STATE OF WEST VIRGINIA

FULL PERFORMANCE EVALUATION
OF THE

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Child Protective Services

In Many Cases CPS Is Not Investigating Cases As Designed By CARF

CPS Needs To Offer Services To More Moderate & Significant Risk Cases

Family Assessments Are Not Being Performed On Cases That Are Opened For Services

CPS Management Information System is Inadequate to Support Management Decisions on Child Abuse

Update:
Children Are At Risk Of Abuse When Child Protective Services Does Not Respond To Referrals

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WEST VIRGINIA LEGISLATURE

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Antonio E. Jones, Ph.D.
Director

February 9, 1997

The Honorable Edwin J. Bowman
State Senate
Building 1, Room 231-WW
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

The Honorable Joe Martin
House of Delegates
Building 1, Room 213E
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305

Gentlemen:

Pursuant to the West Virginia Sunset Law, we are transmitting the Performance Audit of the Department of Health and Human Resources, Child Protection Services, which will be reported to the Joint Committee on Government Operations on Sunday, February 9, 1997. The issues covered herein are "In Many Cases CPS Is Not Investigating Cases As Designed by CARF; CPS Needs to Offer Services to More Moderate and Significant Risk Cases; Family Assessments are not being Performed on Cases that are Opened for Services; CPS Management Information System is Inadequate to Support Management Decisions on Child Abuse; and Update: Children are at Risk of Abuse When Child Protective Services does not Respond to Referrals."

Sincerely,

Antonio E. Jones

AEJ/wsc

Enclosure

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Executive Summary

This report is a Full Performance Evaluation on the Child Protective Services (CPS) agency within the Department of Health and Human Resources. This report contains four new issues relating to the lack of utilization of a decision making system the agency purchased to provide for improved structured and uniform child protection decisions in the state. Issue 5 of this report, dealing with CPS's response times to allegations of child abuse, was first issued in September 1996.

ISSUE AREA 1: Over $1.7 Million Dollars Spent on CARF Decision System that is not Being Fully Utilized to Protect Children

The Child At Risk Field (CARF) System, a structured decision making model, was developed by ACTION for Child Protection.[1] The CARF system was developed in 1984 out of years of research in the field of child protection and has proven to be effective when implemented properly[2]. The Department of Health and Human Resources (DHHR) purchased the rights to the CARF system in September 1991. Thus far, CPS has spent **$1,752,632** on this system. This figure is derived from contracts the agency entered into worth $1,360,513 specifically for CARF or contracts relating to CARF. Also included is an estimated $392,119 to train 425 personnel on the use of the system. (This figure for training personnel is a minimum number representing only the cost of paying the employees and does not reflect the lodging, meals or travel costs.) A statement in the original contract justifying the purchase of CARF states:

> WHEREAS, There has been a lack of a structured decision-making model and a lack of structured supervisory/administrative processes that would ensure that Department gives highest priority to the protection of children at the most serious risk for abuse and neglect...

Therefore, the agency realized its need for a structured system when it purchased CARF. The agency policy in fact, requires that every referral requiring investigation should have an initial assessment form (CPS-2) completed. This form is part of the Child At Risk Field system designed to structure the discretion of the caseworker and in doing so minimize subjectivity. This results in greater consistency among workers in the evaluation of the child's environment. An overly subjective or less rigorous analysis of a family's situation could lead to a lack of appropriate action taken by the agency, which could ultimately result in further abuse or the death of children. **PERD found that a weighted average of 56% of the cases did not use the initial assessment form.** The agency's failure to fully utilize the CARF system places children at risk of further

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[1] *ACTION for Child Protection, Inc. Charlotte, North Carolina is a private non-profit organization which has provided services to child welfare agencies throughout the nation.*

[2] *Depanfilis, Diane MSW, Overview of the Child at Risk Field System, A Social Work Approach to Decision Making and Risk Assessment. November 14-17, 1990.*

abuse. In addition, **the lack of utilization has wasted federal and state matching funds used for the project**. CPS continues to incur costs to train new employees on this system.

ISSUE AREA 2: CPS Needs to Offer Services to More Moderate and Significant Risk Cases.

Under CARF, the framework for protecting children is opening cases where risk is documented. This allows the agency to help families reduce the reoccurrence of abuse. The basis for opening cases is the safety evaluation and the risk rating calculated during the initial assessment.

High and significant risk cases are serious in nature and could produce life-threatening results. The CPS is opening High risk cases but is not opening significant risk cases in some Regions. In these cases, CARF states that ongoing CPS involvement is clearly needed. Moderate risk cases have the potential to produce severe results depending on the child's vulnerability. For moderate risk cases, CARF recommends ongoing CPS involvement because the family conditions will likely worsen.

The agency has indicated that there are a few Regions that are unable to open significant and moderate risk cases for ongoing services because of workload demands. Significant risk cases can be life-threatening to children, and moderate risk cases can worsen over time, resulting in children being further abused or removed from their families.

ISSUE AREA 3: Family Assessments are not being Performed on Cases that are Opened for Services.

One stage of the CPS process is the completion of a Family Assessment. This Assessment helps the CPS worker determine what services are appropriate to provide to those families whose cases were opened by the CPS. PERD found that this part of the CPS process was suffering because of the agency's emphasis on managing the backlog of cases that needed to be investigated. In order to get these cases investigated, the agency shifted staff responsible for serving opened cases to investigating backlogged cases. As a result, assessing the family's needs through family assessments and providing ongoing services were hampered. This could result in a reoccurrence of child abuse in those families if the cause of the abuse or neglect is not addressed.

ISSUE AREA 4: CPS Management Information System is Inadequate to Support Management Decisions on Child Abuse.

The CPS has attributed its lack of compliance with state law and its lack of utilization with CARF to inadequate staffing. However, the Legislature's Performance Evaluation and Research Division, based upon a correlation analysis comparing staffing level in individual county offices to their performance in responding to referrals of child abuse and following CPS procedures, concludes that simply increasing the number of CPS caseworkers will not ensure that children are adequately protected and that state laws are complied with. **Although PERD's analysis concludes that staffing is a factor in CPS' lack of compliance with state laws and CPS procedures, PERD also concludes that management performance, with regards to CPS cases varies widely between county offices, and is often times not related to the staffing level in individual county offices.**

PERD finds that management of CPS could be improved significantly by development of a management information system and by qualitative case reviews. Presently, DHHR's managers have no systematic way of knowing which county offices properly handle child protection cases, in terms not only of quantity of cases handled, but of even more importance, the quality of service delivered by CPS workers and supervisors in individual counties. Thus, with regards to the delivery of child protective services, DHHR has no systematic method to identify which county directors and supervisors are performing poorly, adequately, or excellently.

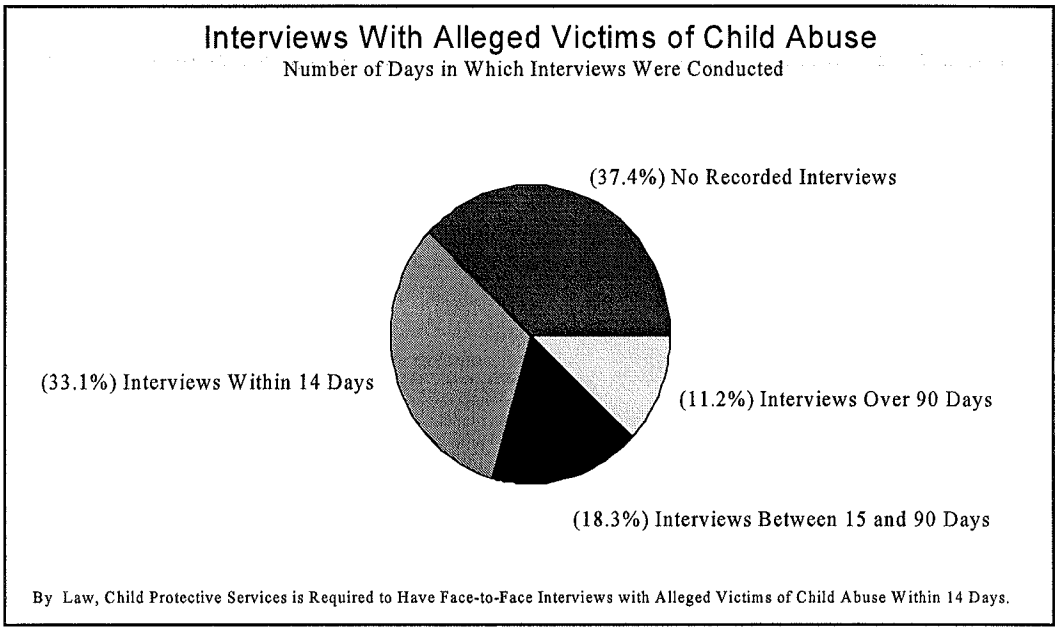
Therefore, PERD finds that it is important for DHHR's state office to implement a monitoring system, based upon statistical science, to evaluate the performance of each county office to determine which counties have the greatest problems and which counties should be models of operation for other counties. Only when local problems are identified can the state office and the regional managers ensure that local solutions are applied to any local problems identified.

ISSUE AREA 5: Children Are At Risk Of Abuse When Child Protective Services Does Not Respond To Referrals.

According to §49-6A-9, paragraphs (3) and (4) of the West Virginia Code, upon being notified of suspected child abuse or neglect, the Child Protective Services agency is required to begin a thorough investigation of the allegation. As part of the investigation, the agency must have a face-to-face interview with the child or children within 14 days of the allegations.

PERD's review of 663 CPS child abuse cases for FY 1995 found that **in 37.4% of the cases, CPS had no record of having a face-to-face interview with alleged victims of child abuse** (see Figure 3). **Furthermore, only 33% of the cases had interviews within 14 days as required by law.** In 18% of the cases, CPS took between 15 and 90 days to conduct interviews, and in 11% of the cases it took over 90 days to have interviews with alleged victims.

Figure 3
Number of Days From the Referral Date to Have Face-to-Face Interviews



Evidence shows that the cases without recorded interviews were never investigated. Memoranda dating back to 1992 reveal the implementation of a statewide policy that prioritized the investigation of cases based on the initial information received from referents. Child abuse reports that appeared less serious than others were given lower priority for investigation. The reasons given by the agency for prioritizing investigations were growing caseloads and under staffing in various offices in each of the agency's four geographical regions.

The result of the prioritization policy was that nearly 40% of the cases were held without investigations for **six to 12 months**. The agency made the decision that in those cases, if there was not a second referral on the same case, the case could be "cleared," or closed, **even though they were not investigated.** This procedure violates state law §49-6A-9.

Prioritizing cases based on the initial information received from the referent is not always indicative of how serious a case may be. Case examples show that serious child abuse cases in which the agency had to intervene went months before the investigation began. During the intervening time these children were at risk of further abuse and neglect.

Revisions From September Report

During the review of case files for the first three issues of the current report, PERD discovered some cases had face-to-face interviews which were originally reported as not having such. Furthermore, some CPS staff expressed concern about the report's estimates for their county. This prompted PERD to re-examine the estimates on response times for each county in

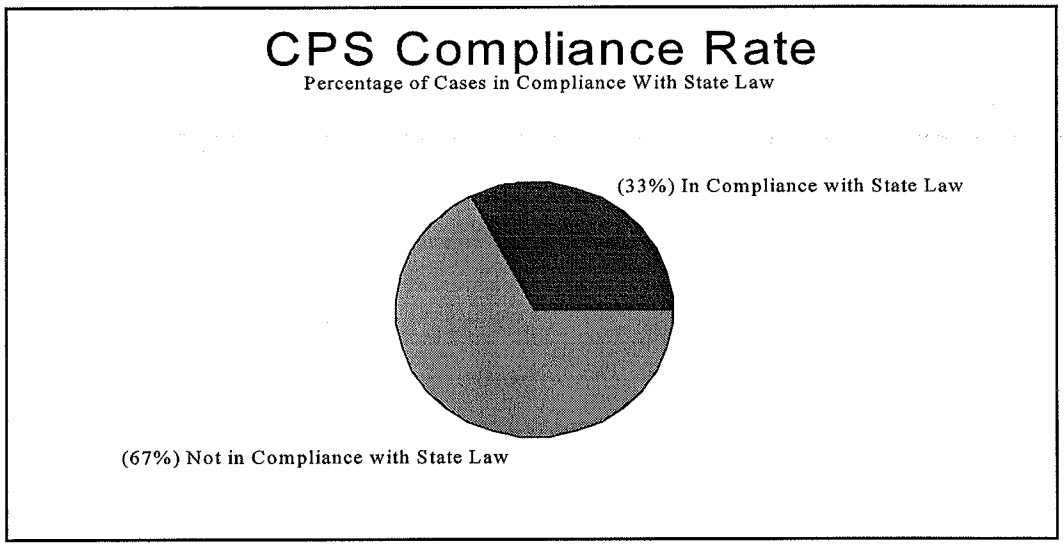
the September report while research was conducted on the issues of the current report. Table 1 shows the original figures on response time, the revised figures and the difference. The response time in some of these cases had face-to-face contact within the mandated 14 days, while others had face-to-face contact months after the initial referral. In some cases, the face-to-face contact occurred one to one and a half years later. Overall, the percentage of cases that did not have a record of face-to-face interviews dropped by 8.6 percentage points, from the initial 46% to 37.4%.

Table 1

Revised Response Time			
	September Report	Revised	Difference
No Recorded Face-to-Face Interviews	46.0%	37.4%	-8.6
Face-to-Face Interviews Within:			
14 Days	29.0%	33.1%	+4.1
15-90 Days	15.0%	18.3%	+3.3
Over 90 Days	10.0%	11.2%	+1.2

We regret any misrepresentation of the work performed by the Child Protective Services agency. Although we acknowledge the 8.6% over-estimation of no face-to-face interviews, the revised estimates still reveal a significant problem in the CPS's response time to reports of child abuse. As illustrated in Figure 4, the agency is out of compliance with state law in two-thirds of its cases. Much of the problems PERD encountered in reviewing CPS files can be directly attributed to the condition of Child Abuse files. Many of the files were not in the order prescribed by the CPS administration. Nearly all were hand written and some extremely difficult to interpret due to poor hand writing; moreover CPS was unable to locate many of the files to be reviewed. The data contained in this revised report do not change the overall conclusion of the September report.

Figure 4


CPS Compliance Rate
Percentage of Cases in Compliance With State Law
(33%) In Compliance with State Law
(67%) Not in Compliance with State Law

Review Objective, Scope and Methodology

This performance review of the Child Protective Services (CPS) is required and authorized by the West Virginia Sunset Law, Chapter 4, Article 10, Section 11 of the West Virginia Code, as amended. The CPS is mandated to protect the children of the state from child abuse and neglect. The agency protects children from abuse by investigating alleged reports of child abuse, and assessing the child's environment for risk of future child abuse. In cases in which allegations were substantiated, the agency may provide services that can alleviate the risk of future abuse.

