


**West Virginia
Child Protective Services
&
Socially Necessary Services**



**WV Department of Health and Human Resources
Bureau for Children and Families
Division of Training**

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The slide features a red background for the title text and a dark blue background for the subtitle and organization name. A small speaker icon is located to the right of the subtitle text.

This presentation is about West Virginia’s Child Protective Services and the use of Socially Necessary Services in CPS cases.



Competencies & Learning Objectives

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Let's take some time now to review the competencies and then the learning objectives for this training.

A competency is a skill that we want all of our DHHR child welfare staff to be able to perform or use. You can think of it as skill or practice area that we want staff to be competent in.

A Learning Objective is a piece of knowledge that we want you to learn, that will help build a competency. It is really what information we want you to walk away with from today's training.

Please review Competencies & Learning Objectives- Notebook #1.

What is Child Protective Services?

- CPS is a **government program** designed to ensure Permanency, Safety and Well-Being of children who have experienced Abuse/Neglect or are subject to conditions that are likely to result in Abuse/Neglect.
- WV Code Chapter 49 governs the practice of CPS in West Virginia.

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What is Child Protective Services?

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WV Code Chapter 49 as well as Federal Rules and Regulations govern the practice of CPS in West Virginia.

CPS in a family is a governmental intrusion into their lives.

JTA1

CPS Terminology

- Abuse
- Neglect
- Safety Assessment and Management System (SAMS)
- Imminent Danger
- Impending Danger
- Present Danger
- Intake Assessment
- Temporary Protection Plan
- Family Functioning
- Assessment (FFA)
- Safety Plan (In-home/Out-of-home)
- Protective Capacities
- Protective Capacity Family Assessment (PCFA)
- Family Case Plan
- Behavioral Goals
- Case Plan Evaluation (CPE)
- Uniform Case Plan Report

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This slide lists common CPS Terminology. Review Notebook 2 CPS Terminology.

Slide 4

JTA1 Do we want to take out imminent danger? The language is so close to impending that even our own staff get confused. If we leave it in, we might want to cite the code to delineate between the two.

Johnson-Brotosky, Tracey A, 2/22/2012

Abused Child

- **Abused child:** means a child whose health or welfare is harmed or threatened by a parent, guardian or custodian who knowingly or intentionally inflicts, attempts to inflict or knowingly allows another person to inflict, physical injury or mental or emotional injury, upon the child or another child in the home; or sexual abuse or sexual exploitation; or the sale or attempted sale of a child by a parent, guardian or custodian and domestic violence...
- In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment. (49-1-3)

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What is an abused child?

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In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment. (49-1-3)

Neglected Child

- **Neglected child:** means a child whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such refusal, failure or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or who is presently without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or guardian. (49-1-3)

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What is a neglected child?

Neglected child: means a child whose physical or mental health is harmed or threatened by a present refusal, failure or inability of the child's parent, guardian or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care or education, when such refusal, failure or inability is not due primarily to a lack of financial means on the part of the parent, guardian or custodian; or who is presently without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or guardian. (49-1-3)

What are Socially Necessary Services?

Socially Necessary Services are:

- interventions that are necessary to improve relationships and social functioning with the goal of preserving the individual's tenure in the community or the integrity of the family or social system
- services that promote safety, permanency, and well-being
- Services that work in conjunction with non-socially necessary services such as mental health, drug treatment etc. to improve the functioning of the adults in the home and therefore, the life of a child

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They are services that work in conjunction with concrete services such as mental health, drug treatment etc. to improve the functioning of the adults in the home and therefore, the life of a child.

What is an ASO?

- An agency with a contract from WV to serve as the Administrative Service Organization (ASO) for certain services (in this case, SNS)
- Payment is not based on the amount of savings to the contractor, but is a set contractual fee
- In other words, an ASO is put in place to act as a gatekeeper for some of the policies and directives of the contractor that exemplify best practice

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What is ASO?

An agency with a contract from WV to serve as the Administrative Service Organization (ASO) for certain services (in this case, SNS).

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In other words, an ASO is put in place to act as a gatekeeper for some of the policies and directives of the contractor that exemplify best practice.

SNS Terminology

- SNS Provider
- SNS Referral
- APS Healthcare
- Authorization
- Denial
- UM Guidelines
- Units



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This slide lists common SNS terminology. Review the definitions from this slide in **Notebook #3 SNS Terminology**.

Utilization Management Guidelines

- This is the manual that contains all of the information about the services that are available to your clients and that can be provided

- Organized into 2 sections:

Child Protective Services

and

Youth Services

- <http://www.wvdhhr.org/bcf/aso/documents/Social%20Necessary%20UM%20Manual%20V2.0.pdf>

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The Utilization Management Guidelines. This is the manual that contains all of the information about the services that are available to your clients and that can be provided. It is organized into 2 sections, Child Protective Services and Youth Services. The web-link to the manual is found on this slide.



How SNS is Organized

The SNS program is organized first by *Population*:

- Child Protective Services
- Youth Services

Then by *Program Option*:

- Family Support
- Family Preservation
- Family Foster Care
and Chafee Foster Care Independence Program
- Reunification

And finally by *Services*:

- An array of services geared to the population and program option



Socially Necessary Services are first classified by the population that they serve, either child protective services or youth services. Then by the program option, Family Support, Family Preservation, Family Foster Care and Chafee Foster Care Independence Program, and Reunification. And finally by services; an array of services geared to the population and program option.

Populations Served and Program Options

Child Protective Services

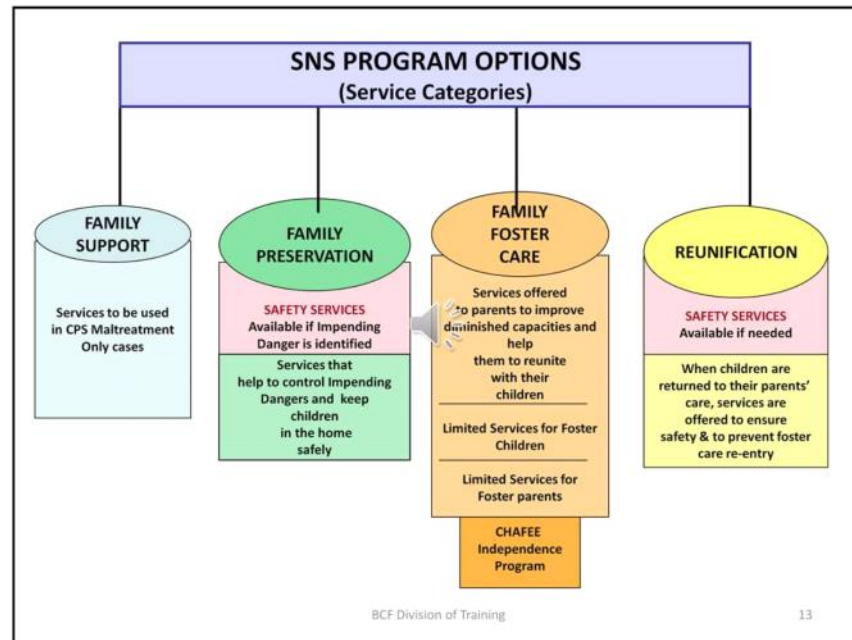
- Family Support
- Family Preservation
- Foster Care
- Chafee
- Reunification
- Adoption Preservation

