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Administration for Children's Services

Policy and Procedure
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Intake Procedures for Referrals to Preventive Services by the Division of Child Protection

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SUMMARY:
The Administration for Children's Services ("Children's Services" or "ACS") and our preventive services provider agencies have a shared vision for the safety and well-being of New York City's most vulnerable children. In order to best support and engage families involved in child protective investigations, it is critical that staff provide timely preventive services referrals and Transition Meetings. This policy reinforces the shared responsibilities of preventive services providers and child protective staff and outlines the referral process and expectations for the Transition Meeting.

POLICY HIGHLIGHTS

- Families deserve the support that preventive services can offer, and timely intervention can reduce the rate of repeat abuse or maltreatment, as well as the likelihood of out-of-home placement.

- When meeting to discuss a case, the CPS and case planner need to include families to enhance families' understanding of why a preventive services referral is being made, what will be expected of them, and what they can expect from the provider agency.

- The CPS must schedule a face-to-face Transition Meeting with the family and provider agency case planner within five (5) business days of the completed referral in PROMIS.

- The Transition Meeting serves as an important bridge from the child protective phase to the service phase of a case. It provides an opportunity for the case planner and CPS to collaborate and engage the family in discussing safety and risk and how preventive services can offer support.

- A Transition Meeting may be a joint home visit or a Family Team Conference or family meeting held at the provider agency's office, an ACS borough office, or a location in the family's community. The case planner and CPS shall determine the type of meeting and location in consultation with the family.

- Providers may only reject a referral in PROMIS without attempting a face-to-face Transition Meeting in the following circumstances:

  - The program is at or above 100% capacity and cannot safely accommodate additional cases;
  - The program is experiencing a serious staffing shortage and cannot safely service additional families;
  - The program's intake has been officially closed by ACS.

- The PPRS Liaison shall only withdraw a PROMIS referral if the CPS has determined the family would be better served by another program or the children have been placed in foster care.

- Providers must not ask child protective staff to withdraw and resubmit a referral; rather, they should work with child protective staff to facilitate timely engagement.

- When a general preventive program lacks the specialized skills or expertise required to service a family because the family's needs fall outside the scope of what the program offers based on contractual requirements, the program must immediately communicate this to the PPRS liaison and CPS who are then responsible for referring the family to an appropriate program.

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I. INTRODUCTION

A. Collaboration Between Children's Services and Preventive Services Provider Agencies

The Administration for Children's Services ("Children's Services" or "ACS"), in collaboration with our preventive services provider agencies ("provider agencies"), continues to work to increase the number of preventive services referrals for families with child protective cases, when appropriate. Children's Services believes that these families deserve the support that preventive services can offer, and that timely intervention can reduce the rate of repeat abuse or maltreatment and reduce the likelihood of out-of-home placement.

B. Communication Between the ACS Child Protective Specialist and Provider Agency Case Planner

1. Strong communication between the Child Protective Specialist (CPS) and the provider agency case planner is essential for quality case practice. When meeting to discuss a case, the CPS and case planner need to include families in order to enhance families' understanding of why a preventive services referral is being made, what will be expected of them, and what they can expect from the provider agency. The provider agency must use these meetings to engage families in identifying their strengths and to describe the specific actions parents they must take to keep children safe and reduce the risk of abuse and maltreatment over time, thereby averting the need for out-of home care.

2. When families see a strong collaboration between the provider agency and the CPS, and are asked to actively participate in keeping their children safe, it is more likely that they will be encouraged to engage in the services being offered. Meetings that include the family and those they invite to attend, along with the CPS and the provider agency case planner, give the case planner a better understanding of the family's history, strengths, areas needing improvement, and the specific safety and risk concerns identified during the child protective investigation.

C. Purpose

This policy reinforces the shared responsibilities of preventive services providers and child protective staff and outlines the referral process and expectations for Transition Meetings.

II. PROCEDURE

A. Referral Process from the Division of Child Protection to a Provider Agency

1. When a CPS makes a determination to refer a family to preventive services, he or she shall make the referral as early as possible during the investigation or contact

with the family. Early referrals enable the CPS and the provider agency case planner to jointly introduce and engage the family in services and confirm that the family is connected to services. After determining with the family that a preventive services referral would be beneficial, the following must occur:

a. The CPS shall open the case in the Welfare Management System (WMS) and Child Care Review Service (CCRS). The CPS shall also complete the Service Connect Instrument (SCI) Packet and submit it to the ACS Purchased Preventive Services (PPRS) Liaison;