The objective of this review was to determine the agency's effectiveness in protecting children. The scope of this report focuses on how responsive the agency is in investigating child abuse cases, assessing the risk of future abuse, opening cases for services and providing services to open cases. Outside the scope of this review is the issue of whether the agency properly screens out cases. Screened out cases are those referrals which the agency determines do not fit the definition of child abuse or neglect. The agency screened out and did not investigate 5,383 cases. Any referral which fits the agency's definition of child abuse must be investigated. These cases are referred to as accepted cases. CPS accepted 16,194 cases for investigation. The decision to accept a case or screen out a case is made by the CPS supervisor.

The methodology included sampling 663 accepted child abuse cases from 12 counties. The sampling methodology is described in greater detail in Appendix A. Interviews were held with members of the CPS staff and a survey was conducted of staff members of the 12 counties sampled. An evaluation of the Child At Risk Field (CARF) system was performed. This system is used by the agency in administering its function of protecting children. This performance evaluation complied with **Generally Accepted Government Auditing Standards.**

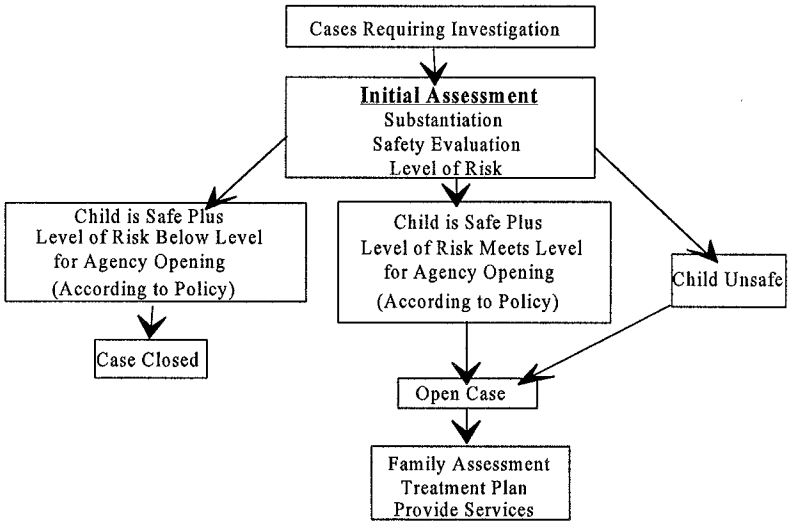
Introduction & Background

The issues of this report discuss the agency's performance in achieving the outcomes of protecting children and helping families reduce the risk of future child abuse. Overall, the PERD found that the agency's performance at four important points of the CPS process needs to improve in order to fully accomplish its outcomes.

The primary system used by the CPS to provide child protection services is the Child At Risk Field (CARF) System developed by ACTION for Child Protection.[3] The CARF system was developed in 1984 out of years of research in the field of child protection services. Since its development, over 10,000 child protective services professionals have received training on CARF in all states. CARF has been tested extensively in rural and urban communities in numerous states. The results of these studies "*strongly suggest that appropriate use of the system will yield an increase in the amount of information collected and an improvement in the quality of casework decisions as evaluated by standardized criteria.*"[4] (Emphasis added)

Figure 1 illustrates the design of the CARF system. Cases that are required to be investigated go through an *Initial Assessment*. The initial assessment is the process in which the CPS worker gathers information to determine three conditions: 1) Did child abuse occur? 2) Will the child be safe? 3) What is the risk of future child abuse?

Figure 1
CARF Design



[3] *ACTION for Child Protection, Inc. Charlotte, North Carolina is a private non-profit organization which has provide services to child welfare agencies throughout the nation.*

[4] *Depanfilis, Diane MSW, Overview of the Child at Risk Field System, A Social Work Approach to Decision Making and Risk Assessment. November 14-17, 1990.*

The framework for protecting children under the CARF system is opening cases for CPS services. The decision to open a case is based first upon safety and then on risk. CARF instruments guide the CPS worker in evaluating both the safety of the child and the risk of future abuse. If the child is determined to be safe, and the risk of future child abuse is below the agency's threshold (risk rating) for opening cases, generally the case will be closed. If the child is safe and the risk rating meets the agency's level for opening, then the case should be opened. If the child is not safe, then the case must be opened for some CPS intervention regardless of the risk level, according to CPS policy. In these types of cases, CPS has a legal requirement to develop a protection plan for the child, which may involve law-enforcement or the court system [§49-6A-9(b)(3)-(5)].

The CARF system quantifies information into a risk rating ranging from Minimal to Low, Moderate, Significant, to High. If a case falls into the risk ratings of Moderate, Significant, or High, the CARF system manual suggests that the case be opened to provide the family with services that can help reduce future abuse. These services generally consist of counseling for the family, parent education, or possibly public assistance. Below is a brief description of these risk ratings according to CARF:

High Risk: Unacceptable individual and family functioning tends to be extreme. Conditions may be so serious that results to the child may be severe. The family's need for help is clear and profound. The family requires immediate, comprehensive and focused CPS involvement.

Significant Risk: There is a significant presence of unacceptable individual and family functioning. There is a high probability that a child will be maltreated. Conditions may produce severe results. The family's need for help is clear. The family requires ongoing CPS involvement.

Moderate Risk: There is an even distribution between negative and positive family conditions. However, the negative influences that are present likely are quite serious. Depending on the child's vulnerability, conditions may produce severe results. The nature of the family suggests ongoing CPS involvement. Without CPS involvement, the family conditions will likely worsen.

Minimal/Low Risk: Family conditions show less negative than positive elements. However, the negative influences that are present are of low to moderate seriousness. There is an unlikely probability that a child will be maltreated.

Source: ACTION for Child Protection Child at Risk Field System Manual p.68-69.

ISSUE AREA 1: **Over $1.7 Million Dollars Spent on CARF Decision System that is not Being Fully Utilized to Protect Children.**

The Department of Health and Human Resources (DHHR) purchased the rights to the CARF system in September 1991. To date, DHHR has entered into contracts worth $1,360,513 with ACTION specifically for CARF or contracts related to CARF. In addition, the agency incurred expenses to train 425 personnel on the use of CARF. CPS was unable to provide the complete cost of this training with respect to travel lodging and meals. However, having workers in training also creates a cost of salaries during training. Assuming a daily salary of $102.5 per day per employee, the nine day training represented a minimum cost of $392,119. Therefore, the direct and related cost of CARF **is approximately $1,752,632.**[5] CPS continues to incur costs in regards to CARF training new CPS workers on the use of CARF each year.[6] A breakdown of the use of the funds committed for the two contracts specifically for CARF can be found in Appendix B.

The CPS policy states that:

> *All referrals which meet the criteria for definition of child abuse and neglect as outlined in statute and policy, as well as all referrals which meet the risk definitions of the CARF system, must be accepted and assigned for initial assessment.*[7]

The CPS has acknowledged that the key to using CARF statewide is the greater consistency among CPS workers in arriving at similar decisions in child abuse cases. This is important because inconsistent decisions will lead to inappropriate action by the agency which will result in children being further abused.

This issue evaluates the agency's performance in conducting *Initial Assessments* in child abuse and neglect referrals. At this point of the CPS process, information is analyzed to determine if abuse occurred, if safety or risk concerns exist, and if a case should be opened for services. According to the CARF system, the framework for protecting children is opening cases for CPS services. The basis for deciding when to open a case for services is assessing the child's safety and the risk of future abuse.

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[5] *$102.5 a day based on $25,321 per year for Protective Service Workers including benefits during 1991-92 and assuming payment to workers for 247 days per year.*

[6] *Training is now conducted by CPS staff certified by CARF officials.*

[7] *Revised Interim Measures for Child Protective Services Case Prioritization, March 16, 1992 memorandum*

The agency policy stipulates that "The CARF system, including the CPS Risk Management Decision-Making Handbook and the CARF Forms.... will be the practice policy for all cases.". **PERD found that in the cases sampled, the weighted average of 56% did not use the initial assessment form.** **(See Appendix A for methodology)** This form is part of the Child At Risk Field system that is designed to assist the CPS worker in:

1) organizing case information;
2) assessing and analyzing the significance of information;
3) assessing the child's safety based on family conditions; and
4) evaluating the risk of future child abuse.

Overall, the form provides organization and enhanced analysis. Furthermore, the CPS-2 minimizes subjectivity and results in greater consistency among workers in the evaluation of the child's environment.

Instead of completing the CPS-2 form, case information was recorded on ***Service Documentation*** **forms instead.** Completing the CPS-2 form is more involved than using only the service documentation forms because the CPS-2 requires the worker to organize information into several key elements and rate the information for safety and risk. Whereas, using only service documentation forms records information in narrative form with no particular order and no rating system. These forms, when used alone, do not assist the worker in analyzing case information. According to CARF, service documentation forms should be used during initial assessment primarily to provide greater detail of the information contained in the *initial assessment* form, or when the initial assessment form has insufficient space for documenting information.

Research reported by ACTION in 1987 in Georgia on the use of the CARF instrument showed that decision making among 200 workers evaluating the same information had a high rate of consistency in arriving at the same decision. A December 1995 audit conducted by the Federal Administration for Children and Families on CPS noted that the initial assessment instrument allows the worker to process information in an objective and organized way in making decisions about safety and risk. The audit further stated that the CARF instrument minimizes the use of subjectivity in assessing a child's environment. A good example of this is a Wood County case in which the initial assessment information was documented completely on service documentation forms instead of organizing the information on the CPS-2 instrument. The result was a "subjective" risk assessment and safety evaluation, which is described below:

> *A family with three children, ages 10, 11, and 16 was referred to CPS. The accusation was neglect and abuse. The father denied having a drinking problem but admitted being incarcerated for driving under the influence. No risk assessment or safety evaluation was done through the CPS-2 instrument. The case was not opened for the following reason:* ***"I feel that children are 'at risk' of physical abuse when this man is intoxicated. However they have resources to call on like their older sister and the police if he gets out of hand."***

The worker in this case acknowledged the "risk" of future abuse but the level of risk was not determined because the CPS-2 form was not used. Instead, the case was closed based on a subjective estimation of risk. **An overly subjective or less rigorous analysis of a family's situation could lead to a lack of appropriate action taken by the agency, which could ultimately result in the abuse or death of children.**

The PERD spoke to CPS staff concerning the reason for not completing CPS-2 forms in many cases. Two reasons were given. One was that in some cases initial assessment forms were not completed because the worker relied on a prior initial assessment performed on the same family on a previous referral. The new referral would not have a new CPS-2 form completed if the allegation was similar to the prior referral which had a CPS-2 completed. In these instances, the worker would document information on the new referral on service documentation forms. The problem with this method of assessment is that it may rely on information which has changed such as a new boyfriend or step-parents living or no longer in the home.

Another reason is indicated in a memorandum on CPS policies and procedures dated October 1992. The memo modified the initial assessment process by allowing service documentation forms to be used to record information instead of the CPS-2 forms. However, this modification could only be used in cases in which information was gathered, there were no safety concerns, the decision was made not to open the case, but the worker did not record the information on the CPS-2 form. In addition, this modification could only be used when appropriate supervisors determined that workload demands were the cause for the case not being documented on CPS-2 forms. The modification could not be used simply because the work was not documented.

The PERD spoke with an associate director of ACTION concerning these practices and modifications. The associate director stated:

> *"We have seen and, in fact, endorsed this type of abbreviated documentation when backlogs get to be unmanageable. This is not an ideal practice, but it was seen as necessary in order to address a growing problem. This specific modified approach specified that interviews had to have been completed, which means the protocol was followed, no safety influences were judged to be present, and the case would not be opened for ongoing services. The practice elements were followed, but the documentation was lacking. The modified process represented a way to get these cases documented and, therefore, officially closed. Given the size of the backlog at the time and the ever increasing caseloads, this was seen as a reasonable solution."*

In other words she did not consider the modification an ideal practice, but a method of managing the backlog of cases and increasing caseloads. ACTION endorsed the modification only as a means to get cases documented when increasing caseloads were a problem.

When the CPS-2 form is not used because a prior one was done months earlier, ACTION recommended that the worker document how it was determined that a new initial assessment form was not necessary. This documentation would have to include evidence that the risk of future child abuse was unchanged since the prior initial assessment was done. The associate director indicated that you cannot set a time frame on when a new initial assessment should be completed when new referrals with similar allegations are received, because family conditions (such as a new boyfriend) that increase the risk of abuse could change as quickly as one month. If factors change in a family that affect the level of risk, then a new initial assessment would be warranted, and using service documentation forms would be unacceptable. If factors do not change the risk rating of the previous initial assessment, then the worker needs to document that the risk was unchanged. If re-assessing risk is not performed in subsequent referrals, the CPS will not be aware that a case is more serious than previously assessed, and therefore appropriate action will not be taken.

ACTION's 1992 Site Reports

ACTION's 1992 Site Reports for Regions II and III found that heavy caseloads prevented workers from using CARF correctly. ACTION's report stated: "*Workers do not feel that they have enough time to properly document information on the forms and will often wait several weeks before doing it. In the meantime they rely on their notes or memory to work with a case which may not always be accurate but is very much the same way they operated prior to CARF.*" The report also stated that: "*Social workers feel that the information on the forms may not be sufficient for the court and expressed concern that they may not be able to effectively testify on a petition thus an "at risk" child will be returning home.*"

Federal Review Found Problems with Risk Assessment

The 1995 Federal Department of Health and Human Resources Review on CPS found problems similar to those found by PERD. The Federal review of 59 cases statewide found:

- **Numerous CPS forms were in the record with no indication that an assessment of risk had been conducted on each complaint.**

- **Reviewers found that there is not consistent use of CARF among workers, leading to differences in how the level of risk is assessed....actual completion of the risk assessment instrument does not seem consistent among workers. Additionally, some key elements of the investigation were not consistently recorded on the forms, e.g. when children were seen, disposition of reports.**

Conclusion

The rights to the CARF system were purchased by the Department of Health and Human Resources to enhance the delivery of child protection services. The specific and related costs of this system was approximately $1.7 million. Furthermore, the agency continues to spend funds to train new staff on CARF. The CPS acknowledges that the value of the CARF system is the

structure for consistent decisions with respect to a child's environment. However, the CARF system has not been appropriately used in the majority of cases. An important feature of the system is its ability to minimize subjective decisions concerning a child's safety and risk. In order to achieve this, the agency should use the initial assessment instrument as designed. This instrument is being completed in about half of the cases, on average. The consequences are less organized and less rigorous analysis of case information, and a greater degree of subjective and inconsistent decision making. **This could lead to a lack of appropriate action by the CPS that would put children at risk of abuse.**

PERD recommends that CPS discontinue the modified initial assessment where service documentation forms are used entirely to perform initial assessments. This modification is not the ideal method of doing initial assessments. The design of assessing risk and safety through the CPS-2 instrument is to enhance the analysis of information, and to develop consistency among CPS workers in assessing risk and safety. The modified initial assessment could lead to less rigorous and inconsistent safety and risk assessments that may be too subjective. The result could be a lack of appropriate intervention by the agency in certain abuse cases.

