

**Social Services District: Monroe**

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**Inclusive Collaboration** - Describe how the county obtained and incorporated input from the Mayor's Office and the community, including persons living in poverty, when deciding how to program these funds.

A City/County planning team was established in April 2024. This team, consisting of the Deputy Mayor, Chief of Staff to the Mayor and the Commissioner of the Department of Recreation and Human Services from the City and the Commissioner, Deputy Commissioner and Coordinator of Special Projects from DSS, has been meeting biweekly since April. City partners have actively contributed to the plan development.

DSS staff also met with the Executive Director of the Rochester/Monroe Anti-Poverty Initiative (RMAPI) on May 31<sup>st</sup>.

The Monroe County Executive and Mayor of the City of Rochester have been briefed and offered their feedback and support to the proposal.

On August 21<sup>st</sup>, 2024, plan was presented to Community Advisory Councils (or similar entities) from several agencies, including the Rochester/Monroe Anti-Poverty Initiative, Rochester Housing Authority, Roc the Future, Children's Agenda and Rochester City School District. This guided discussion was facilitated by the RMAPI *Strategic Partner and Community Engagement Manager*. Feedback (see attached) has been incorporated into our processes as applicable.

Community Stakeholder meeting with select Community Based Organizations was held on August 29<sup>th</sup>, 2024. CBOs invited to attend include agencies who operate within the selected zip codes or have expertise in the subject matter the plan is meant to address.

To further develop the Upward Mobility Initiative, the Rochester/Monroe Anti-Poverty Initiative (RMAPI) assisted MCDHS and the City of Rochester in facilitating additional stakeholder workshops. These workshops included representatives from the County and City of Rochester, as well as Community Based Organizations - Action for a Better Community, Black Community Focus Fund, Catholic Charities, Finger Lakes Performing Provider System, United Way of Rochester and the Finger Lakes and the Urban League of Rochester. These workshops, held on November 8<sup>th</sup> and 18<sup>th</sup>, helped to further solidify the participant criteria and create a shared understanding of the goals of the program. This group also finalized the delivery model and outcomes our community would use to determine success.

**Target Population and Recruitment Strategy** - Describe the target population for the intervention. Efforts should be made to target participants in a manner to permit the intervention to reduce economic racial disparities such as by targeting residents of neighborhoods or zip codes. As part of this effort, zip codes in the City with the highest rates of poverty should be prioritized. Describe how participants in the target population will be recruited and selected and the rationale for the recruitment strategy. Identify the number of families expected to be served. [Reminder: Participants must be part of a family with a child under the age of 18, and who at the time of program enrollment has income at or below 100% of the 2024 FPL. Participation may continue until the family reaches 200% FPL.]

Zip codes: **14605, 14608, 14611, 14621** (14605, 14608, 14611 identified by OTDA as the priority zip codes in Rochester. 14621 has historically high PA population).

This determination was based on the zip codes with the highest poverty\*, and concentrated TA cases with children.

**14605** Active cases: 506 TA

**14608** Active cases: 388 TA

**14611** Active cases: 531 TA

**14621** Active cases: 981 TA \*per OTDA data 14621 is based on high PA population, not poverty rate.

Families with Related Children of Householder Under Age 18					
ZCTA	Total	Below Poverty	% Below Poverty	Below Poverty in 3 Poorest Zips	% Below Poverty in 3 Poorest Zips
Rochester	23,344	8,310	35.6%	2,589	48.7%
14605	1,523	851	55.9%		
14608	1,246	639	51.3%		
14609*	4,638	1,475	31.8%		
14611	2,548	1,098	43.1%		
14621*	4,030	1,660	41.2%		

Children Under Age 18					
ZCTA	Total	Below Poverty	% Below Poverty	Below Poverty in 3 Poorest Zips	% Below Poverty in 3 Poorest Zips
Rochester	45,048	18,792	41.7%	6,079	55.9%
14608	2,751	1,764	64.1%		
14605	3,268	1,904	58.3%		
14609*	8,593	3,247	37.8%		
14611	4,862	2,411	49.6%		
14621*	8,702	3,992	45.9%		

Current TANF population across these four zip codes is roughly **2,406 active cases**.