b. The CPS shall conference the case with the PPRS Liaison to discuss the service model that will best meet the family's needs; and based on the SCI recommendations, the conference, the assessment conducted within the Division of Child Protection (DCP), and slot availability in the Preventive Organization Management Information System (PROMIS), they shall select a service provider to address the family's needs as agreed to by the family;

c. The PPRS Liaison shall contact the preventive provider agency by phone, and, if necessary, by email, based on the SCI recommendations, the conference and assessment conducted within DCP, and slot availability in the Preventive Organization Management Information System (PROMIS) to discuss the referral, and if applicable, the eligibility of the family for the provider's service model; the PPRS Liaison shall notify the agency at the conclusion of the call of the intent to place the referral in PROMIS;

d. The provider agency shall identify the staff member[1] to whom the case will be assigned;

e. The PPRS Liaison shall create the referral in PROMIS;[2] and the PPRS Liaison shall submit the referral to the provider agency via email;

f. The provider agency shall then assign the case immediately to the designated staff member (case planner), who shall initiate services by contacting the family within the time frame prescribed by the program model, not to exceed 48 hours from receipt of the referral;

    i. Some preventive service program models, such as evidence-based models, require staff to contact families within shorter time frames (e.g., within 24 hours). In such instances, the provider agency case planner must contact the family in keeping with the model's requirements.

[1] The staff member must be someone who can be assigned a role in CONNECTIONS.
[2] The referral is not considered completed until it has been entered in PROMIS.

ii. If the phone discussion identified in the above sections II(A)(1)(c) and II(A)(1)(d) does not take place, the agency must notify the CPS worker by phone or email as soon as possible, never to exceed one business day with the name of the worker assigned so that the CPS worker can assign the caseworker role in CONNECTIONS (CNNX).

iii. If the provider agency case planner makes contact with the family without the CPS in order to meet program model requirements, the case planner is still responsible for coordinating with the family and the CPS to hold a Transition Meeting.

g. The PPRS Liaison shall notify the CPS that the preventive services referral has been initiated, provided the referral has been entered in PROMIS;

h. The CPS, or, if the CPS is unavailable, the next available person within the DCP chain of command, including the Child Protective Manager (CPM), shall assign the provider agency case planner a caseworker role in CNNX as soon as possible after learning that the referral has been completed, and always within one business day of the referral.

i. Upon receiving a caseworker role in CNNX, the provider agency case planner must review the history and access all applicable stages in CNNX, including the current investigation, past indicated cases, and open service stages, to review the CPS' notes in order to gain a better understanding of the family and the nature of the case.[3]

2. Per the guidance provided above in section II(A)(1)(f), the provider agency case planner shall contact the family within the prescribed time frames and document his or her outreach and engagement efforts. Delays in case assignments or technical issues should not delay outreach to the family.[4]

3. After the referral has been completed, the CPS must schedule a face-to-face Transition Meeting with the family and the provider agency case planner within five (5) business days of the completed referral in PROMIS.

4. For effective transitions from child protective to preventive services, see Attachment A, *Best Practice Principles for Effective Transitions from Child Protective to Preventive Services*.

[3] Refer to 07-OCFS-ADM-12, *Access to Child Protective Services Investigation Information*, for further guidance on what, how and when investigative information should be accessed and used.

[4] See memorandum to provider agencies titled *Critical Intake Unit Function for Transfer of Cases*, dated September 4, 2013.

B. Face-to-Face Transition Meeting

Once the referral to preventive services has been made, the face-to-face Transition Meeting (hereinafter "Transition Meeting") must occur within five (5) business days. ACS' practice is to hold Transition Meetings on all cases being referred from DCP to preventive services. The provider agency shall initiate outreach to the family within the time frames specified in the Preventive Quality Assurance Standards and Indicators for its respective preventive model, which shall never exceed two (2) business days. If the Transition Meeting cannot occur within the first five (5) business days following the referral, the provider agency case planner shall continue the engagement process with the family independently, while working with the CPS, the Child Protective Specialist Supervisor (CPSS) II and/or the Child Protective Manager (CPM) to schedule a meeting within the 10 business day engagement period.