In cases where initial assessments were not performed because a prior CPS-2 was completed, CPS should follow the practice of documenting if the risk rating changed. If the risk rating changed, then a new initial assessment should be performed. PERD's review of cases without CPS-2's had no documentation that risk ratings were re-assessed from a prior initial assessment.

Recommendation 1

To assure proper assessment of risk, the Child Protective Services agency should discontinue modifications or short-cuts which may not provide the same reliability of risk assessment regarding child abuse.

Recommendation 2

When the CPS receives subsequent referrals with similar allegations that have prior initial assessments completed, the CPS should follow the practice of re-assessing the risk to determine if it has changed. The Child Protective Services agency should require complete documentation indicating whether or not there is a need for a new initial assessment through the use of the CPS-2 form.

Recommendation 3

Given the value of CARF in decisions protecting the state's children, and the cost of acquiring and training in its use, the CPS should make proper and complete utilization of the CARF System a standard practice.

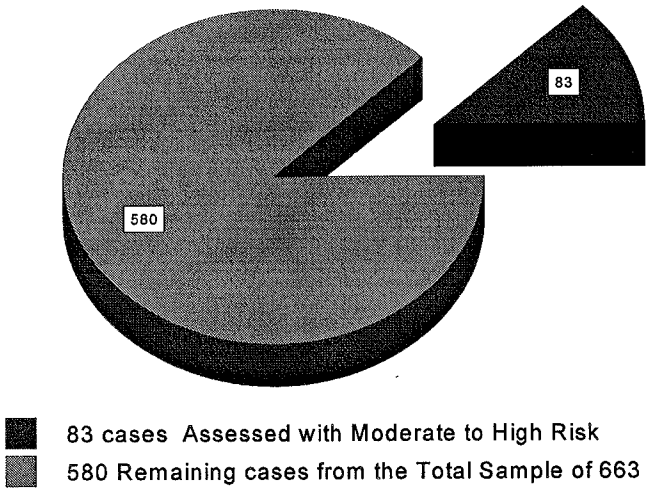
ISSUE AREA 2: CPS Needs to Offer Services to More Moderate and Significant Risk Cases.

CPS is charged with providing services to families with children at risk. Under CARF, the framework for protecting children is **opening cases where risk is documented**. This allows the agency to help families reduce the reoccurrence of abuse. The basis for opening cases is the safety evaluation and the risk rating calculated during the initial assessment. As stated in the *Introduction*, the risk ratings, calculated by using the CARF instrument, are Minimal to Low, Moderate, Significant, or High.

High and **significant** risk cases are serious in nature and could have life-threatening events. In these cases, CARF states that *ongoing CPS involvement* is clearly needed. Moderate risk cases have the potential for severe results depending on the child's vulnerability. For moderate risk cases, CARF recommends ongoing CPS involvement because the family conditions will likely worsen. Within the sample of 663 cases, 83 cases were assessed with moderate to high risk.[8] This is illustrated in Figure 2.

Figure 2

Cases in the Sample with Moderate to High Risk Ratings



[8] *There were 21 additional cases that had moderate to high risk. However, CPS was unable to locate the records.*

Of these 83 moderate to high risk cases, 44 (or 53%) were opened for services. The CPS and the CARF system require that when a case is not opened, the worker should explain the reason for closing the case, especially when moderate to high risk is indicated on the forms. Acceptable explanations for not opening moderate to high risk cases are: the family is uncooperative or refused services; the family moved (sometimes out of state) and cannot be located; the child was moved to a safer environment such as grandparents, or, the family was currently receiving assistance from a community organization or was referred to one by CPS.

Table 2 shows the disposition of the 83 risk cases. The CPS typically will open every high risk case. There were only 5 high risk cases in the sample. Three were opened for ongoing services, while the other two were not opened because one family was uncooperative, and a referral for services was made for the family in the other case.

Table 2
Disposition of Risk Cases

Risk Rating	Number of Risk Cases	Opened for Services	Not Opened for Legitimate Reasons	Closed Without Legitimate Reasons, Services not Referred or Offered
High	5	3	2	0
Significant	35	25	7	3
Moderate	43	16	21	6
Totals	83	44	30	9

Source: Sample of 663 CPS cases from a total population of 16,194.

However, the legitimate opening of **significant** and **moderate** risk cases was mixed. The right-most column of Table 2 shows nine risk cases closed without indicating any of the above mentioned legitimate reasons. These nine cases represented 10% of the 83 risk cases.[9] In these cases, no documentation was made that the families were offered services, refused services, were uncooperative, were referred to community organizations or if the family was currently receiving services. In one of these cases no explanation for not opening the case was provided, and in three other cases the explanation was there was not enough agency staff to serve the case.

[9] *Extrapolating to the total population suggests that about 220 risk cases statewide might not have been closed for appropriate reasons.*

In the sample, only 3 of 35 significant risk cases were closed with inappropriate reasons. One of the cases closed inappropriately is described in the next section under Case 3. In moderate risk cases, there were 6 out of 43 cases closed without appropriate reasons. In addition to the sample results, the agency has indicated that there are a few Regions that are unable to open significant and moderate risk cases for ongoing services because of workload demands. In these cases, the agency stated that it often refers the family to community agencies for services. Given the results of the sample, there is a likelihood that in these Regions some cases are not being referred to community agencies by the CPS. The agency should evaluate risk cases in these Regions to determine if they are in fact being referred for services.

Moderate Risk Cases Not Opened Can Become More Serious

Moderate risk cases can worsen, as indicated by CARF and acknowledged by the CPS. A Logan County case provides a good example of a moderate risk case that was not opened, but became more serious upon a subsequent referral. This is explained below.

Case 1: In October 1994, CPS received an allegation on a divorced father who beat his nine year old son and six year old daughter, leaving noticeable bruises on various parts of their bodies. The mother noticed the bruises during her weekend visitation with the children. The initial assessment confirmed that maltreatment occurred and there was moderate risk of future child abuse. The case was not opened for services for the following reason: "*Maltreatment did occur to [daughter and son]. Dad was remorseful about what had occurred and wished he didn't hit them with a belt. Discussed with him about dixipline and spanking children. Encouraged him to take [daughter] to hospital to evaluate bruises on leg and buttocks. He did comply. Low - moderate risk and no safety issue.*"

In April 1996, one and a half years later, the father was accused of neglecting his two children. Upon investigating, the agency found a chronic lack of supervision on the father's part. The children reported that very often their father is not there when they get home from school or when they go to bed at night. There is little, if any, food in the house, that sometimes they do not eat anything at all and that they have eaten crackers for dinner. The risk rating this time was high, maltreatment did occur and the case was opened for services. Over the next three months after the case was opened, several calls were made to the agency accusing the father of leaving the children unsupervised, and the father was jailed for intoxication. The agency outlined ways for the father to provide adequate supervision and child care, and the father was instructed that if he could not provide supervision for his children, the agency would file a petition with the court. In August 1996, the agency petitioned the court for temporary physical and legal custody of the children until a further order of the court.

Below are other examples of reasons moderate and significant risk cases were not opened:

Case 2: A 12 year old mentally retarded girl who had to be fed through a tube inserted in her stomach was down to 29 pounds from 40 pounds. The school nurse reportingthe case felt that the child was not being bathed properly and that medical attention hadn't been sought for such things as an ulcer on her tailbone and a bleeding tooth. The nurse also felt that the child was not being fed properly at home because of her weight loss. The initial assessment of the case indicated that maltreatment did occur and there was moderate risk of future abuse. The CPS did not open the case for the following reason: "*Child needed*

*formula changed, mother called doctor and school called doctor. After [the medicine was changed] child regained the weight that she had lost. Family members know how to care for child and do so when mother is not at home. No further referrals regarding this family and school nurse... has promised to keep us informed of any further problems.... **Not enough staff to service this case.**"* [emphasis added]

Case 3: A five and a half year old girl was kicked in the back by the mother's boyfriend, creating a large bruise on her back. The incident was stated to be an accident but the child stated it was done on purpose. The children reported that they have seen their mother pushed down and hurt by the boyfriend, and that they were frightened by it. The worker noted that the relationship seemed somewhat abusive. The initial assessment indicated that maltreatment did occur, risk of future abuse was significant, safety influences were indicated and no one in the family could protect the children. The reason given for not opening this case was: "*Risk of maltreatment is not high. Children know to tell someone should they be hurt. Children are visible during school year and referent will likely continue to report further problems.*"

The worker in case number three calculated a risk rating of "significant" but did not open the case because the risk was considered "not high". This is in sharp contrast to CARF's definition of significant risk. Furthermore, the agency's policy requires that a case with safety factors be opened.

Reasons for Not Opening Moderate to Significant Risk Cases

The CPS did not open some significant and moderate risk cases because it prioritized ongoing services in certain counties. A March 1992 memorandum issued guidelines for prioritizing ongoing services. The memo recognized that "*The design of the CARF system is to open all cases for ongoing services where risk of maltreatment is documented. However, it is recognized that in certain offices in each region, the workload is significantly high which may require a prioritization for ongoing services.*" Essentially, the policy overrode the CARF standard and dictated that ongoing services would be provided to families in need depending on the current workload and the level of risk.

The PERD asked the associate director of ACTION for an opinion on the practice of not opening moderate and significant risk cases. It was stated that most jurisdictions in the country that use CARF open high and significant risk cases. It was acknowledged that CARF suggests opening moderate risk cases, but most jurisdictions don't have sufficient staff levels to open moderate risk cases. ACTION endorsed this practice when an agency does not have the staff to serve moderate risk cases. Moderate risk cases usually will not have safety concerns because they are not as serious as higher risk cases. Therefore, the CPS will not have legal jurisdiction to force the family to participate in services. Many families with moderate risk would likely refuse services. However, ACTION stated that in many moderate risk cases a good practice is to offer CPS agency services or refer the family to services outside the agency.

Conclusion

Significant risk cases can be life-threatening to children, and moderate risk cases can worsen over time, resulting in children being further abused or removed from their families. Furthermore, it is not appropriate or fair for the agency to provide different levels of services in certain regions of the state. State law [§49-6A-9(b)] states that under no circumstances is the agency to establish any policy which restricts the provision of appropriate and available services.

The PERD recommends that CPS provide that every Region in the state be able to open all significant risk cases. The agency should follow the practice of offering ongoing services in most moderate risk cases. Therefore, the agency would need to be in a position to provide these services in cases where the family accepts them.

Recommendation 4

PERD recommends that CPS provide that every Region in the state be able to open all ***significant risk cases.*** *The CPS should also begin following the practice of offering ongoing services to families with moderate risk, or referring such families to community agencies.*

ISSUE AREA 3: **Family Assessments are not being Performed on Cases that are Opened for Services.**

A critical stage of the CARF process is providing the necessary services to those families whose cases were opened by the CPS. The PERD found that this part of the process was suffering because of the agency's emphasis to manage the backlog of cases that needed to be investigated. In order to have these cases investigated, the agency shifted staff responsible for serving opened cases to investigating backlogged cases. As a result, providing ongoing services was hampered.

The first step in providing services is to perform a *Family Assessment*. This is required for every case that is opened for ongoing services. The family assessment identifies the major conditions in a family that must change in order for the risk of future child abuse to be reduced. Outcome goals for the family to measure progress are also determined in the family assessment. According to the staff of CPS:

> **The primary purpose of the family assessment is to study the most significant risk influences from the Initial Assessment and identify the "core conditions" or the causes of the risk influences. Treatment is directed towards the causes which then reduces risk. Without this study and analysis, treatment services may possibly not be directed as effectively as they could had there not been a thorough analysis. (Emphasis added)**

Thus, Family Assessment helps the caseworker target the causes of abuse. Given the agency's statements of staff shortages, the **Family Assessments** are critical to maximizing resources. Of the sampled 44 cases that were opened for ongoing CPS services, **9 had family assessments performed.**

Furthermore, there is evidence that lack of staff has resulted in many opened cases going without services or visitations for significant periods of time. A memo provided to PERD indicates that McDowell County had over 70 opened cases assigned to one person who was unable to serve them alone. An excerpt from the memo states:

> *Currently, this agency expects one case manager to maintain and service seventy-five plus Child Protective Services cases. It is my opinion this places the agency and myself in a position as to where liability must be considered. These cases were opened due to the documented abuse and neglect of children with no or little intervention by our agency since opening. I find myself reacting only to crisis when dealing with these cases. Many of the opened cases have had no contact by our agency for at least a year.....In recent court appearances this worker has been warned that the West Virginia Department of Health and Human Resources is in violation of the law pertaining to court ordered improvement periods and failure to meet required deadlines. [emphasis added]*

Officials from McDowell County indicated that this situation is being addressed. Part of the problem resulted from a case manager being off for maternity leave. This left the entire workload to one person. The absent worker returned as of November 22, 1996, and a vacancy has been filled. It is possible that another position will be filled which would bring the number of workers serving opened cases to four for McDowell County.

ACTION's 1992 Site Reports

CPS knew as early as 1992, just after the introduction of CARF, that there were problems with the utilization of the system. ACTION's 1992 site reports found that transferring cases from Initial Assessment (Intake) to Ongoing created a "bottleneck" at the supervisory level. Many supervisors stated that they do not have the ongoing staff available to handle these cases so they will hold onto them indefinitely.

Conclusion

The CPS needs to improve the delivery of ongoing services. Cases that are opened are not receiving family assessments and the provision of services has suffered because resources were shifted away from serving cases to clearing backlogged cases. Every case opened for services should receive a family assessment in order to properly determine the services the family needs. Every family should be monitored regularly. Families with moderate to high risk should not go several months without any contact from the agency.

Recommendation 5

Every case opened for ongoing services should receive a ***family assessment*** *as required by agency policy and the CARF system adopted by DHHR. Every family that has been scheduled to receive services should be routinely visited and provided services in a timely manner.*

ISSUE 4: CPS Management Information System is Inadequate to Support Management Decisions on Child Abuse.

