

Family Assessment Response (FAR) Application

Name of Applicant County: Queens

Name and contact information for the person in your agency to contact regarding this application:

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Please complete all items in this application, unless marked “if applicable,” in which case the information should be provided if appropriate. It may be helpful to refer to the *Family Assessment Response Readiness Checklist* for ideas about the information to be provided in each section.

I. Rationale for Implementation of FAR

- A. Describe your rationale for applying to implement Family Assessment Response (FAR) and for undertaking the practice shift to FAR.

NYC ACS is interested in demonstrating FAR initially in Queens County within one managerial area of one Zone. The work of FAR will consist of 4 units totaling 20 caseworkers. OCFS has expressed interest in ACS implementing FAR and ACS is interested in demonstrating FAR to determine its level of effectiveness and sustainability. ACS is interested in determining if FAR will increase child safety by increasing the family’s stability and capability to meet their family’s needs through reaching out to local community agencies, before ACS is re-contacted to intervene.

- B. What benefits are you seeking for your district through implementation of FAR? For the families reported to your district? For your community?

ACS is interested in demonstrating FAR to determine if its application will result in families developing the skill set necessary to engage their community directly when problems arise or crises occur prior to CPS intervention. The FAR approach views the family as partners. The approach is based on family-centered and family-led child welfare practice that leads to more effective engagement and helps the family to own the change process. FAR encourages family participation in identifying services that will benefit them and their children, while the investigative approach often brusquely informs the client they have a problem and must accept services. Within FAR, no determination of the SCR report is made which results in the elimination of the stigma associated with substantiated allegations. FAR emphasizes a comprehensive assessment to identify and resolve the family’s unmet needs that may have contributed to the alleged neglect. FAR is solution focused without being allegation driven. This change in engagement and approach should improve the community’s opinion of CPS, allow families to develop deeper levels of trust with the help of the community, and reduce repeat maltreatment

and government involvement. Following is the present process that Queens Zone B utilizes in improving case practice that will enhance FAR process and benefit the families:

Supervisory Forum:

Comprised of Supervisor levels I and II alongside with managers discussing practice across the zone; they meet once a month to discuss casework practice issues but more so how to get supervisors/managers supervising in the same way to achieve the same goal: improved practice.

Because there are a number of supervisors/managers, a committee was developed out of all the parties to maintain structure. The committee is comprised of supervisors who volunteer (1 per managerial area, 5 in total) to develop the agenda and facilitate the conversation at the forum. Each committee will be together for about 4 months, at which time the members change and another set will volunteer. One manager is chosen to be the mentor for the supervisory committee who meets with them bi weekly to coach the development of the agenda and assist in conceptualizing the facilitation of forum. The Deputy Director will attend these committee sessions once monthly to also provide the same support.

The agenda is based upon data that is presented to the zone from Quality Assurance on the practice that is taken randomly for 75 cases and we just introduced the Zone Matrix data taken from the Child Stat Cases. The committee looks at the areas that the Zone needs improvement on, choose an area that as a team they would like to work on and move on from there.

The Deputy Director or Manager will look at what was discussed at the Zone MPI (Management Performance Indicators) meeting and use this as a tool in the forum to support what in fact the committee wanted to work on with the area. MPI protocol, developed by Assistant Commissioner Derrick Hinds, is added as an addendum.

The Manager's role throughout the month is to reinforce the take-aways and ensure their practice meets the standards that were set during the forum. If the standard has yet to be met then the forum cannot move on to another topic but instead stay on the present one and develop different training techniques to get everyone on the same page.

All Supervisory forums are transcribed and distributed to the members of the forum (Supervisor II, Supervisor I, Manager and Deputy Director). At the beginning of each forum the agenda and minutes from the one before are reviewed and agreed upon as discussed.

Child Safety Conference (CSC) Debriefing:

The Zone comes together once monthly to discuss the data distributed from CFS on the CSC outcomes. In this arena, the Caseworker/Supervisor are asked to talk about their cases that they have brought to CSC's for that particular month, developing peer to peer learning. We look at the following:

- *If you brought a case to a CSC where the outcome was no court, what was the critical thinking at the table that changed your minds and what could have been done differently;*
- *If you brought a case to a CSC with the recommendation of COS but turned to remand, again what was the critical thinking and process at the table that made Caseworker change their minds.*

Each time there is a change in the outcome of a conference versus the recommendation going in, the CPS team is asked to discuss it in front of the peers and the zone is asked to provide feedback. This has had a dramatic improvement in our no court outcomes as there are a number of Family Team Meetings (FTM) that occur more frequently to discuss risk and the cases that are now coming to the CSC are discussing imminent risk and safety.

We discuss the borough and zone goals of CSC and ask for feedback as to our barriers and solutions to the barriers. We also discuss FCLS, the delays and review, and herein the zone is asked to look at what could we have done better so that we either were able to get the case into court or to question did we really need to go to court. This too has had a dramatic effect on the FCLS reviews/delays.

CFS has an opportunity to also discuss the critical thinking that occurs at the table as well as any case practice issues. The zone is asked to ask to discuss barriers that may be occurring that are perceived as a barrier to practice. This creates a fruitful discussion about the use of PPRS agencies and other systems and how to become a part of a solution rather than a problem.

This is also a time where we discuss any new policies or reissued policies that have come out. And we end with kudos on areas we have done well in for the month according to the child stat data and random reviews, this brings in the MPI and Supervisory Forum outcomes.

For cases that have been removed from FAR, assigned to the investigative track and then ended up requiring a CSC, the above process will provide an additional look at analyzing case practice on some FAR cases which will lead to improving FAR outcomes.

- C. Provide a brief assessment of your district's current child welfare/CPS case practice, including an assessment of your district's current strengths regarding family engagement, assessing safety and risk, family-led strengths and needs assessment, and solution-focused practice.