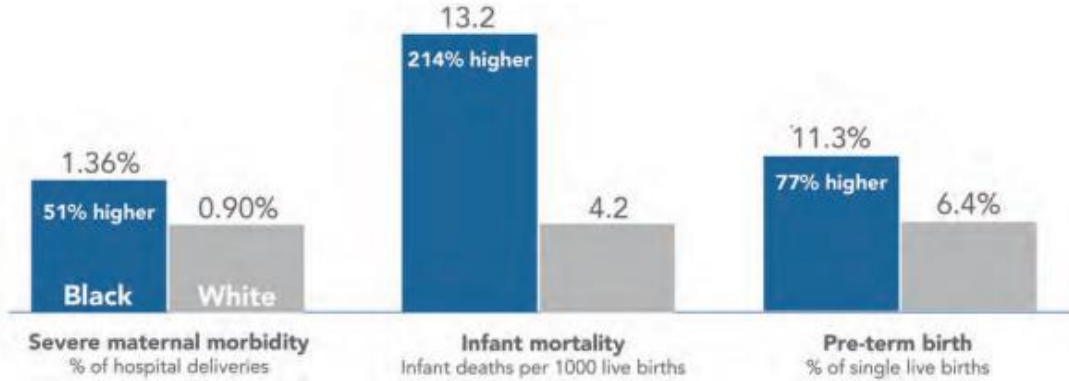
District	Cases	Recipients Total	Recipients Per Case	Recipients Under 18	Children Per Case	Recipients under 6	Children Under 6 Per Case
Rochester	2,305	8,212	3.56	5,343	2.32	1,968	0.85

**Unborns on TANF cases in designated zip codes:**

ZIP	2023	2024 YTD
14605	41	16
14608	16	13
14611	36	19
14621	54	25

**July 2021 ACT Rochester Report - The Color of Health: The Devastating Toll of Racism on Black Lives**

**Childbirth is more dangerous for Black mothers and babies**



The Black infant mortality rate in **Monroe County** is more than 3 times the rate for White infants (13.2 per 1,000 live births vs. 4.2 for White). The largest cause of infant mortality is premature birth, when a baby is born before 37 weeks of pregnancy. Premature birth is associated with a variety of longer-term health problems that persist through adulthood, including chronic disease, disability and premature death. In our region, the premature birth rate is 77% higher for Black mothers (11.3% vs 6.4% for White mothers). No genetic or biologically predetermined reason accounts for these large disparities; maternal health risk factors are the same for White women and Black women. However, Black mothers and their infants disproportionately suffer pregnancy and childbirth complications due to the layered effects of racism. Hypertension, a major risk for pre-term birth, is much more common among Black women. A regional survey found that 48% of Black women report having hypertension, a rate 85% higher than the rate for White women (26%).

Such disparity is not surprising given the chronic toxic stress and physiological weathering that comes with racism. Layers of racism undermine socioeconomic opportunities as well, creating additional stressors and limiting access to healthy food and other resources that help prevent and manage hypertension.

### **Recruitment & Selection process: Based on active TA cases in the identified zip codes**

#### Recruitment from active TANF HH.

- Candidates will be required to apply to participate in any of the Project Prosper Initiatives.
- NPC cases are part of this overall number and will be addressed specifically, as total HH income may exceed 100% FPL and result in ineligibility for this initiative.
- TANF recipients who are coded as temporarily or permanently disabled will be assessed for a return to employability or to a higher level of support as provided by Social Security Disability or Supplemental Security Income (SSI). MCDSS currently operates a Restoration to Self-Sufficiency Program and Disability Assessment Review Team that assists in these efforts.

Recruitment from TANF *eligible* / 100% FPL HH in the specified zip codes who may not already be receiving public benefits and not receiving Guaranteed Basic Income (GBI) or Direct Cash Transfer (DCT) from another program. Information on the initiatives will be widely available in the community via presentations, flyers, and targeted outreach in the identified zip codes, including direct mailers and coordination with existing community partners. If needed, households will also be recruited from existing NPA-SNAP cases with income under 100% FPL for the household size documented within the ABEL budget.

Selected Participants must complete the TANF Services Application/Certification and agree to participate in all aspects of the initiatives including requirements specific to each initiative. The TANF Services application, demographic information, household composition, enrollment dates, assessments, individualized plans with action items, tracking of milestones achieved, household changes and outcomes will all be stored within an MCDSS provided electronic platform.

**Planned Interventions and Evidence** - Provide detailed description of the intervention(s) to be provided to the target population. Describe the evidence to support the hypothesis that the intervention(s) will enable the target population to improve their economic well-being within 3 years or less. If the intervention is not supported by direct evidence, describe the rationale for why the intervention is expected to move families out of poverty.