The CPS has attributed its lack of compliance with state law and its lack of utilization with CARF to inadequate staffing. This issue examines the extent to which additional staffing will solve the concerns raised in the previous four issues, and how management information deficiencies may also be contributing to its lack of performance.[10]

The Legislature's Performance Evaluation and Research Division concludes that simply increasing the number of CPS caseworkers will not ensure that children are adequately protected and that state laws are complied with. **Although PERD's analysis concludes that staffing is a factor in CPS' lack of compliance with state laws and CPS procedures, PERD also concludes that management performance, with regards to CPS cases varies widely between county offices.**

However, management of CPS could be improved significantly by development of a management information system and by qualitative case reviews. Presently, DHHR's managers have no systematic way of knowing which county offices properly handle child protection cases, in terms not only of quantity of cases handled, but of even more importance, the quality of service delivered by CPS workers and supervisors in individual counties. Thus, with regards to the delivery of child protective services, DHHR has no systematic method to identify which county directors and supervisors are performing poorly, adequately, or excellently.

Therefore, PERD finds that it is important for DHHR's state office to implement a monitoring system, based upon statistical science, to evaluate the performance of each county office to determine which counties have the greatest problems. Only when local problems are identified can the state office and the regional managers ensure that local solutions are applied to any local problems identified.

Staffing Analysis

Table 3 lists several variables for the counties in the sample. These variables were examined for their correlation with one another. Berkeley and Jefferson counties were excluded because they share staff and Jefferson county listed zero staff. Staffing figures represented full-time equivalent positions. The Caseload variable represented the total number of cases for the year that required investigations. The Workload variable is simply the ratio of Caseload divided by Staff. The ratio results in an average number of cases each worker investigated for the year. The rate of compliance is the percent of cases in the sample that received face-to-face interviews with the alleged victim within 14 days, as required by law.

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[10] *The PERD acknowledges that there are other factors that influence CPS performance, such as CPS workers having to appear in court and other legal procedures. The PERD controlled for major factors.*

Table 3
Staffing, Caseload and Compliance Variables

County	1995 Staff Full-time Equivalent	1996 Staff Full-time Equivalent	1995 Cases Requiring Investigation (Caseload)	1995 Workload (Caseload Divided by '95 Staff)	Percent of Cases in Compliance With State Law
Braxton	3	5	157	52	42%
Gilmer	2	4	84	42	79%
Hardy	1	1.44	62	62	58%
Kanawha	15	21	2,506	167	26%
Logan	4	8	530	133	55%
Mason	1	3.65	263	263	37%
McDowell	6	9	515	86	18%
Ohio	6	7	292	49	38%
Wood	13	17	931	72	25%
Wyoming	3	9	315	105	19%

A correlation analysis was conducted on these variables to determine the relationship between compliance with having face-to-face interviews in 14 days and the level of staff, the number of cases requiring investigation (Caseload), and the average number of cases investigated per worker (Workload). These correlation coefficients were calculated for the counties within the sample. These are illustrated in Table 4.

Table 4
Correlation Analysis
Compliance and Select Variables

	Correlation Coefficients
Compliance Rate/Staffing	-0.48
Compliance Rate/Caseload	-0.38
Compliance Rate/Workload	-0.18

Correlation Coefficients were significant at the 95 percent confidence interval.

The relationship between staffing and compliance with state law was inverse. This means that counties with the highest compliance rate had smaller staff. This was contrary to the expected positive correlation. When Compliance and Caseload were examined the relationship was inverse as expected. This indicates that compliance was higher in counties with relatively low caseloads, but this relationship was not particularly strong. The correlation between Workload and Compliance was also inverse as expected, which indicates that counties with high compliance rates had low workloads. Since Workload equals Caseload divided by Staffing, this suggests that greater staffing would reduce workload which in turn is associated with higher compliance. However, Workload and Compliance have a weak correlation. **In the final analysis, management information and increased supervision of casework will most likely improve performance.**

Management Information is Lacking

The PERD contends that improvement in management of the CPS is needed to improve the agency's effectiveness. Management improvements are necessary in two critical areas: 1) developing a statewide management information system that measures outcomes and quality of services and 2) an increased ability by upper management to respond to child abuse referrals within legal time frames.

The occurrence of backlogged cases did not just recently appear. The number of cases which were behind in investigations worsened over the last five years. Table 5 illustrates the history of the number of backlogged cases since 1991.

Table 5
Number of Pending CPS Referrals

1991	1992	1993	1994	1995
2,882	3,508	4,198	6,778	7,028

The agency managed this situation primarily through prioritizing investigations and prioritizing the provision of ongoing services. However, this approach is contrary to state law which states that:

> *...under no circumstances may the secretary or his or her designee promulgate rules or establish any policy which restricts the scope or types of alleged abuse or neglect of minor children which are to be investigated or the provision of appropriate and available services.* [§49-6A-9(b)]

This law has been in effect since July 1994, but the policy was still followed through the next two years. Besides being inconsistent with state law, the prioritization increased the risk of children being abused. The first four issues reported in this evaluation illustrate the risks of this prioritization policy.

The CPS has a deficiency in collecting management information that monitors the CPS process and measures outcomes. In a meeting with Secretary Lewis and Commissioner Boileau on January 22, 1997, the Director of PERD asked which counties performed better than others. The Secretary agreed with the Commissioner, who said, *"We have no management information to answer your question."* Moreover, when this question was asked regional managers the following responses were given:

> One regional director had no trouble answering which counties were the best and worst. He stated "the best counties are Pendleton, Grant, Hardy, Morgan, Berkeley and Jefferson. My problem counties are Mineral and Hampshire." His basis however was from the limited information on the management report.
>
> Another Regional Director stated that "I did not know how to rate my counties as best or worst and do not classify them. I just look at good and bad qualities of each from the management report".
>
> A third Regional Director stated "I cannot answer at this time, I will have to get back with you."

PERD finds that the responses from the Secretary, the Commissioner, and the regional managers shows a lack of management information upon which to make qualitative decisions concerning evaluations of county offices, county managers, county supervisors, and case workers.

The primary outcomes of the agency are protecting children from further abuse, and reducing the risk of abuse in families. The agency does not report statewide on the number of families which have successfully completed services for reducing risk of child abuse, or the number of families that have been reunited through CPS services after children were removed from their families. Although it is a goal that families remain together, unfortunately, protecting children occasionally involves removing them from an abusive family. These statistics should be compiled into a statewide report at least on an annual basis. In short, the agency needs to have a focus on the primary goals of the organization. This can only be accomplished by measuring agency outcomes.

The 1995 federal audit on CPS contained similar findings concerning the lack of management information. The finding stated that *"An inadequate management information system limits the capacity of the State to produce data needed for management and decision making purposes, to identify program needs and monitor progress."*

The CPS does collect important information through a monthly management report which was developed in late 1995. This report is a good start, however, there are deficiencies in that the data are collected at the "county" unit of analysis as follows:

1. Number of referrals received
2. Number of referrals accepted
3. Number of referrals pending over 30 days
4. Total number of referrals pending
5. Number of pending CPS referral without a face to face contact with the child/children within 14 days
6. Number of cases opened this month
7. Number of active cases
8. Number of cases closed this month

Primary deficiencies in data collection are statistics on status of actual cases, caseload per worker statewide, and statistics that measure quality control. Quality assurance is required by the federal government on a variety of programs which are intended to avoid improper and wasteful decisions. Given that children's lives are at stake, the CPS should also provide for quality assurance. The Office of Social Services (OSS) established the Division of Quality Assurance in April 1996 to conduct quality reviews for licensing children's facilities. The OSS has proposed expanding the Division's capabilities to include monitoring the implementation of policies, procedures and standards as they relate to CPS. The proposal includes many of the elements that are needed towards developing a statewide management information system (See appendix C).

Currently, the agency calculates the <u>average</u> caseload for each county office to determine staffing needs for each office. The problem with this is the potential exists that workers with extreme caseloads go unnoticed. PERD was informed that actual caseloads per worker are measured at the community level but that these numbers are not reported to regional managers.

An example of the problems potentially not easily seen was found by PERD in McDowell County. A worker there had a caseload of over 70 ongoing cases. This occurred according to the CPS supervisor, because of one worker taking maternity leave. This office apparently had two vacancies as well which had not been filled leaving only one worker to service "seventy-five plus" cases. Many of these ongoing cases did not have contact by the agency in at least a year. If the other worker had not gone on maternity leave those two workers would still have had over 35 cases each to serve.

According to a survey conducted by PERD, child protective workers in many areas of the state during FY 1996 still were not working under the standards prescribed for them and in fact have caseloads of two to three times the standard. Despite the fact that meeting caseload standards increases the effectiveness of CARF and knowledge of actual worker caseloads helps determine where staff are needed in order to meet standards, **the actual caseloads of workers are not regularly reported to regional managers who decide where staff is to be allocated.** Collecting individual caseload data should be a priority for the management of Child Protective Services.

Furthermore, the agency should collect data on the number of intake and ongoing workers. The PERD requested the total number of intake and ongoing CPS staff for years 1992 thru 1995. The CPS responded, **"We have never routinely collected data on the number of intake and ongoing workers."**

The agency also needs to collect information on the visitation rate on cases which the CPS is serving. This will allow the agency to know the last time a CPS worker has visited a family that is receiving CPS services. Quality controls need to be implemented which involve periodic reviews of a sample of cases throughout the state. The CPS does not regularly review case records to evaluate the performance of each county office. These reviews would examine the following:

1. Were cases properly screened out?
2. Was the response (emergency or non-emergency) correct?
3. Was an initial assessment completed?
4. Were the risk ratings and safety evaluations performed correctly?
5. Did supervisors review and sign appropriate documents?
6. Was the correct decision made on whether to open or close a case?
7. Were Family Assessments performed as required?
8. Are services being provided in a timely manner?

These case reviews have the benefit of identifying where problems exist, how widespread problems are, and where improvements are occurring. The reviews also help develop consistency in following proper procedure among each county office.

To provide an example of quality assurance that is in practice in another state, PERD contacted South Carolina, which requires internal quality reviews of cases and measures selected outcome performance for the following programs:

Child Protective Services (CPS) referrals not accepted for investigation;
CPS investigations;
CPS in-home treatment cases (active and closed);
Foster Care cases (active and closed);
Foster Home Licensing; and
Adult Protective Services investigations and treatment (active and closed).

Quality service is measured by reviewing cases from a random sample, while quantitative outcome goals are identified by a management information system. Most currently, 18 of 46 counties met all performance indicators; six counties met none. The review consists of evaluating compliance with process activities (forms completion), legal requirements related to timeliness of actions, service delivery activities, and compliance with documentation requirements necessary to receive federal funding. This review process schedules all 46 South Carolina counties annually, which generates a sample size and workload of approximately 13,000 cases each year.

Recommendation 6

The Legislature should consider amending state law to require the Department of Health and Human Resources to conduct detailed performance evaluations, to include, but not to be limited to, the child protective services program of every local county office, once every two years. The Legislature should consider requiring such evaluations to be conducted with a sample size that is statistically significant. The Legislature should also consider requiring DHHR to prepare a full and detailed report of its findings and include any proposals to rectify any deficiencies noted, upon completion of each county audit.

Recommendation 7

The Department of Health and Human Resources should work to develop an adequate Management Information System to improve the quality and quantity of information available to the Regional Directors, Commissioner and Secretary. In addition, regular quality reviews should be performed in each county office on a sample of individual case files.

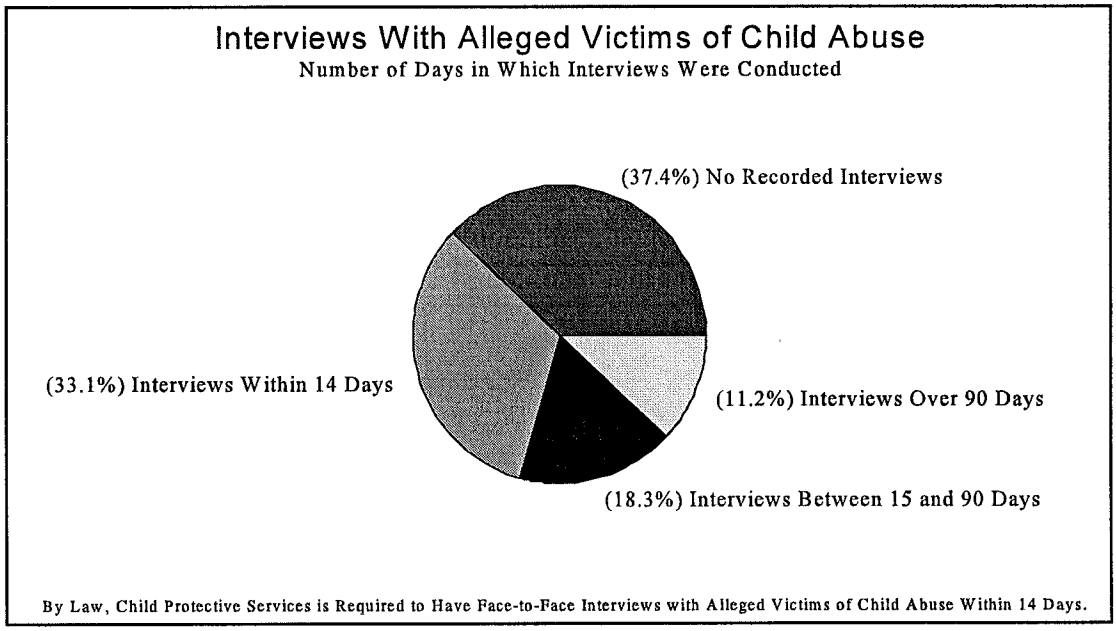
ISSUE AREA 5: Children Are At Risk Of Abuse When Child Protective Services Does Not Respond to Referrals.

To prevent further child abuse, it is important for the Child Protective Services (CPS) agency to have face-to-face interviews with the alleged victims of child abuse or neglect within an appropriate time frame. According to §49-6A-9, paragraphs (3) and (4) of the **West Virginia Code**,

> Upon notification of suspected child abuse or neglect, commence or cause to be commenced a thorough investigation of the report and the child's environment. As a part of this response, within fourteen days, there shall be: A face-to-face interview with the child or children....(emphasis added)

A survey of 663 cases for FY 1995 revealed that in 37.4% of the cases, CPS had no record of having a face-to-face interview with alleged victims of child abuse (see Figure 3). Furthermore, only 33.1% of the cases had interviews within 14 days as required by law. In 18.3% of the cases, CPS took between 15 and 90 days to conduct interviews, and in 11.2% of cases it took over 90 days to have interviews with alleged victims.

Figure 3
Number of Days From the Referral Date to Have Face-to-Face Interviews



In order to evaluate CPS, 12 counties were systematically chosen for a statewide survey. Three were chosen from each of the agency's four geographical Regions according to the number of accepted cases that they had during the 1995 fiscal year (see Appendix A for the sampling methodology). Accepted cases are cases which CPS decided should be investigated to determine if child abuse occurred. The sampling methodology took into consideration that performance may

vary by county according to the number of accepted cases. Therefore, the methodology sampled counties from each region with low, medium, and high numbers of accepted cases, and weighted them accordingly.

