

Chapter 8: Service Provision and Development of a FASP with a Protective Program Choice

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Chapter 8: Service Provision and Development of a FASP with a Protective Program Choice

A. Overview of statutory requirements for providing services

The New York State Social Services Law (SSL) requires that when Child Protective Services (CPS) receive and investigate a report alleging abuse or maltreatment, CPS must:

- Offer to the family of any child believed to be suffering from abuse or maltreatment such services as appear appropriate based on the investigation and evaluation for either the child or the family or both. Prior to offering such services to a family, the CPS worker must explain that there is no legal authority to compel such family to receive services, but may inform the family of the obligation and authority of CPS to petition the Family Court for a determination that a child is in need of care and protection [SSL §424(10)].
- When an appropriate offer of service is refused and CPS determines, or if CPS for any other appropriate reason determines, that the best interests of the child require Family Court or criminal court action, CPS must initiate the appropriate Family Court proceeding or make a referral to the appropriate district attorney, or both [SSL §424(11)].
- Coordinate, provide or arrange for, and monitor rehabilitative services for children and their families on a voluntary basis or under a final or intermediate order of the Family Court [SSL §424(13)].
- Provide supervision and otherwise meet its duties and responsibilities as outlined in the terms and conditions contained in an order of supervision made as part of a Family Court disposition [FCA §1057(b)].

When a case is assigned for Family Assessment Response (FAR), CPS must follow other requirements for provision of services, which are discussed in **Chapter 5: Family Assessment Response**, of this manual.

B. Regulatory requirements for services during the course of an investigation

CPS may, where appropriate, provide for or arrange for and coordinate services for children and families named in a CPS report prior to the determination of the report [18 NYCRR 432.2(b)(4)(ii)].

Tools are available to assist CPS in identifying when services are appropriate. Two such tools, which must be used during the investigation, are the Safety Assessment and the Risk Assessment Profile (RAP).

The Safety Assessment is used to determine a child's current level of safety. A preliminary assessment of safety must be completed within seven days of the receipt of a report. If a child is assessed to be in "imminent danger of serious harm," CPS must undertake some form of intervention to support child safety [18 NYCRR 432.2(b)(3)(ii)(c)]. See **Chapter 6: Child Protective Services Investigations, Section C.**

Once CPS has made a determination regarding the immediate safety of the child and addressed any safety issues by providing services or other means, CPS must complete a RAP prior to the determination of the report. The RAP is an evidence-based assessment tool used to estimate the probability of future abuse or maltreatment, and is used to help guide the worker in determining whether there is a need to develop a service plan to reduce the likelihood of future abuse or maltreatment [18 NYCRR 432.2(b)(3)(iii)(b)]. See **Chapter 6: Child Protective Services Investigations, Section D.**

CPS typically waits until they have completed the RAP and a full investigation of the allegations before they arrange for or provide any rehabilitative (change-oriented) services that are not intended to address immediate safety concerns. This gives CPS enough time and information to accurately assess the risk to the child(ren) and whether there is a need for ongoing services for the child and/or the family.

Appropriate services may be initiated, however, at any time during the investigation [18 NYCRR 432.2(b)(4)(ii)]. For example, services that may not be directly related to a child's immediate health or safety may prevent an immediate deterioration of family functioning. In such a case, services are considered to be essential for decreasing the risk of future abuse or maltreatment. Such services (e.g., protective day care services) may be offered and provided prior to the completion of the investigation. Preventive services may be provided if eligibility criteria are met and the family member signs an application requesting such services. Services provided during the investigation may be delivered directly by the local social services district (LDSS) or through a referral to a provider agency.

Families must be informed that they are not required to accept services. CPS should also inform the family that it has the obligation and authority to petition the Family Court if the family refuses the services and CPS deems that the services are necessary for the child's health or safety [SSL §424(10); 18 NYCRR 432.3(p)].

When services are offered and refused, CPS must determine whether the best interests of the child require court action. If so, CPS must initiate the action in Family Court, make a referral to the appropriate district attorney for criminal

Family Court referrals

Referring a case to Family Court does not mean that the services the worker thinks are appropriate will automatically be put in place. CPS makes its recommendations to the court, but the Family Court judge makes the determination that the judge deems appropriate. Similarly, when CPS refers a case for possible criminal prosecution, the district attorney must determine whether to initiate an indictment.

prosecution, or both [SSL §424(11); 18 NYCRR 432.3(q)]. Regulatory requirements for protective services provided due to an indicated CPS case

CPS is responsible for providing or arranging for rehabilitative services and foster care services, where appropriate, to any child named in an indicated child abuse and/or maltreatment report, and to his or her family. This is to safeguard and protect the child's well-being and development, and to preserve and stabilize family life whenever possible [18 NYCRR 432.2(b)(4)(i)].

The following apply to the provision of services in an indicated case [18 NYCRR 432.2(b)(4)(i) and (iv)]:

- Families must be informed that they cannot be compelled to accept services. CPS workers may also inform the family that if CPS deems that the services are necessary for the child's health or safety, CPS has the obligation and authority to petition the Family Court if the family refuses the services.
- In all cases where subjects of an indicated abuse and/or maltreatment report refuse to accept rehabilitative services and/or foster care services, CPS shall assess whether the best interests of the child require Family Court action to compel the subjects of the report to accept rehabilitative services and/or foster care services, and shall initiate such action whenever necessary, unless there is insufficient evidence to initiate a Family Court petition to compel involvement in such service(s).