Youth Services

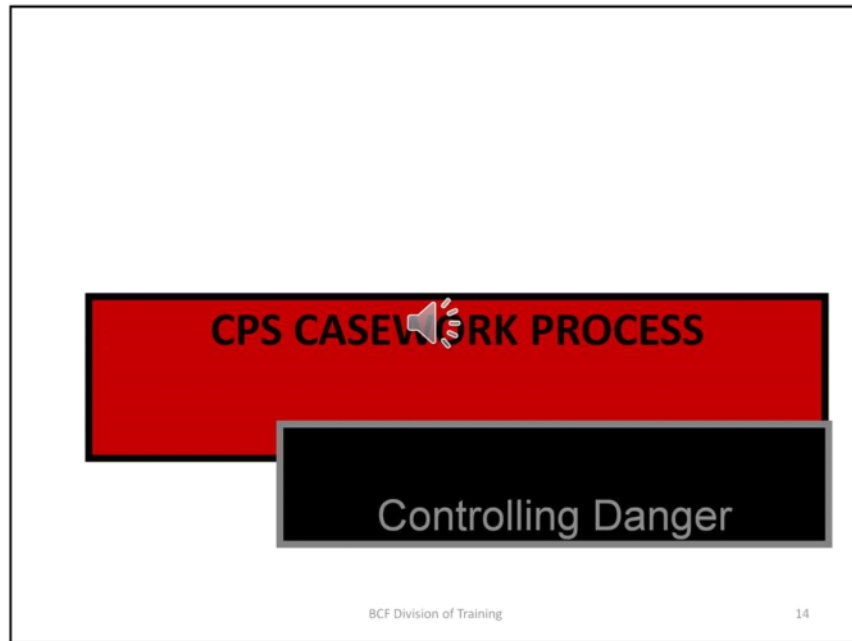
- Family Preservation
- Foster Care
- Chafee
- Reunification



Depending on the population, the programs available to that program will change. Those options are listed here for child protective services and youth services.



Please note that services under foster care for children and foster parents are very limited. All the services in the SNS array are aimed at trying to make children safe. In theory, once a child is removed and in a foster care setting, the child should be safe and therefore require very few services aimed at that goal. The services that will assist children in foster care settings the most are the concrete services such as, mental health services and often educational advocacy, neither of which are available under SNS. There was never any intention when SNS was created for it to be the complete service array that would fix every problem that a family involved with CPS or YS has. The SNS available in foster care are primarily aimed at the parents because they are the ones who must change in order for the child to be safe in their home.



Now that we've reviewed the definitions of child protective services and socially necessary services, let's talk about the actual cps casework process.

Child Safety is Paramount

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their home whenever possible and appropriate.
- Children are considered **safe** when there are no present dangers or impending danger threats.
- Children are considered **unsafe** when they are vulnerable to present or impending danger.

Child Safety

This is the bottom line of a safety focus: children are considered **safe** when there are no present dangers or impending danger threats. Children are considered **unsafe** when they are vulnerable to present or impending danger. When the children are vulnerable to present or impending danger, then CPS intervenes.

CPS Casework Process

Intake Assessment

- Safety Determination

Family Functioning Assessment

- Safety Determination

Protective Capacity Family Assessment

- Safety Management
- Development of a Family Case Plan

Case Plan Evaluation

- Safety Management/Determination
- Evaluating Progress toward Change

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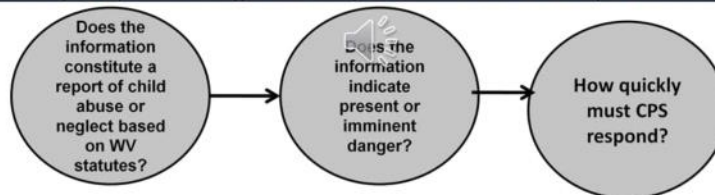
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The CPS Casework Process

The casework process for CPS is divided up into distinct decision making points. At each level assessments are completed to determine if a child is unsafe.

Intake Assessment

The 1st assessment is an engaging, active interview with the reporter where thorough information is gathered to determine if the Government (CPS) has the legal authority to intervene in a family's life.



If a child is abused or neglected or subject to conditions where abuse or neglect is likely to occur, the referral will be accepted and CPS will complete a **Family Functioning Assessment**.

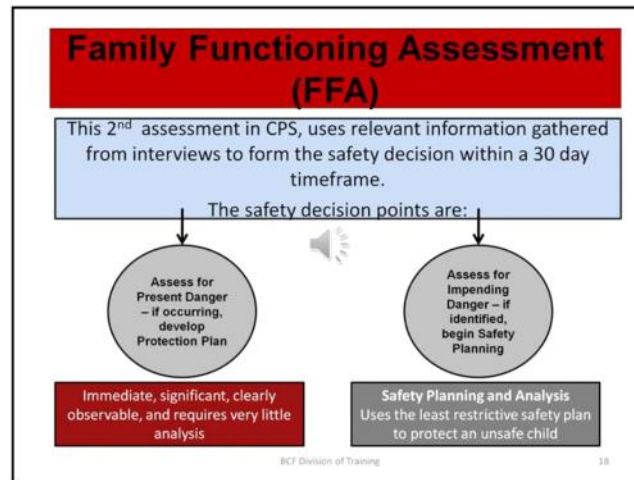
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Intake Assessment

The first assessment completed is the **Intake Assessment**, or **IA**, which determines if a potential CPS situation exists. In this intake assessment we are looking for information meeting the statutory requirement of abuse and/or neglect as well as determining if there is present danger and how quickly CPS needs to respond.

Even if a referral is screened out, we are going to do our best to provide the referent with information in their community that might assist the family. For Example: Johnny doesn't have a winter coat – we would tell the referent where Johnny could get a coat.



Family Functioning Assessment (FFA)

Based on the information received during the **Intake Assessment**, the **Family Functioning Assessment**, or **FFA**, is assigned to a CPS Worker to make contact with the family to assess the situation for both **Present Dangers** and **Impending Dangers**. If the IA is thorough, the CPS worker should have a pretty good idea of what to expect before going to the home.

When **Present Dangers** are assessed and found, a **Protection Plan** is put in place to control present danger and to allow time for the FFA to proceed while assuring the child is safe. This plan is developed *before* the worker leaves the family that day. Take a moment and review **Notebook #4 Present Dangers**.

At this point, referring the ASO Safety Services should *not* be part of the Protection Plan. The Safety Services do not provide protection immediately and the present danger which necessitates a Protection Plan is to be controlled *before* the CPS worker leaves the situation.

Also, be aware that Present Dangers can occur and be identified at any point in the casework process, not just at the beginning. Any time a Present Danger is identified, a Protection Plan is needed before the worker leaves the unsafe situation.

When Present Danger Exist

- Requires very little analysis because it is obvious that an intervention must occur immediately to protect the child.
- When a present danger is identified, a Protection Plan must be entered into before leaving the situation.
- Socially Necessary Safety Services **cannot** be referred during a Temporary Protection Plan.