Table 6 shows the time it took to have face-to-face interviews for the counties in the sample. In terms of interviews within the mandated 14 days, Gilmer County complied with the mandate in 79.4% of its accepted cases, while McDowell County had the lowest percent at 18.3%. In terms of percentages of cases without any record of a face-to-face interview, Ohio County had the lowest percent at 3.6%, while Kanawha County had the highest percent at 63.6%.

Table 6
Time From Referral For CPS to have Face to Face Interviews

	Region I	Region II	Region III	Region IV
Counties with High Accepted Cases				
	Wood	Kanawha	Berkeley	McDowell
Percentage of Cases without record of Face to Face interviews	30.0%	63.6%	19.1%	25.0%
Interviews within 14 days	25.0%	25.8%	48.9%	18.3%
Interviews in 15 to 90 days	21.7%	7.6%	27.6%	26.7%
Interviews above 90 days	23.3%	3.0%	4.2%	30.0%
Counties with Medium Accepted Cases				
	Ohio	Logan	Jefferson	Wyoming
Percentage of Cases without Record of Face to Face interviews	3.6%	19.1%	23.7%	56.6%
Interviews within 14 days	38.2%	55.3%	65.8%	18.9%
Interviews in 15 to 90 days	54.5%	17.0%	10.5%	5.7%
Interviews above 90 days	3.6%	8.5%	0.0%	18.9%
Counties with Low Accepted Cases				
	Gilmer	Mason	Hardy	Braxton
Percentage of Cases without Record of Face to Face interviews	5.9%	37.5%	16.1%	37.2%
Interviews within 14 days	79.4%	37.5%	58.1%	41.9%
Interviews in 15 to 90 days	11.8%	19.6%	16.1%	20.9%
Interviews above 90 days	2.9%	5.4%	9.7%	0.0%

There is some correlation with respect to response time and the number of accepted cases. For example, the counties with relatively low and medium caseloads in their respective Regions had a weighted average of 44% of their cases having interviews within the mandated time. While the average percent for meeting the mandated time drops to 26% for the four counties with high caseloads. The percent of cases with no recorded interviews also correlates with caseloads. For

the counties with high caseloads, the weighted average percent of cases without interviews was 43%; for low and medium caseload counties the average was 28%.

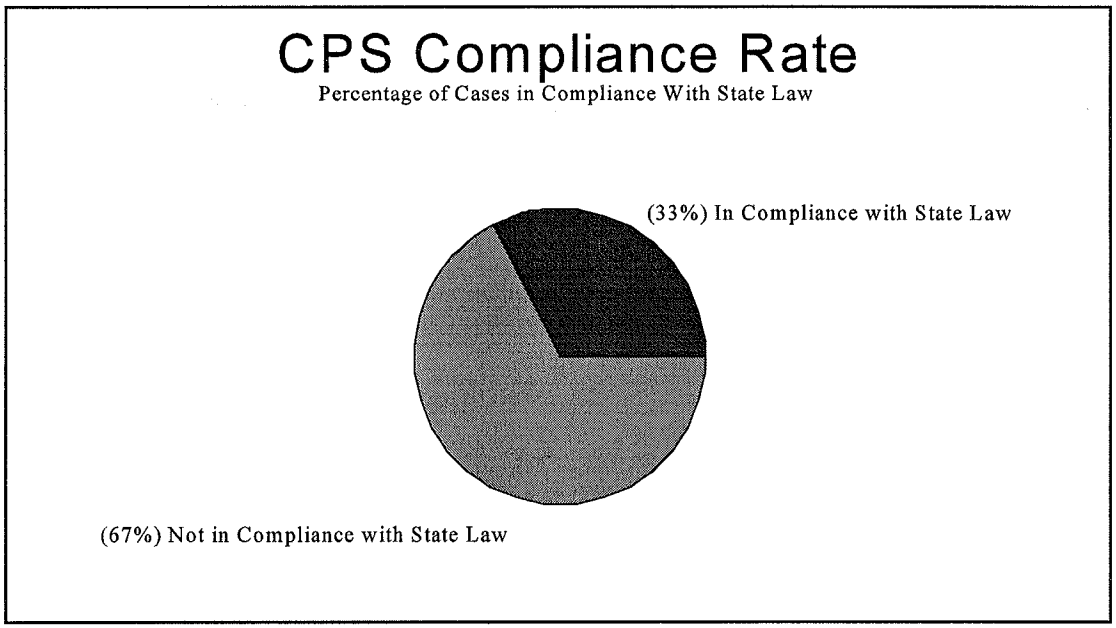
There is evidence from intra-agency documents that the lack of recorded interviews in nearly 40% of the cases is because they were not investigated. In early 1992, CPS realized that it did not have sufficient staff to investigate all of the incoming referrals. A March 16, 1992 memo from the Director of Family and Children Services to the Regional Administrators, Social Service Coordinators, Family and Children's Services Supervisors and Family and Children's Services Workers presented Revised Interim Measures for CPS case prioritization. The memo acknowledged that a "steady increase in referrals" and a "corresponding reduction in staff" made it difficult to "adequately meet the needs of all its clients." The inadequate staffing also resulted in a growing backlog of cases pending investigation. To address this problem, the revised interim measures included prioritizing the investigation of cases in order that children with the greatest risk of serious harm would be given first priority.

The CPS received some feedback from visits to office sites that resulted in an October 1992 memo that made additional recommendations to address the problem of under staffing and growing caseload. **One of the new procedures stated that if a pending report of child abuse was more than six months old, and no subsequent reports had been received, the supervisor may note on a service documentation form that the report is being closed and consider it to be cleared even though it was not investigated.**

Apparently these new policies and procedures did not work according to the Central Office's intentions. There appeared to be a misunderstanding in many counties on clearing cases that were pending an investigation for six months. A May 5, 1995 memo from the program manager in Social Services stated that the case prioritization policy of 1992 was never intended to allow referrals to be permanently "held," that is, go without investigation. The memo goes on to state that *"the expectation was that all referrals would eventually be assigned to a worker"* for investigation. However, in some counties a backlog of "held" cases began to build, which means that **a growing number of cases were not being assigned to a worker for investigation.** In fact, the memo stated that some counties were holding referrals that were more than a year old without investigation. In answer to this situation, the memo stated that referrals that were at least a year old and had no additional referrals could be closed and not continue to hold them as pending.

It can be concluded from the survey that CPS did not investigate nearly 40% of their referrals, held them for over a year and, if there were no additional referrals pertaining to a specific family, closed them without investigation. Furthermore, when face-to-face interviews were conducted, the agency was in compliance with state law in approximately one-third of the time, as illustrated in Figure 4. It is apparent from these memoranda that top administrators knew there was not enough staff to handle the number of CPS cases accepted by the agency. However, putting cases on hold potentially increased the chance that a child would be further maltreated.

Figure 4



Effects Of Not Conducting Face-to-Face Interviews In A Timely Manner

If cases are not investigated in a timely manner, children will be at risk of further abuse during the intervening time between when the referral call was made and when CPS began its investigation. To illustrate this point, we examined the length of time to investigate cases that eventually were opened for CPS services, the point being that opening a case is an indication that the case was of a serious nature, especially considering the agency's limited staff and the small number of cases that were opened for services (9%). Opening a case allows the agency to provide the family with services to alleviate the risk of future child maltreatment. These services generally include counseling for individuals or families, and other forms of assistance.

Below are five case examples in which the agency took considerable time to investigate. Upon investigation, the risk rating of future maltreatment was "significant" according to the risk rating system used by the agency. This is the second highest risk rating under the system. Furthermore, these five case examples show that the child's safety was a concern. Determining the safety of a child is based on the severity of maltreatment, the vulnerability of the child, and how controllable the family situation is. The following case examples show instances of slow response times to referrals that turned out to be serious and had to be opened for services.

> **CASE 1:** *CPS had a face-to-face interview with the child 252 days after the referral date. A risk assessment showed the child's environment had significant risk of future child maltreatment. Neglect did occur and the child's safety was a concern.*

CASE 2: *CPS had a face-to-face interview with the child 132 days after the referral. The interview and further examination determined that abuse did occur, and the risk rating of future child abuse was significant. There was also concern over the future safety of the child.*

CASE 3: *CPS had a face-to-face interview with the child 102 days after the referral. The interview and further examination determined that abuse did occur, and the risk rating of future child abuse was significant. There was also a concern for the future safety of the child.*

CASE 4: *CPS had a face-to-face interview with the child 55 days after the referral. The interview and further examination determined that neglect did occur, and the risk rating of future child maltreatment was significant. There was also a concern for the future safety of the child.*

CASE 5: *CPS had a face-to-face interview with the child 20 days after the referral. Maltreatment did occur, and the risk rating of future child abuse was significant. There was also a concern for the future safety of the child.*

The agency's policy of prioritizing the investigation of cases caused some cases to go without investigations or investigations to begin months after the initial referral. The prioritization is based on the initial information received from the referent over the telephone. However, the initial information often does not adequately determine how serious the situation is until a thorough investigation begins. This is why a thorough investigation of every case should begin within 14 days, which includes a face-to-face interview with the alleged victim. **The agency's investigation prioritization policy resulted in a hit-or-miss approach.** The above case examples show that prioritizing investigations leads to serious cases receiving slow response time. The long intervening time between the referral date and the investigation increases the risk of children being further abused, and even possible death.

Causes Of Not Conducting Face-to-Face Interviews In A Timely Manner

The previously mentioned memoranda dating back to 1992 indicate under staffing as a major cause for many cases not being investigated. The Child At Risk Field (CARF) system used by the agency to investigate child abuse reports specifies a caseload standard of 15 cases per worker. The agency has developed its own caseload standard which requires that intake workers (those who investigate referrals) should have no more than 13 cases a month and that they should clear 13 cases a month. Ongoing workers (those who service opened cases) should serve no more than 10 cases each month and should clear 10 cases each month. In either case, CPS workers in the 12 counties sampled indicated that they have caseloads that are twice these standards.

High caseloads have led to the creation of sizeable backlogs leading to controversial agency-wide practices being used to handle this backlog causing reports of child maltreatment not being investigated in a timely manner. This study also shows that interviews conducted with

alleged victims of child abuse within the mandated 14 days is correlated to the number of cases in each county. The larger the caseload the smaller the percent of cases which had interviews in the required time.

CARF requires a caseload standard of 15 cases per worker in order for it to be implemented properly. CPS, at the time CARF was implemented, did not have sufficient staff to achieve this caseload standard. CPS tried to implement CARF with its existing staff levels. Instead of getting the additional staff needed to properly administer CARF, CPS modified the system by prioritizing cases and not investigating all referrals.

Recommendation 8

Child Protective Services must comply with WVC §49-6A-9 which stipulates the time frames for investigating every child abuse case. The Legislature should consider requiring the agency to submit a plan on how it intends to meet the time specifications in WVC §49-6A-9.

Recommendation 9

The Child Protective Services agency should routinely monitor the timeliness of investigating cases, and submit quarterly reports on the timeliness of investigations to the Joint Committee on Government Operations, and the Legislative Oversight Commission on Health and Human Resources Accountability.

Appendix A

Sampling Methodology

Child Protective Services
Sampling Methodology

Child Protective Services (CPS) has offices designated for every county in the state, as required by law (§49-6A-9(a)). These offices perform the duties and functions of investigating reports of child abuse. The agency has divided the county offices into four geographical Regions. Each Region contains between 12 and 16 counties.

In order to arrive at statewide statistics that accurately represent the performance of CPS PERD sampled child abuse cases from 12 counties, three from each Region. The table below shows the 12 counties and the sample size for each county. The total sample size was 663 accepted child abuse cases out of a total population of 16,194 accepted cases for FY 1995. There were 73 cases which the agency could not find or were transferred to another county. These cases were not substituted and thus, were excluded from the sample estimations.

Table 7

Twelve County Sample & Sample Size							
Region One		**Region Two**		**Region Three**		**Region Four**	
County	Sample Size	County	Sample Size	County	Sample Size	County	Sample Size
Gilmer	39	Mason	57	Hardy	33	Braxton	49
Ohio	58	Logan	63	Jefferson	46	Wyoming	59
Wood	67	Kanawha	70	Berkeley	59	McDowell	63

One objective of the sample was to determine the timeliness of CPS in investigating child abuse allegations. PERD recognized that caseload would be a factor in any county's ability to respond to child abuse reports. To account for this, cases were chosen from three types of counties in each Region. The three types of counties are those that had low, medium, and high numbers of accepted cases. A case is accepted for investigation when it is determined by CPS that a report called in fits the description of child abuse. If a report was determined not to be a legitimate case of child abuse it is screened out, which means it would not be investigated.

The counties in each Region were arranged in ascending order of the number of accepted cases. The total number of counties in each Region was divided by three. The result of this division determined which three counties in each Region would be selected. For example, regions two and four had 12 counties. Dividing 12 by three equals four. Therefore, counting from the county with the lowest number of accepted cases, every fourth county was selected. Region three has 15 counties, therefore, every fifth county was selected. Region one had 16 counties resulting

in a non-integer value of 5.3 when 16 is divided by three. Therefore, the first county selected in Region one was the sixth county and then every fifth county was selected. The table below illustrates the results of this procedure.

Table 8

Accepted Cases by County and Region

Region One		Region Two		Region Three		Region Four	
County	Cases	County	Cases	County	Cases	County	Cases
Wirt	0	Clay	132	Pendleton	29	Monroe	28
Doddridge	31	Roane	238	Grant	42	Pocahontas	40
Tyler	40	Jackson	255	Tucker	44	Summers	45
Pleasants	50	**Mason**	**263**	Morgan	46	**Braxton**	**157**
Ritchie	61	Lincoln	304	**Hardy**	**62**	Webster	173
Gilmer	**84**	Boone	339	Mineral	72	Greenbrier	231
Wetzel	120	Putnam	404	Hampshire	97	Nicholas	234
Calhoun	133	**Logan**	**530**	Barbour	105	**Wyoming**	**315**
Brooke	187	Wayne	531	Taylor	126	Fayette	357
Marshall	258	Mingo	709	**Jefferson**	**127**	Raleigh	457
Ohio	**292**	Cabell	1,090	Upshur	148	Mercer	485
Hancock	312	**Kanawha**	**2,506**	Lewis	172	**McDowell**	**515**
Marion	405			Randolph	199		
Harrison	557			Preston	223		
Monongalia	587			**Berkeley**	**316**		
Wood	**931**						

The counties in the bold blocks were the ones selected for the sample. Upon determining the counties, the cases for those counties were placed in chronological order for FY 1995. A set of random numbers was generated for each county which were used to select the number of cases for each county.

