for business related travel expenses and consumers for medical transportation.

CASH ASSISTANCE MANAGEMENT SYSTEM (CAMS)

staff keep records for overpayments and amounts due from recipients of Temporary Assistance or Supplemental Nutrition Assistance Program, or as indicated by the Department's Special Investigation Unit. They contact consumers to inform them of amounts due and record payments made.

Staff in the area known as **CATEGORY** audit and interpret authorizations for all Temporary Assistance cases for single-issue payments, two party rents, indirect payments, and voucher payments.

Cash Collections on Closed Temporary Assistance and/or Food Stamp Cases



The RESOURCE UNIT:

- Prepares Bond and Mortgages when consumers owning their own homes apply for Temporary Assistance. Additionally, they prepare Assignments of Proceeds for consumers who own property and are entering a Nursing Home, send bank clearances and various other inquiries to determine the value of consumer's assets and resources.
- Reviews Requests for assistance with burials for eligibility and appropriate compliance with County guidelines.
- Maintain a petty cash account and all bank accounts for consumer cases for which the Commissioner of Social Services has been made the guardian.

SSI retroactive payments are received here for computation of the amount to be reimbursed to the Department for any period of eligibility and release of remaining funds to the consumer.

 Investigate referrals from workers regarding the possibility of Third Party Health Insurance, verifying information with insurance companies and paying insurance premiums when it is determined to be cost effective.

Referrals are also investigated regarding accidents with pending lawsuits, for the filing of liens against lawsuit settlements.

Surrogate Court files are also reviewed in order to establish the County's position for filing a claim against the estate of deceased recipients.

• In 2013 a total of \$2,036,028 was received by the Department to satisfy liens.

PAYROLL staff completes the preparation of the OCDSS payroll, new employee registration and staff reassignment paperwork.

Indigent Burials provided by OCDSS- 2011 thru 2013

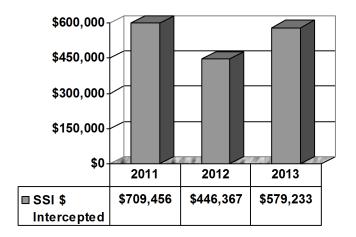
2011 * — 190 Burials

2012 * — 183 Burials

2013 — 201 Burials

* revised 2011 & 2012 amounts

SSI \$ Intercepted by OCDSS



Third Party Health Insurance – Cost Avoidance 2011 thru 2013

2011 — \$86.3 Million

2012 * — \$64.9 Million

2013 — \$64.0 Million

* 2012 revised amount

Human Resources

The Orange County Department of Social Services has 481 budgeted staff, including members of the bargaining unit of the civil service employees' group and management staff. Administration of employee hiring, leave time, grievances, performance evaluations, recognition, promotion and transfers is crucial to the Department's operations. Human Resources activities are coordinated with the Orange County Department of Personnel.



Staff Development

The Staff Development Unit is charged with preparing all employees of the agency to perform the functions of their job with skill and accuracy and to assist them with developing to their maximum potential.

Activities include:

- New Employee Orientation
- State Training
- Local Training
- Employee Development and Retention

Personnel Records (STARS)

Foster Parent Training

- Department-wide initiatives to improve employee productivity, effectiveness, and retention by improving morale and facilitating teamwork, communication, and cooperation:
 - Agency Workgroup
 - Employee Recognition Committee
 - Family Development Credential
 - Job Shadowing
 - Cross Training
- Staff Development policies and procedures to improve the effectiveness and efficiency of training:
 - Outcome-based evaluation
 - Modification of training design & delivery

Staff Development arranges for continuing education courses and job development through various colleges and universities and lending library of materials to assist employees with professional development.



Program Integrity

Mandatory compliance with the Health Insurance Portability & Accountability Act (HIPAA), a federal privacy law, presents the ongoing need for staff training and subsequent monitoring. This Unit serves the Department for maintaining HIPAA Compliance.

This Unit also serves as the point of contact for all FOIL (Freedom of Information) requests.