TEMPORARY PROTECTION PLAN

The purpose of the Protection Plan is to document the circumstances that lead up to the need for a temporary protection plan and how the present danger threats or impending danger threats are to be controlled prior to the worker leaving the child and family.

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Present Danger

If there are present dangers identified, the plan must specify who is going to assure that the child is safe – this may be a relative who the child can stay with for a few days or possibly removal from the situation, whatever is necessary to protect the child. The Protection Plan is temporary and should only be in effect for up to 7 days (not working days), long enough for the FFA to be completed. CPS is responsible for monitoring the plan, ensuring that it is sufficient, and that the resources are appropriate. Whether or not a Protection Plan is in place, the next step is to assess for Impending Dangers - this begins the Safety Assessment, which is completed at the conclusion of the FFA.

When Impending Dangers Exist

Impending Danger = Unsafe Child

- Impending dangers are not immediate, obvious, or occurring at the onset of CPS intervention.
- Impending dangers are identified and understood upon fully evaluating individual and family conditions and functioning.
- Safety analysis and planning is critical and is based on:
 - Rigorous assessment of parent/caregiver's ability and willingness to protect
 - Evaluation from the least intrusive to the most intrusive options
 - A Safety Plan that must be sufficient to protect the child

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Present Danger

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Safety Analysis

- Yes No Are parents or caregiver(s) residing in the home?
- Yes No Is the home environment calm/consistent enough for safety services to be provided and for people participating in safety management to be in the home safely without disruption?
- Yes No Are the parents or caregiver(s) willing for safety services to be provided and will they cooperate with those participating in the safety plan?
- Yes No Can an in-home safety plan be effective without the results of professional evaluations?
- Yes No Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified Impending Danger threats?

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Safety Analysis

Answer must be YES

YES, the caregivers are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers.

YES, the home environment is calm and consistent enough for an in-home safety plan to be implemented and for Safety Service Providers to be in the home safely.

YES, Safety Services are available at a sufficient level and to the degree necessary to manage the way in which impending dangers are manifested in the home.

YES, An in-home Safety Plan and the use of in-home Safety Services can sufficiently manage impending dangers without needing scheduled professional evaluations.

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This is the process used to analyze safety and determine if an in home safety plan can be effective. All five questions must be answered “Yes” in order to implement an in home safety plan.

The Safety Plan

- Purpose of the Safety Plan is to **CONTROL** the impending dangers.
- This can be done using:
 - Paid providers (ASO Providers, medical, mental health)
 - Informal Providers (family and friends)
 - Providers with other funding sources (community resources such as Salvation Army, Goodwill, AA, Domestic Violence shelter system, etc.)

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The Safety Plan. The purpose of the safety plan is to control impending dangers.

Once the FFA is complete and it is decided that the child is unsafe, the case is opened and a Safety Plan is put in place. The Safety Plan may retain some of the elements of the Protection Plan, if there is one already in place.

The **Safety Plan** stays in effect until either the threats are eliminated or sufficient caregiver protective capacities exist to manage threats. As long as Impending Dangers exist, a Safety Plan must be in place. The **ASO Safety Services** may be a part of the Safety Plan as a way of getting services into the home to maintain safety and to prevent removal of the child. But they are by no means the only services specified in the plan; in fact, the Safety Plan should specify all the services provided by paid, non-paid, and informal providers.

Just referring the Safety Services is **not** considered a Safety Plan. The CPS worker's responsibility goes beyond just referring Safety Services to a service provider. The worker has to speak directly to the provider to make sure services are available during specific times and frequency and can be initiated within 24 hours. The plan actually specifies what services in the bundle are to be provided, who is to receive the service, and approximately the number of hours the provider should work with the family, who is responsible for protecting the child, and specifying other resources that are to be in place.

It is important to remember that the Safety Plan is CPS's way of taking responsibility

for child protection. CPS assumes the oversight and substitute protector roles by working through others to assure child safety is managed. A service provider may be in the home providing Safety Services, but it is CPS who is responsible for the safety of the child. Because of this role, weekly contact with the service provider is expected and necessary. This is a CPS case and we (DHHR) should not be asking the provider to assume CPS responsibilities, including case management.



The Purpose of Safety Services

Now that we've had a general discussion about assessing and managing safety using the CPS process from the Intake Assessment through the Family Functioning Assessment, we will now address incorporating the Socially Necessary Safety Services into this. Just remember - the purpose of the Safety Services is always - to manage safety.

These services are not for TREATMENT, they are to CONTROL safety so that a case plan can be developed. Treatment services will then be put into place AT THE SAME TIME that the safety plan continues to control safety.

Socially Necessary Safety Services

Definition

A grouping of services for families to assist in assuring safety for children by controlling impending dangers identified during the CPS Family Functioning Assessment.

The services are bundled, which means that when referring the Safety Services, the CPS Worker can expect that all of the services in the bundle may be used by the provider to ensure the child's safety, if needed.

SNS SAFETY SERVICES (bundle)				
SUPERVISION	PARENTING ASSISTANCE	FAMILY CRISIS RESPONSE	SOCIAL/EMOTIONAL SUPPORT	CRISIS HOME MANAGEMENT

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The SNS Safety Services are directed toward controlling the impending danger at the level necessary for children to remain with their caregivers. The services comprise a bundle of services, which include: **Supervision, Parenting Assistance, Family Crisis Response, Social/Emotional Support, and Crisis Home Management.** These services are meant to be combined to address the safety issues that the family has. The goal is to keep the children safely in the home, if at all possible.

Socially Necessary Safety Services

Safety Services:

- Are used to control Impending Dangers
- Allow children to remain under the care, custody, and control of their caregiver
- Are short-term
- Must begin within 24 hours of the referral (conversation between DHHR worker and provider)
- Must be available **24** hours a day **7** days a week (24/7)
- Provider must also be available to respond to crises within the family during business and non-business hours

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The bundled services as well as any others provided are based on the in-home safety plan completed by the CPS Worker. The ASO provider still provides 80% of the services in the family's home or in the community, since these services are designed to be very hands-on and to take place where the family is. The other 20% can be for administrative functions or activities related to the direct safety services. Safety services must begin within 24 hours of the referral (conversation between DHHR worker and provider) They must be available 24 hours a day 7 days a week (24/7) And the provider must also be available to respond to crises within the family during business and non-business hours

So let's now take a look at the specific services available in the safety bundle.

Socially Necessary Safety Services

Supervision

- “Eyes on” oversight of child or family
- Active, on-going assessment of stressors
- Assist in controlling impending dangers identified in FFA
- Immediate intervention 
- Some examples:
 - ✓ Parent’s reaction to stress
 - ✓ Parent being inconsistent about caring for children
 - ✓ Parent being out of control
 - ✓ Parent reacting impulsively
 - ✓ Parent having detrimental expectations of child



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First, **Supervision**. This service offers direct oversight of the child or family, providing an ongoing assessment of the stressors that may be affecting safety. The supervision provided will assist in controlling one or more of the identified impending dangers in the Family Functioning Assessment.