To extrapolate sample estimates to statewide estimates, each county statistic in the stratified sample was weighted. These weights provided that the combined estimates would be representative of statewide population estimates. Weights were calculated for each of the four Regions and for each county in the sample. The Region weights equaled the number of accepted cases in a Region divided by the total number of accepted cases in all four Regions. The county weights equaled the number of accepted cases for those counties categorized as low, medium or high caseloads divided by the total number of cases in the respective Region. For example, Gilmer County in Region one represents the other five counties (Doddridge, Pleasants, Ritchie, Tyler, and Wirt) that were categorized as counties with low caseloads. Therefore, the weight assigned to Gilmer County statistics equaled the sum of accepted cases for Gilmer and the other five counties divided by the total number of cases in Region one. This same procedure was followed for medium and high caseload counties. The three county weights for each Region sum to equal the value of one, and the four Region weights also sum to equal the value of one. Table 9 illustrates the weights associated with each county and each Region.

Table 9

County & Region Weights							
Region One		**Region Two**		**Region Three**		**Region Four**	
County	Weight	County	Weight	County	Weight	County	Weight
Gilmer	0.066	Mason	0.122	Hardy	0.123	Braxton	0.089
Ohio	0.244	Logan	0.216	Jefferson	0.292	Wyoming	0.314
Wood	0.690	Kanawha	0.662	Berkeley	0.585	McDowell	0.597
Region 1	0.250	Region 2	0.451	Region 3	0.112	Region 4	0.187

Appendix B

Contract Costs for CARF

Original CARF Contract September 91 to March 1994

Work to Be Performed by ACTION	Cost
Policy Analysis	$3,400
Model Revision	$3,400
Project Planning	$850
Administrative Workshop	$5,100
Legal Workshop	$1,700
Children Workshop	$850
Legal Workshop	$0
Supplemental Training	$91,800
Training Sessions	$21,250
Follow-up Sessions	$9,350
Worker Training	$78,200
Consulting	$34,000
Joint Consulting	$155,550
Project Consulting	$17,000
Project Management	$24,880
Work Analysis	$4,250
Workload Standards	$7,650
Project Evaluation	$4,250
Project Travel	$68,000
Travel Expenses	$120,750
Materials	$31,450
License Fee	$20,000
Totals	**$703,680**

June 1994 Contract with ACTION

Work to Be Performed by ACTION	Cost
Site Consultation	$68,000
Preparation for Site Visit	$13,600
Site Reports	$13,600
Project Coordination	$8,500
Air Fare	$19,200
Per Diem	$7,568
Rental Cars	$5,280
Parking/Mileage	$800
Totals	**$136,548**

Appendix C

Proposed Expansion of the Division of Quality Assurance to Include CPS

OFFICE OF SOCIAL SERVICES

QUALITY ASSURANCE RESOURCE EXPANSION

I. OVERVIEW OF DHHR's CHILD PROTECTIVE SERVICES PLANNING EFFORTS

In 1985, an evaluation of the Child Protective Services Program in West Virginia was conducted by Action for Child Protection, a leading private organization in the field of child abuse and neglect. The evaluation revealed serious deficiencies in the CPS program which presented great risk to the well-being of children and also great liability to the State.

As a result of this evaluation, and the realization that CPS was having difficulty in meeting its legal mandate, the Child Protective Services State Plan was initiated in August, 1987, and formally approved by the Secretary of DHHR in 1990.

The goal of the CPS State Plan is to improve the quality of services provided to abused and neglected children and their families. In order to achieve this, the Department needed to make concurrent changes in the areas of: Administration, Supervision and Casework Practice/Treatment Services. The CPS State Plan continues to provide the framework for the accomplishment of this goal.

II. PRESENT STATUS

In April, 1996, the Office of Social Services established the Division of Quality Assurance, whose function is to determine compliance with laws, rules, regulations, standards, policies and procedures by:

- developing programmatic/systems outcome measures, performance measures and monitoring reports
- implementing investigative and regulatory processes
- collecting and analyzing data to assess level of functioning

To date, emphasis has been placed on the expansion of the Office's investigative and regulatory responsibilities, in conducting reviews at licensed children's facilities, including day care centers, residential facilities, and child placing agencies. In addition, we have assisted the regions in the development of a protocol to conduct internal program reviews. For example, the Division of Quality Assurance participated with field staff in Region I in analyzing various evaluation models, developing the protocol for the Region I Family and Children Services Delivery System Review, and providing staff assistance in the local program reviews. We will also be providing the same level of collaboration with the other Regions. We are currently working with other staff within the Bureau for Children and Families to develop performance measures in order to continuously improve services to our customers.

III. PROPOSED EXPANSION OF QUALITY ASSURANCE

Additional resources would allow the Division of Quality Assurance the capability to monitor implementation of policies, procedures and standards as they relate to the Child Protective Service Program, and to provide necessary training and technical assistance to assure compliance.

In order to accomplish this, we project the need for at least eight (8) professional staff, one (1) supervisor, and one (1) support staff, whose activities/responsibilities would include:

- **establish and identify desirable outcomes**
- **apply an appropriate review methodology**
- **conduct program reviews based on a measurement of service delivery in relation to policy and standards**
- **prepare monitoring reports and subsequent recommendations to the Regional Directors and OSS**
- **link review outcomes with the needed technical assistance and training**
- **develop and provide necessary training to supervisors and workers**
- **provide program and case consultation to all levels of field staff.**
- **assist in the development/monitoring of corrective action plans resulting from the reviews.**

Please refer to the attached cost analysis.

The review process should encompass the entire child protective services continuum from intake to achievement of permanency. In addition, the CPS State Plan stresses the need for a review process that includes periodic, on-going evaluations of all the components: Program, system, local office/unit, and individual worker. The evaluation process should include the review of both the quality and quantity of work and the identification of any deficiencies. We intend it to be a regular and routine part of the CPS program at the state and field level.

Finally our approach to the quality assurance process would be consistent with the recently established Supreme Court Rules of Procedure for Abuse and Neglect Proceedings, as well as the Court Performance in Child Abuse and Neglect Cases: Assessment Report and Improvement Plan, developed by the WV Court Improvement Oversight Board.

QUALITY ASSURANCE PROPOSAL

DESCRIPTION

Personal Services

1-HEALTH AND HUMAN RES. SPECIALIST SR.	26,040			
8-HEALTH AND HUMAN RES. SPECIALIST (@ $22,728 per annum)	181,824			
1-SECRETARY I	17,319			
Total Personal Services			$225,183	(1)
Employee Benefits (@ 35.74%)			$80,480	(2)
Current Expense				
Office Supplies	700			
Training and Development	8,000			
Travel	48,000	(3)		
Miscellaneous	5,000			
Total Current Expense			$61,700	
TOTAL				$367,363

NOTE...No equipment costs were added as they have not yet been identified, also it may be possible to include some of the Computer/Software purchases into the Facts cost center thus substaintually reducing the amount of General Revenue needed.

Footnotes: (1) Salaries for all staff were calculated at 15 % above minimum to insure the acquisition of seasoned qualified personnel.
(2) Employee Benefits were calculated using the latest approved rate supplied by Grants/Cash Management.
(3) Travel was calculated at $500. per month for each HHR Spec.

djw/123/qapro
Today's Date 1/23/1997

Appendix D

Agency Response

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Cecil H. Underwood
Governor

Office of the Secretary
State Capitol Complex, Building 3, Room 206
Charleston, West Virginia 25305
Telephone: (304) 558-0684 FAX: (304) 558-1130

Joan E. Ohl
Secretary

February 6, 1997

Antonio E. Jones, Ph.D.
Director
Performance Evaluation and Research Division
Office of the Legislative Auditor
Capitol Complex
Building 5, Room 751
Charleston, West Virginia 25305

Dear Dr. Jones:

As we indicated to you at the time of our Exit Conference, we agree generally with the recommendations PERD has made resulting from the performance review of Child Protective Services. Specifically:

Recommendation 1

"To assure proper assessment of risk, the Child Protective Services should discontinue modifications or shortcuts which may not provide the same reliability of risk assessment regarding child abuse."

We have rescinded all policies which modified the Child-At-Risk-Field (CARF). The revised policies, as well as the existing CARF materials, address the correct use of the system. Exhibit I provides support for this action.

Recommendation 2

"When the Child Protective Services receives subsequent referrals with similar allegations that have prior initial assessments, the Child Protective Services should follow the practice of reassessing the risk to determine if it has changed. The Child Protective Services agency should require complete documentation indicating whether or not there is a need for a new initial assessment through the use of the CPS-2."

Services Supervisor classification be created at a higher paygrade than other supervisors. That action was approved effective January 1, 1997.

FACTS is in its design phase now and is scheduled to begin use on October 1, 1997. FACTS is a PC-based network client server information system that will have the CARF rules built into the System. The System is being designed to generate the kind of information the Department needs for managing and planning. At the same time, it is being designed to be a social worker tool for managing case information and tasks.

FACTS began in February 1994 with the submission of our Advanced Planning Document to the federal government, and finally went into the implementation phase with a contract being signed effective November 1996.

Thirdly, in recognition of the need to refer families with moderate risk, the Department developed a model project known as Family Options that is being piloted in Preston, Taylor, Barbour, Fayette and Raleigh Counties. This effort was made with funds provided by the Legislature for the purpose of making improvements in Child Protective Services. Preliminary data analysis of this effort will be available in April 1997.

Recommendation 5

"Every case opened for ongoing services should receive a family assessment as required by agency policy and the CARF system. Every family that has been scheduled to receive services should be routinely visited and provided services in a timely manner."

We agree. Our performance on the initial assessment has improved considerably when compared to the 1995 audit. That is because, as we have improved staffing and supervisor-to-worker ratios, we have given more attention to that part of the system. Staffing is and will remain a significant problem for this part of the system with our current personnel resources. The Department has submitted a budget improvement package to address this issue.

Additionally, FACTS is being built to help us have better information about initial assessments.

Recommendation 6

"The Legislature should consider amending state law to require the Division of Health and Human Resources to conduct detailed performance evaluations, to include, but not to be limited to, the child protective services program of every local county office, once every two years. The Legislature should consider requiring such evaluations to be conducted with a sample size that is statistically significant. The Legislature should also

Our policy, and the CARF Instruction Manual, address this issue. We will provide written policy clarification within 30 days and retrain our staff if necessary. Additionally, this issue will be addressed through the quality assurance process we develop and the Families and Children's Tracking System (FACTS) management information being developed.

Recommendation 3

"Given the value of CARF in decisions protecting the State's children and the cost of acquiring and training its use, the Child Protective Services should make proper and complete utilization of the CARF system a standard practice."

We agree. The Child-At-Risk Field System was chosen because it is the state of the art risk assessment model in the field of Child Protective Services. The Department chose a standard far more rigorous than what we had in place prior to the adoption of the State's Child Protective Services plan because we believe it was critical to improving protection for children. The Department has no plans to abandon the use of CARF and will use this report to improve our use of the standard. We believe that this standard will materially help the State meet its obligation to protect children.

Recommendation 4

"PERD recommends that Child Protective Services provide that every Region in the State be able to open all significant risk cases. The Child Protective Services should also begin following the practice of offering ongoing services to families with moderate risk or referring such families to community agencies.

We agree. However, the Department's ability to fully implement this recommendation is contingent on a number of factors, primarily ones associated with the ability to employ and retain the professional staff required to perform such complex, demanding and labor-intensive roles.

Significant strides have been made to improve our Protective Services staffing since 1990 (refer to Exhibit II). Turnover remains high, at approximately 37 months on average, and salaries low when compared to the Southeast Region (refer to Exhibit III). The Department recommended to the Division of Personnel a 3% salary increase for Child Protective Services staff with three years of tenure. This recommendation was approved January 1, 1997.

Secondly, but equally important, is the realization of improving supervisory performance. In recognition of the supervisory performance factor, one step the Department took was to recommend to the Division of Personnel that the Child Protective

consider requiring DHHR to prepare a full and detailed report of its findings and include any proposals to rectify any deficiencies noted, upon completion of each county audit."

We agree and welcome the opportunity to report to the Legislature on the status and performance of Child Protective Services. In order to do so, an Internal Quality Assurance program must be developed. We have reorganized our Office of Social Services to better respond to functions that Office is expected to carry out. In that reorganization we formed a Division of Quality Assurance. We intend to move forward on developing a Quality Assurance program for Child Protective Services. How quickly we do that is a function of staff resources. We are pleased that your performance review recognizes that an investment needs to be made in this area of our program.

Finally, we would welcome a dialogue with the Legislature concerning what the most important outcome measures and how they should be evaluated and reported.

Recommendation 7

"The Department of Health and Human Resources should work to develop an adequate Management Information System to improve the quality and quantity of information available to the Regional Directors, Commissioner and Secretary. In addition, regular quality review should be performed in each county office on a sample of individual case files."

We agree. The development of FACTS started as a direct result of adopting the State Plan for Child Protective Services. The Department has recognized for some time that a management information system is needed in Child Welfare. We have started the development phase of the new system and it is scheduled to be completed by September 30, l997. Over the last year computer equipment has been purchased and placed in the field. Training in basic computer skills has begun and is ongoing.

Recommendation 8

"Child Protective Services must comply with WV Code § 49-6A-9 which stipulates the time frames for investigating every child abuse case. The Legislature should consider requiring the agency to submit a plan on how it intends to meet the time specifications in WV Code § 49-6A-9."

Staff resources are the major obstacle to full compliance. The combination of staffing levels with our turnover is a major issue. Exhibit IV is a chart that indicates our current status on this issue. As we begin 1997, we are in considerably better shape than we were for the audit year in 1995. Additionally, we have submitted a budget improvement package to bring us into compliance with Senate Bill 1007, which established caseload standards.

Recommendation 9

"The Child Protective Services agency should routinely monitor the timeliness of investigating cases, and submit quarterly reports on the timeliness of investigations to the Joint Committee on Government Operations, and the Legislative Oversight Commission on Health and Human Resources Accountability."

We agree. Exhibit IV is a statistical report that reflects on our current status.

The Department is committed to continue quality improvement of its Child Protective Services program. Child Protective Services is a critical program and awesome responsibility for the State of West Virginia. The Deartment has responsibility to provide leadership and to provide services to families and protection for children. However, that responsibility is not ours alone. Developing an effective effort for the protection of children requires community involvement and a collaborative approach with the judiciary, prosecuting attorneys, community service providers, and the Legislature.

Over the last few years, the Department has been engaged in efforts to improve Child Protective Services guided by the State Plan for Child Protective Services that was adopted in 1990 and shared with the Legislature as is required by WV Code Chapter 49. We've been moving forward steadily since that time.