C. Purpose of the Transition Meeting

1. An effective Transition Meeting involving the family, the CPS, and the provider agency case planner serves as an important bridge from the child protective phase to the service phase of a case. The purpose of this collaborative meeting is to:

    a. Introduce the provider agency case planner to the family and discuss the reason(s) for the referral;

    b. Initiate or continue the engagement process between the provider agency case planner and the family;

    c. Describe to the family what preventive services are and what support the provider agency can offer;

    d. Understand first-hand the family's assessment of the safety and risk issues and behaviors that threaten the child(ren)'s safety and allow the family to share their thoughts about the types of services they need to best care for their child(ren) and keep them safe;

    e. Share and discuss with the family the CPS' assessment of safety and risk and the behaviors or circumstances that have threatened the child(ren)'s safety or that have placed or could place the child(ren) at risk for repeated instances of maltreatment;

    f. Discuss how the family and the provider agency will address these safety and risk concerns together;

g. Discuss the possible consequences of the family not participating in preventive services, specifically working to resolve safety and risk factors that put their child(ren) at risk for placement.

D. Types of Face-to-Face Transition Meetings

1. A Transition Meeting may take one of two forms:

   a. A joint home visit;[5]

   b. A Family Team Conference (FTC) or family meeting, which may be held at the provider agency's office, a Children's Services' borough office, or another location in the family's community.

2. The CPS and provider agency case planner shall determine the type of meeting and location in consultation with the family.

E. Rejections Not Requiring a Transition Meeting

1. Providers may reject a referral in PROMIS without attempting a face-to-face Transition Meeting only under the following circumstances:

   a. The program is at or above 100% capacity and cannot safely accommodate additional cases;

   b. The program is experiencing a serious staffing shortage and cannot safely provide services to additional families;

   c. The program's intake has been officially closed by ACS for any reason.

2. PROMIS must always reflect the accurate program capacity, staffing, and intake status reflected in the rejection reasons above.

3. In the event of a rejection under the above conditions [see section II(E)(1)(a)-(c)], the provider must immediately notify the PPRS liaison via phone and email once the referral is made in PROMIS, so that DCP can identify an alternative preventive program for the family in a timely way. It is preferable for the provider to notify the PPRS liaison that the agency is unable to take a case during the phone call to discuss the case described above in section II(1)(c) above of this policy.

[5] The Joint Home Visit was the previous name used for the Transition Meeting. Transitions Meetings may occur at a number of locations and do not have to take place in the family's home.

4. When a rejection is made under the above conditions, the provider must reject the case in PROMIS *within one business day of the initial referral,* using the appropriate rejection code. PPRS liaisons will not withdraw cases in PROMIS that are rejected by the provider agency for the above conditions.

5. Children's Services expects that rejections for the above conditions will be rare, particularly rejections due to staffing shortages. Providers are reminded that all preventive contracts require that providers maintain a full complement of qualified staff in order to fulfill their allotted capacity at all times. Children's Services will track rejections under the above conditions and will address any utilization or practice concerns through the Offices of Contract Management and Agency Program Assistance, respectively.

6. Providers are reminded that the ACS Preventive Services Quality Assurance Standards and Indicators require written notice to ACS in the event of intake closure (p. 149).

F. Time to Disposition

The provider agency must make a determination of whether a case is accepted or rejected and enter it in PROMIS within 10 business days from receipt of the CPS referral, except in cases described in section II(F) above, which require a response within one business day. If a family disengages or withdraws from preventive services during the initial engagement period, the provider agency will be expected to communicate with the CPS as soon as possible to re-engage Children's Services directly while the case is still open for investigation. Thereafter, the provider agency may re-engage Children's Services through an Elevated Risk Conference (ERC) by making a request through the Division of Family Support Services.

G. Disposition Decisions

1. The provider agency shall make a timely decision to accept or reject a referral and notify Children's Services (PPRS Liaison or Family Assessment Program [FAP][6] Borough Director).

    a. Once the referral is received in PROMIS, the provider agency shall make the decision to open or reject the case within 10 business days from the date of receipt of the referral;

    b. Regardless of the referral source, families who do not meet the eligibility requirements[7] for preventive services shall not be accepted;

[6] The Family Assessment Program has a "no rejection" policy.

c. The PPRS Liaison shall ONLY withdraw referrals in PROMIS for the following reasons:

   i. The CPS has determined that the family would be better served by another preventive program or community-based organization; or

   ii. The children have been placed in foster care.

d. Note: Providers must not ask child protective staff to withdraw and resubmit a referral but should work with child protective staff, including appropriate managerial staff, to facilitate timely engagement so that there can be an appropriate disposition of the case.

e. When a general preventive program finds that it lacks the specialized skills or expertise required to service a referred family because the family's needs falls outside the scope of what the program offers based on contractual requirements, the program must immediately communicate this to the ACS PPRS Liaison and CPS who are then responsible for referring the family to an appropriate program.

   i. In addition, the provider agency must notify the initial referral source that the program will not be able to accept the family for services.

f. Evidence-based, evidence-informed, and promising practices programs must accept a referral if the family meets criteria for the model and none of the rejection reasons listed above section II(E)(1)(a)-(c) apply.

g. Provider agencies are required to deliver quality services to families during periods of staff absences (e.g., vacations, sick leave, vacancy, etc.). These planned events shall not impact timely service delivery.