Socially Necessary Safety Services

Parenting Assistance

- Face-to-face service to assist with basic parental duties/responsibilities
- Lack of these parenting skills must affect child safety
- Must have immediate effect on controlling identified impending dangers
- **Not** parent education



Next, Parenting Assistance. This service is *not* the Individualized Parenting that was part of the old bundle – it is not meant for parent education. Rather, this service is designed to assist caregivers in performing basic parental duties or responsibilities that they have trouble with. Remember, these activities should have an immediate effect on controlling the identified impending dangers.

Socially Necessary Safety Services

Family Crisis Response

- What is a Family Crisis?
This is a situation that involves disorganization and emotional upheaval within the family
- May target dysfunctional family interactions or environmental situations that have escalated to the point of affecting child safety
- Family members need assistance to regain adequate functioning and the ability to problem solve

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Family Crisis Response is the same service as before. This is a face-to-face intervention in the family's natural environment to assess and de-escalate a family crisis which affects child safety. Again, the focus is to control the impending dangers identified in the FFA with the emphasis being on immediate relief and support from the crisis situation. In the safety plan, you might specify that the provider is to give a phone number to the parent and must be available on a 24/7 basis, if needed.

Socially Necessary Safety Services

Social/Emotional Support

- Social connections
- Emotional support
- Immediate impact on controlling impending dangers
- Ends when formal linkage by the DHHR worker to community supports or supportive services are made



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Social/Emotional Support was also included in the old safety bundle of services and is as the name implies. There are basic social connections and emotional supports that typically help a family deal with issues that may arise. The service should have an immediate impact on controlling impending dangers and should directly affect child safety. This service is available until a more formalized community support can be arranged, such as counseling or therapy.

Socially Necessary Safety Services

Crisis Home Management

- General housekeeping to clean up unsafe living conditions
- Grocery shopping to make sure there is food in the home
- Meal preparation if children remain in the home and caregiver demonstrates an inability to cook a meal
- Budgeting if the caregiver's circumstances indicate an inability to control finances that affect daily living
- Tasks must be related to safety and/or impending dangers noted on the FFA



Another service for the safety bundle is **Crisis Home Management**, which is different in that it provides assistance with general housekeeping or homemaking tasks that are related to maintaining a safe environment for the child. In this service a provider may help a caregiver with meal preparation, grocery shopping, budgeting, or cleaning as long as it involves controlling the impending danger identified in the FFA.

Socially Necessary Safety Services

Other SNS Services That Ensure Safety

- Emergency Respite
- Agency Transportation
- Intervention Travel Time
- Public Transportation
- Private Transportation



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There are additional SNS services that are available immediately while the Safety Services are in place and which the CPS worker may also refer to a provider, if needed.

Some services can't be authorized until 30 days after safety services are in place; this is not the case with these services. These may be necessary to help with certain situations that could occur while the family's situation stabilizes.

CPS & Socially Necessary Safety Services

Re-Cap of Safety Services

- CPS worker remains the case manager – the service Case Management is ***not*** part of the Safety Services bundle.
- The provider who is directly providing the service must have the required level of education and have the appropriate licensure that is specified in the UM Guidelines for the Safety Services.



So to re-cap, for the Safety Services to be effective and do what they are meant to do – namely, keep children safe while they remain in the home – the services are designed to work within the requirements of CPS. It is important for both CPS workers and providers to use the services as they are meant to be used.

This is the time to make sure you understand how the CPS model and the Safety Services affect your practice and help keep kids safe.

CPS & Socially Necessary Safety Services

Re-Cap of Safety Services

- 80% of Safety Services provided directly – Supervision, Parenting Assistance, Family Crisis Response, Social/Emotional Support, Crisis Home Management.
- There must be **at least, weekly contact** between the CPS worker and the SNS provider and this must be documented when Socially Necessary Safety Services are authorized.



Can you think of any other services that you may use in the course of stabilizing an unsafe family situation?

Here's a list of some others you may need and use during the course of the Safety Services. You are probably already familiar with many of these and have used them in the past.

For example, most CPS workers are familiar with **Child Care**, which is a service that can be accessed for the child to attend a licensed day care program (**this must be directly related to safety; it is not just free daycare for all**). Some of these services could even be provided by an informal or natural support, such as a family member, community member, or friend. It just means using whatever is available to ensure the safety of the child.

CPS & Other Services

Non-ASO Services Used for Safety?

- Hospitalization
- Routine/Emergency Medical Care
- Routine/Emergency Mental health Care
- Routine/Emergency Alcohol or Drug Abuse Services
- In-Home Health Care
- Child Care
- Financial Assistance Services
- Housing Services
- Food/Clothing Services
- Any other services directly related to controlling the immediate safety of the child

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Now that we've discussed the services that might be used to stabilize an unsafe family situation, let's talk about the referral itself. After the FFA is completed and it is decided that the case should be open for services with the child remaining in the home, an in-home Safety Plan is completed with the family. The CPS worker should also know by then if the ASO Safety Services are something that needs to be a part of the initial safety plan. If you had a protection plan in place while completing the FFA, you may want to continue some of those elements and add the ASO Safety Services as well as any other services that support safety.

Remember, the Safety Plan controls Impending Danger, but if a Present Danger re-occurs or a new one is identified later in the FFA or Ongoing CPS, then that must be addressed immediately with another Protection Plan – this does not replace the Safety Plan – rather it controls the identified present danger.

If providers ever feel that a dangerous situation has become apparent or the safety plan isn't working they should contact the DHHR immediately so that whatever steps are necessary to immediately control safety can be taken. This can range from a protection plan to an out of home safety plan. This also fulfills their mandatory reporting requirement under the law.

CPS workers will be providing SNS providers with copies of the SNS referral, the Family Functioning Assessment and Safety Plans. CPS workers will provide SNS providers with any revised safety plans as well.

CPS & Socially Necessary Safety Services	
Referring the SNS Safety Services	
PROTECTION PLAN	SAFETY PLAN
<ul style="list-style-type: none"> ▪ When – 1st contact or when present danger is identified ▪ Why - control ▪ What – Present Danger ▪ Purpose – complete FFA ▪ Effect – Short term <p>➤ SNS Safety Services - Not available</p>	<ul style="list-style-type: none"> ▪ When – conclusion of FFA ▪ Why – control ▪ What – Impending Danger ▪ Purpose – allow treatment to occur ▪ Effect – Longer term <p>➤ SNS Safety Services – Available</p>
<p>Some elements of the Protection Plan may carry over to the initial Safety Plan. In the Safety Plan, you may refer the SNS Safety Services, if needed, and use other available services to control impending dangers and to ensure safety of the child.</p>	
<p style="text-align: center;"><small>BCF Division of Training</small> <small>36</small></p>	

When making the ASO Safety Services a part of the safety plan, it is imperative that the CPS worker contact the provider that is to be working in the home providing the services. The CPS worker is to relay specifically what services are needed and the daily number of hours you expect them to provide to determine if services can begin within 24 hours. When discussing the safety threats on the phone with the provider during the safety planning and analysis, CPS Workers must clearly describe what impending danger(s) exist, under what circumstances impending danger is occurring, other providers (both formal/informal) who will be used in the safety plan, and the expectations of the ASO service provider.

This will give providers a clear picture of what is occurring in the family and allow them to accurately determine if they feel their services can protect the child. In turn, the CPS Worker will be able to ensure the appropriate, least restrictive safety plan is implemented.