C. Direct provision of services by CPS

1. General requirements for the direct provision of services by CPS

a. *Case management*

In cases where CPS is the primary service provider to children and families named in an indicated child protective report, CPS is responsible for case management activities [18 NYCRR 432.2(b)(4)(vii)]. When CPS is the primary service provider to the children named in an indicated child protective services case and their family, CPS is responsible for identifying, utilizing, and coordinating services, both those in the community and those provided by the LDSS, to assist in the rehabilitation of individuals named in an indicated report and to reduce risk to children named in such cases. In coordinating the delivery of rehabilitative services, CPS must ensure that the roles, responsibilities and tasks, and activities of all service providers are clearly defined and that the established Service Plan is being implemented [18 NYCRR 432.2(b)(4)(viii)].

When CPS provides services directly to children and families named in a report of abuse/maltreatment, the CPS worker must ensure that:

- Any safety response initiated or maintained protects the child from immediate danger of serious harm
- Any services planned and/or provided are likely to reduce the risk related to one or more identified risk elements [18 NYCRR 432.2 (b)(4)(v)].

CPS may provide foster care services in addition to protective services for children in a CPS case, as long as it has been determined that foster care placement is necessary to maintain the child's safety, as per the standards set forth in 18 NYCRR 430.10 [18 NYCRR 432.2(b)(4)(xi)].

b. *Supervisory review of casework decisions*

In cases where CPS is the primary service provider to children and families named in indicated child protective report, CPS supervisors must review casework decisions made by CPS. Such review must include, at a minimum, a review of the Service Plan for the case and of the information periodically reported to the Statewide Central Register of Child Abuse and Maltreatment (SCR) [18 NYCRR 432.2(b)(4)(ix)].

CPS supervisors should review the major casework decisions documented in the Service Plan, as well as other parts of the case record, especially those that could be especially vital to achieving the best outcomes for children and families, including, but not limited to:

- Caseworker engagement of parents and children
- The identification and location of absent parents
- The frequency and quality of caseworker visits
- Comprehensiveness of safety, risk, and service needs assessments
- Sufficiency of the documentation to support these assessments

c. Cultural considerations and Limited English Proficiency

Cultural differences do not, however, change the definition of abuse or maltreatment, nor do cultural differences excuse or mitigate actions that fall within the definitions of abuse or maltreatment. When working with a family that is from another country or that has a different belief system, ethnicity, religion, or other cultural difference from the CPS worker, the CPS worker must always make an effort to understand and appreciate the particular perspective of the family, which may be affected by those differences. Workers should avoid prejudging family members or making assumptions about their thinking or actions. They should ask the family for their perspective on situations and truly listen to what they say.¹

CPS staff should be aware of their own biases, values and beliefs and not make decisions based on such biases. Families and CPS serves are diverse. Similarly, CPS staff should not make judgments regarding family members. Some areas about which judgments should not be made include family members' gender identity or expression, disability, or any and all discriminatory bases protected by federal or state law (race, creed, color, national origin, age, gender, religion, sexual orientation, and marital status).

The Civil Rights Act of 1964 requires equal access to services and benefits for all persons, regardless of national origin, when those services are provided by an organization receiving federal funds. To facilitate equal access, CPS must make reasonable efforts to facilitate communication with persons who have Limited English Proficiency (LEP). Reasonable efforts may include:

- Providing written materials in a language that the person understands
- Providing an oral translation of documents or notifications
- Using interpreters for conversations²

Appropriate interpreters

It is not appropriate to use minor children as interpreters. It is also not appropriate to use any person who may have an interest in providing an inaccurate interpretation, such as a person who may be abusive to the LEP person. Whenever possible, it is best practice to always use a bilingual staff person or a professional interpreter for communication with an LEP child or family member.

2. Casework contact requirements when CPS is the primary service provider

CPS must maintain close contact with the family throughout the service provision process and respond appropriately to the family's needs until the case is closed. In cases where CPS is the primary service provider to the child(ren) and the family named in the indicated report of child abuse and maltreatment, CPS must make at least two separate face-to-face contacts per month with the subject and other persons named in the report. At least one of these contacts each month must take place in the subject's home [18 NYCRR 432.2(b)(4)(vi)].

¹ *Matter of Rodney C*, 91 Misc2d 677 (Fam Ct, Onondaga County 1977).

² "Provision of Services to Persons with Limited English Proficiency (LEP)" (16-OCFS-INF-05)

These face-to-face contacts are required for timely and continuing reassessment of:

- Child safety
- Risk to the child(ren)
- Ability of the parent(s) or guardians to provide a minimum standard of care
- Progress the parent(s) and child(ren) are making toward achieving the outcomes specified in the service plan
- Case-appropriate planning based on observation of the child(ren)'s natural environment, the child(ren)'s care, and the identified risk elements [18 NYCRR 432.1(o)]

When CPS is coordinating the delivery of rehabilitative services by providers of specialized rehabilitative services, supportive services, or probation services, such providers may make up to six of the contacts that are required during a six-month period. However, only contacts made by the case planner or by the caseworker, as directed by the case planner, can be counted as the required in-home contacts. Furthermore, only two of the contacts made by other service providers may be made by the supportive service providers [18 NYCRR 432.2(b)(4)(vi)].

