

# Suffolk County

## Family Assessment Response (FAR) Application

Any social services district wishing to implement a CPS differential response (which OCFS shall refer to as family assessment response program) must apply to OCFS to participate by submitting a plan for implementation. Any plan approved will be posted on OCFS' website within 60 days of such approval, as required by Chapter 452 of the laws of 2007. The plan must address all the criteria listed below:

- a) **The factors to be considered by the social services district in determining which reports will be addressed through the family assessment and services track and the size of the population to be the subject of the differential response program. Please address:**

### Criteria

1. **the criteria by which you will assign reports to the family assessment and services track;**

All new SCR reports will be screened by Suffolk County DSS' Intake Unit for potential inclusion in Suffolk County's FAR Pilot Project based on the following primary and secondary criteria:

Primary Criteria:

SCR reports MAY BE included in the FAR Pilot Project if the following conditions apply:

1. The reporter type is "education personnel";
2. The child(ren) who is (are) the subject of the report reside(s) within specified school districts. Initially, the school districts planned include, but may not be limited to: Bay Shore, Brentwood, Central Islip, Connetquot, Huntington and South Huntington, Sachem, and William Floyd. Depending on the success of the project and the availability of staff resources, additional school districts may be included during the pilot project period.

Secondary Criteria:

SCR reports MAY NOT be included in the FAR Pilot Project if the following conditions apply:

1. The report includes any of the following allegations:
  - a. Child fatality;
  - b. Child sexual abuse;
  - c. Child physical abuse (including the following allegation types: internal injuries, fractures, swelling/dislocation/sprains, choke/twist/shake, and/or burns/scalding),
  - d. Failure to thrive, or;
  - e. Child Abandonment
2. Children have been taken into protective custody;
3. There is an open FSS or CWS case involving the subject family / children;
4. Family Court has ordered an investigation (COI) for any individuals listed on the report;
5. There is an ongoing police investigation regarding the report incident;
6. The report involves a child residing in a foster home or residential care setting;
7. The report involves a child care provider / facility;
8. The report involves individuals associated with the US Military;

9. Suffolk County is assigned a Secondary Role on the SCR report;
10. The caretaker is already the subject of an open CPS investigation at the time the new report is received;
11. Suffolk County CPS Emergency Services staff initiated a traditional CPS investigation (typically on a report received outside normal business hours).

Note:

- (1) Cases involving allegations of domestic violence, alcohol abuse, and/or substance abuse or having a history of prior indicated CPS reports will be reviewed and either approved or disapproved by administrative staff for inclusion in the FAR Pilot Project. In general, our goal will be to include such cases in the FAR Pilot Project unless there are strong reasons not to.
- (2) Cases initially excluded from the FAR Pilot Project based on the "secondary criteria" may subsequently be included in FAR Pilot Project if it is determined during the initial investigation that the subject child(ren) are safe (subject to administrative staff review / approval).
- (3) Cases initially included in the FAR Pilot Project may subsequently revert to a full CPS investigation if the child(ren) is(are) found to be unsafe, new allegations are discovered that would preclude the family from participation in the FAR Pilot Project, the family is not cooperative with the FAR worker, etc. If this occurs prior to the case being progressed to the FAR/ FAM stage in Connections, the case will remain with the FAR caseworker as a traditional CPS investigation until determination. If this occurs after the case has been progressed to the FAR/ FAM stage, then a new SCR report will be generated and the case will be reassigned to a non-FAR caseworker as a traditional CPS investigation.

## Anticipated Percentage of Reports

2. **the anticipated percentage of reports that you are projecting will be handled through the family assessment and services track in the first 12 months of implementation;**

Suffolk County DSS received 9,534 CPS reports during 2008 including 1,205 reports (12.6%) that were initiated by "education personnel". Of the 1,205 reports initiated by "education personnel", 464 reports were made by education personnel within the school districts selected for participation in the FAR Pilot Project and included allegations that were eligible for FAR participation. These 464 reports represented 4.9% of the total number of CPS reports received during 2008 and 38.5% of the number of CPS reports initiated by "education personnel" during 2008.