The provider must be available to start within 24 hours of accepting the referral. APS Healthcare has stated that this is within 24 hours of talking with the worker and saying “yes, we will take the referral”, NOT 24 hours after APS Healthcare approval. Then the worker faxes the ASO referral, the FFA and the signed Safety Plan to the provider – the provider must have the Safety Plan in hand before starting the service. Making the plan specific is important since it reinforces what the CPS worker in the case expects and it allows the provider to plan accordingly.

Providers may refuse a referral if they believe a situation is too volatile or the

services cannot keep the children safely in the home. CPS must document this in the case record.

CPS & Socially Necessary Safety Services

Referring the SNS Safety Services

- CPS Worker will call the provider to relay information about the case, telling the provider specifically what services are needed and the daily number of hours you expect them to provide to determine if services can begin within 24 hours
- Fax the referral for **Safety Services 120450**, and other referrals if being used, the FFA and the signed Safety Plan to the provider
- Provider will make **initial contact within 24 hours only if they have the Safety Plan**
- Provider will get authorization for the service within 10 calendar days using Care Connection®
- Provider is expected to follow the Safety Plan that CPS develops with the family so the plan must be specific
- Providers may refuse a referral if they believe the situation is too volatile or that the services cannot keep children safely in the home - the CPS worker documents this in the case record



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Let's quickly go over some of the Safety Services criteria from the UM Guidelines just to make sure you are familiar with them.

The UM Guidelines define the ASO services, when the service can be used, for how long, and when it is not appropriate to use that particular service. It specifies both the documentation requirements and the provider qualifications that are needed to provide the service.

The 1st authorization of the Safety Services bundle lasts for a 92-day period in which up to 200 direct contact hours may be provided. There is one more 92-day authorization that is available, if needed, but before being authorized it is to be reviewed and approved. **This means providers must contact the CPS worker before requesting reauthorization.**

Basically, what you need to refer the Safety Services is a completed FFA with impending dangers which make the child unsafe without intervention. The case is then opened for services, and the referral for Safety Services is sent to the provider because there are no other appropriate community resources.

Remember, the FFA, as well as the Safety Plan that the CPS worker has developed with the family is also sent to the provider at this time. This outlines what services have been determined as needed in the home and approximately how many hours per week the provider is expected to work with the family.

The Safety Services will continue as long as the child is unsafe without this level of

service. The safety plan needs to be reviewed by the worker, supervisor, and the family and the child must be able to safely remain in the home.

Socially Necessary Safety Services UM Criteria	
1st AUTH	<ol style="list-style-type: none"> 1) Lasts for 92 days; 2) Consists of 200 contact hours 3) One (1) additional 92-day authorization available by review
ADMISSION	<ol style="list-style-type: none"> 1) FFA completed and child is determined to be unsafe 2) Case is open 3) Safety Plan developed to control impending dangers 4) Referral made to Socially Necessary Safety Services provider with Safety Plan outlining services needed
To Continue Services	<ol style="list-style-type: none"> 1) Child continues to be unsafe without this level of intervention 2) Review of Safety Plan by worker, supervisor, family – agreement that child remains in home

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Finally, Safety Services will no longer be needed if the impending dangers are controlled and the child is safe without this level of service. This doesn't necessarily mean that services end altogether and the case is closed – it just means that other less restrictive services may be referred and continued in the home.

One other scenario exists for ending the Safety Services, and that is if the situation deteriorates and the child is unsafe even with these services in place. Then the child must be removed to a more appropriate placement. As stated previously, the provider should always notify the CPS worker if a home situation worsens or if the child cannot be safely maintained in the home. If a new placement is needed, the provider should not be the one transporting the child – that is the CPS worker's responsibility.

Also, in considering the use of the Safety Services, keep in mind that they may not be the appropriate services for children or caregivers who may have critical issues, such as severe untreated mental illnesses, and they are not referred just to monitor for homicidal or suicidal behavior. In these instances, not even an intensive level of Safety Services may be enough to maintain a safe environment for a child.

Socially Necessary Safety Services UM Criteria	
DISCHARGE	<ol style="list-style-type: none"> 1) Review of Safety Plan by worker, supervisor, family – child can remain safely in home with less restrictive services 2) Impending dangers controlled for child in home <p style="text-align: center; color: red; margin: 0;">OR</p> <ol style="list-style-type: none"> 3) Child is unsafe and must be removed to a safe place
Service Exclusions	<ol style="list-style-type: none"> 1) Other SNS services available during the first 30 days of the Safety Services are: a) Emergency Respite and b) Transportation (private and public). 2) Those receiving Waiver or ICF/MR services are not eligible
Clinical Exclusions	<ol style="list-style-type: none"> 1) This level of service is not appropriate given the severity of the child's or caregiver's issues. 2) This service is not used in cases just for monitoring homicidal or suicidal behavior.

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The documentation requirement that is specified in the UM Guidelines for the Safety Services is clear in what needs to be documented and everyone must follow this.

The monthly progress summary should contain:

A list of dates of service and the specific services rendered and/or attempts.

An overall summary of progress for the client/family receiving the service, including if impending dangers are controlled by the safety services.

A plan for further interventions.

Any identified unmet concrete or service needs.

Date and Name of DHHR staff to which any new allegations of abuse/neglect (CPS) reported within the month

Socially Necessary Safety Services UM Criteria

DOCUMENTATION

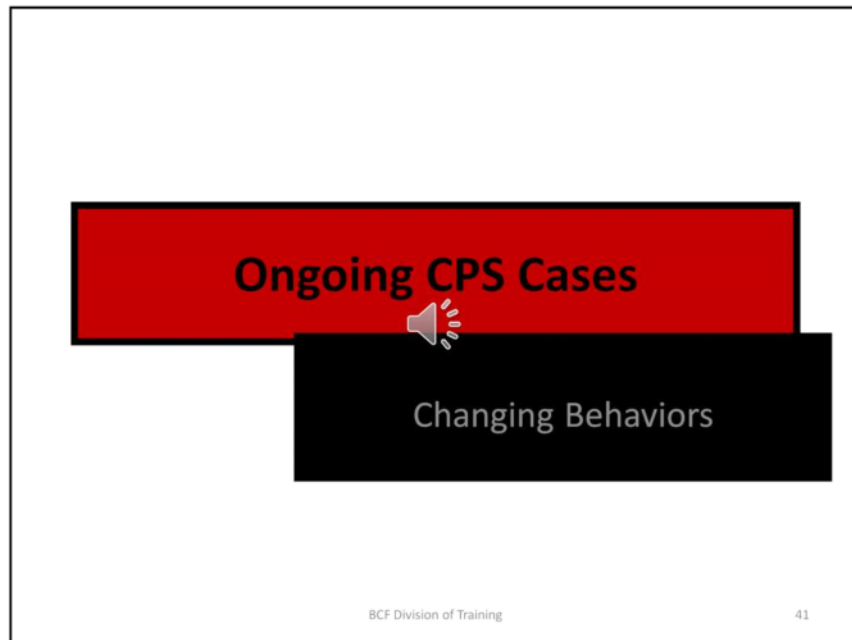
- 1) A copy of the FFA and the Safety Plan must be present in the providers case record.
- 2) A monthly progress summary must be completed and received by the CPS worker by the 10th day of the following month, with a copy kept in the provider chart.