Calculation of the six-month period

The initial six-month period commences at the case initiation date (CID) or at the opening of a services case resulting from an indicated CPS case. Subsequent six-month periods are calculated from the Service Plan due date. [18 NYCRR 432.2(b)(4)(vi)]

3. Additional guidance regarding service provision

a. Provision of preventive and foster care services

CPS may provide and arrange for preventive services in addition to protective services for child(ren) in the worker's protective services case, as long as the case is eligible for mandated preventive services and the caseworker is directly providing services to the child(ren) named in indicated abuse and/or maltreatment reports and their family [18 NYCRR 432.2 (b)(4)(x)].

CPS may provide foster care services in addition to protective services for the child(ren) in the worker's protective service case, as long as it has been determined that foster care placement was necessary pursuant to the "necessity of placement" regulatory standards set forth in 18 NYCRR 430.10 [18 NYCRR 432.2(b)(4)(xi)].

b. Court orders

When the Family Court orders CPS to monitor or supervise a child, respondent, or family regarding an order of adjournment in contemplation of dismissal, order of suspended judgment, placement of a child, order of protection, or order of supervision, CPS must undertake all practicable efforts to carry out the provisions of the order [18 NYCRR 432.2(b)(4)(xiii)(a)].

When an order issued by a Family Court appears to be in conflict with other requirements of CPS service provision, or is unclear, CPS must advise the court and work with the court to resolve the conflict. When CPS is ordered to supervise or monitor the respondent(s) and the family involved, CPS must comply with the applicable notification requirements of the Family Court Act [18 NYCRR 432.2(b)(4)(xiii)(b) & (c)].

c. Notification and information sharing

CPS must notify the attorney for the child whenever there are subsequent indicated reports of child abuse or maltreatment in which the respondent is a subject of the report or other person named in the report while an adjournment in contemplation of dismissal, order of suspended judgment, order placing the child, order of protection, order of supervision, or release of the child to the respondent is in effect [FCA §§1039-a and 1052-a].

CPS should convene regular case conferences with all providers to evaluate the Service Plan and is encouraged to invite the attorney for the child. (Such case conferences are in addition to the required Service Plan Reviews, to which the attorney for the child and others must be invited.)

d. Case consultations in preparation for permanency hearings

Unless the Service Plan Review will occur within 60 days of the date certain for a permanency hearing, CPS must convene a consultation meeting in preparation for the permanency hearing [18 NYCRR 428.9(b)(1)]. Permanency hearings must be held every six months for any child who has been freed for adoption, including PINS and JDs; any child who has been placed in foster care or placed directly with a non-respondent parent, relative, or suitable person under FCA Article 10; or any child who has been voluntarily placed in foster care [FCA §1089(a)].

The case consultation assists in the development of the permanency hearing report (PHR). It provides an opportunity to discuss the case with the case planner, the child's caseworker (if applicable), and their respective counsel. The consultation must include the case planner and/or the child's caseworker; the child's parents (unless parental rights have been surrendered or terminated, or it can be documented that the parent is unable or unwilling to attend); foster parents, pre-adoptive parents, relatives or suitable persons with whom the child has been placed; and the child, if he/she is age 10 or older. However, a child who is at least 10 but less than 14 years of age is not required to attend if it can be documented that the child is unwilling to attend, or it can be demonstrated that attending would not be in the child's best interests.

A youth in foster care who is 14 years of age or older must participate in the case consultation and has the option to select up to two individuals from the case planning team (other than the case manager, case planner, caseworker or foster parent) to participate in the consultation. For more information, see the OCFS policy directive "Case Planning for Youth in Foster Care 14 Years of Age or Older" (15-OCFS-ADM-22).

The worker must prepare a PHR for the court prior to the permanency hearing. The PHR includes the information needed for the court to make decisions regarding the safety and well-being of the child, including information about the family's progress, the provision of reasonable efforts, and the plan for achieving timely permanency for the child.

D. Development of the Family Assessment and Service Plan (FASP)

The Family Assessment and Service Plan (FASP) is a record of past and current family functioning (including the identification of individual and family strengths), observations of behaviors or conditions that indicate the risk of future abuse or maltreatment, and an overall assessment of the family's service needs. The plan should be developed through a collaborative process, with input from the parents and all children named in an indicated report of child abuse or maltreatment [18 NYCRR 428.1(a) & 428.6(a)].

CPS must assign all active CPS service cases a program choice of "Protective." When a case is assigned a Protective program choice, CPS is then responsible for completing, at a minimum, the following Initial FASP components: Safety Assessment; Family Update; Strengths, Needs and Risks Scales; RAP; Family Assessment Analysis; and Service Plan.