- 1) Monroe County will implement a **Monthly Cash Incentive Program for Pregnant Women** within **180** days of their EDC in the designated Zip Codes of 14605, 14608, 14611 and 14621. This incentive is to encourage particular behaviors/outcomes for this target population. This program will provide case management support, prenatal healthcare referrals and support to reduce maternal morbidity as well as support during the first 18 months of the child's life to reduce infant mortality. 200 Participants will receive monthly cash incentive of \$1000 per month for up to 2 years. *Participants in the monthly cash incentive program will be required to participate in activities to support maternal health, as well as activities to promote self-sufficiency and upward mobility. Participants will sign agreements that they understand the requirements for continued enrollment and will be advised of the consequences of successive non-compliance. Failure to participate or comply will result in early termination of the monthly cash incentive benefits.* Activities will be based on the results of an assessment to determine the needs of the family.

During enrollment, each mom will complete an individualized, participant-driven, assessment. This assessment will be the foundation to create the targeted goals the family will work towards during the 2 years of the program. The goal areas will include: prenatal care, labor planning, building natural supports, education, employment, finances and parenting, including the areas of family planning, child development, safe sleep and breast feeding. During monthly contact with their assigned Case Manager (which may also be a Community Health Worker) the mom will document progress on the desired goals. Each quarter, the participant will be required to engage in a peer group (in person or virtually) in an effort to build natural supports and a social network. Throughout the duration of the program goals will be rated as ongoing, achieved, partially achieved, or discontinued.

Child poverty is persistent and significant in the city of Rochester, with over 40% of children living in poverty. In Rochester, one in five children live below 50 percent of the federal poverty line.

Cash incentives are an innovative solution to address child poverty, and in particular, to mitigate the impacts of housing insecurity. This monthly cash incentive program will provide assistance to mothers and babies, providing low-income mothers with cash on a biweekly basis during pregnancy, birth, and the earliest days of their babies' lives to support health development, avoid adverse childhood experiences, and break intergenerational cycles of poverty.

A similar project (being piloted in NYC and Rochester) has seen a profound and measurable impact on moms' mental health, ability to provide for their family's basic needs, and save for the future. And there has been a direct link to housing security – 63% of participants living in transitional housing moved to permanent housing within a 9-month period of program participation. Families with children in Monroe County THA placements within hotels stay on average 55 days; shortening THA stays will create meaningful benefits that housing permanency brings to a mom and her child(ren). While the BRIDGE project is able to provide some learnings for our Cash Incentive Program, it will differ in that the BRIDGE Project has no requirements for continued receipt of funding, our local program will have monthly requirements as outlined above for the household to remain eligible. Individuals participating

in the BRIDGE (or any current or future DCT program) will not be eligible to participate in this initiative.

Participants will receive cash in monthly installments, based on their compliance with program requirements, as well as case management and referrals to other supportive services. Monthly participation in program activities; assessments, action plans, surveys as well as peer support groups will be required as a condition of ongoing eligibility for the cash payments.

- Program Administration will cover issuance of monthly cash incentives as well as case management (provided by a Case Management or CHW) including mentoring, coaching, financial counseling and support necessary to navigate systems for securing and maintaining employment, make connections to health/mental health providers, and access childcare to empower and stabilize the family in preparation for when the monthly cash incentive ends.
- Recruitment for this program will be from active TANF cases or open Child Welfare cases or THA placements with a confirmed pregnancy and expected birth within 180 days.

2) Monroe county will implement a **Rental Subsidy Program** for 100 active TANF families in the designated zip codes of 14605, 14608, 14611 and 14621.

- Participants residing in public or other subsidized housing programs or in receipt of any voucher-based housing subsidy such as Housing Choice Vouchers or the local RSP program, Project Anchor, will not be eligible.
- ***Families in this program will receive case management, financial counseling and support necessary to increase their income, during the two years of the supplement program, to an amount when the household's total monthly rent is 30% or less than their total monthly income. Case management will include assistance to obtain new or increase existing employment, depending on individual case circumstances, households may be connected to other subsidy programs such as the Housing Choice Voucher program or our local RSP program.***
- Average monthly supplement is expected to be \$816
- Recruitment for this program will come from other initiatives within Project Prosper, other MCDSS programs and referrals from case managers from within THA contracted shelter providers for THA clients.

- 3) Monroe County will implement an **EmPath Mobility Mentoring-informed Upward Mobility Mentoring Program** with direct supports and milestone cash incentives. This program will address five pillars of upward mobility: family stability, well-being, financial management, education/training and employment/careers. Additionally, we will include measures and goal setting for participants that include: family planning, child support orders, pre-school enrollment for families with 3-4 year old children, school attendance for children in K-12, child welfare involvement, increased civic engagement and social capital. Using motivational interviewing, participants will be assessed using an EmPath informed assessment tool to create individualized life plans for upward mobility. Goals will be individualized, achievable, specific, have demonstrable progression milestones and tangible steps to completion.