Based on the 2008 actual figures, we are projecting that 5.0% of the total number of CPS reports received during the first 12 months of FAR participation, i.e., approximately 477 cases, will be initially eligible for participation in the FAR project based on the criteria specified above (see question a.1.). As the pilot project is expanded during this 12-month period to include additional school districts and FAR teams, the percentage of reports participating in the FAR pilot project will increase but not exceed an estimated 13% of the total number of reports, or approximately 763 cases, received during the 12-month period.

## Staff

3. **the particular units and/or workers who will be involved, if it is not initially to be done county-wide;**

Suffolk County DSS plans to create a single FAR team, which will be comprised of a Supervisor, one Senior Caseworker, 3-6 Caseworkers and a clerical position and will be housed within its

Child Protective Services Bureau under the direct oversight of a CPS Assistant Director. The FAR team will be physically located in Suffolk DSS' office located at 3455 Veterans Memorial Highway, Ronkonkoma, NY 11779. This team will serve families who meet the criteria specified above (see question a.1.) and reside within the selected school districts.

## **Phase-in/ Rollout Plans**

### **4. any phase-in or rollout plans;**

Depending on the initial success of the FAR Pilot Project and the availability of staff resources, the pilot project may be expanded during the pilot project period to include additional school districts and FAR team(s). Program progress will be formally evaluated at 3-month intervals.

- b) The assessment process regarding child safety and risk as well as the types of services and interventions to be provided to families included in the family assessment and services track and a description of how the services will be offered. Please describe:**

## **Assessment Process**

### **1. the assessment process that you will use to assess child safety, risk to children and family strengths and needs, and;**

Following the assignment of a CPS report to the FAR Team, the assigned FAR worker will engage the family in a family-friendly manner and with the presumption that the family will be forthcoming regarding the well-being of their children and any stressors that are negatively impacting their family. Home visits will be scheduled when possible and FAR informational letters will be used in place of the traditional CPS Rights letters. The FAR worker will, simultaneously, be assessing for child safety and risk during the initial contacts with the family as well as throughout the life of the case. The FAR worker will utilize the existing Safety Assessment tools to evaluate child safety and risk. The FAR worker will also determine whether any factors exist that would prohibit the family from participating in the FAR Pilot Project and evaluate the family's level of cooperation and the likelihood that the family will voluntarily pursue needed services. Once this initial assessment is completed, the FAR worker will complete the 7 Day Safety Assessment and either initiate a Family Assessment Response (by checking the "Family Assessment Response" checkbox and progressing the INV stage to the FAR/ FAM stage) or complete a traditional CPS investigation.

For those cases where the decision is made to provide a Family Assessment Response, the FAR worker will initiate a comprehensive strengths and needs assessment together with the family using a supportive approach. The FAR worker will encourage the family to self-identify their needs and priorities, identify existing and/or potential resources within their extended family and community, and jointly develop a plan for the family to meet its goals. Throughout this process, the focus of the FAR worker will be on empowering the family to identify and address their own problems through the use of family and community resources. If government services are absolutely required, the FAR worker will assist the family to obtain these services. It is expected that the strengths and needs assessment will be initiated as early as possible but by no later than fourteen days after the CPS report date and will be completed within thirty days.

## **Assessment Tool**

Suffolk County DSS will be utilizing the Family-Led Assessment Guide (FLAG) as an assessment tool.