There are several purposes for the FASP, including but not limited to:

- A tool for focusing casework activity on the key outcomes of safety, permanency, and well-being
- A tool for gathering and recording information with the family about their current functioning
- A tool for assisting, supporting, and documenting case decision-making
- A record of plans and steps taken with the family to meet their needs and to achieve the outcomes of safety, permanency, and well-being
- A means of communicating with families about the plans developed with them
- A means of communication among various service providers and entities working with the family
- A means of assessing change or progress with the family
- A basis for supporting legal action when necessary and appropriate to case circumstances
- A historical record of family functioning, child's history, and previous agency intervention
- A guide for supervisors in assessing the effectiveness of casework activity, and providing constructive feedback/guidance to workers
- A guide for casework practice consistent with accepted standards³

Ongoing assessments of child and family functioning, needs, and strengths, especially when done in partnership with the family, are important in assisting CPS to meet the desired outcomes of safety, permanency, and well-being for children. The assessments, which are recorded in the FASP, are the basis for determining the aspects of individual and family functioning that need to change in order to achieve the desired outcomes. These assessments establish a foundation for development of the Service Plan.

Each FASP must include, but is not limited to [18 NYCRR 428.6 (a)]:

- A program choice or choices for each child receiving services
- A goal and plan for child permanency

³ CONNECTIONS Training Module 2: The FASP

- A description of legal activities and their impact on the case
- A thorough and comprehensive assessment or reassessment and analysis of the strengths, needs and problems of the family, the child, and the parent/caretaker
- Immediate actions or controlling interventions which must be taken or have been provided
- The family's view of its needs and concerns
- A plan of services and assistance made in consultation with the family and with each child over 10 years old, whenever possible, which utilizes the family's strengths and addresses the family members' needs and concerns (see box at right)
- The status of the service plan including service availability and a description of the manner of service provision
- The family's progress toward plan achievement
- Essential data relating to the identification and history of the child and family members and a summary which documents the involvement of the parent(s) or guardian, child(ren) and any others in the development of the service plan including their input into the service plan
- Safety assessments in all cases
- Risk assessments in child protective services cases
- Assessments of family functioning

Case planning for youth in foster care

When a child in foster care has attained the age of 14 years, the FASP and any amendments thereto must be developed in consultation with the child. At the option of the child, up to two members of the child's case planning team may be chosen by the child. These two individuals cannot be the child's foster parent(s) or the child's case manager, case planner or case worker. The agency with case management responsibility may reject an individual selected by the child to be a member of the child's case planning team if the agency has good cause to believe that the individual would not act in the child's best interest [18 NYCRR 428.3(i)].

See "Case Planning for Youth in Foster Care 14 Years of Age or Older" (15-OCFS-ADM-22)

The specific requirements for a FASP depend on multiple factors, including: the stage of the case, and the type of FASP determined by the Case Initiation Date (CID), and the previous FASP due date and purpose (i.e., Initial, Comprehensive, Reassessment or Plan Amendment).

For open indicated child abuse and maltreatment cases, the Initial FASP must be completed and approved within seven days of the date of indication. A Comprehensive FASP must be completed within 90 days of the CID [18 NYCRR 428.3(f)(4) and (5)].

The contents of a FASP are summarized below. Please see the [OCFS Family Assessment and Services Plan \(FASP\) Guide](#) for more detailed information on developing and maintaining a FASP.

1. Assignment of case roles

CONNECTIONS (CONNX) requires that each worker on a service case be assigned one of four possible case roles regarding work on a FASP: Case Manager, Case Planner, Caseworker, CPS Monitor. These roles shape and dictate worker responsibilities for assessment, planning, and documentation in the case, including developing and completing the FASP.

Individual LDSS staff and Voluntary Agency staff, where applicable, complete different FASP components and/or case activities based on their assigned roles for the case (i.e., Case Manager, Case Planner, Caseworker, CPS Monitor). The CPS monitor *must* be an employee of CPS [18 NYCRR 428.2(d)]. CPS staff may also fulfill the roles of case manager, case planner, and caseworker, based on the needs of the case; but, in some instances, these roles could be assigned to someone outside of CPS. Specific responsibilities for each of these roles are outlined below.

a. *CPS monitor*

The CPS monitor (also referred to in this manual as the service monitor) is an employee of CPS who is monitoring services being provided by a third-party organization or individual to the child and family in an indicated case of child abuse or maltreatment [18 NYCRR 428.2(d) & 432.1(k)].

The service monitor's activities include reviewing the Safety Assessment and RAP, determining whether appropriate services are being provided, and seeing that the service plan is modified when the child's or family's progress is not sufficient to meet the desired outcomes identified in the service plan [18 NYCRR 432.2(b)(5)]. See Section F of this chapter, "CPS as Service Monitor."

b. *Case manager*

The case manager has the ultimate authority for all key decisions on a service case. There can only be one case manager and he or she must be an employee of the LDSS, except where the LDSS has an OCFS-approved plan to delegate case management responsibilities. The case manager is the person with the responsibility to authorize the provision of services, to approve client eligibility, and to approve the FASP [18 NYCRR 428.2(b) and SSL §153(k)(4)(c)]. If CPS is the primary service provider to a child and his or her family in an indicated case, CPS must be the case manager [18 NYCRR 432.2(b)(4)(vii)].

The case manager approves FASPs submitted by the case planner. The case manager can reject any work submitted, add comments, and send it back to the case planner. If the case manager is also acting as the case planner, the case manager is responsible for the oversight of case activities and submission of the FASP to his/her supervisor for approval.

c. *Case planner*

The case planner has the primary responsibility for providing or coordinating and evaluating the provision of services for the family. Case planning includes referring the child and his or her family to providers of services, as needed, and delineating the roles of the various service providers. The case planner is the author and the editor of the FASP, requiring collaboration among all caseworkers assigned to the case so that a single FASP is developed. Case planning responsibility also includes documenting client progress and adherence to the service plan as well as making casework contacts or arranging for casework contacts, as required [18 NYCRR 428.2(c)].