ACS is guided in its case practice by the following five principles:

- *No child we come into contact with will be left to struggle alone with abuse or neglect.*
- *No family who needs and wants help to keep their children safe will be left without the help it needs.*
- *Every child we come into contact with will get the help (s)he needs to be healthy and achieve his/her full educational and developmental potential.*

- *No child in our care will leave us without a caring, committed, permanent family.*
- *Every team member at Children’s Services and each of our partner agencies can expect guidance, respect, and emotional support to achieve our goals. Every child, family, community member, and foster parent we come into contact with will be treated with the same concern and respect.*

To fulfill these principles ACS:

- *Protects children by investigating an average of 55,000 reports of abuse or neglect each year;*
- *Helps families in need through counseling, referrals to drug rehabilitation programs and other preventive services;*
- *Recruits and trains foster parents and caregivers to provide safe homes for children living in foster care;*
- *Ensure that children in foster care find safe, permanent homes as quickly as possible, either with their birth or adoptive parents;*
- *Supports youth development and permanency for teens and adolescents, as well as a range of programs and services to help young people prepare for adulthood;*
- *Provides childcare and Head Start programs for approximately 80,000 children throughout the City.*

D. Identify areas of practice where you anticipate that development and support will be needed in the successful implementation of FAR.

Training for Application staff to correctly identify cases eligible for FAR will be critical for implementation. Intense training for CPS FAR staff is needed to assist in moving from the investigative mindset toward a service oriented one. Staff will need guidance and encouragement in letting the family have a greater role in needs assessment and self-determination and in letting go of the need to direct the family in what to do. Investigative and support staff within the Zone will need general FAR training to understand the principles behind FAR. Staff will need training in the theory of empowerment and how to appropriately end the engagement process. Training is needed for Supervisors and the Managers in facilitating group supervision.

II. Intake - Criteria for Assigning Reports to Family Assessment Response

While New York State Law excludes assignment of Child Protective Services (CPS) reports containing certain categories of allegations to FAR, a majority of all CPS reports remain eligible for FAR assignment. OCFS has found that when districts severely limit the types of allegations assigned to FAR, it impedes the successful implementation of FAR. Therefore, OCFS policy requires districts to commit to screening in a broad range of allegations for FAR assignment.

As per New York State law, reports with allegations said to have occurred outside of family settings (day care, foster care) cannot be assigned to FAR. Also in accordance with State law, reports containing the following allegations cannot be assigned to FAR:

- sex abuse (i.e., commission of a sex offense against a child)
- child prostitution
- incest
- a child engaged in, or use of a child for purposes of, child pornography
- assault against a child
- attempted or committed murder or manslaughter in the first or second degree
- child abandonment
- severe or repeated abuse
- neglect resulting in failure to thrive

A. List the types of reports to be screened into FAR:

Primarily non-High Priority cases will be screened into FAR. Cases designated High Priority 13, which are cases with 4 or more reports, will be considered for FAR on a case by case basis depending on the on the allegations and narrative. Following are types of reports eligible for FAR inclusion:

1. *Educational neglect*
2. *Lack of food, clothing, shelter*
3. *Dirty home*
4. *Poor hygiene*
5. *Lack of supervision - primary criteria is youngest child must be age 10 or older and family has no indicated history for lack of supervision.*
6. *Lack of medical care – primary criteria is allegations are not serious or life threatening and family has no indicated history for lack of medical care.*
7. *Inappropriate use of corporal punishment – no allegation of significant marks or bruises*
8. *Inadequate guardianship (IG) – not encouraging criminal behavior*
9. *Child drug or alcohol abuse – appears as IG to parent*
10. *Parental drug or alcohol abuse – non-specific allegations without observable impact on children’s functioning with youngest child age 7 or older*
11. *Prior Surrenders - will be considered on a case by case basis*
12. *Open foster care cases where a child is placed on a PINS*
13. *Open PPRS cases – must meet other FAR criteria, will consider on case by case basis*

B. List additional criteria you will use to screen out reports from FAR (if applicable):

High Priority cases will not be included in the FAR program, with the exception of HP 13 cases, which are cases with 4 or more reports. HP13 cases will be considered for FAR inclusion on a case by case basis. Following are the High Priority codes:

1. *DOA/Fatality*
2. *Newborn Positive Toxicology*
3. *Serious Injury (source must be a mandated reporter)*
4. *Malnutrition/Failure to Thrive*
5. *Sex Abuse*
6. *Domestic Violence*

7. *Child Under 7, Caretaker Abuses Drugs or Alcohol (source must be a mandated reporter)*
8. *Child Under 7, Caretaker Mentally Ill/Developmentally Disabled (source must be a mandated reporter)*
9. *Child Under 7, Unsupervised*
10. *Reported Child under 1 year of age*
11. *Child on Sleep Apnea monitor (source must be a mandated reporter)*
12. *Weapons noted in report*
13. *Four or more reports*

Additionally the following cases will be excluded from FAR primarily at intake or when determined post FAR assignment:

1. *Families where any PLR does not agree to participate in FAR.*
2. *Families where the primary PLR is not able to participate in FAR due to present incapacitation resulting from drugs, alcohol, mental illness, or violence.*
3. *Court Ordered Investigations (COIs)*
4. *Open PPRS cases – that do not meet the other FAR criteria for acceptance*
5. *Open foster care cases - where some children are in foster care and others are in the community with Court Ordered Supervision (active with FSU)*
6. *Unknown name and/or demographics*
7. *Homemaking/Home Attendant cases*
8. *Two indicated reports in the past 12 months*
9. *Active cases with Instant Response Referrals with NY Police Department*
10. *Cases where the PLR is going to be arrested*
11. *Active Family Court cases*
12. *Active Criminal Court cases*
13. *Day care or foster care cases*
14. *Cases with prior termination of Parental Rights*
15. *Active criminal activities by any adult in the home*
16. *Probability of PLR fleeing with children*

C. Describe the procedures you will use to screen reports into FAR:

Application units currently assign all cases to operational units. This will not change with the addition of FAR. What will change is the Application unit covering this Zone will screen cases received by the SCR using the above criteria to determine FAR eligibility and will then assign the family to FAR. Application units will be provided a screening tool to guide them in identifying an appropriate case for FAR. Cases with a HP13 will need approval by the Admin manager over the Application Unit to be assigned to FAR.

III. Projected Caseloads and Workforce Allocation

Developing a successful FAR program requires assigning a sufficient number of cases to FAR to foster a vibrant FAR program. Agencies should commit to assigning to the FAR track a meaningful percentage (minimum of 30-40%) of the CPS reports that fall within the categories of cases that meet their criteria for FAR. Alternatively, medium to large sized districts may wish to serve one or more communities that have a disproportionately large number of CPS reports and/or a disproportionately high minority representation in their CPS

reports, with a commitment to assigning a minimum of 15-20% of all such allowable CPS reports to FAR.