[7] Preventive eligibility criteria may be found in the Preventive Services Quality Assurance Standards and Indicators.

Attachment A

Best Practice Principles for Effective Transitions
from Child Protective Services to Preventive Services

I. INTRODUCTION

A. All families referred to preventive services as a result of an indicated child abuse and maltreatment report to the Statewide Central Register ("SCR") of Child Abuse and Maltreatment must have a face-to-face Transition Meeting (hereinafter "Transition Meeting") with staff from Children's Services and the provider agency so that the family may be quickly and thoroughly engaged in preventive services. Successful transitions from the investigative phase to the preventive services phase require attention to pre-meeting activities, the face-to-face Transition Meeting, and follow-up activities. They also require mutual respect and collaboration between child protective and preventive services staff.

1. <u>Pre-Meeting Activities</u>

a. The child protective specialist (CPS) must engage the family in a discussion about preventive services and the family's need for such services and must involve the family in the decision-making process;

b. The CPSS II and the CPS should review the case together to assess the family's service needs in order to make an appropriate referral to preventive services;

c. Before initiating the preventive referral, the CPS must launch the Family Services Intake (FSI) in CNNX, and progress the case to a Family Service Stage (FSS).

d. The CPS shall assign the appropriate program choices for each child, usually both a protective and a preventive program choice when a case has been indicated so that provider agency staff have the appropriate risk-based assessment and service planning tools available to them in CNNX;

e. Once the Purchased Preventive Services (PPRS) Liaison identifies an appropriate preventive services provider that is available to take the referral, the CPS must assign a caseworker role to the provider agency in CNNX;

f. At the time of the CPS referral, the PPRS Liaison shall document in the Preventive Organization Management Information System (PROMIS) if a Transition Meeting is required;

g. Once the provider agency case planner has been assigned a role in CNNX, he or she must review all applicable stages in CNNX, including the current investigation, past indicated cases, and open service stages. (For guidance on how to access the investigation in CNNX, please refer to the ACS Division of Child Protection policy, *CONNECTIONS Roles and Required Case Practice*, dated December 30, 2011 and *System Build 18.9.3 Job Aid: Changes to Access to the Child Protective Investigation via Implied Role in CONNECTIONS*, which is available on the Office of Children and Family Services website.) Please also reference 07-OCFS-ADM-12, "Access to Child Protective Services Investigation Information," for further guidance on the requirements and limitations regarding provider agency access to the investigation stage.

h. After the provider agency has assigned a case planner to the case, there must be a substantive phone conversation between the CPS and the provider agency case planner regarding the service needs of the family, any safety and risk concerns, and other significant case related issues. This conversation shall include:

    i. The presenting issue(s);
    ii. The case history;
    iii. The reason(s) for referring the family for services;
    iv. Any identified threats to the child(ren)'s safety;
    v. Any safety plans that have been put in place and who is responsible for implementing them;
    vi. Identified risk factors, level of risk, and other family functioning concerns, including but not limited to substance abuse, domestic violence, or mental health issues;
    vii. Family strengths;
    viii. Goals that have been set with the family;
    ix. An assessment of the family's level of change readiness;
    x. Language/cultural needs;
    xi. Court orders;
    xii. Scheduling issues with the family (e.g., best time to reach the family);
    xiii. What service referrals have already been made and the status of those referrals (e.g., referrals to child care, early intervention, housing subsidy, homemaking services, etc.);
    xiv. Any worker safety issues; and
    xv. An agreement about the date and time for the face-to-face Transition Meeting.

i. The CPS is responsible for setting up the Transition Meeting with the family and provider agency case planner and shall make reasonable efforts to schedule the visit within the first five (5) business days following the preventive referral. Concurrently, the provider agency case planner shall initiate outreach to the

family within no more than 48 hours or two (2) business days as required by Children's Services. If the provider agency uses a model that requires the case planner to contact the family sooner, as in the case of evidence-based programs, the case planner must follow the model's requirement.

j. If the family is in need of interpretation services, the CPS shall arrange these services for the Transition Meeting.

k. If issues arise in scheduling the Transition Meeting between the CPS and the provider agency case planner within 48 hours of the referral, the CPS and case planner shall immediately notify their supervisors by email to quickly resolve the matter.