The case planner can be an employee of the LDSS or a voluntary agency (VA). There can only be one case planner for each service case. There is no requirement, however, that anyone be assigned to this role. If no case planner is assigned, the case manager performs the dual roles of case manager and case planner.

If the service case originated from an open child protective investigation that has not yet been determined, it is strongly recommended that the LDSS retain initial case planning responsibility. In that situation, CPS should assume the role of case planner and complete the Initial FASP. If the report has been indicated, then CPS must assume case planning responsibility [18 NYCRR 432.2(b)(4)(i)].

The case planner usually is responsible for the completion of the safety and risk assessment components of the FASP when the program choice is Protective. It should be noted that if CPS is not the primary service provider, (i.e., CPS is functioning as the Monitor), CPS cannot assume responsibility for completing these components [18 NYCRR 432.2(b)(5)(i)].

In non-Protective cases, the case planner is *always* responsible for the completion of the safety and risk assessment components in the initial FASP. Caseworkers who are not associated to a specific child within CONNX should complete the FASP components that are relevant to their roles in the case and as specified by the case planner.

The case planner is responsible for the entire content of the FASP and acts as the official "author" of the FASP. The case planner must coordinate the documentation of all work in the FASP, review all work, and either accept the FASP as written or revise it accordingly. The case planner submits the FASP to the case manager for approval. If there is no case planner assigned, then the case manager submits the FASP to his/her supervisor for approval.

d. Caseworker

All workers other than those listed above who assess, evaluate, make casework contacts, or provide or arrange services for any family member are assigned the role of Caseworker. Caseworkers can be either LDSS or VA employees. One or more caseworkers may be assigned to a services case. Any person who is responsible for completing and documenting family work, providing direct services to the child or family members, and/or entering progress notes in the case record may appropriately be assigned the role of Caseworker. Caseworkers may be "associated" to a particular child in a case. When the association function is used, access to records of child-specific work within the FASP is restricted to the associated caseworker. If there is no "associated" caseworker, the case planner must complete the child-specific work in the FASP, such as the Child Scales and Foster Care Issues components.

2. CPS Safety Assessment

When conducting a Safety Assessment, a worker gathers information and analyzes safety factors and circumstances to determine whether there is an immediate threat to a child which, if not controlled or alleviated, will be likely to cause serious harm to the child [18 NYCRR 428.2(i)].

A FASP must include a Safety Assessment, including documentation, which must be completed in the form, manner, and time prescribed by OCFs. For a full description of safety factors and safety assessments, see **Chapter 6: Child Protective Services Investigations, Section C**.

3. Family/child information and updates

In the initial FASP, CPS summarizes the family's original presenting needs and concerns that prompted opening the services case, as well as any relevant family background and history that may have an effect on services planning and delivery. For a case with a Protective program choice, the case planner must also summarize key family or child events, services provided to the family and/or child, and pertinent casework activities that occurred since the CID.

4. Strengths, Needs, and Risks Assessment

The Strengths, Needs and Risks component of the FASP consists of a set of scales used to identify and document individual and family strengths and needs, and areas of family functioning that present a risk of future abuse or maltreatment. Scales appear in three separate groupings: Family Scales, Parent/Caretaker Scales, and Child Scales. The Family Scales are available only in the Comprehensive and Reassessment FASPs. They do not appear in the Initial FASP.

5. Risk Assessment Profile

As described in Section B of this chapter, the Risk Assessment Profile (RAP) is an assessment tool that is used to gather specific information about a child's family and analyze it in order to assess the likelihood of future abuse or maltreatment of the child. The RAP analysis, which must be completed during the investigation of each CPS *familial* report, documents the information and examines the inter-relatedness of risk elements affecting family functioning [18 NYCRR 428.2(h) and 432.2(d)]. For more information, see **Chapter 6: Child Protective Services Investigations**, Section D.

A RAP must also be completed as a part of every FASP (Initial, Comprehensive and Reassessment) when the program choice for the stage is Protective.

6. Family Assessment Analysis

The Family Assessment Analysis, which is part of every FASP, identifies the behaviors and conditions needed for a family to change to support the safety, permanency, and well-being of the children involved and reduce the likelihood of future abuse or maltreatment. It requires the caseworker to assess all the information in the FASP and integrate it into a clear, comprehensive picture of the family situation.

The Family Assessment Analysis includes:

- *Family View*: the family's view of needs, progress, and priorities. This is from the family's perspective, not the worker's.
- *Behaviors/Contributing Factors*: an assessment of primary needs, such as growth, autonomy, self-esteem, etc.
- *Five Elements of Change*: contributing factors which are conditions or variables that influence behavior either individually or in combination with needs and underlying conditions (e.g., mental illness, substance abuse)
- *Underlying Conditions*: beliefs, emotions, etc.