Using the preliminary data, we have approximately 2500 families in receipt of TANF in the targeted zip codes, and we anticipate enrolling 750-1200 families in this initiative. Selected households must have a head of household who has the willingness and ability to work.

Every enrolled family will be required to participate in coaching and financial counseling to maximize the potential for long term success. If not already, participants will be connected to primary care providers for themselves and their children in an effort to obtain preventive care and prevent unplanned loss of school or work time. Participant households with school-age children will have a focus on school attendance including information on the benefits of regular school attendance and concrete supports to ensure attendance – leading to fewer child welfare referrals for educational-neglect.

Additional existing wrap around services will be evaluated and engaged as appropriate to provide maximum support to enrolled families.

The initiative will also provide direct assistance toward a meaningful and sustainable impact on families' long term economic potential. Direct assistance will be provided to enrolled families based on the results of the assessment and in direct correlation with goals identified in the Life Plan. Proposed uses of direct funding, to be **issued directly to vendors on behalf of participating families** and when the funding for the identified need is not available through any other program, include the following:

- Housing supports promoting housing stability, including household needs (appliances, furniture), security deposits and first months' rent, rental arrears, or utility arrears;
- Direct assistance or child allowances that address a specific and targeted need that is not otherwise funded, including childcare, clothing, or other child needs
- Transportation support including funding for vehicle repair or purchase, driving lessons and road tests, registration, or insurance; and,
- Direct employment and/or workforce development support services, such as funding for entrance or exam fees, certification and licensing fees, tuition, books, uniforms, tools, etc.

Cash and other non-financial Incentives will be provided in recognition of participants achieving goals. Non-financial incentives will include recognition like shout outs,

certificates and other acknowledgements of goal progression. Cash incentives will be provided directly to the participant in the form of gift cards or direct bank deposits.

Four goal categories will result in cash incentives – Educational attainment for the primary participant, job entry/promotion or increased hours and increased or maintained school attendance for K-12.

- When adult participant attains an educational milestone such as HS Diploma, HSE completion or successful completion of a training or vocational education program.
- When an adult participant obtains initial employment
- When an adult participant obtains increased employment
- When a pre-school aged household member is enrolled in Pre-K 3 or Pre-K 4
- When a K-12 student in a participant household attains 95% attendance in a marking period.

#### Program Administration

- Case management including mobility mentoring, coaching, financial counseling, and support necessary to navigate systems for securing and maintaining employment, make connections to health/mental health providers, and access childcare to empower and stabilize families.

Monroe County DHS has joined EmPath's Learning Network, the Economic Mobility Exchange, to have access to a network of practitioners working to promote economic mobility in their communities. We will utilize EmPath's membership benefits and practices to train DHS staff and contracted agency staff in the Mobility Mentoring framework as well as fundamental mobility mentoring courses including motivational interviewing.

**Implementation** - Indicate whether the program will be administered using district mechanisms (e.g., direct administration or transfer of funds to county agencies) or by another public agency, contractor, or non-profit organization. If indicating direct district administration, describe how the interventions will be implemented and what staff will implement it/them.

Initiatives will be administered by contracted vendors. MCDSS will issue Request for Proposals accordingly, per the designated timeline.

MCDSS will also **procure a program administrator** that will oversee the initiatives and coordinate all activities across all components within the programs. This administrative entity will support our internal capacity and provide consistency in operations across all procured vendors.



**Timeline** - Describe the timeframe for implementation and completion of each activity/intervention proposed for funding. Interventions that can be implemented within 6 months are strongly encouraged.

Anticipated Timeline (Based on data and stakeholder input)

February 2025	RFPs issued
March 2025	Contracts finalized
April – May 2025	Programs launched

**Funding / Budget** -If the proposal would direct this funding to more than one activity/intervention, include a breakdown of the estimated allocations for each, and a high-level breakdown of how the funding is anticipated to be used for each activity/intervention including the amount planned for administration. Districts will have up to three years to spend funds, subject to reallocation in the State budget. Administrative costs must not exceed 15%.

Budget and narrative are attached.

The \$59,618 administrative cost on the summary tab is funding we will keep at the LDSS to fund the electronic platform these programs will utilize for data collection and 5% salary costs as explained in the budget narrative. We also have local administrative costs of \$110,000 for the electronic platform that will be used for case management and data collection and \$27,000 for the annual EmPath Mobility Mentoring Learning Collaborative membership fee.

