

***Question: for PINS Diversion, does the County have any data to share on the percentage of petitions from Schools, Parents, or other sources?***

Response: In the past 5 years there have been two occasions in which a PINS petition was filed in family court. The agency currently works with approximately 25-30 PINS Diversion cases per month. The majority of the referrals come from the schools and parents.

***Question: for Family Intervention, does the RFP have a target range of children in mind that this program will be looking to support? (for example: 1-7, 7-12, 13+)***

Response: the range of children served through this program is from birth to 17 years, 364 days old.

***What are the expected/required qualifications of the staff members?***

Response: This would be determined by the agency responding to the RFP, based on the services being proposed and the qualifications the agency seeks to successfully perform those duties. Since these would be employees of the agency, and not the Department, the successful bidder would be responsible to set their own minimum qualification for their employees.

***What is the anticipated case load per staff member?***

Response: The anticipated number of cases the agency would work with under these RFPs is 25-30 PINS referrals, and 40 Family Intervention cases per month. The successful bidder would be responsible for determining the per employee caseload based on their proposed services and the number of employees they anticipate needing to successfully fulfill the services, objectives and outcomes of the program.

***What are the expected outcomes?***

Response: As described in New York State Codes, Rules and Regulations 18 NYCRR Part 423, the purpose preventive services is *“averting a disruption of a family which will or could result in placement of a child in foster care; enabling a child who has been placed in foster care to return to his/her family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care”*. Therefore, for both programs, this would be the primary objective of the services provided by the successful bidder. To this end, it would be expected that successful implementation of the preventive services would include engagement with the family and youth, service providers, and stakeholders. Program design and methodology would be expected to incorporate and adopt evidence-based principles and practices that are shown to be successful in preventing family disruption.

***How will you measure success?***

Response: Referrals are made based on the belief that *without* preventive services, there is an increased likelihood that a placement in foster care will occur, or that for a child who is

currently placed in foster care, reunification with his or her family will be delayed or not possible. This is the primary goal of both programs and the overarching benchmark by which success will be gauged.

***What is DSS looking for in terms of a cost savings for each program?***

Response: out of home placements, particularly extended ones, can result significant cost to the county, therefore one of the benefits of successful preventive services is increasing the likelihood that such placements will be avoided. Additionally, current research has established that there can be significant detrimental effects on development and family functioning for youth and families when out-of-home placements occur. These can result in a host of long-term issues and involvement in the child welfare system. It will be the Department's responsibility to determine if services provided and the successes achieved through these programs are cost-effective and therefore advantageous to maintain or if other intervention approaches should be considered.

***Given that the PDS RFP now includes both preventing placement and reunification, Does DSS envision as the split between the two types of referrals?***

Response: The successful bidder will not be working with foster care cases. However, they will be working with 1017 placement cases. A 1017 placement case is a case that has resulted in a child being placed in the direct custody of fictive kin under an agency filed neglect/abuse petition. The agency remains responsible for the supervision of the placement and the case. The referrals and referral process will be the same for each type of preventive case.

***Given that the FIP RFP has language about foster care, if this traditional foster care or kinship foster care? Or both?***

Response: Language concerning foster care is in the RFP as it's a part of the definition of preventive services. The successful bidder will not be working with foster children, but they will be working with 1017 placement cases.

***Given that the FIP RFP has language about "enabling a child who has been placed in foster care to return to his/her family at an earlier time than otherwise possible" – what does DSS envision as a caseload of foster care cases and what do they want for a caseload of preventive cases (averting a disruption and placement into foster care)?***

Response: It is anticipated that the successful bidder for Family Intervention services will work with approximately 40 cases per month.

***Given the RFP has language referring to Family First, will there be startup funds to support evidence-based models?***

Response: The successful bidder will be responsible for providing a budget that reflects all reasonable costs anticipated to implement and maintain the proposed services.