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Administration for Children's Services

Policy and Procedure
2021/01

Intake Procedures for Prevention Referrals by DCP

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Related Forms: Attachment A: *Best Practice Principles for Effective Transitions from Child Protective to Prevention Services*			
SUMMARY: The Administration for Children's Services (ACS) and its prevention 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 prevention services referrals and Transition Meetings. This			

policy reinforces the shared responsibilities of prevention services providers and child protective staff and outlines the referral process and requirements for the Transition Meeting.

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I. INTRODUCTION

A. Collaboration Between ACS and Prevention Services Provider Agencies

The Administration for Children's Services (ACS), in collaboration with its prevention services provider agencies (provider agencies), continues to work to increase the number of prevention services referrals, when appropriate, for families with child protective cases. ACS believes that these families deserve the support that prevention services can offer, and that timely intervention can reduce the rate of repeat maltreatment.

B. Communication Between ACS Division of Prevention Services, the Child Protective Specialist (CPS), and the ACS Provider Agency

1. A family is determined to have a need for prevention services upon a finding that the child will be placed, returned to or continued in foster care unless such services are provided and that it is reasonable to believe that by providing such services the child will be able to avoid foster care placement and remain with or be returned to his or her family.[1] CPS refer families to prevention services based on their service plans, which are developed with the information obtained during CPS engagement with families and collateral contacts as well as Risk Assessment Profile Scores (RAP Scores). Such services are meant to enhance a family's supports and to encourage behavioral changes that will reduce risk to children.

2. After a Child Protective Specialist (CPS)[2] has assessed and identified a family's need for prevention services, strong communication between the CPS and the Division of Prevention Services (DPS) Referral Consultant , a borough-based representative charged with determining appropriate prevention services referrals, is essential for providing the best service match for each family and for quality case practice. CPS and the Referral Consultant will communicate regularly in order to share information and assessments related to the family's needs and goals so that appropriate services are recommended.

3. Strong communication between the DPS and provider agencies helps the referral consultant identify the best match for the family seeking services.

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[1] SSL § 409-a; for eligibility requirements for prevention services, see 18 NYCRR 423 & 430.9.

[2] The policy refers to all case carrying CPS staff such as PD, FAR, FSU and FPP CPS staff.

4. When families see a strong collaboration between the provider agency and the CPS, it is more likely that they will be encouraged to engage in the services being offered. Meetings that include the family, the CPS, and the provider agency case planner give the case planner a better understanding of the family's history and the specific safety and risk concerns identified during the child protective investigation. When meeting to discuss a case, the CPS and case planner must include the family in order to enhance the family's understanding of why a prevention services referral is being made, what will be expected of the family members, and how the provider agency can help and assist the family. The provider agency must use these meetings to engage families and describe the specific actions parents must take to keep children safe and reduce the risk of abuse and maltreatment over time.

C. Purpose

This policy reinforces the shared responsibilities of prevention service providers and child protective staff and outlines the referral process and requirements for Transition Meetings. This policy does not apply to Advocates (ADVPO) cases.

II. PROCEDURE

A. Referral Process from the Division of Child Protection to the Division of Prevention Services

1. When a CPS assesses a family's need for services and subsequently refers the family to prevention services, CPS shall make the referral as early as possible in the investigation. Early referrals enable CPS and the provider agency case planner to collaborate in introducing the family to appropriate services and to verify that the family remains connected to services. After determining that a family will benefit from a prevention services referral, the following must occur:

    a. The child protective specialist must progress the investigation to a Family Services stage.

    b. The child protective specialist shall complete and submit LDSS-2921. ACS Systems Support Office (SSO) will subsequently open the case in the Welfare Management System (WMS) if it has not yet been opened already.

c. Once the case is open, the CPS shall complete the Service Connect Instrument (SCI) packet. As best practice, the CPS may discuss the generated recommendations with their supervisor. After the discussion, the CPS must submit the SCI tool to the DPS Referral Management Team until further notice.

i. The referral must be submitted via email, until further notice, and include, at a minimum:

- A summary of the family composition, including all family members, birth dates and details as to who resides in the home;
- An up-to-date address where the family will be seeking services;
- All case identifiers, including WMS number, Stage ID and Connections (CNNX) case number;
- A summary of the case, including what child welfare concerns and family service needs will be addressed during services;
- Information about any additional supportive services that have been requested and the status of those requests including, but not limited to, homemaking and childcare;
- If completed and available, the outcome of the most recent Risk Assessment Profile (RAP);
- A summary of any case concerns that would guide decision making about program selection, including eligibility for evidence-based programs, including but not limited to the history of or active concerns about children's or caregiver's:
  - Mental health;
  - Substance misuse;
  - Domestic violence;
  - Developmental delays or disabilities;
  - Intellectual Disabilities;
  - Sexual abuse; and/or Trauma;
  - Child Trafficking indicators, if present.
- Confirmation that the DCP CPS has discussed prevention services with the family, and that the family is open to a referral for services.

The CPS and the Referral Consultant shall conference the case via phone, email or in person to discuss the service model that will best meet the family's needs

based on the SCI recommendations. For more information on specific service models, see ACS Prevention Services Desk Guide (2021).

B. Referral from the Division of Prevention Services to a Provider Agency

1. After DPS has determined that the family meets all programmatic eligibility requirements,[3] the Referral Consultant shall contact the program director or designated intake staff at the prevention provider agency that the family is being referred to by phone. The Referral Consultant will then enter the referral into PROMIS, including any pertinent information communicated via the phone referral. The Referral Consultant will make the referral based on their assessment of the case information that was obtained from the initial referral submission and information learned during consultation with DCP. The referral consultant shall also consider the family's needs, the strengths of each Prevention model, and geographic location when referring a family to a specific prevention provider. The Referral Consultant will discuss with the provider the family's fit for the provider's service model and shall notify the agency of the intent to place the referral in PROMIS.

2. The Referral Consultant shall create the referral in PROMIS[4] with an agreed upon date of referral.

3. The Referral Consultant shall notify CPS via email that the prevention services referral has been made and will share the program information and date of referral.

C. Outreach from the Prevention Provider to a Family

1. Upon receiving a referral in PROMIS, the provider agency shall then immediately assign the case to the designated staff member, who shall initiate services by contacting the family within the time frame prescribed by the program model, or within 24hours at most. The provider agency staff member must document their outreach and engagement efforts in CNNX when a role has been assigned. Delays in case assignments or technical issues should not delay outreach to the family.[5]

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[3] See 18 NYCRR 430.9 for OCFS programmatic eligibility criteria that makes a family eligible to receive mandated or non-mandated prevention services; such criteria is also laid out in the "Eligibility" standard of the Prevention Quality Assurance Standards and Indicators (2020). [see comment about these Standards not being finalized yet.]

[4] The referral is not considered completed until it has been entered in PROMIS.

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

a. If the provider agency case planner contacts the family without the CPS the case planner is still responsible for coordinating with the family and the CPS to hold a Transition Meeting.

2. The agency must also notify the CPS by phone or email of the name of the worker assigned so that the CPS can assign the caseworker role in CONNECTIONS (CNNX). The agency must maintain record of this notification in writing in the CNNX case record.

   a. The CPS, or, if the CPS is unavailable, the designee, shall assign the provider agency case planner a caseworker role in CNNX as soon as possible but no later than one (1) business day after learning that the referral has been completed.

   b. Upon receiving a caseworker role in CNNX, the provider agency case planner must review the history and access the Investigation Stage in CNNX to review the CPS' notes in order to gain a better understanding of the family and the nature of the case.[6]

D. Transition Meetings

1. A transition meeting is required in all cases. Transition meetings are service engagement processes that promote successful engagement of prevention services. The transition meeting helps to ensure a warm hand off for families from an Investigative or FAR stage to services. Transition meetings provide an opportunity for the family, CPS and the service provider to have discussions about elements of risk for the family, required behavioral change and support needed to reduce the identified risk. The investigation determination is not always a factor in identified risk or required behavioral change in which services are needed to address. Therefore, transition meetings are needed to support a warm hand off and successful service engagement regardless of the investigation determination.