## Linking Families to Services

- 2. the plan for linking families with those goods and services that address their identified needs, including what services will be provided by county CPS or preventive services staff, what services will be provided by community service providers, and what relationship the county will have with TANF staff in assessing needs and providing services. How, if at all, will family assessment and services interact with other local models of service access including such things as SPOA, CCSI, et al;**

Suffolk County LDSS plans to establish and begin training its FAR Team during the first quarter of 2010 prior to a planned full FAR implementation date effective during the second quarter of 2010. This will allow FAR staff time to engage in community outreach activities designed to build new or strengthen existing bridges with service providers including schools, medical and mental health professionals, alcohol and substance abuse programs, domestic violence agencies, faith based service programs, early intervention programs, TASA programs, etc. that are located within or in close proximity to the selected/participating school districts. It is anticipated that these outreach efforts will result in an expanded inventory of available services and improved access of FAR families to these services. This information will be compiled in resource booklets to be distributed to FAR families. FAR staff will encourage families to obtain the needed services on their own but will provide assistance in this process for those families requiring this.

Suffolk LDSS' FAR staff will directly provide information and referrals, case management services, casework counseling, service needs assessment, advocacy and support, and limited transportation when needed.

Since the families participating in the FAR Pilot Project will be subjects of CPS reports initiated by "education personnel" and approximately 22% of the reports initiated by "education personnel" involve allegations of "educational neglect", it is expected that FAR staff will work closely with both the family and school personnel to address these concerns. FAR staff will advocate on behalf of the family and seek to insure that the family receives the needed services to which they are entitled. FAR staff will be expected to accompany families, with their permission, to school meetings including CSE conferences. FAR staff will also access the services of the Department's contracted Educational Consultant when needed.

The full range of preventive services including homemaker, respite, and childcare services will be available to FAR tracked families for whom preventive service cases are opened. These families will also be eligible to participate in Suffolk County DSS' various contract programs including Family Service League's Home Safe / Home Base and Parent Training program and Hope For Youth's Intensive Case Management (ICM) Services.

In-house training will be provided by LDSS administrative staff, Staff Development and Training Unit personnel as follows: Suffolk DSS' FAR staff will receive training prior to FAR implementation regarding the various TANF resources available to FAR families. Suffolk DSS recently established Client Benefit liaisons within each of its social services centers to troubleshoot problems encountered by the Department's child protective, preventive, and placement services staff when assisting families to apply for benefits and to fast track the process. FAR staff will have access to these Client Benefit liaisons.

Suffolk DSS' FAR staff will also work closely with the Department's Child Support Enforcement Bureau, Housing, Adult, and Employment Services Division, and Child Care Bureau to advocate for and assist FAR families to obtain needed services.

Suffolk County DSS has a long history of working collaboratively and cooperatively with the Department of Health (SPOA) to obtain needed mental health services for families and children. FAR staff will be fully trained regarding the services available and will be capable of assisting families to apply for and access needed services. It is anticipated that FAR staff will accompany families to, and advocate on their behalf at, SPOA meetings.

Suffolk County DSS also has a long history of working collaboratively and cooperatively as an active member of both the Coordinated Children's Services Initiative (CCSI) and the Sagamore Children's Psychiatric Center's Crisis Respite Program committee). FAR staff will be fully trained by LDSS administrative staff, Staff Development and Training Unit personnel regarding these services and will be capable of assisting families to obtain needed services.

Suffolk County's Alternatives For Youth (AFY) program will be available to families participating in the FAR Pilot Project who have children that meet the criteria for being a "Person in Need of Supervision" (PINS). Eligible families will be referred to the Probation Department, which is the single point of access for PINS Diversion and AFY Services, for initial screening and intake. Families that are eligible / willing to participate in the AFY Program will be immediately referred by the Probation Department to Educational Assistance Corporation (EAC)'s AFY Program, which is under contract with Suffolk County DSS as a COPS program, for crisis intervention services, service needs assessment, intensive case management, and linkage to needed resources. These services are typically provided within a 30-45 day period. During this period, parents and/or youths may be referred by EAC for mental health diagnostic evaluations through the Suffolk County Department of Health. EAC may also refer youths to the Suffolk County Youth Bureau for participation in a wide variety of youth programs. Families requiring ongoing case management services may be referred by EAC AFY Staff to either Suffolk County Department of Health for SPOA services, Suffolk County DSS' AFY Team for voluntary preventive services or, more frequently, to Family Service League's AFY Program, which is under contract with Suffolk County DSS as a COPS program, for ongoing case management services.