A. Caseload projections - After considering the criteria you plan to use to assign FAR cases and reviewing past CPS data, estimate your **projections** for assignment of cases to FAR in the first 6 months of operation:

% of all CPS reports received:

Zone B received 3659 cases for calendar year 2011 - with the number of assigned reports averaging 4.23 based on average worker assigned, or averaging 5 based on average worker availability.

% of CPS reports meeting criteria for inclusion in FAR:

The number of cases eligible for FAR will exceed the number of available slots for families to be assigned to FAR.

Total number of reports to be assigned to FAR:

We plan to assign 4 new families per month to each FAR worker. We will allow flexibility to drop that to 3 new families per month if needed to ensure program efficacy after discussion with the Borough Commissioner. If staff were available 100% of the time the probable upper limit of cases assigned to FAR for this demonstration is 480 cases for the first six months, with a probable lower limit of 360. Using a rate of 85% availability the upper limit of families assigned to FAR will be closer to 408 (assigning on average 4 families a month) with a lower limit of 306 (assigning on average 3 families a month).

Additional comments (optional):

B. Decision-making about staff allocations

Describe how you plan to staff FAR. (Please note: because FAR is a CPS service, the basic training requirements for staff assigned to FAR are the same as those for other CPS staff.) Include a description of your process for the identification of staff who will implement FAR. Are you assigning based on specific criteria, asking for volunteers, etc.?

Supervisors and caseworkers assigned to FAR will come from a pool of volunteers from within the borough. Preference may be given to staff with the following:

- *Strong family engagement skills*
- *Master's degree in social work, counseling, psychology, etc.*
- *Strong time management skills*
- *Positive evaluations*

Interviews will be held with the volunteers to identify best suited to the FAR work.

C. Staff allocations projected for the first year

Field experience has demonstrated that FAR is implemented most easily and most effectively when staff assigned to FAR are responsible for FAR cases only and do not have mixed caseloads. Therefore, OCFS will not approve any applications with a plan to implement FAR in which individual caseworkers carry case loads of both FAR and Investigation cases.. Supervisory oversight of mixed units should be considered only in small districts with two or fewer CPS units.

1. Number of units to be assigned to FAR

Designate the number of units that will be responsible for FAR cases only and the number of any units that will have mixed caseloads (if applicable) and include the number of caseworkers / senior workers or supervisors assigned to each unit:

Four units will be responsible for FAR cases. No FAR unit will have mixed caseload that includes investigations. The four units will be comprised of 5 workers and 1 supervisor, for a total of 24 staff.

2. Number of Supervisors to be assigned to FAR / experience and qualifications

Describe the experience and qualifications of supervisory staff:

Supervisors assigned to FAR will come from a pool of volunteers from within the borough. Preference may be given to existing supervisors with the following:

- *Strong family engagement skills*
- *Master's degree in social work, counseling, psychology, or other related degree*
- *Strong time management skills*
- *Positive evaluations*
- *Strong group work and facilitating skills*
- *Strong critical assessment skills*
- *Strong service planning skills (not cookie cutter): instinctually thinks of resources, independently searches for them, and together with the family creates a distinctive plan tailored to the presenting family.*

The preferable FAR supervisor is comfortable with the philosophy of FAR, demonstrates solid family engagement skills, differentiates well between the FAR track and the investigative track, demonstrates sound understanding in assessing safety and risk, welcomes the team approach to case discussion and decision making, and engages FAR staff to encourage the family to actively participate in resolving the presenting challenges rather than doing it for them. The FAR supervisor will continually be on the lookout for new service providers.

Designate the number of supervisors responsible for FAR cases only, and those that will have mixed caseloads (if applicable):

Four Supervisors.

3. Number of caseworkers assigned to FAR / experience and qualifications

Describe the experience and qualifications of caseworker staff:

Caseworkers assigned to FAR will come from a pool of volunteers from within the borough. Preference may be given to staff with the following:

- *Strong family engagement skills*
- *Master's degree in social work, counseling, psychology*
- *Strong time management skills*
- *Positive evaluations*
- *Strong group work and facilitating skills*
- *Strong critical assessment skills*
- *Strong service planning skills: instinctually thinks of resources, independently searches for them, and together with the family creates a distinctive plan tailored to the presenting family.*

The desired FAR caseworker is comfortable with the philosophy of FAR, demonstrates solid family engagement skills, differentiates well between the FAR track and the investigative track, demonstrates sound understanding in assessing safety and risk, welcomes the team approach to case discussion and decision making, and encourages the family to actively participate in resolving the presenting challenges rather than doing it for them. The FAR caseworker is committed to the theory of empowerment and understands the challenges of co-dependency. The FAR caseworker will also have a history demonstrating solid time management skills through the timely completion of safety assessments, investigations, referral for services, by being on time to appointments and by timely documenting progress notes. It is critical to identify the right type of worker to join a FAR unit to reduce staff dissension and turnover, as experienced in other FAR implemented programs.

Designate the number of caseworkers who will have FAR caseloads:
20 caseworkers.

4. Describe other staff resources to be dedicated to FAR (if applicable):

One CPM (Child Protective Manager) will oversee the four FAR units. No other support staff will be solely dedicated to FAR. Service Liaisons will support the FAR units equally with the other investigative units in the borough.

5. Include additional information about units and/or workers to be assigned, including **location** information if implementation will not be countywide (if applicable):

The demonstration will consist of one managerial area within one zone within Queens County.

*Zone B is housed at 90-25 161st street, Queens, NY, 11432.
Zone B covers Community Districts 1, 2, 3, 4, 7, and 11.*

*The Queens management staff for FAR follows:
Marsha Kellam, Borough Commissioner
Sandra Davidson, Deputy Director
Tracey Grant-Houston, CPM*

Supervisors and caseworkers will be selected from a pool of existing staff in the borough that volunteer for assignment into FAR.

D. Phase-in or Rollout Plans for Workforce

Describe your plans for phasing in your FAR workforce (if applicable):

All four FAR units will come on line at the same time. The FAR units will stop receiving investigative based cases approximately one month before FAR case assignment is initiated. FAR units will maintain a role on their existing court cases until the appropriate time to un-assign same.