   a. 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 CPS and provider agency case planner shall encourage families to invite their assigned social worker or other support systems (except for lawyers) to the transition meeting, if desired. The purpose of this collaborative meeting is to:

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

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

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

iii. Describe to the family what prevention services are and what support the provider agency can offer;

iv. 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 repeat maltreatment;

v. 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;

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

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

E. Criteria for a Transition Meeting

1. The provider agency shall initiate outreach to the family within the time frames specified in the Prevention Services Quality Assurance Standards and Indicators for its respective prevention model, which shall never exceed two (2) business days. After the referral has been completed, the CPS and prevention provider case planner must schedule a face-to-face Transition Meeting, with the family within five (5) business days of the referral.[7] If engagement attempts are unsuccessful and a face-to-face Transition Meeting was unable to be scheduled within five (5) business days of the referral, the prevention provider shall continue the engagement process with the family independently, including through meeting with the family if scheduled as an attempted transition meeting. The provider agency case planner shall continue to work with the

[7] A transition meeting is required in all cases where determination has been made in the CPS investigation or those with a substantiated allegationof the child abuse or maltreatment report.

CPS, the Child Protective Specialist Supervisor (CPSS) II and/or the Child Protective Manager (CPM) to re-schedule a formal Transition Meeting with all necessary parties within the 10-business day engagement period.

a. Face-to-face Transition Meetings should occur within ten (10) business days at most. Once a referral has been made, the date of referral will not be changed.

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

c. For effective transitions from child protective to prevention services, see Attachment A, *Best Practice Principles for Effective Transitions from Child Protective to Prevention Services*.

F. Disposition Decisions

1. The provider agency shall accept each family for services or consult with ACS to withdraw the case if the family is ineligible for services for each case that is received from ACS and notify ACS of the decision (Referral Consultant or Family Assessment Program [FAP] Borough Director). Timeframes for such decisions are indicated in section H(a), (d), and (e) below. There is a no rejection policy for both Prevention Services and the FAP program providers. The prevention provider may not reject a family for services though a family may choose to decline services.

   a. Once the referral is received in PROMIS, the provider agency shall open the case within ten (10) business days from the date of receipt of the referral. The prevention provider must work to engage the family and is not allowed to reject a family for services.

   b. Prevention services are voluntary, and the family is permitted to decline services from the provider. In the event the family declines services from a provider following diligent efforts to engage the family, the provider may record that into PROMIS as either "Family Declines Services" or "No Response from Family."

      i. If the family cannot be reached (No Response from Family), the provider must document all outreach efforts, including at least 2 attempted home visits at different times of day and an

attempt to reconnect with the source of the referral to facilitate the family's engagement.

ii. If the provider holds a face-to-face meeting with the family and the family does not consent to services, the provider will reach out to the referral source to discuss re-engagement of the family. If re-engagement is not successful, the provider will record the family's decision to decline services in PROMIS.

If a family declines prevention services, CPS must attempt to re-engage the family by discussing the intended benefits of the services and convening a family team meeting if necessary.[8] CPS must assess if the family would benefit from another, different referral, such as a referral to a Community Based Organization, and shall work with the Division of Prevention Services to coordinate additional referrals.

The CPS must use the Risk Assessment Profile (RAP) tool to re-assess the child's physical, mental, and emotional conditions to confirm that there is no imminent danger to the child.[9] If a case yields a high RAP score and is submitted for closing without services, the CPS must document the explanation. If CPS determines that the parent or other person legally responsible for the child's care fails to exercise a minimum degree of care, or believes that the family's refusal to accept services impedes their ability to address these concerns, CPS must discuss the case with their supervisor to determine if an initial child safety conference is required to assess the need for court intervention.

c. DPS will assess any recommendation for withdrawal on a case by case basis. All withdrawals are at the discretion of ACS, which include both the DCP and the DPS and ACS will only withdraw cases after an individual evaluation for one of the following reasons:

[8] See ACS Interim Policy in Effect, Child Welfare Programs' Family Team Conference Policy (February 2017) and any successor or amended policies or guidance; see also Initial Child Safety Conference Policy (October 2012), and any successor or amended policies or guidance.