## **Planning and Monitoring Services**

- c) **A description of the process to be followed for planning and monitoring the services provided under the family assessment and services track. Please include how the assessment and services provided directly by DSS as well as those provide by agencies under contract with DSS and those provided by other community agencies will be developed and monitored for quality and adherence to negotiated principles and expectations;**

The FAR Pilot Project will be monitored closely by a combination of supervisory and administrative staff. The FAR Supervisor will hold individual weekly meetings with FAR staff to review cases for the purpose of insuring that the 7Day Safety Assessments and comprehensive family strengths and needs assessments are evaluated timely, that the principles and goals of the FAR model are adhered to, that appropriate action plans are developed, that families have been referred to and assisted, when needed, to obtain services, etc. Decisions regarding completing a traditional investigation on a family initially accepted for FAR will be the responsibility of the FAR Supervisor with administrative guidance provided as needed. The FAR Supervisor will also be responsible for reviewing/ approving cases to be opened for ongoing preventive services and re-evaluating the need for ongoing preventive services at specified intervals. The FAR Supervisor will be responsible for insuring case documentation meets expectations in terms of quality and timeliness.

## **Program Evaluation/ Performance Measures**

CPS administrative staff (Assistant Bureau Director or higher level staff) will be responsible for providing general oversight and ongoing evaluation of the success of the FAR project. To evaluate the FAR project, Suffolk County will compile and analyze data in order to determine whether or not we have achieved both short-term and long-term goals.

It is anticipated that data sources will include Data Warehouse and COGNOS reports (both OCFS and locally created). Suffolk will compare the outcomes achieved by FAR tracked families against the outcomes achieved by a “control group” comprised of cases that went through the traditional investigative pathway rather than the FAR pathway.

In order to assess the effectiveness of our FAR program, Suffolk County will look at both short-term and long-term performance measure, as follows:

### **Short Term Measures:**

- (1) The number and percentage of families successfully linked to community based resources without the need for a preventive service case to be opened, as compared with our control group.
- (2) The number and percentage of families for whom a service case is opened and the length of time the service case remains open compared to the control group.

### **Long Term Measures:**

- (1) The recurrence of maltreatment rate for families engaged in FAR compared to families receiving traditional CPS investigation services.
- (2) The number and percentage of children removed from their homes both during the family’s FAR project involvement and within a specified time period after case closing as compared to a control group of cases that have undergone traditional investigations.
- (3) In those cases in which children are placed, the number and percentage of children placed in the court-ordered custody of relatives versus those placed in foster care settings.

Suffolk will also analyze the collective data gathered from the Family-Led Assessment Guide (FLAG) and use this data to evaluate overall family change over the course of time to determine the effectiveness of the overall program and the specific interventions utilized.

In addition to the statistical measures discussed above, Suffolk County DSS will utilize a “client satisfaction” survey (such as the FAR Family Satisfaction Survey) for use with both families who were subjected to a traditional CPS investigation and those who participated in the FAR Pilot Project. Survey responses will be analyzed to determine whether the FAR response is effective and is viewed more favorably by families than the traditional CPS response and to identify any problem areas that require attention.

The data that is compiled will enable Suffolk DSS to monitor program performance and refine its activities as needed to meet program goals.

## Core Practice Principles

d) **A description of how the principles of family involvement and support consistent with maintaining the safety of the child(ren) will be implemented in the family assessment and services track. Please describe:**

1. **your county's core practice principles upon which the family assessment response is designed;**

The family will be an active participant in the family assessment response having a voice right from the beginning, and throughout the life of the relationship. Initially, family input will be sought to identify potential stressors in the family's life, which may be having an impact on the well being of the children, as well as to identify the family and individual's strengths that will be utilized toward efforts to improve the situation. The premise is that their participation in the development of the plan will lead them to be vested in the solution and more likely to persevere toward that end. The family members will identify friends, family members and others who might be able to support them in their goals and will have an active role in the selection of treatment providers from the community. This will create a team with all participants working jointly toward the same end, and will be a team of the family's choosing.