The monthly progress summary should contain:

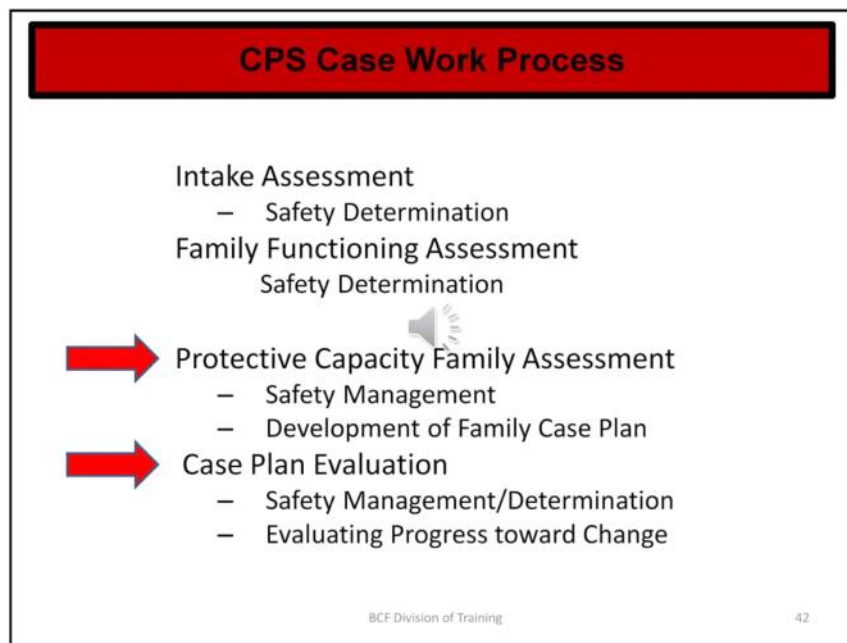
- ✓ *A list of dates of service and the specific services rendered and/or attempts.*
- ✓ *Overall summary of progress for the client/family receiving the service, including if impending dangers are controlled by the safety services.*
- ✓ *Plan for further interventions.*
- ✓ *Any identified unmet concrete or service needs.*
- ✓ *Date and Name of DHHR staff to which any new allegations of abuse/neglect (CPS) reported within the month.*

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Now let's discuss the transition into On-going CPS- or open CPS cases. Looking once again at the CPS Casework Process, we are now moving on to discuss the assessments and services that are offered once a CPS case has been opened.



Once the FFA and Safety Plan have been completed by the FFA worker, the case is transferred to on-going CPS Worker. In smaller counties, the open case is often managed by the same worker that completed the FFA.

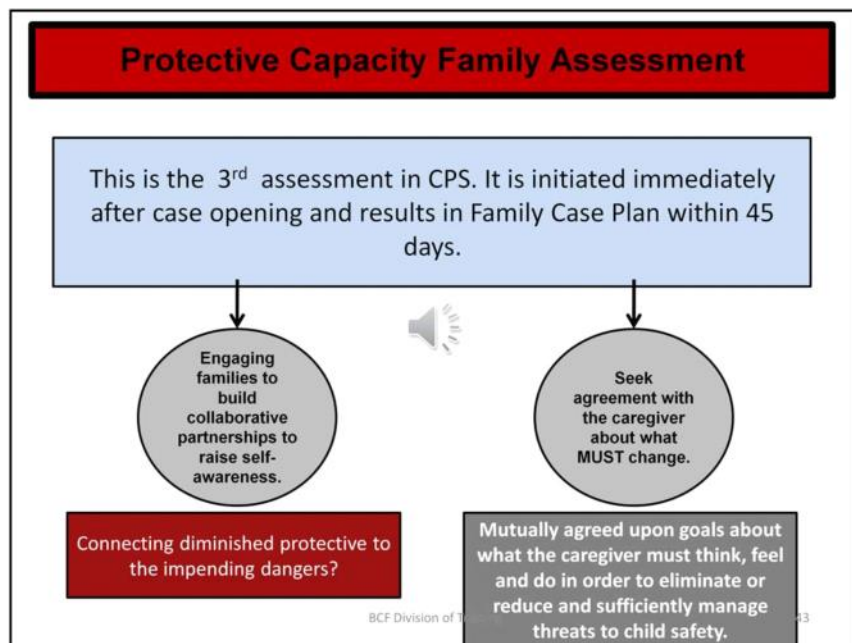
There are 4 Intervention Stages are completed with the family during a series of several meetings:

1. Preparation
2. Introduction
3. Discovery
4. Change Strategy and Case Planning

The purpose of the PCFA is to engage and build collaborative partnerships with the family; direct conversations with caregivers regarding the identified impending dangers; raise awareness and seek agreement with caregivers regarding what must change; and focus case plans (change strategies) on enhancing diminished caregiver protective capacities.

The CPS worker recognizes that client has the right to choose whether he/she will change in order to maintain custody of control of his/her child

SAFETY MANAGEMENT CONTINUES during this process and the life of the case.



Take a few moments and review **Handout #6 Caregiver Protective Capacities**

Let's say you are getting ready to have a big party including lots of alcohol. You have children. What provisions are you going to make for your children? What protective capacities does that involve? For example: You LOVE your child (emotional) so you come up with a plan to keep them away from the party (cognitive). On the day of the party you take your children to your mother's house (behavioral).

Protective Capacities

- **Behavioral**-what the caregiver *DOES* in order to keep their child safe.
- **Cognitive**-what the caregiver *THINKS* in order to keep their child safe.
- **Emotional**-what the caregiver *FEELS* in order to keep their child safe.

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Through the 4 stages of intervention that we discussed earlier, the worker engages the family, connects the diminished protective capacities to the impending dangers and seeks to raise caregiver self-awareness around what must change.

The goal of the PCFA is to develop a case plan focused on enhancing the diminished protective capacities which will eliminate or reduce impending danger.

The purpose of treatment services is to meet the GOALS identified.

The purpose of the service provider is to provide the prescribed services and in turn assist the family in meeting their goal.

The PCFA will...