E. Future Plans (After the First Year)

Describe any additional plans you may have regarding the future size of the FAR program and staffing patterns to accommodate the program after the first year (if applicable):

ACS will demonstrate FAR and evaluate its effectiveness. ACS will then decide if FAR will end or if it will expand to incorporate all of Queens County, before rolling out to other counties within NYC.

IV. Plan for Service Provision

Describe

- the types of services and supports you plan to provide to families in FAR
- the procedures you will use in offering these services, including:
 - your strategies to apply the principle of actively engaging and empowering families in an ongoing process of assessing their strengths and needs, assessing child safety, and decision-making; and
 - how you plan to link families with needed services and goods through relationships with preventive services staff, TANF staff, and community service providers, including any plans to contract for such services.

Queens County is presently resource rich in the availability of preventive and community based services for families. Queens County CPS staff presently assigned to the investigative track currently identifies the most appropriate service available at the time to meet a family's needs. FAR staff will do similarly with families, whether the service is through a contracted provider or CBO, with the exception that the Family Led Assessment Guide (FLAG) will guide the process in identifying the family's strengths, needs, and in identifying the most appropriate services. As with contracted providers, CPS will engage CBOs in a transitional meeting that includes CPS, CBO, and family. Services we anticipate utilizing include the following: mental health evaluations, mental health counseling, parenting skill training, GED referrals, Day Care referrals, drug and/or alcohol counseling referrals (inpatient or outpatient), adult employment counseling, youth employment and activity referrals through DYFD, food pantries, and mentoring programs. FAR staff as needed will reach out to and engage NYC Human Resources Administration (HRA) concerning presenting issues with a family's public benefits which includes Medicaid and food stamps. FAR staff will also, together with the client, reach out and engage other NYC government agencies to ensure appropriate housing and medical care is provided to the family. FAR staff will model how to identify and access the needed services and by the end of the FAR engagement families will have developed the ability to do similarly.

V. **Community and Other Resources**

The success of every FAR Program is dependent upon the creation of vibrant and cooperative partnership with services and programs in the community.

A. Identification of stakeholders – List the stakeholders for FAR that you have identified in your district and in your community:

Potential ACS Stakeholders

- *Community Partnership group*
- *Division of Family Support Services (FSS)*
- *Division of Youth and Family Justice*
- *Division of Childcare/Head Start*
- *Division of Family Court Legal Services*
- *Division of Financial Services*
- *Division of Quality Assurance*
- *Investigative Consultants*
- *Queens Borough Office – PPRS and Admin*
- *Training Academy*
- *Clinical Consultation Program*
- *Family Assistance Program (FAP)*
- *Juvenile Justice Initiative (JJI)*
- *Education Unit*
- *Agency Program Assistance Unit (APA)*

Potential Community Stakeholders

- *All extended FAR family members*
- *Associated faith-based organizations*
- *ACS contract service providers*
- *Community Based Organizations*
- *Council of Family and Child Caring Agencies (COFCCA)*
- *Queens Borough President's Office*
- *NYC Department of Youth and Community Development (DYFD)*
- *NYC Department of Education (DOE)*
- *Schools where FAR children attend*
- *NYC Family Courts*
- *NYC Police Department*
- *NYC Office of Health and Mental Hygiene (DOHMH)*
- *NYS Office for People with Developmental Disabilities (OPWDD)*
- *NYS Office of Mental Health (OMH)*
- *District Attorney's office*
- *NYC Human Resources Administration*

During the initial demonstration of the FAR program the stakeholders will be limited. If ACS expands countywide or citywide a larger robust rollout will be considered to include as many stakeholders as possible. When FAR staff reach out to the schools they will explain to the school the purpose of FAR and likely email a flyer/brochure explaining same.

B. Community outreach – Describe how your district has reached out to and coordinated with community stakeholders (or plans to do so) in the planning of FAR:

In the months leading up to the initiation of FAR, an introduction to FAR will be given to PPRS providers, community based organizations and other invited stakeholders in Queens.

C. Community resources that may be used to assist families in FAR. Specify:

- Government agencies or resources:
 - a. *NYC Human Resources Administration connects families in need through TANF and Public Assistance programs.*
 - b. *NYC Department of Youth and Community Development (DYFD)*
 - c. *NYC Department of Education (DOE)*
 - d. *Schools where FAR children attend*
 - e. *NYC Family Courts*
 - f. *NYC Police Department*
 - g. *NYC Office of Health and Mental Hygiene (DOHMH)*
 - h. *NYS Office for People with Developmental Disabilities (OPWDD)*
 - i. *NYS Office of Mental Health (OMH)*
- *District Attorney's office*
- Non-government agencies or resources:

ACS Contracted Agencies

Chinese-American Planning Council - Asian Family Services

CIANA

Forestdale, Inc.

Hellenic American Neighborhood Action Committee (H.A.N.A.C.)

Lower East Side Family Union (LESFU)

New York Foundling Hospital

New York Foundling, Family Services for Deaf Children and Adults

SCO Family Services

The Child Center of NY

Community Based Organizations (not contracted with ACS)

American Family Community Services of NY

Applied Behavioral Sciences, Inc.

Catholic Charities
Child Advocacy Center
Chinese -American Planning Council, Inc.
Dept of Youth & Community Development (DYCD)
Early Childhood Direction Center
East River Development Alliance (ERDA)
Families Building Community
Family Justice Center
Family Resource Center of Western Queens
H & L Counseling Services
HASA- HIV/AIDS Services Administration
Make the Road New York
Mental Health Providers of Western Queens, Inc.
Mount Sinai Hospital of Queens
OutReach
Project Connect
Queens Child Guidance Center Asian Clinic
Queens Child Guidance Center Sonia Strumpf Clinic
Queens Community House
Queens Preventive Services
Queens Pride House
Q-Wave-Queer-Women & Trans - Asian - Visibility - Empowerment
SACSS- South Asian Council for Social Services
SAKHI for South Asian Women
Samuel Field Y
Saint Vincent's: Specialized Preventive Services
Single Stop USA
Steinway Child and Family Services, Inc.
The Fortune Society
The PAC Program
The Shield Institute-Programs & Services for Adults
Turning Point for Women and Families
Violence Intervention Program
Western Queens Consultation Center (Sunnyside)
Western Queens Consultation Center (Jackson Heights)
Woodside Mental Health Clinic Mobile Outreach

The above is not an exclusive list. As additional resources and agencies are identified they too may be considered for FAR inclusion.