The **Contract Monitor** is based at the Quarry Road Administration building and is responsible for initiating and participating in contract negotiations, processing, interpreting and retaining contracts for Social Services (ranging from foster care institutions to office cleaning) and acting as a vendor contact person for billing and other inquiries. Fiscal and programmatic integrity of vendor contracts with the Department are monitored with focus placed on recording the positive outcomes resulting from each agreement, including maximization of federal and state funding as payment claims are filed. Standardized budget submissions and recorded outcome based data compliment ongoing management planning for future DSS initiatives.

General audit activities are undertaken to maintain program integrity throughout the Department.

Information Technology (IT)

Led by the Senior Network Support Specialist, Information Technology (IT) is responsible for the Computer/Server/Network systems used by the Agency. IT is also responsible for data collection, production, and distribution. The unit coordinates systems between NYS Information Technology Services (ITS), County Information Services Department, Contracted Vendors, and the Agency.

Information Technology provides support for Computer/Server/Network related problems. Provides analysis of system needs, tests and implements hardware and software as well as coordinate the state services on-line systems such as CONNECTIONS, Welfare Management System (WMS), Benefit Issuance Control System (BICS), etc... IT also designs, develops, and implements web based software solutions to assist in making processes more efficient.

The Senior Network Support Specialist also oversees the Data Entry staff who coordinate data entry requirements between the DSS units and are responsible for the accurate and timely online entry of case, consumer and document data into WMS, Our local document Imaging System, and all other related sub systems. The Data Entry work initiates the production of grants and services for recipients of the various Social Services programs.



Special Investigations Unit (SIU)



The Special Investigations Unit (SIU) conducts thorough investigations of suspected cases of fraud and abuse by vendors and recipients in various programs administered by the Department. Investigations Include case reviews, field investigations and home visits. Additionally, the Unit works in tandem with the Orange County District Attorney's Office to prosecute cases of welfare fraud and helps to facilitate retrieval of fraudulent overpayments through the Department's Accounting and Temporary Assistance Divisions. SIU works in tandem with the Office of Medicaid Inspector General, the OC Sheriff's and the OC DA's office to prosecute cases.

There are two types of investigations:

- 1. Front End Detection when an investigation is conducted at the time a consumer application for benefits is filed.
- 2. Back End Investigation- when an investigation is conducted after benefits have been authorized and during active receipt of benefits by the consumer.

In either case, the investigation is a result of a fraud referral or questionable information and/or circumstances are presented to the Department.

In 2013, there were 2,344 Front End Investigations that resulted in 964 (41%) cases of assistance being denied and/or discontinued. The total FEDS cost avoidance for 2013 was \$6,487,128.

There were 731 Back End Investigations completed resulting in 379 (52%) instances of confirmed fraud for a cost savings of \$83,310.45.

The unit referred 70 Cases to the District Attorney's Office for prosecution.

Significant Events/Accomplishments in 2013

All Divisions of the Department participate in developing an annual Management Plan. The Department reviews the goals and objectives and determines the appropriate projects and monitoring needed. A summary of the Department's key goals for 2013 include:

Children Services:

Child Protective Services focused on increasing the percentage of on-time investigation determinations through newly implemented accountability procedures. As a result, in the fourth quarter of 2013 the on-time report determination rate increased by 20% over the first quarter of 2013.

A new Child Protective Services (CPS) unit was added to the CPS program. One case supervisor and five senior caseworker positions increased the Child Protective Services staff to lower caseloads and enhance our Child Protective response. Orange County CPS investigated 3828 reports of alleged child abuse and maltreatment in 2013. Anticipated outcomes include: reduced caseloads, increased time spent with children and families, reduced recidivism, and increased timeliness and quality in required investigative reporting.

Adult Services:

The Protective Services for Adults (PSA) Program participated in a pilot project sponsored by the NYS Office of Children and Family Services (OCFS) to track cases of financial exploitation, which come to the attention of Protective Services for Adults. During the pilot project, a number of cases across NYS were closely monitored and data was reported to OCFS for cumulative analysis. The project ended in September, 2013. OCFS will issue a report detailing project findings and highlighting the estimated costs of financial exploitation. OCFS also provided information to financial institutions regarding their ability to share information with agencies investigating financial exploitation, which is expected to remove barriers in the local investigative process. It is believed that financial exploitation of elderly and developmentally disabled adults is significantly under-reported. As a result, OCFS and local districts have focused attention on this issue and supported the pilot project to take a closer look at reported incidents.