2. **the approach you will take, and the strategy behind such an approach, to more actively engage and empower families in (i) assessment of their strengths, (ii) assessing their needs, and (iii) in decision-making, while at the same time reassessing child safety, as need be.**

The family will be active participants, with the caseworker, in completing the assessment tool. Their involvement should help raise the family's awareness of the stressors in their lives that may be having a negative impact of their children, as well as their family unit in general. The identified stressors will be discussed openly and honestly with the family members, allowing each of the family members to hear from each other how different issues might be affecting different members. They will be encouraged to hear each other, and thereby identify both their individual and collective family needs. The family will make decisions regarding treatment needs and treatment providers, with the assistance and support of the caseworker as needed. As the family assessment response is a team like approach, the caseworkers serve as part of the team, remaining as silent or as vocal as necessary. The caseworker can enhance the family's ability to see, recognize and utilize their own strengths, as well as their ability to see, recognize and make changes when negatively impacting the children. The family can be assisted in this process by family, friends, community resources and other members of the team. The family needs to be receptive to it. The safety of the children will be assessed on an ongoing basis throughout the life of the case. When the family needs prompting to see it, prompts will be provided, with the ultimate goal that the family will begin to self identify and change troublesome behavior or family stressors.

## “Differential Response Program”

e) **A description of how the differential response program will enhance the ability of the district to protect children, maintain the safety of children and preserve families;**

Implementing a “differential response program” will allow Suffolk County DSS to tailor its response based on the nature of the CPS reports it receives. Rather than completing a traditional investigation on every report regardless of the nature of the allegations, the district will now have the option of reserving the formal traditional investigation for those reports containing the most serious allegations and/or requiring an authoritative or court response. Relieved of those reports that are potentially less serious, the

investigative worker will be able to focus greater attention and energy on the more serious reports. This is expected to improve the quality and timeliness of these investigations, which will, in turn, improve the ability of the district to better protect the children who are most at risk of harm.

The “differential response program” will offer eligible families a non-accusatory, family-friendly response that is better suited to the families’ presenting problems and needs. The “differential response” is non-investigatory and emphasis is placed on the development of a collective plan to alleviate the stressors that may be impacting the family and, ultimately, the children. The family plays a large role in the development of this collective plan and, in doing so, is more invested in its successful outcome. Families are more likely to become engaged in the process, identify their stressors honestly, and be a part of the solution when they are not under the threat, fear and stigmatism that is associated with a CPS investigation. As the process is more likely to engage the families as active participants, it is more likely that issues that might otherwise have placed a child at risk will be addressed with the appropriate services. In working together with the families, there is a greater chance of their success in changing potentially harmful behaviors. The relationship between parent and DSS will be less adversarial, and more of a partnership. It is expected that, ultimately, the family will actively seek DSS assistance if/when the family experiences stressors at a later date rather than allow the situation to deteriorate to the point where children become at risk of child abuse/neglect and/or foster care placement. It is anticipated that, over time, others in the community will become increasingly more aware of this new approach to families and be more willing to work in partnership with Suffolk DSS to safeguard children and strengthen families.

## Use of Community Resources

f) **A description of how the district will reduce the involvement of government agencies with families and maintain the safety of children through the use of community resources. Please describe:**

1. **how the district will engage the family without increasing the involvement of government agencies and without compromising safety of children;**

Suffolk County DSS will remain the initial contact point for families through the receipt of a CPS report. From the point that the family is accepted into the FAR track, the focus of DSS’ efforts will be on working with the family to identify family, friends, faith based organizations, and community based resources/service providers to provide needed advocacy, support, goods (food, shelter, clothing), transportation, respite, child care and treatment services. FAR staff will assist families that are isolated and lack these connections to develop such connections and/or obtain services. It is anticipated that FAR staff will meet with the family’s network of supporters and service providers to coordinate their activities, advocate or mediate on behalf of the family, etc. Having these support systems in place and empowering the family to utilize these supports decreases the likelihood that families will continue to need government provided or funded case management and other services to overcome needs.