- D.** Describe how you will use community resources to **reduce government involvement** (including that of child welfare services) in the lives of families while maintaining child safety and preserving families:

Queens County is rich with preventive contract services and community based services. While a case is active with FAR the caseworker will refer the family to the most appropriate services if deemed necessary. FAR theory posits families completing the FAR program will have developed the necessary skills to identify their strengths and

challenges and to act appropriately in resolving them. This will include families self-identifying agencies that may help them in times of need or crisis prior to government intervention, particularly protective services.

E. Additional Funding

A key component of FAR is the provision over the short term of needed goods and services, including wrap-around services, to families and children. While OCFS has had FAR flex funds (with no local share) available to districts that previously applied to participate in FAR, there is no current plan for the provision of State-only FAR flex funds going forward. Affirm that you plan to fund these services for FAR families with a local share of the costs, and describe your policy for the use of those funds. (Note: local share is to be claimed through the use of protective funding).

When free services and items are unavailable, funds are essential to helping and engaging families in developing stability. ACS presently provides resources to clients in need. Following is a list of those items ACS has provided client when determined appropriate: furniture, clothing, household goods, food, glasses, cleaning supplies, metro cards for transportation, etc. Similar to our Family Preservation Program (FPP), funds may also be made available as needed for family outings like movies, sport events, etc.

We will develop a cap on the dollar amount for emergency funding taking into account that some families will need more while others need less or none at all.

VI. Maintaining Safety/Assessing and Responding to Risk

A. Intake— The initiation of a safety assessment within 24 hrs is a FAR requirement. Describe the procedures and processes you will follow to initiate the assessment of the safety of children including how you will or will not screen and assess SCR reports for FAR inclusion during on-call hours:

Similar to the existing investigative track the 7 Day Safety Assessment will be approved by the 7th day of the intake for FAR cases.

Once a family has been assigned to FAR the caseworker will contact the source of the report and the information obtained will aid in the assessment of safety. The caseworker will then call the family and continue in obtaining information to aid in making an initial assessment of safety, while engaging the family via the FAR approach and set up a time for a contemporaneous visit. The initial visit with the family and the completion of the FLAG tool will provide substantial information to aid in the assessment of safety.

The OCFS term “On-Call” hours refers to non-business hours of operation, meaning nights, weekends, and holidays. Emergency Children’s Services (ECS) is an office within ACS that covers SCR generated reports during nights, weekends, and holidays. For

purposes of continuity and control during the FAR demonstration in Queens, all cases coming through ECS will be excluded for FAR. If it is determined that not enough FAR eligible cases are coming directly from the SCR to Queens Zone B, then the Queens Application's Supervisor will ensure the assignment of an equitable amount of cases from ECS where ECS has made initial contact via the investigative approach.

- B. Assessment** - The completion of a safety assessment within seven days is a FAR requirement. FAR staff must also complete an assessment of risk and an assessment of family strengths and needs. OCFS requires that districts use the Family Led Assessment Guide (FLAG) for these comprehensive assessments and that a completed FLAG be maintained in the case record. Describe the procedures and processes you will follow to protect the safety of children and engage families in a full assessment of safety, risk, strengths and needs.

FAR staff will be assigned from the pool of PD workers already trained in making safety and risk assessments and they will intervene as necessary if safety and/or risk concerns arise to protect the children. Queens maintains a high timely completion rate for safety assessment with an average of 97%. The safety assessments completed and approved timely on FAR cases will also be in the high 90% range. FAR staff will complete the FLAG on every case with the family and use the tool as part of the solution focused approach to identify family strengths, areas needing improvement, and develop a plan tailored to the family's needs. If after the 7 Day Safety Assessment has been completed, which also indicates the present report is permanently converted to FAR, the CPS caseworker determines that imminent danger to the safety of the children now exists, the caseworker will call in a new report to the SCR and the entire case will proceed down the investigative track in a different unit. If the family refuses to cooperate prior to the 7 Day Safety Assessment being completed the case will be transferred to a different unit to complete an investigation. If the family refuses to cooperate after the 7 Day Safety Assessment is completed a new report will be called into the SCR and the entire case will proceed down the investigative track in a different unit.

- C. Service provision** – Describe how the FAR Program will enhance your ability to protect children, maintain their safety, reduce risk, and preserve families:

The purpose of ACS in demonstrating FAR in Queens is to determine if the FAR approach will enhance a family's ability and opportunity to make better decisions resulting in children growing up in a safer and more caring environment. The FAR approach indicates that a population of families do not need a formal investigation to change behavior and that a softer and friendlier approach to engagement will result in more positive outcomes – including a reduction in family deterioration and subsequent repeat maltreatment. FAR eliminates the sting of an investigation from the first phone call which may result in increased cooperation by the family in participating in determining what, if any, services or help they may need to become a stronger, progressive, and more cohesive

family unit and also in accepting such help. A critical element in a successful FAR engagement is a family's willingness to work with the caseworker. A challenge for families is in accepting the FAR approach from the traditional investigative approach is in believing that opening up about their challenges will lead to a positive outcome and not to a court referral. The FAR approach is designed to help families help themselves in connecting to resources and information to meet their family and children's needs.

- D. Domestic Violence cases** – Describe the protocol that you have developed to maintain the safety of children and the non-offending caretaker in FAR cases with suspected or confirmed domestic violence:

SCR reports alleging or describing domestic violence will not be assigned to FAR. If recent or active domestic violence is identified in a family assigned to FAR by the FAR worker then the case will be reviewed by the supervisor and CPM to confirm, and if confirmed the case will be assigned to a different unit and an investigation will be initiated. If after the 7 Day Safety Assessment has been completed, which also indicates the present report is permanently converted to FAR, the CPS caseworker determines that imminent danger to the safety of the children now exists based on DV, the caseworker will call in a new report to the SCR and the entire case will proceed down the investigative track in a different unit.

VII. Training

District staff and any non-district staff who are contracted to provide FAR assessment and services must participate in the FAR training and coaching programs, as designed by OCFS.