Economic Independence:

area.

In 2013, the Division of Economic Independence continued to experience significant increases in enrollment in SNAP, Medicaid and the Home Energy Assistance Program. Program enrollment in Medicaid has reached new heights, as Medicaid offered health insurance coverage almost 70,000 Orange County residents in 2013, resulting in gross expenses of more than 635 million dollars. The County's SNAP Program consistent with nationwide trends, expanded in 2013. At the close of the 2011 – 2012 Heating Season, more than 7.2 million dollars was provided to vulnerable residents in need of assistance with home heating during the colder winter months.

The Port Jervis bus loop was expanded in 2013 to enhance transportation services for PJ residents. Several stops were added to the PJ bus service, which is free of charge and allows residents without transportation, who are living in the western part of Orange County to access SUNY Orange, medical services and social services in the Middletown

The "CHI Orange" program, developed in 2013, provides emergency and permanent housing for homeless families in Port Jervis. Previously, Port Jervis resident needing shelter would have to move, at least temporarily to Middletown or Newburgh. Now two per diem (emergency) units and two permanent housing units for families are available in Port Jervis. CHI Orange, which provides shelter and some case management, allows Port Jervis families to remain in their community and children to continue to attend the same school while receiving housing assistance.

Homeless families and individuals were served more comprehensively with greater chances of successfully securing permanent housing through placement into emergency and transitional housing programs, which include case management services, rather than into hotels / motels. Use of hotels / motels for families decreased by 95% (64 in 2012 vs. 3 in 2013) while use of hotels / motels for homeless individuals decreased by 77% (99 in 2012 vs. 23 in 2013) compared with 2012. (Data compares Jan. – Nov. both years).

Administrative Division:

OCDSS Information Technology Department implemented the Voice over Internet Protocol (VOIP) system at our Quarry Road office. This system is not only a technological advancement, but also a cost savings initiative with an expected return on investment in about five years, after all DSS sites are implemented. The VOIP system brought this office in line with the county's new CISCO phone system, which is being implemented county wide.

The IT Department working with Children's Services developed the Persons in Need of Supervision (PINS) performance WebBase (Web Based Database). PINS service providers under contract with OCDSS can enter information about the youth and families they serve, services provided and outcomes achieved. The WebBase can provide detailed data reports across programs to inform decisions about types of services the Department will support and fund for this population. The data base also streamlines reporting procedures for PINS service providers.

Lastly, the agencies Child Support Enforcement Division remained on target to exceed last year's child support enforcement collections for families across the County. More than 26,000 local families received assistance through the Department Child Support enforcement Division, resulting in the distribution of more than 40 million dollars by the close of the fiscal year. In a year where many counties total support collected declined, Orange County increased the amount of support collected over the 2012 total by 3.81% to achieve the second highest increase in support collected in 2013, by any county in New York State.

2014 DSS Division Goals & Objectives

All Divisions of the Department participate in developing an annual Management Plan. As the Department looks ahead, goals and objectives are determined and appropriate projects and monitoring commence. A summary of the Department's key goals for 2014 follows:

The Adoption unit will review internal procedures related to adoption finalization to streamline and expedite the process. The workers will work with foster parents where applicable to reduce or remove obstacles to adoption finalization.

The prevention response to youth at risk of Family Court involvement as a Person in Need of Supervision (PINS) or Juvenile Delinquent (JD) will be enhanced to promote a more comprehensive and efficient response to youth and families, with a goal of further reducing the number of youth involved in Family Court and/or placed out-of - home. A continuum of services will be available in the community to maintain youth in their homes and communities with only brief, temporary, out-of home placements when necessary.

Adult Services Staff currently assigned to the agency's Home Care Services Unit will successfully transition from their current role of assessment/ authorization and reassessment/reauthorization of Medicaid Funded Home Care services to eligible county consumers and reorganize to operate a Generic Adult Services Unit. The Unit will re-organize to perform Assessment and Intake tasks related to short-term service needs or linkage to other community—based services.

Temporary Assistance and Children's Services staff will coordinate efforts to reduce homelessness. Work will be done to design a policy to identify families at risk of homelessness. The homeless individuals and families will be placed in either shelters or transitional living environments pending permanent housing.