[9] See ACS Guidelines, *DCP Guidelines for Completing the RAP*, issued *4/15/1*.

i. ACS has determined that the family would be better served by another prevention program or community-based organization because the referral requires specialized skills or expertise that are beyond the capacity of the organization, or the service needs fall outside of what the program offers based on contractual requirements;
ii. ACS is no longer requesting prevention services for the family;
iii. All the children in the home have been placed in foster care and prevention services are not considered to be appropriate for the family at this time;
iv. The provider and DCP are unable to locate the child and/or the family. Withdrawals for this reason are limited to situations where both DCP and the Prevention provider cannot find the child or family, and not for situations where the family is declining to participate in a transition meeting or services;
v. The family does not meet the programmatic eligibility requirements[10] for prevention services;
vi. The family meets all programmatic eligibility requirements for prevention services but does not meet the inclusionary criteria for the prescribed therapeutic treatment model.
vii. The family does not reside in the service area of the prevention provider;
viii. The program is at or above 100% capacity and cannot safely accommodate additional cases;
ix. The program's intake has been officially closed by ACS for any reason. In the event a program is experiencing a serious staffing shortage and cannot safely provide services to additional families, the program must reach out to Agency Program Assistance in order to officially close intake due to the staffing issue.

d. For any withdrawals related to the provider's ability to receive cases (C.vii-C.ix), the provider must reach out to DPS *within one (1) business day of the initial referral*. For withdrawals related to information the provider or ACS learns about the family or referral after the time of referral, the provider must reach out to DPS within one (1) business day of learning of that information.

[10] Prevention eligibility criteria may be found in the Prevention Services Quality Assurance Standards and Indicators. [See earlier comments about these Standards not being finalized.]

e. Providers must not ask ACS to withdraw and resubmit a referral to meet required timelines 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 within ten (10) business days.

    i. ACS expects that withdrawals for the above reasons will be rare, particularly rejections due to staffing shortages. All prevention contracts require that providers always maintain a full complement of qualified staff in order to fulfill their allotted capacity. ACS shall track withdrawals under the above categories and will address any referral, utilization, and/or practice concerns.
    ii. Closing intake requires APA approval.

Attachment A

Best Practice Principles for Effective Transitions from Child Protection to Prevention Services

I. INTRODUCTION

A. All families referred to prevention services must have a face-to-face Transition Meeting (hereinafter "Transition Meeting") with staff from ACS and the provider agency so that the family may be quickly and thoroughly engaged in prevention services. Successful transitions from the investigative phase to the prevention 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 prevention services staff.

1. Pre-Meeting Activities

a. The child protective specialist (CPS) must engage the family in a discussion and decision-making about prevention services and the family's need for such services and must explain to the family the benefits that such services can have in promoting the safety and well-being of the child(ren) in the home.

b. CPS must explain to families that prevention services are voluntary at this time. CPS must explain that services are not court mandated due to the family's commitment to address the concerns to support behavorial change.

c. 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 prevention services;

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

e. The CPS shall assign the appropriate program choices for each child, usually both a protective and a prevention 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;

f. The CPS will complete the Service Connect Instrument Tool (SCI) and will confer with their Supervisor regarding the generated recommendations. The SCPS team may override the identified level of service and recommend models in a different service level, if appropriate. To complete the referral, the CPS will

submit the SCI tool to the Division of Prevention Services. Upon receipt of a completed referral, the referral consultant in DPS will work with the CPS and Provider agencies to identify an appropriate program for the family. The CPS and referral consultant will discuss the SCI tool generated recommendations and any alternatives suggested by the CPS and CPS supervisors before deciding upon a prevention services program for the family.