Each of the programs within this plan will be administered by a community-based organization selected through a Request for Proposals process. Prior to the release of the RFPs, In partnership with the Rochester Monroe Anti-Poverty Initiative, RMAPI, we expect to hold an information session to orient potential respondents to the initiative goals, implementation timeline and expectations for vendors. We will also work with RMAPI and other community stakeholders after the review of submitted proposals, ensuring community buy-in and shared understanding of implementation and operationalization of the plan initiatives within the Community by the selected vendors.

Our Monthly Cash Incentive Program for Pregnant Women will enroll 200 participants and issue direct cash of \$1000 per month for a maximum of 24 months. Participants will receive coaching and mentoring as well as be required to participate in monthly activities, aligned with the results of an assessment, that will move the family towards economic independence. The direct cash payments and case management salary costs will be direct program expenses. Administrative costs for this program will include salary costs for support and/or administrative staff, as well as allowable expenses such as technology supplies, office supplies, mileage, food for program participants and internal systems needed to issue and track payments. The program vendor will be provided the electronic platform for case management and data collection. Administrative

salary costs are estimated to be 5% of direct program staff costs, fringe is calculated at 26%. All costs assume a 2 year contract period.

Our Rental Subsidy Program will provide 100 active TANF households with a rental subsidy as well as case management, financial counseling and other support, to move the household towards economic independence during the 24 months of the program. The monthly subsidies and case management salary costs will be direct program expenses. Administrative costs for this program will include salary costs for support and/or administrative staff, as well as allowable expenses such as technology supplies, office supplies, mileage, food for program participants and internal systems need to issue and track rental subsidy payments. The program vendor will be provided the electronic platform for case management and data collection. Administrative salary costs are estimated to be 5% of direct program staff costs, fringe is calculated at 26%. All costs assume a 2-year contract period.

The EmPath Mobility Mentoring Program will provide direct supports and milestone cash incentives for 750-1200 households. Participants will receive intensive coaching and mobility mentoring with a focus on goal setting to achieve upward mobility in the 5 pillars, as determined through the use of an assessment tool and creation of a Life Plan. The direct supports and milestones as well as case management/coach/mentors' salary costs will be direct program expenses. Administrative costs for this program will include salary costs for support and/or administrative staff, as well as allowable expenses such as technology supplies, office supplies, mileage, food for program participants and internal systems needed to issue and track payments. The program vendor will be provided the electronic platform for case management and data collection. Administrative salary costs are estimated to be 5% of direct program staff costs, fringe is calculated at 26%. We are estimating direct supports to average \$7500 per household and milestones to total approximately \$1.2M. All costs assume a 2-year contract period.

Data from participants in each respective program will be stored within the shared platform and all of the programs will be overseen by a procured Program Administrator.

The Program Administrator Contract is an administrative expense that will cover the costs of a procured vendor to oversee and coordinate all the initiatives within the Project Prosper Initiatives. This entity will train on the electronic platform and hold regular check-in meetings with all partners to ensure fidelity and standardize procedures and data collection across agencies and initiatives.

**OTDA Reporting** - Counties will be required to report some information directly to OTDA, including but not limited to brief progress updates, individual-level data on participants offered the intervention(s) (date of offer, name, address at enrollment, CIN numbers if receiving benefits at enrollment) and updates on individual participation in the interventions over the course of the initiative. OTDA reporting requirements will be discussed with counties and specified in detail upon approval of the plan.

Monroe County will report required data as directed by OTDA at designated intervals. A tracking and reporting mechanism will be determined based on discussion with OTDA.

**Evaluation** - In addition, initiatives will be subject to both an implementation and outcome evaluation, coordinated by OTDA. To assist with the evaluation design, please describe what if any current or past implementation or outcome evaluations the county has conducted or was involved in that relate to the target population and/or intervention(s) proposed. OTDA will collaborate with counties to specify implementation and outcome questions that the evaluation will answer and specify the evaluation reporting requirements necessary to answer those questions.

Monroe County will participate in implementation and outcome evaluations as directed by OTDA. The County has not formally conducted implementation or outcome evaluations that relate to the identified target population and/or intervention(s), but some data from community entities that apply to this work include the resources below and may be helpful toward constructing an intervention that supports upward mobility in the identified groups.

<https://rmapiny.org/community-reports/>

<https://www.actrochester.org/poverty>

<https://thechildrensagenda.org/reports/>

[The Color of Health: The Devastating Toll of Racism on Black Lives — ACT Rochester](#)

[Home – The Bridge Project](#)