Diminished Protective Capacities = Impending Danger

Therefore;

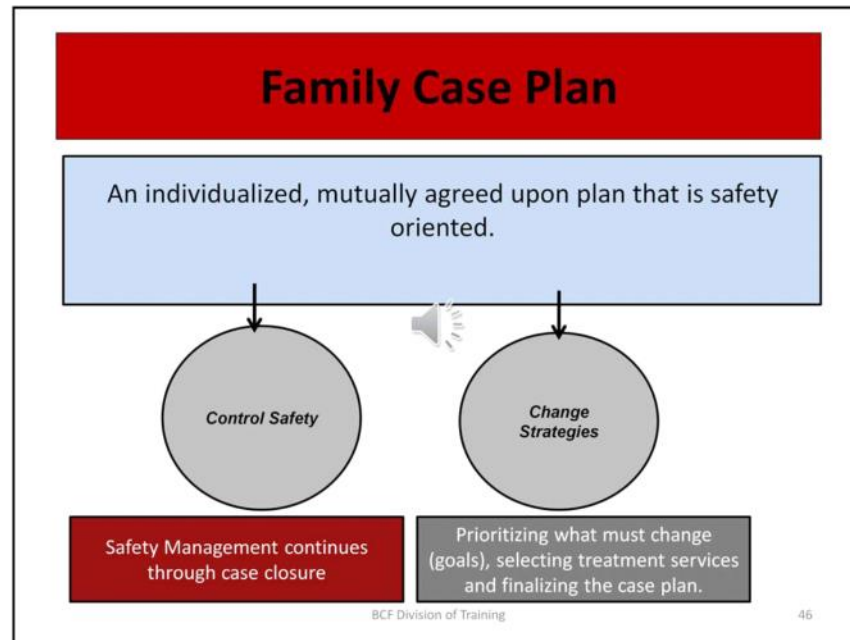
- The goal of the PCFA is to develop a case plan focused on enhancing the diminished protective capacities which will eliminate or reduce impending danger.
- The purpose of treatment services is to meet the GOALS indentified.
- The purpose of the service provider is to provide the prescribed services and in turn assist the family in meeting their goal.

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The Family Case Plan is an individualized, mutually agreed upon plan that is safety oriented. The CPS Worker and the family create a Case Plan together.

Together, they choose services and select providers. The CPS Worker makes referrals to providers. If there is court involvement additional work is required.



You will notice that there is a lot of groundwork that the DHHR worker completes before ever contacting a provider to do services with the client. It is important during this stage of the case that the parent has time to absorb the information that the DHHR worker elicits from the client and shares with the client during this time without interference. It is during this time that the parent decides if he/she can accept what the DHHR worker has identified as the reasons for the child being unsafe and if he/she is willing to do anything about it. It is totally up to the parent to make this decision. It is up to the DHHR worker to explain the what could happen if the parent chooses to do nothing. Gone are the days when a DHHR worker went into a home and offered services to a family without a full assessment and development of a treatment plan with concrete measurable goals. Also gone are the days of providers receiving referrals stating that the provider must explain to the client how substance abuse, domestic violence, fill in the blank adversely affects his/her parenting and he/she should stop it or go to treatment or whatever the CPS worker wanted. That is the DHHR worker's responsibility to explain that to the client and to elicit his/her agreement to change/go to treatment, etc.

Just because the treatment phase of the case has begun, it doesn't mean that the DHHR worker is no longer concerned with the safety of the children.

During this time efforts will be made to keep the children safe while treating the needs of the adult to achieve permanent safety for the children in the home

This can mean that the children are placed out of the home and this is a court case
It can also mean that the children are in the home because the home situation is
safe enough for the parents and children to remain in the same home while
treatment occurs.

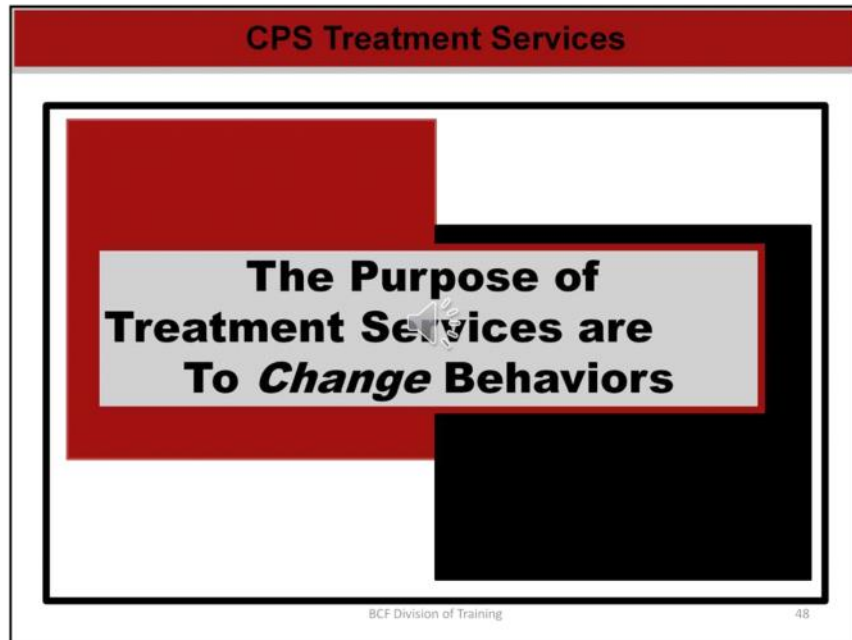
Family Case Plan & Safety Plan

- The purpose of the Family Case Plan is to **CHANGE** diminished protective capacities.
- The Safety Plan continues to **CONTROL** impending dangers while this change is occurring.

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Now that we've reviewed the CPS casework process from the Intake Assessment through the Protective Capacity Family Assessment, we will address incorporating treatment services. Keep in mind that safety services will likely continue to occur simultaneously with treatment services. An SNS Provider could be providing both safety services and treatment services; or they could be providing safety services but not treatment services; or they could be providing treatment services but not safety services.



For open CPS cases, the program option typically chosen is Family Preservation. Criteria for this option include the open CPS case itself, a safety plan that has been initiated, and a child who can remain safely in the home with services or who may be in either the legal custody of the parents' or the DHHR.



Program Option: **FAMILY PRESERVATION**

Criteria:

- Open CPS case
- Safety Plan initiated
- Child can remain safely in home with services -or-
- Child may be in parents' legal custody or in DHHR legal custody



There are many services included under the program option of CPS family preservation. When working with a family, consider each family's unique conditions and situations before deciding which services to implement.



CPS Family Preservation Services

- Safety Services
- CAPS Family Assessment
- CAPS Case Management
- Supervision
- Adult Life Skills
- General Parenting
- Individualized Parenting
- Family Crisis Response
- Respite
- Emergency Respite
- Homemaker Service
- Public Transportation
- Private Transportation
- Supervised Visitation One
- Supervised Visitation Two
- In-State Home Study
- Out-of-Sate Home Study
- Intervention Travel Time
- Agency Transportation
- Transportation Time
- Lodging
- Meals
- Individual Review

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In some certain open CPS cases, the program option to select for SNS services is Family Foster Care. The criteria for this program are an open cps case in which the DHHR has care, control and placement responsibility of a child, and that child is placed in an out of home placement receiving a monthly boarding care payment, such as a foster home, shelter, treatment facility, or kinship home that is not a biological parent.



Program Option: **FAMILY FOSTER CARE**



Criteria:

- There is an open CPS case
- DHHR has care, control and placement responsibility
- Child is placed in an out-of-home placement that receives a monthly boarding care payment, such as a foster home or shelter or treatment facility, or a kinship/relative home that is not a biological parent



EXCEPTION:

Limited SNS services available if child is placed in specialized foster care, therapeutic foster care, emergency shelter care, or a residential treatment facility. Service agreements for these foster care providers can be accessed through the **Child Welfare Consultant (CWC)** in your region.

Under the program option of CPS family foster care, there are many services as well. As stated before, always consider the family's conditions and situations before deciding on services.