7. Service Plan

The Service Plan describes the case activities and desired outcomes. Its purpose is to:

- Record information gathered about and with the family members
- Serve as a catalyst for evaluations and assessments of the family
- Assist with determining the family's need for services
- Facilitate ongoing planning with the family
- Assess the extent of the family's progress in meeting desired outcomes

Service Plans are required for each Initial, Comprehensive and Reassessment FASP, and may be updated for all Plan Amendment status changes. An Initial Service Plan for an open indicated CPS case must be completed within seven days of the Indication Date (CID). For other cases, the Initial Service Plan must be completed and approved within 30 days of the CID [[18 NYCRR 428.3\(f\)\(4\)](#)].

The Service Plan comprises four blocks:

- *Problem Statement* identifying the behaviors, circumstances, or conditions that negatively impact the safety, risk, permanency or well-being of the child(ren)
- *Outcome Statement* describing the desired behaviors or conditions that will improve the circumstances for the child(ren)
- *Assessment* of the family's strengths that can be used to support achievement of the desired outcome
- *Identification* of the specific family and service provider activities that need to be taken to achieve the desired outcome

The Service Plan must include a focus on family strengths and resources and, to the extent possible, it should be jointly developed with the family. Service Plan Review teams include all professionals and family members involved in the case. When a youth in the family is 14 years of age or older, that youth may identify two additional individuals to participate on the Service Plan team. The Service Plan should be written in clear language that can be understood by social services providers and family members.⁴

When developing the Service Plan, CPS should offer the family appropriate available services to meet the needs of the child and/or other family members. CPS must apprise the family that CPS has no legal authority to compel the family to accept services, and may also remind them that CPS does have the authority to petition Family Court for a determination that the child is in need of care and protection [[SSL §424\(10\) and \(11\)](#)]. See **Chapter 12: Notifications**.

To develop a Service Plan that is purposeful and offers a specific course of action, CPS must include the following information:

- A clear statement of the behaviors or conditions that need to be addressed and that may be placing the child(ren) at risk of future abuse or maltreatment. Including this in the Problem Statement serves to highlight the focus of the service provision.
- The specific desired outcomes that the service plan aims to achieve. Outcomes are defined as the specific behavior(s) or condition(s) that will demonstrate that the

⁴ See "Case Planning for Youth in Foster Care 14 Years of Age or Older" ([15-OCFS-ADM-22](#)) and "Strengthening Service Plan Reviews - A Practice Paper" ([04-OCFS-INF-09](#)).

problem(s) is being addressed and that risk reduction is occurring. Defining an outcome serves to communicate exactly what must occur to reduce risk and to address the identified problem. Providing target outcomes should also clarify for all service providers the focus of the service provision and what the service provision is intended to accomplish.

- The specific activities that the family and/or child have agreed to implement in order to achieve the specified desired outcomes for child safety, permanency, and well-being.
- The specific service provider activities that will help the family and child achieve successful outcomes.

In summary, when developing a Service Plan, CPS should:

- Consider the family's perception of the problems that necessitated CPS involvement, the family's strengths, and their level of cooperation with CPS and other service providers
- Address the service needs of all family members and determine whether the best interests of the child(ren) require Family Court or Criminal Court action
- Work with the family to develop a plan that CPS and the family agree upon, as this can help to clarify each person's role and responsibilities. The family's direct involvement may also increase the likelihood that they will commit to implementing the service plan.
- Determine the family's financial and programmatic eligibility for any services that the worker and/or the family wish to include in the service plan prior to making service arrangements or referrals

The child(ren)'s parent(s) or guardian(s) must complete and sign an Application for Services (DSS-2921). If the parent or guardian does not consent to signing the application, CPS must sign as the child protective representative.

8. Plan amendments (status changes)

The FASP must be amended whenever there are certain changes in the case status. Changes in case status that require a plan amendment include, but are not limited to [18 NYCRR 428.7]:

- Preventive services are started for a child
- Preventive services are ended for a child
- A case is opened for child protective services
- Child protective services are ended for a case
- A child is removed from his/her home and enters or re-enters foster care
- A child is moved from one foster care setting to another
- A child is removed from his/her home and is placed by a court in the custody of a non-respondent parent, relative, or other suitable person, pursuant to Article 10 of the Family Court Act
- A child becomes legally free for adoption
- A child is discharged (trial or final) from foster care (includes finalization of adoption)

In addition, OCFS *Safety and Permanency Assessment Guidelines* require that when a child in foster care is absent without consent (sometimes referred to as AWOL), this must be recorded in the FASP within 30 days.⁵

The term “absent without consent” refers to a child who has been placed by an authorized agency in a foster care placement, and who disappears, runs away, or is otherwise absent voluntarily or involuntarily without the consent of the person(s) or facility in whose care the child has been placed [18 NYCRR 431.8(a)].

⁵ “Protocols and Procedures for Locating and Responding to Children and Youth Missing from Foster Care and Non-Foster Care” ([16-OCFS-ADM-09](#))

E. CPS as Service Monitor

1. General responsibilities

When CPS is *not* the primary service provider for a CPS case, the LDSS is responsible for monitoring the provision of services, including foster care services, to children and families named in open indicated abuse and maltreatment reports [18 NYCRR 432.2(b)(5)(i)].

The purpose of monitoring is to promote the continued safety of the child(ren), determine whether risk reduction activities and services in the Service Plan are being implemented, and see that the Service Plan is modified when progress has been insufficient.