2. **how traditional service providers, the family’s support network, and other community resources will provide assistance to families whose reports/ cases will be handled by a differential response program;**

Following identification of the family’s potential network of supporters and service providers, FAR staff will encourage and assist the family to solicit from this network the support and services needed to strengthen their family and safeguard their children. This could entail the FAR worker hosting or participating in meetings with family members, friends or neighbors to identify persons willing and able to play a role in assisting the family – perhaps by providing child care, transportation or respite, providing concrete goods or services, helping the family to clean or child-proof their home, etc. This could also entail the FAR worker accompanying and advocating for families at school meetings, medical or mental health appointments, to insure that the services

providers are those that the family has identified as needed / desired. It is anticipated that the type, frequency and length of services will be negotiated between the family and the service providers (with assistance from the FAR staff if needed by the family). It is anticipated that families will utilize private insurance, personal funds or Medicaid to access medical, mental health and alcohol or substance abuse related services.

**g) A description of the staff resources proposed to be used in the family assessment and services track, including the proposed staff workloads and qualifications. Please include:**

- 1. how you plan to assign or recruit DSS staff to respond to a CPS report through the family assessment response track;**

## **Staffing**

Suffolk County DSS plans to canvass staff, within its CPS Investigations, Child Protective & Preventive Services, and Child Placement Services Bureaus, for volunteers to be assigned to the new FAR Team. Depending on the quantity and quality of volunteers, it may be necessary to select/ assign staff that did not volunteer.

At minimum, Caseworkers, Senior Caseworkers and Supervisors will meet the Suffolk County Department of Civil Service-specified education, work experience and other requirements of their specific job titles and have a proven history of meeting expectations in all job factors on formal employee evaluations. Preference will be given to staff that have experience within both CPS Investigations and either the Child Protective and Preventive Services Bureau or the Child Placement Services Bureau. Preference will also be given to staff that have an MSW degree or relevant experience or training in engaging and working with difficult populations. To the extent possible, preference will also be given to staff that match the target populations' language, racial and/or cultural characteristics. Selected staff will receive training through Suffolk DSS' FCSA Training Unit to address any identified deficiencies.

A CPS Director and CPS Assistant Director will oversee the FAR Team.

## **Caseloads**

As part of its FAR Pilot Project design, Suffolk County is committed to minimizing the number of staff involved with a single family in an effort to improve the quality of service provision. Given this, FAR Team staff will carry a mixed caseload comprised of:

- Families that are the subject of a CPS report and are both eligible for and receptive to participation in the FAR Track. The FAR worker will engage the family, conduct a safety and risk assessment as well as a fuller services needs assessment and link the family to community based service providers when appropriate and available. This is expected to take place within a 60-day period although it is understood that some cases may require additional time (not to exceed 90-days).
- Families that were initially engaged as FAR participants but, prior to progression to the FAR/ FAM stage, were deemed to be more appropriate for the traditional CPS investigation. The FAR worker will complete the CPS investigation within the normal mandated timeframes. Having the same worker responsible for both the FAR response and the traditional CPS investigation will eliminate the delays, loss of information, and lack of case continuity that are normally associated with case transfers between workers. [Note: Cases that are re-reported to the State Central Registry once they have been

progressed to the FAR/ FAM stage in Connections and, based on a change in circumstances, no longer meet the criteria for involvement in the FAR project, will be reassigned to a non-FAR unit for initiation and completion of a traditional CPS investigation.]

- Families that have completed the FAR response or CPS investigation stage and have ongoing service needs that require that a voluntary preventive service case be opened. It is expected that case openings will occur by or before the 90-day mark, and; that service cases will typically remain open for no more than 6 months.