In 1990 we did not have the prospect of a new information system. The practice standard replaced by CARF was vastly inadequate. There was no ongoing relationship with the State's higher education programs for social work and little or no training. There were no workload standards that even allowed us to estimate the amount of staff we needed. Lastly, there was little or no effort at all at working with the community and community providers to address the needs of Child Protective Services.

Today we have CARF. We have a consortium of higher education institutions (Concord College, West Virginia State College, Shepherd College, West Virginia University and Marshall University) helping us provide professional social work training to our staff and providing internships to their students who many times become our employees upon graduation. Currently the computer language is being created for our new information, and today we have computers in the field.

Today we have a broad-based group revising the State's Child Protective Services Plan so we will have a blueprint to keep us moving forward. Today we have a Community Services Manager structure to provide leadership and direction at the county level. Today we have Family Options which is a CPS research and demonstration effort.

All of these efforts and more have been designed to move our State's child welfare system and Child Protective Services forward.

As I am certain you could tell at the time of our exit interview with you, we are committed to moving forward and plan to use your work to help us.

We appreciate the opportunity to respond to the report.

Sincerely,

Joan E. Ohl

Joan E. Ohl
Secretary

JEO:cms

Attachments

EXHIBIT I

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Children and Families
Office of Social Services
State Capitol Complex, Building 6, Room 850
Charleston, West Virginia 25305

Gaston Caperton
Governor
Telephone (304) 558-7980

Gretchen O. Lewis
Secretary
FAX: (304) 558-8800

MEMORANDUM

DATE: November 19, 1996

TO: Regional Directors, Community Services Managers, Social Services Supervisors, and Office of Social Services Staff

FROM: Michael O'Farrell, Director, Policy, Procedures and Standards

SUBJECT: Changes in Chapter 9000, Child Protective Serivces Policy

0SS/PP&S
RELEASE: 01
November 1996
Description: Improvement Periods, Multidisciplinary Treatment Teams, Supreme Court Rules, Case Prioritization at Intake, Case Opening

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Accompanying this memo are the documents which constitute the first revision issued by the Division of Policy, Procedures and Standards. PP&S came into being as a result of the reorganization of the Office of Social Services.

The documents consist of a set of interrelated materials. They include the standards, commentary, and specific policies and procedures. The are based on legislative changes and rules of procedure which have or will be sanctioned by the Supreme Court.

This method of presentation is much different from the format used in other parts of the Social Services Manual. This format was chosen for the following reasons..

1. It is similar to the design which will be used for the development of the FACTS information system.

2. It clearly identifies in the policy section the minimum expectations for staff. *(This method of presentation facilitates the development and use of quality assurance measures.)*

3. It provides a clear statement of the basis for the policies in the standards section.

4. It provides information about values and beliefs as well as practice in the commentary section.

In order to enhance the use of this material, PP&S has included flow charts of the various stages of the court process. These charts help to both guide staff through the entire process and to identify all the actions which must be taken during each stage of the process. In addition to the flow charts, sample letters, forms, reports, etc. are included. Each office will receive a disc containing this material.

I assume that in everyday practice, social service workers will concentrate on the policy section. That is to be expected. We all want to know what we should do and how our work will be assessed.

I urge RD's, CSM's and Supervisors to not only familiarize themselves with the policies, but to review the standards and commentary as well. These sections are intended to assist persons in leadership roles to provide guidance and direction to their staff. They give breadth and depth to the policy.

I would appreciate your comments and those of your staff on the format and the material itself. It is our goal in PP&S to produce material which will be a help, and we need your assistance to do so.

STANDARDS

This revision is based upon the following sources:

A. House Bill 4138 (Revisions to Chapters 49 and 61 of the *Code of West Virginia*).

B. Multidisciplinary Treatment Planning Process Protocol - Released July 23, 1996.

C. Protocol for Reporting and Monitoring the Status of Child Abuse and Neglect Cases - Promulgated by the Supreme Court, Effective July 1, 1996.

D. Draft of Rules of Procedure for Child Abuse and Neglect Proceedings - Released by Supreme Court for Public Comment on June 10, 1996.

E. WVCPSS Decision Making Model

F. Program Instruction CPS-96-01, Child and Family Case Plan/Policy Revision, Released June 17, 1996.

RULES

The standards are the framework from which the policy rules are derived. The policy rules are the instructions and procedures which regulate the provision of social services. The accompanying policy rules were written in a format which: combines new regulations with some previous policy which is still in effect; and, rescinds policy which is no longer applicable. The goal is to incorporate as many related rules into a single policy as is possible.

Because of the inherent limitations of written policy, it is not possible to develop a manual system which always leads staff from one required action to another. There-fore, it is imperative that supervisors continuously review casework decisions to insure that all applicable rules are followed.

COMMENTARY

Background: These standards represent a major change, a milestone, in the evolution of child welfare services in West Virginia. They are the result of years of work by a large number of persons from a variety of backgrounds and disciplines.

The standards promulgated by the Supreme Court have their genesis in legal actions which led first to the formation of the advisory group known as the Broadwater Committee. This group, having finished its work, has been succeeded by the Court Improvement Board. Department staff have played important roles in both of these bodies.

The Multidisciplinary Team legislation is the result of efforts by persons seeking to enhance child welfare through the increased participation of interested and affected lay persons and professionals.

The West Virginia Child Protective Services System decision making model has its origins in the Child Protective Services Evaluation and subsequent Child Protective Services State Plan. The WVCPSS has been recognized by the Broadwater Committee as a significant enhancement in the child protective services practice.

Purposes

The purposes of the standards are to:

A. Ensure that children at risk of harm are protected by changing the requirements regulating court ordered improvement periods.

B. Provide necessary services in a coordinated and timely manner through the involvement of multidisciplinary treatment teams.

C. Achieve permanency for children within reasonable time frames through the continued involvement of the multidisciplinary team and other appropriate parties.

D. Provide for judicial oversight in all legal proceedings until permanency is achieved.

E. Provide for the involvement of all appropriate parties in child protective services cases.

Convergence

The Department supports the beliefs, expectations and aspirations represented in the standards. The Department has long held the belief that child abuse and neglect are community problems requiring community solutions. The standards provide structure and direction for the legal, child welfare and general public to join together to better serve children and families.

Staff Roles

The Department expects staff to take an active, leadership role throughout the entire period in which services are being provided to families and children. This means that staff must be prepared to facilitate the formation and operation of MDT's. Staff must also be prepared to provide the courts with all required information on a timely basis at every stage of judicial proceedings.

One of the primary goals of the Court Rules is to avoid unnecessary delays in child welfare proceedings. This means that the court expects Department staff not only to be prepared to take an active role in each hearing, but also to see to it that all preparatory work and all post hearing work is completed.

Whenever it is not possible to complete an assignment because of a lack of cooperation or other reasons, then the worker must document the reasons. The court and the Department expects that there will be a ***record*** which can be used to resolve differences of opinion, assist in case oversight, and, ultimately, lead to permanency in child welfare cases.

Role of the Multidisciplinary Treatment Team

Both the legislation establishing the Multidisciplinary Treat Teams ***and*** the Court Rules give priority to the group process in child welfare proceedings. The explicit expectation is that the MDT will have a central role throughout the life of a case. The process requires the early formation of an MDT and the continued participation until permanency is achieved.

This expectation makes it crucial that Department staff be prepared to take a leading role in the operation of every MDT. The Department's protocol specifies the use of the WVCPSS forms in all cases of child abuse and neglect. This stipulation provides the opportunity for workers to use the WVCPSS to guide the MDT process. It offers us the opportunity to demonstrate our knowledge and skills as we work with others.

Of all the opportunities to influence opinion about our work, the MDT provides an unprecedented chance to regularly join with others to advance the cause of child welfare.

Improvement Period: Change of Focus

Prior to the legislative changes, improvement periods were often easily granted and loosely structured. They were, in many cases, a hindrance to the protection of children, the provision of services, and the achievement of permanency.

The changes now place a responsibility on parents to justify a request for an improvement period and require the court to actively monitor the process. In the opinion of the Department, the changes also require the active participation of our staff.

Staff must be prepared to review each request for an improvement period and to provide to the court, through the Prosecuting Attorney, their recommendations. This means that staff must be ready to offer to the court the terms they believe necessary to protect children and assist their families. Whenever possible, those terms must be developed in conjunction with the MDT.

Supervisor's Role

These changes, while they provide extraordinary opportunities for improvements in child welfare practice, also place additional burdens on staff. In addition to logistical duties such as convening MDT's, there are heightened expectations about casework practice. It is in this area, practice, that supervisors must be prepared to lead, teach and support their staff.

The changes required by the standards not only provide opportunities for improvements, but also expose our practice to greater scrutiny. The Department believes, as does the Broadwater Committee, that the WVCPSS provides the structure for effective decision making. Supervisors must convey this message to their staff, must set and enforce expectations, must help new staff while they learn the various processes and procedures, and must lead by example.

It is suggested that supervisors participate in MDT's and court hearings on a selected basis during the implementation of these changes. Participation provides the opportunity to observe, teach and support staff.

SCOPE

This policy addresses the following subjects:

A. Court Ordered Improvement Periods - WV Code 49-6-12
B. Multidisciplinary Treatment Teams - WV Code 49-5D
C. Family Case Plans and Child's Case Plan - WV Code 49-6-5
D. Case Reviews
   Administrative Reviews
      Social Service Manual - Chapter 13000 - Section 13427
   Judicial Reviews
      WV Code 49-6-8(a) and WV Code 49-6-8(b)
      Social Service Manual - Chapter 13000 - Section 13427
      WV CPSS Case Evaluation
E. Notification of Placement Change - WV Code 49-6-8(d)

DEFINITIONS

9900A

IMPROVEMENT PERIOD: Under the provisions of Chapter 49 the parents or custodians may be granted an improvement period. AN IMPROVEMENT PERIOD is a specific length of time during which the family, under the supervision of the court, receives services which are designed to enable them to care for their children.

There are three periods during the court process in which an improvement period may be granted.

- Under the provisions of 49-6-12(a) a pre-adjudicatory improvement period may be granted for a period not to exceed three months prior to making a finding that the child is abused or neglected.

  The parents or custodians must file a written motion requesting the improvement period and must demonstrate by clear and convincing evidence that they will fully participate in the terms of the improvement period.

- Under the provisions of 49-6-12(b) a post-adjudicatory improvement period may be granted for a period not to exceed six months after finding that the child is abused or neglected.

The parents or custodians must file a written motion requesting the improvement period, must demonstrate by clear and convincing evidence that they are likely to fully participate in the improvement period.

- Under the provisions of 49-6-12(c) an improvement period as disposition may be granted for a period not to exceed six months.

  The parents or custodians must file a written motion requesting the improvement period and must demonstrate by clear and convincing evidence that they are likely to fully participate in the improvement period.

ADJUDICATORY HEARING: The hearing contemplated by the WV Code 49-6-5 to determine whether a child has been abused and/or neglected.

DISPOSITION HEARING: The hearing contemplated by WV Code 49-6-5 to determine the appropriate placement of a child adjudged to be abused and/or neglected.

FAMILY CASE PLAN: The plan prepared by the Department pursuant to WV Code 49-6-2(b) and 49-6D-3 following the granting of an improvement period.

CHILD'S CASE PLAN: The plan prepared by the Department pursuant to WV Code 49-6-5 following an adjudication by the court that the child is an abused and/or neglected child.

INDIVIDUALIZED MULIDISCIPLINARY TREATMENT TEAMS: A team developed pursuant to WV Code 49-5D-3 to assess, plan, implement, and monitor a comprehensive, individualized service plan for children who are victims of abuse or neglect and their families when a judicial proceeding has been initiated involving the child.

Each team will be convened and directed by the child's or family's case manager. The treatment team is comprised of the following individuals: the WV DHHR worker assigned to the child or family, the child's custodial parent(s) or guardian(s), other immediate family members, the attorney(s) representing the parent(s) of the child, if assigned by a judge of the circuit court, the child, if the child is over the age of 12, and if the child's participation is otherwise appropriate, the child, if under the age of 12 when the team determines that the child's participation is appropriate, the guardian ad litem, the prosecuting attorney or his or her designee, and any other agency, person or professional who may contribute to the team's efforts to assist the child and family (this is interpreted as any professional or non-professional provider of direct and/or supportive services to the child and family).

ADMINISTRATIVE REVIEW: A case review to assess progress in the child's foster care experience and to utilize the court or third party reviewer as an independent evaluator of the adequacy of the services provided to the child.

Administrative Reviews always require that a third party review the progress that has been made in the case plan progress. The third party may be either a judge, a community representative, or a Department employee not involved in the direct services to the child in care.

Administrative Reviews are required within the initial 180 days of placement for all children in DHHR custody or guardianship. Administrative Reviews will be completed every sixth month thereafter excluding the review period for the case review requirement of a judicial review.

JUDICIAL REVIEW: Defined by WV Code 49-6-8(a) and 49-6-8(b) that states if, 12 months after receipt of physical custody of a child either by a court ordered placement or by a voluntary agreement, the state department has not placed a child in permanent foster care or an adoptive home or placed the child with a natural parent, the state department shall file with the court a petition for review of the case. The state department shall file a supplementary petition for review with the court within 18 months and every 18 months thereafter for every child that remains in the physical or legal custody of the state department until the child is placed in an adoptive home or permanent foster care or returned to his or her parents.

Public Law 103-432 - Repealed section 427 in Title IV-B and amended section 475 in the Title IV-E by defining the periodicity requirement for dispositional hearings in that subsequent dispositional hearings are to be held no less frequently than every 12 months.

WVCPSS: West Virginia Child Protective Service System is a decision making process that includes the philosophical tenets and practices associated with the Child At Risk Field.

PERMANENT PLACEMENT REVIEW-COURT MONITORING OF PERMANENCY PLAN: Following entry of a disposition order, the court, with the assistance of the multidisciplinary treatment team shall continue to monitor implementation of the court ordered permanency plan for the child.

PARENT: Includes parent(s), guardian(s), custodian(s) or any individual fulfilling a parental role to the child.

CASE OVERSIGHT TEAM: A standing team made up of individuals who can influence the policies and resources of the agencies or constituencies they represent. The team identifies and, in conjunction with the Family Resource Network where available, seeks resolution of systemic barriers to successful case resolution.

POLICY AND PROCEDURES

The provisions governing the activities that must take place during an improvement period are contained in Chapter 49-6-12 of the West Virginia Code, the Protocol for Multidisciplinary Teams and the West Virginia Supreme Court Rules. The following policy rules represent the process, time frames, and actions that must be taken.

9910A

POLICY RULES FOR THE PRE-ADJUDICATORY HEARING

Prior to the emergency or preliminary hearing the social worker will:

1 prepare and develop general terms or requirements to offer in the event a pre-adjudicatory improvement period is requested. Provide the terms in writing to the prosecuting attorney prior to the hearing for presentation at the hearing.