Monitoring includes, but is not limited to, the following tasks [18 NYCRR 432.2(b)(5)]:

- Preparing or receiving, reviewing, and approving the reports required to be submitted to the SCR
- Receiving and reviewing the FASP, which includes assessing:
 - Whether a safety response has been initiated or maintained when necessary, and whether such response protects the child from immediate danger of serious harm
 - Whether services planned and/or provided are likely to reduce the risk related to one or more identified risk elements
 - Whether the family is cooperating with the other service providers
 - Whether the needs of all the children in a household are taken into consideration when formulating a treatment plan
 - Whether the best interests of the child require Family Court or Criminal Court action
- Assessing whether the established service plan is being implemented appropriately by the direct service provider(s)
- Notifying his or her supervisor when there are disagreements between CPS and other service units in the district regarding a plan for care and services. In such instances, if the supervisor cannot resolve the disagreement, the LDSS commissioner must develop procedures for mediating the dispute, which include designating an individual who has responsibility for approving the family and children's service plan. These procedures must be approved by OCFS.
- Seeing that the results of investigations of reports of abuse and/or maltreatment, including any changes in the assessment of future risk of abuse or maltreatment, are incorporated into the formulation of a new treatment plan for the child(ren) and family
- Coordinating appropriate information exchanges between CPS and other service providers

The CPS monitor should make referrals for services only to those service providers that will provide CPS with appropriate feedback. To increase the likelihood that CPS will receive the information it needs to monitor the provision of services, CPS should arrange services with providers in accordance with interagency and intra-agency agreements. Agreements with service providers should designate:

- The service(s) to be provided
- The frequency of the service(s)

- The responsibility of the service provider to provide feedback to CPS, including the type and frequency of this feedback
- CPS's responsibility to monitor the delivery of services

2. Contacts with service providers

OCFS regulations mandate certain contact requirements CPS monitors. Contact requirements serve to provide continuity in the delivery of services and to enable CPS workers to properly assess and oversee the delivery of case-appropriate services.

a. *Face-to-face contact for major change in the FASP*

Regulations require “face-to-face” (i.e., in-person) contact between CPS monitors and the primary service provider(s), including other district staff involved in the case, when a major change in the FASP is being considered [18 NYCRR 432.2(b)(5)(iii)(b)]. Major changes that necessitate face-to-face contact include:

- Returning a child to his/her home or to relatives from a foster care placement
- Placing a child into foster care from his/her present living arrangement
- Terminating the provision of mandated preventive services
- Closing the case with the SCR (terminating child protective services)
- Initiating a Family Court petition under Article 10 of the Family Court Act
- Recommending a significant change in a court disposition for an Article 10 case

CPS monitors may serve as one of the two people required to attend the Service Plan review, but only if the monitor is not providing any services in the case [18 NYCRR 430.12(c)(2)(i)].

b. *Frequency of contacts with service providers*

CPS monitors must have face-to-face contact or a telephone discussion with the primary service provider and other service providers as often as necessary to monitor continuity of service delivery, but **at least once every six months**. Attendance at the Service Plan review constitutes face-to-face contact if the service provider is present at the Service Plan review. During such discussions, CPS monitors must inform the primary service provider about investigations of abuse and/or maltreatment reports.

3. Preparation, review, and approval of the FASP

CPS monitors participate in the preparation, review, and approval of the FASP while there is an open CPS case. When reviewing a FASP, CPS monitors have a continuing responsibility to assess the following:

- Has the safety response been initiated and/or maintained when necessary?
- Does the safety response protect the child(ren) from immediate danger of serious harm?
- Does the Safety Plan adequately protect the child(ren) from immediate danger of serious harm?
- Is the family receiving the treatment services it needs to reduce future risk and resolve identified problems?
- Is the family cooperating with the service providers?
- Are the needs of all the children in the family being taken into consideration?

- Do the best interests of the child(ren) require Family Court or Criminal Court action?

Throughout the family's involvement with CPS, CPS monitors should consider whether the services provided are helping to remediate the issues that required protective services. If upon review of the FASP, the monitor determines that the plan for services does not meet the family's needs, the monitor should discuss this situation with the service provider in person or by telephone. If the provider plans to close the case and the monitor disagrees, there should be an in-person meeting.

In the event that CPS monitors and the service providers cannot resolve their differences, the monitor must notify his/her supervisor. It is the supervisor's responsibility to involve all relevant parties at an administrative level in seeking a resolution of the issue in question.

Similarly, if CPS monitors and other LDSS staff involved in the case are unable to agree about a plan for care and services, the matter must be mediated according to mediation procedures developed by the district. These procedures must designate an individual who is responsible for approving the FASP and is accountable for decisions reached in the mediation process. Mediation processes must be approved by OCFS [18 NYCRR 432.2(b)(5)(iii)(a)(3) & (4)].

4. Sharing of information

CPS service monitors are responsible for the appropriate exchange of information between CPS and other service providers [18 NYCRR 432.2(b)(5)(iii)(e)]. (See **Chapter 13: Confidentiality and legal sealing, Section A.4.**) New York State law allows LDSSs to share confidential information contained in open or indicated CPS reports with providers of services to children and families named in such CPS cases [SSL §422(4)(A)(o)].

When there is an open case with a program choice of Protective, CPS monitors are responsible for informing the primary service provider of any new reports of abuse/maltreatment under investigation. CPS monitors also must see that the results of investigations of reports of abuse and/or maltreatment are incorporated into the formulation of the new Service Plan for the family/child(ren) [18 NYCRR 432.2(b)(5)(d) & (e)].