Suffolk County is committed to maintaining a high quality of services provided to families participating in the FAR Pilot Project and plans to restrict intake if needed to insure our quality standards are met. Since there are only fourteen Round 1 and 2 FAR projects implemented in NYS to date and these projects have not been in operation for an extensive period of time, NYS lacks strong statistical data that Suffolk County could have used for comparative purposes and to determine projected caseload sizes. Nevertheless, over the next couple of months, Suffolk County plans to consult with the existing FAR Districts regarding their staffing levels, program performance, and findings. In addition, following implementation and throughout the FAR Pilot Project period, Suffolk County will closely monitor its FAR Team in terms of intake, numbers and percentages of families that were initially engaged as FAR participants but were deemed more appropriate for the traditional CPS investigations prior to progression to the FAR stage, the number and percentage of families remaining in the FAR track through the FAM stage, numbers and percentages of families successfully linked to community based resources and the timeframe in which this occurs, numbers and percentages of families for whom a service case is opened and both the timeframe in which this occurs and the length of time the service case remains open, etc. Based on our findings, and with a goal of maintaining caseload sizes that are close to the workload standards recommended in 06-OCFS-INF-08, Suffolk County will restrict intake or, if staff resources are available, create (an) additional FAR Team(s). (NOTE: If intake must be restricted, those cases that would have been eligible for the FAR Pilot Project will be tracked as a control group against which the cases served by the FAR Pilot Project will be compared.)

**2. whether staff will be involved in both the family assessment response track and the traditional CPS investigations, and;**

As described above, staff assigned to the FAR Team will remain involved with the same family throughout the course of their involvement with CPS Investigations. This means that the FAR worker will initiate contact with the family upon receipt of the SCR report, engage / serve the family using the "FAR Response" whenever possible (and/or complete a traditional CPS investigation if the family proves resistant to, or is otherwise inappropriate for, the FAR model), refer the family to community based providers for needed services, and, serve as the ongoing case manager in those instances where ongoing voluntary preventive services are required.

## **Specialized Staff and Resources**

**3. an indication of the use of any and all specialized staff/resources that will impact on the implementation of FAM.**

Suffolk County DSS contracts with an Educational Consultant whose services will be made available to FAR Team staff and families participating in the FAR Pilot Project. Services to be provided by the Educational Consultant include: staff training regarding educational law and services, professional consultation regarding case-specific educational issues, comprehensive reviews of child educational records, preparing staff for participation in school hearings, mediations and other educational meetings, etc.

Suffolk County DSS contracts with a Psychiatrist whose services will be made available to FAR Team staff and families participating in the FAR Pilot Project. Services to be provided by the Psychiatrist include: conducting or participating in training courses and workshops, contacting community based service providers to obtain information regarding and/or advocate on behalf of children, reviewing case files and/or conferencing with staff on cases involving child emotional or behavioral problems, conducting client interviews, examinations and/or testing, etc.

Suffolk County DSS has volunteered to participate in a pilot program with Casey Family Programs and the Child Welfare League of America [CWLA] that would allow Suffolk to focus on developing county specific strategies to address disproportionate minority representation [DMR]. CWLA would provide training and staff development to encourage culturally responsive service programs, policies and practices that would support the goal of a safe reduction of risk to children and of unnecessary out of home placements. All FAR Team staff would participate in this training and all families participating in the FAR Pilot Project could benefit from this enhanced training.

While we are aware of Federal, State and Local budget concerns, Suffolk County DSS will continue to seek potential sources of funding to provide enhanced services for FAR families.