CPS FAMILY FOSTER CARE SERVICES


- CAPS Family Assessment
- CAPS Case Management
- Adult Life Skills
- General Parenting
- Individualized Parenting
- Family Crisis Response
- Daily Respite
- Emergency Respite
- Tutoring
- Lodging
- Meals
- Supervised Visitation Two
- In-State Home Study
- Out-of-State Home Study
- Intensive Therapeutic Recreation Experience
- Away from Supervision Support
- Public Transportation One, Two, and Three
- Private Transportation One, Two, and Three
- Chafee Pre-Placement
- Chafee Phase Two Part One Connection Visit
- Supervised Visitation One
- Pre-Reunification Support
- Intervention Travel Time
- Agency Transportation One, Two, and Three
- Transportation Time
- Chafee Agency Transportation
- Individual Review

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We discussed in depth the services that were available to help manage safety. These are the SNS services that are available when changing behaviors.

Socially Necessary Case Plan Services

- Individualized Parenting
- General Parenting
- Adult Life Skills 
- CAPS Assessments
- Tutoring (but how does it affect safety?)
- Homemaker Services
- Pre-Reunification Support

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As a continuation from the previous list, these are other services that can be used to influence change. Note that Drug testing is listed. Drug testing is appropriate when combined with Substance Abuse Treatment, and should never be used as means to control a family.

Other Change based services

- Family counseling
- Individual counseling
- Supportive counseling
- Psychological assessment
- Psychiatric assessment
- Medication management
- Substance Abuse treatment or evaluation
- Drug testing
- Domestic Violence services including Batterer's Intervention and Prevention Program (BIPP's)
- Sexual abuse counseling or evaluation
- Support groups
- Educational services for children with IEP's
- Services for Placement Providers such as IP, ALS

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The CPS Worker must contact the provider to make referral giving them specific information about what is needed. A signed family case plan must be given to the Provider which clearly outlines the goals to be achieved and how the service(s) will support that goal attainment.

Family Case Plan & Socially Necessary Services

Referring the Socially Necessary Case Plan Services

- CPS Worker will call the provider to relay information about the case, telling the provider specifically what services are needed and the daily number of hours you expect them to provide.
- Fax the SNS referrals, and the signed Family Case Plan to the provider
- Provider will get the service(s) authorized via APS Healthcare, Inc.® and then make contact.
- Provider is expected to follow the Family Case Plan that CPS develops with the family so the plan must be specific
- Providers may refuse a referral if they believe the situation is too volatile or that the services cannot keep children safely in the home - the CPS worker documents this in the case record



As the case plans are developed, CPS workers are to provide copies to SNS providers.

Completing the Puzzle

CPS and Socially Necessary Services



- ✓ A CPS worker stays in charge of the case from beginning to end
- ✓ The CPS worker specifies what services are to be provided, the recipient of the service, and the number of hours daily the provider should work with the family
- ✓ There must be, ***at least, weekly contact*** between the CPS worker and the SNS provider and this must be documented when SN Safety Services are authorized
- ✓ The CPS worker reviews the safety plan and/or treatment plan with the family and his or her supervisor so that revisions to the plans can be made, as needed

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How will the CPS worker know whether or not there is progress with controlling the impending dangers? The CPS worker is expected to have, at least, weekly contact with the provider – this is a requirement. Remember that weekly contact is the minimum – best practice calls for contact more often if needed.

A referral to a provider for the Safety Services does not end CPS's responsibility for the family – the CPS worker stays involved in the planning and the decisions being made in the case. Both ASO and other formal or informal providers follow the CPS worker's lead, not the other way around.

If for any reason, the ASO provider, or any other formal or informal safety provider working with the family, does not believe the safety plan is effectively controlling the impending dangers, then the CPS worker must be notified immediately.

Expectations

Expectations of CPS Staff and Providers

- ✓ The CPS worker relays any revisions of the safety plan and/or treatment plan to the SNS provider
- ✓ The SNS provider provides the services as outlined in the safety and/or treatment plan.
- ✓ The SNS provider notifies the CPS worker in a timely manner if safety plan is not controlling impending danger or the family is refusing services.
- ✓ The CPS worker addresses the problem, either with a temporary protection plan or a revised safety plan/treatment plan to keep the child in the home or by removing the child to a safe environment



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There are certain expectations of CPS staff and providers.

The CPS worker relays any revisions of the safety plan and/or treatment plan to the ASO provider

The ASO provider provides the services as outlined in the safety and/or treatment plan.

The ASO provider notifies the CPS worker in a timely manner if safety plan is not controlling impending danger or the family is refusing services.

The CPS worker addresses the problem, either with a temporary protection plan or a revised safety plan/treatment plan to keep the child in the home or by removing the child to a safe environment.

NASW Code of Ethics

3.04 Client Records

- (a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.
- (b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.
- (c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.
- (d) Social workers should store records following termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

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Both CPS workers and ASO providers should know just how important documentation is for the case record. You should all be familiar with the old saying - if it's not documented, it didn't happen – and if it didn't happen - in other words, if the documentation isn't there - this could negatively affect court decisions, providers' retrospective reviews, federal reviews that the Department must undergo, and most importantly, outcomes for the families we serve.

In fact, how many of you are aware that documentation of the client record is part of the NASW Code of Ethics that, as either temporary or licensed social workers, you are expected to follow? This is the section in the Code regarding documentation that you might want to review.

For CPS workers, there are currently no changes in FACTS regarding documentation for the client record.

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Review

- A **safety plan** manages or CONTROLS impending dangers that result in a child being unsafe.

- A **case plan** identifies what must change through behaviorally stated goals which focus on enhancing diminished protective capacities. The goals are individualized, understandable, and measurable.

- ✓ A safety plan requires the CPS worker to take prompt action to control impending danger.
- ✓ Case Plans occur as a result of the PCFA
- ✓ Safety plans and Family Case Plans can use both formal and informal supports, using both SNS service providers and friends, relatives, or community services.



To review, a **safety plan** manages or CONTROLS impending dangers that result in a child being unsafe. A **case plan** identifies what must change through behaviorally stated goals which focus on enhancing diminished protective capacities. The goals are individualized, understandable, and measurable. A safety plan requires the CPS worker to take prompt action to control impending danger. Case Plans occur as a result of the PCFA Safety plans and Family Case Plans can use both formal and informal supports, using ASO service providers and friends, relatives, or community services.

Important Contact Information

www.apshealthcare.com

APS website has:

- ✓ Frequently Asked Questions
- ✓ APS CareConnection™ Instructions
- ✓ Provider's Manual
- ✓ Utilization Management Guidelines
- ✓ Training announcements and other information

- Office hours are from 8:30 a.m. to 5:00 p.m. Monday through Friday.
- Phone Numbers
 - Phone: 800-461-9371
 - Fax: 1-866-473-2354

www.wvdhhr.org/bcf/aso/

WVDHHR Website has:

- ✓ Important Notices
- ✓ Provider Enrollment Application
- ✓ Support
 - dhhrbcfasosup@wv.gov
- ✓ Invoice for SNS
- ✓ Payment Processing Guide
- ✓ Utilization Management Guidelines
- ✓ Waiver Protocol
- ✓ ASO Communication SOP
- ✓ ASO Code of Conduct



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Contact Information for APS Healthcare and DHHR is listed here. Also found here are the websites for both.

CPS and ASO Providers Working Together



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