Whenever there is an adjournment in contemplation of dismissal in effect or a court order in effect that suspends judgment, places the child, orders protection, releases the child to the respondent, or orders supervision, CPS must notify the attorney for the child of any subsequent indicated reports of child abuse or maltreatment in which the respondent is either a subject of the report or other person named in the report [FCA §§1039-a & 1052-a]. See **Chapter 13: Confidentiality and legal sealing, Section A.2, Access to CPS records.** This function is commonly carried out by the CPS monitor.

In certain circumstances, CPS also must report case status information to the court, the parties, and the attorney for the child no later than 90 days following the issuance of a court order and 60 days prior to the expiration of a court order, unless the court rules that it is not necessary. See **Chapter 9: Family Court Proceeding (Article 10), Section L.** This function is commonly carried out by the CPS monitor.

F. Uniform Case Record

1. Background and purpose

The New York State Child Welfare Reform Act of 1979 called for the reduction of the number of children requiring foster care placement through the provision of preventive services and goal-oriented services planning and monitoring. The Act required child service planning and uniform case recording, and set forth standards for carrying out those activities.

LDSSs are required to establish and maintain a single uniform case record (UCR) for each family for whom a case record is required [[SSL §409-f\(1\)](#); [18 NYCRR 428.1](#) and [18 NYCRR 428.3\(a\)](#)].

Although the content of the UCR has remained largely the same over the years, the form and manner of maintaining certain components has changed with the statewide implementation of CONNX and other smaller changes to the system of record. The case record must be maintained in the form and manner and at such times as required by OCFS.

The UCR consists of the combined case management information maintained in CONNX, the Welfare Management System (WMS) system, and all relevant external paper records. Please refer to CONNECTIONS Case Management Step-by-Step Guide and “Case Management Changes Associated with CONNECTIONS Build 18 ([05-OCFS-ADM-02](#))” for the case management information maintained in CONNX.

2. Requirements

LDSSs must establish and maintain a single uniform case record for each family for whom a case record is required [[18 NYCRR 428.3\(a\)](#)]. Recording requirements begin upon registration of a report of suspected child abuse or maltreatment by the SCR. They continue up to and including the determination and establishment of a service case, if applicable [[18 NYCRR 428.5\(a\)](#)].

Each UCR must include, but need not be limited to, the following items in the form and manner prescribed by OCFS:

- A common application form (Form DSS-2921, Application for Services) upon the provision of services and the establishment or opening of a child welfare service case either during or upon completion of the investigation, as warranted
- FASPs at regularly scheduled intervals during the life of a child protective service case
- Plan amendments for each case status change
- A face sheet prepared at the time of application for services, as described in [18 NYCRR 428.4](#)
- Case progress notes in the form and manner prescribed by OCFS, as described in [18 NYCRR 428.5](#) (see CONNECTIONS Case Management Step-By-Step Guide - Appendix C1)
- All official documents and records of any judicial or administrative proceedings relating to the district’s contact with a child and/or a family, including but not limited to records of petitions, permanency hearing reports and notices, court orders, probation reports, voluntary instruments or agreements, fair hearings, administrative reviews, and the results of any examinations or evaluations ordered by the court
- All correspondence between the family, the LDSS, and/or purchase of services agencies (A “purchase of services agency” is a public or private entity from which an LDSS purchases services through a written contract, as described in [18 NYCRR 405.](#))

- Information received from private or public purchase of services agencies concerning casework contacts with a child and/or his or her family receiving family and children services
- All documentation relating to the establishment of categorical eligibility for any funding source for which the child or family may be eligible [18 NYCRR 428.2(b)(1)]

When children have been placed in foster care, additional information and documents in the UCR must also include:

- Data and official documents relating to the identification and/or history of a child and/or his/her family, including but not limited to copies of birth certificates, documentation of religion, documentation of the child's immigration status, and any consent forms and/or religious preference forms signed by the parent or guardian
- The child's consumer report (credit report) provided in accordance with 18 NYCRR 430.12(k)
- The child's transition plan as required by 18 NYCRR 430.12(j)
- All reports of medical or clinical examinations or consultations, including medical examinations and laboratory tests, psychiatric or psychological examinations or consultations (either court-ordered or voluntary), dental examinations; and medical consent forms signed by the parent or guardian, by the commissioner of the LDSS, or by the child if the child has the capacity to consent, as applicable, regarding medical treatment for any child in foster care placement, including documentation that the child has been assessed for risk factors associated with HIV infection in accordance with 18 NYCRR 441.22(b), and, if one or more risk factors have been identified, a description of the procedures that were followed to arrange for appropriate HIV-related testing including obtaining the necessary written informed consent for such testing
- Educational and/or vocational training reports or evaluations indicating the educational goals and needs of each child in care, including school reports and Committee on Special Education evaluations and/or recommendations [18 NYCRR 428.3(b)(2)]
- If the child has been placed in foster care outside of the state, a report prepared every six months by a caseworker either of the authorized agency with case management and/or case planning responsibility for the child or by the state in which the placement home or facility is located, documenting the caseworker's visit(s) with the child at his or her placement home or facility within the six-month period.