l. If a Transition Meeting cannot be scheduled within five (5) business days of the referral and attempts have been made to resolve this issue, then the provider agency case planner shall meet with the family without the CPS and have a subsequent phone conversation to update the CPS about what occurred during the meeting. (This would be counted as a casework contact in PROMIS and not an attempted Transition Meeting.) In such instances, the CPS and case planner must notify their supervisors, and the meeting must be completed within the 10 business day engagement period, and whenever possible, prior to the submission of the Initial Family Assessment and Service Plan (FASP).

m. In order for a preventive program to accept a case in PROMIS, there must be at least one attempted Transition Meeting. If a Transition Meeting has been scheduled with all parties and either the CPS and/or the family does not attend, the preventive program may document this as an attempted Transition Meeting. If the family is unavailable for the scheduled Transition Meeting, the preventive agency case planner must make continued efforts to meet and engage the family.

n. The PPRS Liaison shall ONLY withdraw a referral in PROMIS if the CPS has determined that the family would be better served at another preventive program or community-based organization, or the children have been placed in foster care. Providers may not ask child protective staff to withdraw and resubmit a referral but should work with child protective staff including appropriate managerial staff, to facilitate timely engagement so that there can be an appropriate disposition of the case.

2. <u>The Meeting</u>

a. The Transition Meeting is a collaborative process; child protective staff are expected to actively participate and remain for the entire meeting;

b. The CPS and provider agency case planner will discuss the purpose of preventive services with the family[8];

c. The CPS will explain to the family that the case is not "closed" but is being transferred to a preventive services provider for continued services;

d. The CPS or provider agency case planner will explore with the family their view of the situation and their assessment of their family's needs;

e. The CPS or provider agency case planner will review any safety issues and any safety plans developed to protect the children in the home;

f. The CPS or provider agency case planner will review risk issues identified by child protective staff and discuss how the case planner will address these issues together with the family;

g. The provider agency case planner will explain what services the agency can and cannot provide;

h. The CPS or provider agency case planner will explain if the services are court ordered and what that means. If services are court ordered, the CPS or case planner shall:

    i. Tell the family that the Family Services Unit (FSU) worker and the provider agency case planner will have ongoing communication;

    ii. Discuss the specific requirements of the court order;

    iii. Discuss how the preventive services provider can assist the family with carrying out the court ordered requirements and helping the family to achieve service goals; and

    iv. Explain that though the family is ordered to participate in preventive services, the family may request to work with a different provider if the court order does not specify the provider agency.

i. If preventive services are not court ordered, the CPS and provider agency case planner shall jointly discuss with the family that although participation is voluntary, there are several possible consequences if the family does not work

[8] It is highly preferable that the meeting be attended by the case planner who will carry the case, and not an intake worker or other covering staff, in order to support clear and timely transfer of information and effective family engagement.

successfully with the preventive provider to resolve the safety and/or risk concerns for the children. The CPS and case planner must also explain to the family that if safety and risk concerns are not addressed, possible consequences may be:

i. That the family will not have additional services and support to help strengthen their family;
ii. That the child(ren) may be harmed or less able to develop to their full potential;
iii. That there may be another report to the Statewide Central Register of Child Abuse and Maltreatment (SCR); and that
iv. Children's Services might consider court action;

j. Set a date for a follow-up meeting between the provider agency case planner and the family;

k. The family may sign the LDSS-2921 form at the time of the Transition Meeting, but it is not required. The decision about when to have the family sign the 2921 form is at the provider agency's discretion so long as the family signs it within the 10- day engagement period.

3. Post Visit/Follow-up activities

Although the case is being transferred to the provider agency for continued services, it is vitally important during this transition that the CPS and provider agency case planner continue to communicate to assess the family's level of engagement. During this phase of the case, it is expected that:

a. If the family refuses services, the provider agency case planner will immediately communicate with CPS to discuss next steps, which shall include a Family Meeting coordinated by the CPS unless a determination has been made regarding the SCR report, in which case a request for an Elevated Risk Conference (ERC) shall be initiated through the Division of Family Support Services;

b. The provider agency case planner will be responsible for noting in the FSS progress notes whether the provider has accepted or rejected the case, in addition to PROMIS notification;

c. Once the provider agency has accepted case planning responsibility, the CPS must promptly assign the provider agency the case planner role in CNNX. This action requires the completion and approval of the initial FASP by the CPS;

d. The CPS shall then transfer case management to the Systems Support Office (SSO);

e. The provider agency case planner is expected to incorporate the results of the investigation and the initial safety, risk, and family functioning assessments into the ongoing assessment of safety and risk, and the ongoing service planning for the child and family, including the Comprehensive FASP.