The Accounting Department will work to develop and utilize a Local Process utilizing Small Claims & Income Executions to recover unpaid overpayments.

Work to enhance the continued relationship between Call Center and the Food Stamp and HEAP divisions. Cross train all operators and call center employees to produce a more effective division. Demonstrate a high level of customer service and respect to the social services clients.

Efforts continue to maintain the New York State Department of Health application and recertification timeframe standard at 12% or below for both Medicaid and Supplemental Nutrition Assistance Program.

Efforts will be made to determine and implement the process necessary for the preparation of the Medicaid transition from the local responsibility to the State.

Temporary Assistance (TA) will work towards decreasing the number of homeless individuals and families living in temporary living arrangements such as hotels in Orange County.

TA will work on enhancing the HEAP case processing times.

Contract Monitoring will enhance the financial and programmatic efficacy of contract agencies through financial and programmatic audits. We will prepare descriptive reports on audit findings comparing direct expenses to indirect expenses in all contract audits. The monitor will conduct audits on cost methodology for agency overhead.

The Child Support Division will attempt to reach and maintain a paternity establishment percentage of 93%, and reach and maintain a support establishment percentage of 87.5%. We will also work to increase collections on current assistance cases up to the statewide average of 50%.

Information Technology (IT) will work on the implementation of the Voice Over Internet Protocol (VOIP) Telephone system at Department of Social Services' offices located at Hatfield Lane.

IT will also work on designing, building, testing and implementation of both the CAMPs WebBase for CASACs and the Preventive Outcomes WebBase (Web Based Database).

The Special Investigations Unit (SIU) will conduct investigations monthly on active Day Care cases where the consumer is employed off-the-books. SIU will increase the number of cases referred to and prosecuted by the District Attorney's Office. The unit will continue to work with the O.C. Sherriff, FBI and other Law Enforcement Agencies as they initiate their investigations into Supplemental Nutrition Assistance Program Trafficking.

Contact Information

Orange County Department of Social Services (845) 291-4000

Listing:	Telephone Numbers:	Web Address:
Abandoned Infant Hotline	(866) 505-SAFE (7233)	
Adoption		
Foster Care Network	1 - (877) 297-3303	FosterCare@co.orange.ny.us
New York Parent's Connection	1-800-345-KIDS (5437)	
New York State Adoption Service - The Adoption Album	1-800-345-KIDS (5437)	www.ocfs.state.ny.us/adopt
New York State Coalition for Children, Inc.		www.AdoptUSKids.org
Adult Protective Services	(845) 291-2800	www.orangecountygov.com
	(800) 342-3009 (Dial 6)	www.ocfs.state.ny.us (follow the links)
After Hours Help Line	211	
Benefits:		
Supplemental Nutrition Assistance Program	(845) 291-2002	www.myBenefits.ny.gov
	1-800-342-3009	www.fns.usda.gov
HEAP (Home Energy Assistance Program)	(845) 291-2002 1-800-342-3009	www.otda.state.ny.us/main/heap
Medicaid	(845) 291-4000 or 1-800-541-2831	
Children Protective Services	(845) 291-2800	
New York State Central Registry of Child Abuse and Maltreatment	1-800-342-3720	
Child Support Services	1-888-208-4485	newyorkchildsupport.com
		www.ocfs.state.ny.us
		www.acf.dhhs.gov/programs/cse
Department of Emergency Management	911	
Domestic Violence programs	1-888-503-4673	
Safe Homes Project of Orange County	(845) 562-5340	
Emergency Housing Group	(845) 343-7115	
Fair Hearing	800-342-3334	www.otda.state.ny.us/oah/forms.asp
Foster Care	(845) 291-2800	www.ocfs.state.ny.us
Kids' Well-Being Indicator Clearinghouse		www.nyskwic.org
Medical Answering Service (transportation)	1-855-360-3543	
NYS Office of Children and Family Services		http://www.ocfs.state.ny.us
Orange County NY Connects		www.orangecountynyconnects.org
Orange County Connects Point of Entry	(845) 615-3710	
U.S. Administration for Children and Families		www.acf.dhhs.gov/programs/cse