- A.** Describe training already provided or planned for FAR district staff:

All CPS staff within ACS has received OCFS required common core training. They have also received additional training offered by OCFS and by ACS' Training Academy. Staff within Zone B assigned to FAR will receive more intense training on the principles of FAR, in the use of OCFS' Family Led Assessment Guide (FLAG), and in managing FAR cases in Connections. Application staff will receive training in the appropriate selection of cases for assignment to FAR.

FAR supervisors will need training in the debriefing process to help their staff with the intense engagement experienced with families as compared to the investigative track.

FAR caseworkers are challenged in terminating the relationship with the family and once terminated the family is not always self-sufficient and continue to seek the caseworker's help. FAR caseworkers will need focused training on how to appropriately terminate the caseworker/client engagement and will be followed up regularly during supervision. The desired outcome is for families to become more self-sufficient, to start to develop internal problem-solving skills with the outcome being safer and happier families. Another outcome is the reduction of government intervention. FAR staff must be able to teach the necessary

skills to help the family become more self-sufficient in problem-solving and in identifying resources to help them with new challenges and crises. To that end FAR staff may need refresher training.

B. Describe any cross training, orientation, or preparation that has already been provided or is planned for FAR staff, CPS investigative staff, any other child welfare staff, and/or other district staff:

All staff within Zone B will be provided an overview of FAR.

C. Describe FAR training/orientation that has already been provided or is planned for non-district organizations or entities:

ACS contracted service providers and Community Based Organizations associated with Zone B attended informational sessions at the Queens office to introduce FAR in January and April 2012. For the purposes of the demonstration it is a challenge to incorporate Department of Education with the numerous schools citywide that children from Zone B may attend. When the source of a report is from DOE and it is assigned the FAR track, the caseworker will brief the source on FAR, also provide a FAR promotional flyer, and where appropriate invite them (or other school designee) to actively participate as a resource.

VIII. Monitoring and Assessment

Each district must agree to participate in any monitoring or quality assurance activities with OCFS and its agents as may be designated by OCFS. Each district must commit to engage in internal quality assurance activities that will enable them to continuously assess their fidelity to the FAR practice model and the efficacy of their FAR program, and adjust procedures and practices as necessary.

A. Describe the quality assurance procedures that your district plans to follow in order to monitor and assess the success of your provision of services in FAR cases:

ACS will monitor the Queens' demonstration to ensure the FAR process is followed and to measure if FAR is successful. ACS is committed to providing FAR an appropriate testing environment. ACS will tweak the program as needed to ensure the tenets of FAR are practiced to provide every FAR family the opportunity for successful engagement. ACS welcomes OCFS joint participation in monitoring and in measuring the outcomes based on a to-be-determined agreement and process.

ACS will also include a FAR case as part of the regular rotation of cases randomly selected for presentation at Childstat. Childstat is a management and accountability tool intended to improve DCP's ability to protect and to serve children and their families. Childstat is convened regularly, where borough management executive management reviews a variety of indicators. An in-depth examination is completed on a family's case,

with a focus on quality of case practice. All Childstat cases are independently reviewed by ACS Office of Quality Improvement (OQI). Presentation of a FAR case at Childstat will provide an opportunity for ACS, as an institution, to examine FAR and to provide an opportunity for staff within ACS to become familiar with the FAR program.

ACS is considering the following in reviewing the FAR program:

- 1. Number of repeat reports.*
- 2. Number of repeat reports that based on the exclusionary criteria result in a FAR case moving to the investigative track.*
- 3. Number of repeat reports that moved to the investigative track and result in the allegations being indicated.*
- 4. Number of FAR families referred to preventive services.*
- 5. Number of FAR families where children were included in the engagement and assessment process.*
- 6. Level of progress FAR families make toward goal completion.*
- 7. Worker satisfaction.*
- 8. FAR family satisfaction.*

ACS will consider additional criteria for analysis to measure success.

Monthly random reviews of FAR cases will be completed by the FAR manager. All FAR cases will be reviewed on an ongoing basis by the supervisor during supervision meetings with staff.

- B. Describe the procedures your district will use to monitor and assess the provision of services to families in the FAR Program by agencies with which you contract to provide services:

ACS has a pre-existing process in place to monitor and assess services provided by contract agencies. The process will continue with services provided to FAR families.

Addendum:

Division of child protection case practice and leadership improvement plan
March 19, 2012

Management Performance Indicators MPI

A Divisional Case Practice and Leadership Improvement Plan

The following is a description of how the MPI, Childstat, Supervisory Forums, CSC Debriefings and Individual and Group Supervision Sessions can be used to promote managerial, supervisory and CPS staff development.¹

Purpose of the MPI

The purpose of the MPI is to build managerial capacity in Case Practice and leadership skills. Capacity building will focus on the Use of data in problem identification, Planning, Implementation and leadership as well as specific managerial skills. This will assist borough/program leadership to provide effective leadership that supports improved supervision and case practice of their direct reports and CPS staff. Effective information flow among the MPI and regularly scheduled trainings/meetings within the Division of Child Protection will result in increased staff capacity at all levels.

MPI – Management Performance Indicator Meetings

The MPI is a monthly strategy meeting of the leadership team in the borough/program. The primary goal is to create a learning environment to discuss Leadership, Management, Supervision and Practice strategies. The shared knowledge of the leadership team is critical to arriving at specific consensus driven strategies for improving Leadership, Management, Supervision and Practice in the borough/program. To achieve this, borough/program senior leadership must create an environment where managers are comfortable discussing their leadership, management and practice strengths and challenges.

The MPI is premised on the following:

1. Borough/Program managers have the knowledge and expertise to identify problems and find solutions that work.
2. Where the borough/program requires additional support, senior borough leadership along with DCP central operations will work to make the knowledge and expertise available to the borough management team.
3. Improvement in management, supervision and practice will be more consistent across the division if there is a focus on divisional practice themes and supervision/management framework. The process must also allow each borough or program the flexibility to address practice and supervision/ management concerns that are specific to their borough or program.
4. Great ideas and solutions emerge from forums where everyone's suggestions and opinion is valued and there is no wrong answer or idea considered too bizarre.
5. Implementing and managing plans derived from the MPI is as important as the planning during the MPI. A perfect plan is useless if it is not effectively implemented and tracked.
6. The support that managers receive from senior borough leadership is as important as the support that managers are expected to give to the supervisors and CPS.