## Training

- h) A description of the training that will be provided to district staff regarding the family assessment response program. Additionally, please include a description of training to be provided to any non-district staff to be used in the differential response program. Both descriptions should include, but not be limited to, a description of the training involving maintaining the safety and well-being of children and any cross-training planned for family assessment and investigative staff;**

All Suffolk County FAR workers will receive local training from LDSS administrative staff, Staff Development and Training Unit personnel. Local training will focus on the philosophy and methodology of the FAR approach, as opposed to a traditional CPS investigation, while insuring that an adequate assessment of child risk and safety occur throughout the life of a FAR case. FAR staff will also receive training in using the assessment instrument, as well as training regarding the changes in CONNECTIONS that support FAR. Access to the FAR Training Data Base will be requested as soon as the FAR application has been approved to allow for the development of familiarity and skill with the required technical aspects of FAR tracking.

All relevant state training through OCFS and American Humane will be accessed as available.

Additional administrative and auxiliary casework staff will be trained, along with staff designated to pilot the FAR project, to allow for expansion of additional workers and units during the course of the FAR Pilot Project.

## Community Resources

- i) A description of the community resources that are proposed to be used in the family assessment and services track;**

A wide array of services is available within Suffolk County. Some of the services have been described in other sections of this application while other services are described in Suffolk County DSS' Multi-Year Child and Family Services Plan (available on CD).

## **Additional Funding**

- j) A description of any additional funding (beyond the regular child welfare finance mechanisms) that may be utilized to enhance the differential response program;**

Suffolk County is unable to commit any additional funding in support of the FAR Pilot Project (beyond regular child welfare funding mechanisms) during the current fiscal uncertainty. Should additional funds become available through the Federal and/or State governments, OCFS or private agencies, Suffolk County will consider applying for funds to enhance the delivery of services to families participating in the FAR Pilot Project.

## **Domestic Violence as an Additional Concern**

- k) A description of the protocol to be followed for handling cases in the family assessment services track when domestic violence is suspected or confirmed. The protocol must address the need to maintain the safety of the child(ren). If you plan to collaborate with your local domestic violence service provider concerning any aspects of your family assessment and services track, please describe such collaboration.**

Suffolk County DSS contracts with a Domestic Violence agency whose services will be made available to FAR Team staff and families participating in the FAR Pilot Project. Services to be provided by the Domestic Violence agency includes: community-based advocacy, safety planning, counseling and other supportive services for victims of domestic violence and their families, especially those in communities in which there has been a disproportionate minority representation, particularly in African American and Hispanic communities, in Child Protective Services indications and more frequent, and longer, placements of children in foster care.

## **Plan for Involving Other Agencies and Stakeholders**

- l) A description of your plan to involve community agencies, schools, Family Court, other key stakeholders in your county or catchment area, and the community as a whole in planning for and implementing a family assessment response;**

Suffolk County DSS' Family and Children's Services administrative staff regularly meet with Family Court Judges and representatives from the Law Guardian Bureau and the County Attorney's Office and will use this forum to share information regarding the FAR Pilot Project.

Since Suffolk County DSS has selected certain geographic areas and school districts to participate in our FAR pilot program, we will be scheduling a meeting during the next few months to discuss FAR with the specific school districts that will be involved.

The LDSS FAR Implementation Team (comprised of an Assistant Division Administrator, two Bureau Directors and two Assistant Bureau Directors) will present Information regarding the FAR Pilot Project to CPS Supervisors at regularly scheduled monthly Supervisor Meetings and the Supervisors will be asked to share this information with their casework staff. After FAR staff have been recruited and selected, the LDSS FAR Implementation Team will train staff regarding the FAR model including the core principles, the CONX changes that support FAR, the assessment tool, etc. Following this training, the FAR staff will engage in community outreach (utilizing the NY FAR Orientation Presenters Guide and PowerPoint) to present the program to community organizations within the selected school districts / geographic area.

In addition, CPS administrative staff serves on a variety of committees along with representatives from other public, private and faith-based community organizations and service providers. Information about FAR will be distributed at these committee meetings, as well.

## **Timeline for Implementation**

m) Please indicate your projected timeline for implementation.

**Suffolk County DSS plans to establish and begin training its FAR Team during the first quarter of 2010; during this developmental time period, FAR assessment and tracking will begin incrementally leading into full FAR implementation effective during the second quarter of 2010.**