g. Once the Referral Consultant identifies an appropriate prevention services provider that is available to take the referral, the CPS must assign a caseworker role to the provider agency in CNNX within one business day;

h. At the time of the CPS referral, the Referral Consultant shall document in the Prevention Organization Management Information System (PROMIS) if a Transition Meeting is required;

i. Once the provider agency case planner has been assigned a role in CNNX, they must review the investigation.[11]

j. After the provider agency has assigned a case planner to the case and prior to the transition meeting, 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. The conversation shall be summarized and maintained via follow-up email. The conversation, and written email, shall include:

    i. The presenting issue(s) and reasons for referring the family for services;
    ii. The case history;
    iii. Any identified threats to the child(ren)'s safety;
    iv. Any safety plans that have been put in place and who is responsible for implementing them;
    v. Identified risk factors, level of risk, and other family functioning concerns, including but not limited to substance abuse, domestic violence, or mental health issues;
    vi. Family strengths;
    vii. Goals that have been set with the family;
    viii. An assessment of the family's level of change readiness;

[11] 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*; for further guidance on the requirements and limitations regarding provider agency access to the investigation stage, see 07-OCFS-ADM-12, "Access to Child Protective Services Investigation Information."

ix. Language/cultural needs, including the need for an interpreter for deaf or hard of hearing individuals;
x. Court orders;
xi. Scheduling issues with the family (e.g., best time to reach the family);
xii. 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.);
xiii. Any worker safety issues; and
xiv. An agreement about the date and time for the face-to-face Transition Meeting.

k. 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 prevention referral date in the PROMIS system. Concurrently, the provider agency case planner shall initiate outreach to the family within no more than 48 hours or two (2) business days from the time the referral is entered into PROMIS 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.

l. If the family is in need of interpretation services (including sign language interpretation), the CPS shall arrange these services for the Transition Meeting.

m. 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.

n. 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 with the family. 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 transition meeting including both the provider and the CPS must be completed within the ten (10) business day engagement period, and whenever possible, prior to the submission of the Initial Family Assessment and Service Plan (FASP).

o. In order for a prevention 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 prevention program may document this as an attempted Transition Meeting. If the family is unavailable for the scheduled Transition Meeting, the prevention agency case planner must make continued efforts to meet and engage the family.

p. DPS shall ONLY withdraw a case in PROMIS for one of the reasons outlined in section I(1)(c) 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 required to actively participate and remain for the entire meeting;

b. The CPS and provider agency case planner will discuss the purpose of prevention services with the family;[12]

c. The CPS will explain to the family that the child protective case is not "closed" but is being transferred to a prevention services provider for continued services so that the child will be able to remain with the family or so that the child can be returned to the family;

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

f. The CPS and 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;

[12] 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.

h. The CPS and 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 prevention 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 prevention services, the family may request to work with a different provider if the court order does not specify the provider agency.

i. If prevention 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 successfully with the prevention 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 include:

    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) if there is a reasonable cause to suspect child abuse as a result of safety and risk concerns remaining unaddressed; and that
    iv. ACS may consider initiating court action based upon CPS's assessment that the child's physical, mental, or emotional condition has been or is in imminent danger of becoming impaired as a result of the failure of the parent or other person legally responsible for the child's care to exercise a minimum degree of care and the family's refusal to accept services that will support addressing these concerns.

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

k. The provider may suggest that the family sign the LDSS-2921 at the time of the Transition Meeting. If they do not sign at the time of the Transition Meeting, they are required to sign the LDSS-2921 form 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, the CPS and provider agency case planner must continue to communicate to assess the family's level of engagement. Such responsibilities shall include:

a. If the family refuses services, the provider agency case planner must immediately communicate with the CPS to discuss next steps. Next steps must include a Family Meeting coordinated by the CPS. Such a meeting is not necessary if the final determination on the child abuse or maltreatment report has been made and the investigation stage has been closed. In such situations, a request for an Elevated Risk Conference (ERC) must be initiated by the case planner;

b. The provider agency case planner must note in the FSS progress notes whether the provider has accepted the case or if the case was withdrawn in addition to the 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.