¹ The MPI process that is described is also applicable to supervisory forums and monthly meetings with the CPS staff. The process requires that leaders create a learning environment where staff feel valued and are comfortable sharing their knowledge and challenges. Learning should be peer driven with managers as the content experts who support the process and are available to explain practice and policies when necessary.

MPI and Quality Supervision

Quality supervision principles (Supportive, Educational and Administrative) should be an ongoing theme within the MPI discussions. The MPI will be most effective if it is supported by senior borough/program leadership as a peer development and strategy sharing session. Within this context, both peer and senior leadership feedback should be supportive, educational and administrative. Specific discussions during the MPI should also focus on strategies to support the implementation of the quality supervision model and how managers at all levels can support quality supervision by their direct reports.

MPI and Childstat

The MPI is not a “mini-Childstat” and should be not treated as such. The MPI is however, an important forum for taking the lessons learned from Childstat to improve the leadership, supervision and practice in the boroughs/program. It is recommended that important practice themes/lessons learned from Childstat are discussed during the MPI with a focus on how these lessons can be generalized across each borough/program. Strategies for using Childstat lessons to inform leadership, supervision and practice should be discussed. Specific Childstat data should be used to inform the MPI discussion and resulting strategies. Childstat data that is irrelevant to a discussion should not be introduced. Reviewing all the data discussed at Childstat without discussing the nexus between the data, management oversight, supervision and CPS practice is not useful.

MPI and Supervisory Forums

The purpose of the supervisory forum is to build supervisor capacity in practice and daily supervision. Supervisory forums can also be an effective tool for identifying and developing future managers. The format for the MPI and supervisory forum should be similar. Both should be aimed at building effective teams that are able to engage in problem identification and solution focused discussions, reach consensus on sustainable strategies and implement the strategies with the staff they supervise.²

Supervisory forums will be successful in building capacity if the zone/program leadership creates a supporting environment where supervisors are able to discuss their strengths and challenges, and are recognized as experts at finding solutions. Good practice and supervision ideas will emerge from forums if the zone/program leadership demonstrates that the supervisory forum is a meeting where every suggestion is valued and there is no wrong answer or idea. This requires that zone leadership helps the facilitator find strengths in the ideas that supervisors suggest and reframe ideas when the ideas are inconsistent with required practice or supervision.

It is recommended that zone supervisory forums occur shortly after the MPI. To achieve borough/program wide supervision and practice improvement, it is recommended that zone/program leadership use the MPI discussion as the framework for the supervisory forum discussion. To enlist supervisory investment in the forum, agenda items for the forum should also include suggestions from supervisors on supervisory specific or shared supervisor/management concerns. The forums should be peer led with strong managerial support and guidance. The forum should use the shared knowledge of the supervisory and management teams to reach consensus driven practice and supervision strategies, implementation plans, bench marks and check in dates.

MPI and Monthly Child Safety Conference Debriefings

Monthly child safety conference debriefings are intended as forums where all CPS, supervisory and managerial staff in each zone/program meet and discuss the relationship between practice, supervision and child safety conference data. It is recommended that debriefings agenda flows from and builds on the discussions at the MPI and supervisory forums. The agenda and discussion at the debriefing should be informed by the CSC data as well as the practice concerns in the borough/program. Because practice and supervision are reflected in all safety and risk decisions before, during and after child safety conferences, CSC debriefings should not be seen as discrete trainings that focus solely on child safety conferences. Rather, CSC debriefing agendas should be

² Facilitation, brainstorming and planning process of the MPI that is fully applicable to the supervisory forum and can also be applied to the monthly CSC debriefings.

informed by the CSC data, the CSC process and the related practice and supervision discussions at the MPI and supervisory forums.

Zone/program leaders should use the monthly debriefings to recognize and celebrate the practice and supervision successes of the staff while teaching and supporting the staff to achieve zone/program practice and supervision goals. Effective integration of the supervision and practice data into child safety conference discussion will enhance the quality of the debriefings. Facilitation of the CSC debriefings should be a joint effort by CFS and PD managers and supervisors with the involvement of the CPS staff and the support of the zone/program deputy director. An effective debriefing is one in which the zone/program leadership integrates practice into the conferencing discussion and engages the CPS in this discussion. The debriefing process should therefore be a solution focused discussion and brainstorming by CFS, CPS, Supervisors and managers to improve practice. A debriefing can be considered successful when there is evidence that the consensus goals from the debriefing are reflected in measurable practice changes.

MPI, Childstat, Supervisory Forums, Debriefings and Individual and Group Supervision Continuum

The forums described above should not be seen as stand alone forums but as a continuum of staff development forums. The discussion and themes from any forum can become agenda items at another forum. This circular approach to staff development should result in a continuous flow of information among all staffing levels that can then be applied to individual and group supervision at all levels. When applicable, the discussion of case practice, supervision and management themes that occur during Childstat, MPI, Supervisory Forums and Debriefings should be applied to individual and group supervision sessions to help staff apply the themes to their individual practice.

Inviting Supervisors to the MPI

To support staff capacity for mastery of their current position, and identify and build the capacity of future midlevel and senior managers in the boroughs, select supervisors should be invited to some MPI's. This should also be an opportunity to recognize supervisors for outstanding work they are doing. Determining which supervisors to invite should be an objective decision based on the current work of the supervisors and their ability to become future agency leaders.

Involving supervisors in selected MPI's will broaden their thinking, normalize their challenges as they understand that there are parallel challenges at each level and broaden their understanding and use of data during supervision. It will also demystify management and help them understand the reasons behind practice and supervision decisions they are asked to implement. Selected supervisors should be staff that have been identified or who have demonstrated the potential to be future leaders in the agency.

Consultants & FCLS Involvement

The involvement of available consultants in the discussions should be considered on an as needed basis. Consultants and other experts should be invited to discussions that are geared towards improving the clinical, investigative or medical knowledge of the management, supervisory or CPS team. Expert in management and supervision can also be invited to applicable discussions. Practice discussions should include clinical assessment of the case and family dynamics. However, it is not recommended that the MPI or supervisory forums become a primarily clinical case review unless there are concerns that require a specific meeting is used for a clinical case review.

FCLS involvement should be considered when the goal is to obtain legal insight into practice related discussions. Professionals with expertise in various disciplines should be invited to select MPI's to share their expert knowledge in specific practice or leadership areas. The MPI should however, not be a forum for multiple presentations without discussing how the information obtained will inform management, supervision and practice.

Framing the Discussion

The framing of the MPI, supervisory forum or monthly zone/program debriefings will influence the effectiveness of these forums in achieving the stated goals. The MPI should be considered a safe space where management can have a solution focused and idea sharing meeting about issues

affecting management, supervision and practice. Similarly, the supervisory forum should be a meeting in which problems are clearly defined and supervisors are able to receive peer and managerial feedback and support in problem solving. Borough /program leadership should therefore create forums in which managers, supervisors and CPS are able to freely share ideas and discuss their frustrations. The forums should not however be used a forum for purposeless venting. When such venting occurs, the facilitator with the assistance of borough/program leadership should reframe and redirect the venting to enable it to become a solution focused discussion.

Data Discussion – Self Evaluation

Data selected for discussion should inform practice and supervision. Boroughs with a self-evaluation teams should include the team in selecting the data that will inform the practice and supervision that is the focus of the specific forum. Data that has no direct bearing on the practice, supervision and leadership focus of the specific forum should not be discussed. Reviewing all the child stat data may not be useful unless the team understands how each data set impacts the practice and supervision topics being discussed. The data discussion should not be a report and/or justification of the data but should include drawing inferences from the data or using the data to illustrate the impact of certain borough/program/zone practices and strategies that were implemented. Data discussion should include discussion of:

- How the data reflects the agency goals, practice strengths and gaps.
- The supervision and management inferences that can be drawn from the data.
- How the data will inform their management, staff development and support.
- How the data during an MPI will encourage CPMs to have similar data discussion with their staff around practice and supervision themes reflected in the data.
- The specific practice changes that will occur or successful practices that will be sustained as a result of the data.

Case, Practice, Supervision and/or Leadership Discussion

The borough team may select a case that illustrates the data being discussed or the team may choose to discuss specific data informed practice concerns in the borough without discussing a specific case. If a case is discussed, the case discussion should not be limited to the CPS and supervisor actions on the case but should include managerial responsibility in supporting the practice and supervision. For policy related practice or supervision discussions, relevant policies should be shared with the management team. The discussion should include consensus driven strategies around improving specific practices or issue being discussed. The facilitator(s) should obtain feedback from the group on how to implement and manage the process that will result in changes in practice or supervision. The specific responsibilities of the borough management team in implementing and monitoring the practice and supervision strategies should be agreed to. The facilitator should get feedback on:

- Strengths that will support the success of the plan.
- Barriers that may limit the success of the plan.
- Strategies for working around the identified barriers.
- What indicators will show that the plan is effective?

Ending the MPI and Supervisory Forum³

Gaining the team's commitment to specific action steps for the plans discussed influences the extent to which the plans are implemented. The facilitator should encourage staff to:

- Prioritize the required tasks for successful plan implementation.
- Specify how they will message, educate, motivate, monitor, manage and support their staff to implement the plan. What specific tasks will they do?
- Specify the support they require from borough/program/divisional leadership for the plan to succeed.
- Zone/program leaders and borough/program commissioners should specify how the senior leadership will support the managers during the plan implementation.

³The process for ending the MPI and Supervisory Forum is similar. Ending the monthly debriefing should involve obtaining staff consensus on specific practices that they will implement.

- For specific managerial practice and leadership discussion, managers should specify what actions they will take to improve their managerial capacity as a result of the discussion.
- Decide on the indicators, format and check-in date to report on the success of the plan.

MPI and Supervisory Forums will succeed if:

- Borough/program leaders create an environment for shared knowledge and mutual learning where managers feel comfortable discussing their strengths and challenges without being judged. Managers display a supportive approach and willingness to share strategies that work, and are not judgmental of other managers with practice or management limitations.
- Achievements are acknowledged and recognized, and discussions are solution focused.
- Purposeful venting is encouraged. Venting should be seen as a sign that managers consider it a safe space to express their frustrations. However, group frustration and malaise may occur when there is too much or purposeless venting which is venting that is not followed by a solution focused discussion to support the frustrated person(s) in finding solutions. The facilitator and senior leadership should therefore acknowledge, then reframe and redirect venting towards a solution focused discussion.
- Data, practice, supervision and management discussions should be direct to enable the correct problem to be identified. Feedback should always be supportive, developmental and never personalized. Discussions about systemic practice and supervision barriers should be balanced by suggestions of specific strategies to work through or around these barriers.
- Senior managers are expected to provide the expert knowledge if needed but should avoid lecturing managers who express practice ideas or give data feedback that are inconsistent with the required practice. Practice expressions that are inconsistent with best practice can be refuted by soliciting ideas from other managers.
- Practice discussions should not become so clinically focused that the MPI session becomes a purely clinical case review that informs but from which managers do not leave with specific actions they can implement to improve the practices discussed.
- Each MPI or supervisory forum should end with clear consensus driven strategies around the practice and supervision issues discussed. To avoid the meeting becoming a feel good discussion which ends at the door, there should be some agreement on the timeframe for implementing the consensus strategies and how practice and supervision improvements will be measured.

Facilitation

Effective facilitation is important for the meeting to be successful. These forums were developed as peer driven forums with borough/program leadership providing the necessary guidance and support. The role of the facilitator is not to do all the talking or have all the answers but to encourage the participation of everyone. The facilitator should be able to reframe and redirect to obtain the necessary clarity where needed but ensure that the discussion is focused on the issues. The facilitator should know the specific goals the MPI is hoping to achieve so that where necessary, the discussion can be redirected.

Tracking and Measuring Success

Each borough should track the practice and supervision themes that are the focus of the MPI, Supervisory Forums and Child Safety Conference debriefings. One forum each quarter should be dedicated to reviewing and discussing the themes that were the focus and the progress made in those areas. This should include both a quantitative analysis using available data as well as a qualitative analysis. Qualitative data reflected in the zone and borough metrics along with the quantitative data obtained from DPPM should be used to track improvement in practice and supervision.