Note: Based upon the time period that a pre-adjudicatory improvement period may be granted and the stage of the WVCPSS process, the terms that are offered may only be able to address the safety needs of the child and/or placement needs of the child. The protection plan or the safety analysis and plan must be used to determine the terms if the progress of the case does not extend beyond the initial assessment and safety evaluation. (*See Exhibit # 19.*)

2 convene a preliminary meeting with the parent, when possible, and the child(ren), when appropriate, to determine known prospective multidisciplinary treatment team membership.

Note: This meeting need not be a separate event and should be conducted during other necessary face-to-face contact with the family prior to the hearing.

3 prepare and send the written notification for the date of the treatment team meeting to all the parties within seven days of the filing of the petition.

Note: In the event the membership of the MDT is not known within seven days of the filing of the petition, i.e. the guardian ad litem or the parent's attorney may not have been appointed, the notification letters will be taken to the hearing and provided to members at that time.

4 notify the prosecuting attorney in writing of any information that would negatively affect the granting of an improvement period.

5 if the child is out of the home consider possible reunification if the child can be protected and safety can be maintained with an in-home safety plan.

Note: If unable to maintain safety with an in-home safety plan provide that information to the court for a determination whether or not the department made reasonable efforts to prevent the child's removal from his or her home or whether or not the department made a reasonable effort to prevent the placement or that the emergency situation made such efforts unreasonable or impossible (WV Code 49-6-3b).

During the hearing the social worker will:

6 if an improvement period is requested, provide the suggested terms to the court and request that they be made part of the court record.

Note: In the event that reunification can be effected through an in-home safety plan, the safety services will be included in the terms recommended for the improvement period.This requires completion of the safety analysis and plan of the WVCPS system. (*See Exhibit #19.*)

7 request that the order reflect that the parent(s) will participate with the MDT, will participate in the development of the family assessment/treatment plan identified through the WVCPS system, and will participate and cooperate with the terms of the improvement period if one is granted.

8 obtain signed releases of information from the parent(s), guardian(s) or custodian(s) or request that the order reflect the appropriate language to obtain any necessary medical information. (*See Exhibit # 24.*)

9 request that the signed releases of information be made part of the court record.

10 request that the court order reflect financial support by the parent(s).

11 request that the date for the next hearing be scheduled, placed on the docket and reflected in the court order.

Note: In the order granting the improvement period, the court must order that a hearing be held to review the matter within 60 days or within 90 days of the granting of the improvement period.

12 request that the written order reflect the department's financial responsibility for the expenses associated with the services identified in the improvement period terms if the court so orders at the hearing.

Note: If the family demonstrates to the court that they are unable to bear the cost of such expenses the court may order the department to financially support the provision of services.

Following the hearing, if a pre-adjudicatory improvement period is granted, the worker will:

13 complete the initial assessment and safety evaluation of the WV CPSS process and make arrangements for transferring the case to on-going CPS if this has not occurred.

14 convene the multidisciplinary treatment team meeting.

15 prepare and educate the members of the multidisciplinary treatment team with the WVCPSS process and the next steps related to the process.

Note: The multidisciplinary team meeting would be an appropriate vehicle to introduce the family to the worker that will be conducting the family assessment and participating in the development of the treatment plan if the case was not active in on-going services.

16 direct the collaborative effort of the multidisciplinary team meeting in the development of the family case plan. (*See Exhibit # 8.*)

Note: The family case plan also serves as the child assessment that is to be completed within 30 days of the receipt of custody.

17 file the family case plan with the court within 30 days of the hearing granting the pre-adjudicatory improvement period and provide all members of the multidisciplinary team with a copy of the plan.

Note: The statues do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement.

18 if the child is in an out-of-home placement, evaluate reunification efforts and determine if the child can be returned to the family as long as safety and protection can be maintained with an in-home safety plan by completing the initial assessment and safety evaluation and safety analysis and plan of the WVCPS system If the case is further into the CPS process, the continuing safety analysis and plan will be used for this purpose.

19 provide the record keeping for the multidisciplinary treatment team meeting.

20 provide a report to the Case Oversight Team containing the log with the participant list, the results of the multidisciplinary team and any barriers to service provision to the family. (*See Exhibits # 14 & 25.*)

21 provide services and closely monitor the participation of the family with the terms of the improvement period and family case plan.

22 insure that the service providers of the family case plan provide written reports every 30 days and provide copies of the reports to each treatment team member.

23 complete the family case plan evaluation of progress. (*See Exhibit# 10.*)

24 convene the multidisciplinary treatment team to review and provide input for the family case plan evaluation of progress.

25 submit the family case plan evaluation of progress report to the court and provide copies to the multidisciplinary treatment team members within 60 days of the hearing granting the improvement period.

26 request that the case plan evaluation of progress report is entered as part of the court record.

27 contact the prosecuting attorney to insure that the 60 day or 90 day hearing is scheduled and on the court's docket.

28 submit to the court in writing any modifications in the family case plan following the format in Exhibit # 8. (*See Exhibit # 8.*)

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement.

29 contact the prosecuting attorney 15 days prior to the expiration of the improvement period to insure that the hearing is scheduled and on the courts docket.

Note: The adjudicatory hearing must take place no later than 60 days after the expiration of improvement period. The worker will more than likely be the person accountable for keeping track of the dates of the improvement periods, hearings, mandated reports, and multidisciplinary team responsibilities. The worker and the supervisor must devise a mechanism to insure compliance with each of these responsibilities.

30 remind the prosecutor of the court's duty to specify a future date in the order if a motion for continuance of the hearing is received and there are no objections.

Note: If there is difficulty with receiving sufficient notice of a continuance motion or if there are objections to the continuance, the prosecuting attorney is to be immediately advised.

If the Department is requesting a continuance, the prosecuting attorney must be consulted to request the written motion that must specify "good cause" for the continuance.

31 collect progress reports from providers to furnish to the court at the adjudicatory hearing.

Following the hearing , if a pre-adjudicatory improvement period is <u>not</u> granted, the social worker will:

32 complete the initial assessment and safety evaluation of the WVCPSS process and make arrangements for transferring the case to on-going CPS if this has not occurred.

33 convene the multidisciplinary treatment team.

34 prepare and educate the family and the members of the multidisciplinary treatment team with the WVCPSS process and the next steps related to the process.

Note: The multidisciplinary team meeting would be an appropriate vehicle to introduce the family to the worker that will be conducting the family assessment and participating in the development of the treatment plan if the case was not active in on-going services.

35 direct the collaborative effort of the multidisciplinary team meeting in the development of the family case plan. (*See Exhibit # 8.*)

Note: If a pre-adjudicatory improvement period was not granted, there is no requirement to file the family case plan with the court. In this instance, the family case plan also serves as the child assessment that must be completed within 30 days of the receipt of custody.

36 if the child is in an out-of-home placement, evaluate reunification efforts and determine if the child can be returned to the family if safety and protection can be maintained with an in-home safety plan by completing the initial assessment and safety evaluation and the safety analysis and plan of the WVCPS system.

If the case is further into the CPS process, the continuing safety analysis and plan will be used for this purpose.

37 provide the record keeping for the treatment team meeting.

38 provide a report to the Case Oversight Team containing the log with the participant list, the results of the multidisciplinary team and any barriers to service provision to the family. (*See Exhibits # 14 & 25.*)

39 provide services and closely monitor the participation of the family with the family case plan.

40 insure that the service providers of the family case plan provide written reports every 30 days and provide copies of the reports to each treatment team members.

41 complete the family case plan evaluation of progress. (*See Exhibit # 10.*)

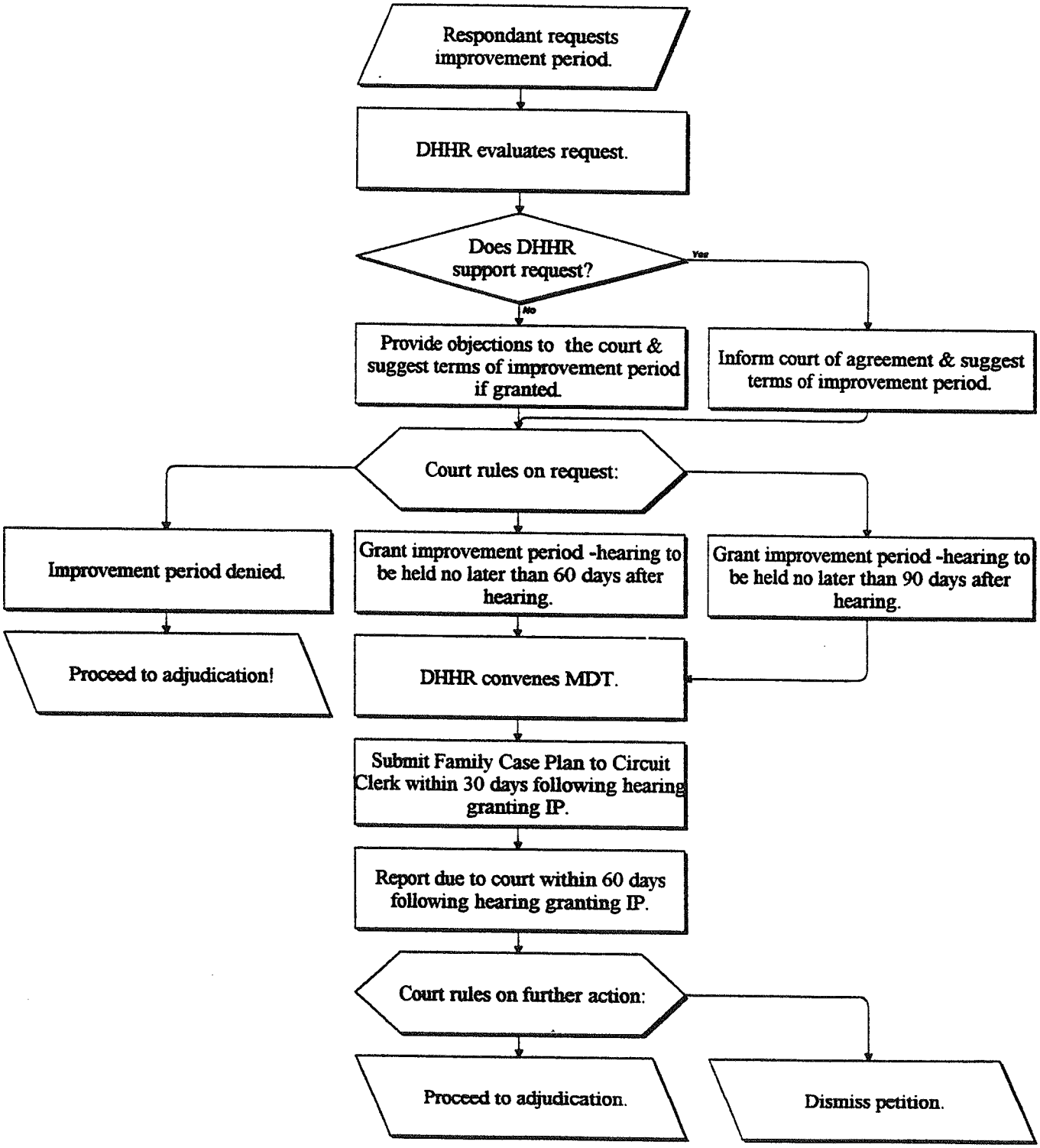
42 convene the treatment multidisciplinary treatment team to review and provide input for the family case plan evaluation of progress.

43 collect all progress reports from providers and include the reports with the case evaluation of progress to provide the court at the adjudicatory hearing.

44 contact prosecuting attorney to insure that the adjudicatory hearing is on the court's docket.

Note: The adjudicatory hearing shall occur within 30 days of the entering of the temporary custody order unless a pre-adjudicatory improvement period is granted.

Pre-Adjudicatory Improvement Period



9910 B

POLICY RULES FOR THE ADJUDICATORY HEARING

Prior to the adjudicatory hearing the social worker will:

1 prepare and develop general terms or requirements to offer in the event a post-adjudicatory improvement period is granted. Provide the terms in writing to the prosecuting attorney prior to the hearing for presentation at the hearing. (*See Exhibit # 19.*)

2 notify the prosecuting attorney in writing of any information that would negatively affect the granting of an improvement period.

3 insure that the multidisciplinary treatment team has received notice of the hearing.

4 prepare any releases of information for signature.

5 prepare the multidisciplinary treatment team notices for the next meeting.

6 if the child is in an out-of-home placement, evaluate reunification efforts and determine if the child can be returned to the family as long as protection and safety can be maintained with an in-home safety plan.

Note: This requires completion of the continuing safety analysis and plan of the WVCPSS process.

During the hearing the social worker will:

7 if an improvement period is requested, provide the suggested terms to the court and request that they be made part of the court record. (*See Exhibit #19.*)

Note: In the event that reunification can be effected through an in-home safety plan, the safety services will be included in the terms recommended for the improvement period.

8 request that the family case plan evaluation of progress that was previously provided to the court and all progress reports by providers be made part of the court record.

Note: If a pre-adjudicatory improvement period was <u>not</u> granted, request that the family case plan and the family case plan evaluation of progress developed through the collaboration of the multidisciplinary treatment team be entered in the court record.

9 request the order reflect that the parent(s) will participate and cooperate with the terms of the improvement period, will participate with the MDT and will participate in the development of the treatment plan identified through family assessment.

10 obtain signed releases of information from the parent(s) or request that the order reflect the appropriate language to obtain any necessary medical information.

11 request that the releases of information be made part of the court record.

12 request that the next hearing be scheduled, placed on the court's docket, and reflected in the court order.

13 schedule and provide written notification to all multidisciplinary treatment team members of the next treatment team meeting.

14 request that the multidisciplinary treatment team notices be made part of the court record.

15 request that the written order reflect the department's financial responsibility for the expenses associated with the services identified in the improvement period terms if the court so orders at the hearing.

Note: If the family demonstrates to the court that they are unable to bear the cost of such expenses the court may order the department to financially support the provision of services.

Following the hearing, if a post-adjudicatory improvement period is granted, the social worker will:

16 complete the family assessment and treatment plan WVCPSS process if this has not occurred.

17 convene the multidisciplinary treatment team.

18 update and educate the family and the members of the multidisciplinary treatment team with the CPS process and the next steps related to the process.

19 direct the collaborative effort of the multidisciplinary team meeting in the development of the family case plan. (*See Exhibit # 8.*)

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement

20 provide the record keeping for the treatment team meeting.

21 provide a report to the Case Oversight Team containing the log with the participant list, the results of the multidisciplinary team and any barriers to service provision to the family. (*See Exhibits #14 & 25.*)

22 file the case plan with the court within 30 days of the hearing granting the improvement period and provide all members of the multidisciplinary team with a copy of the plan.

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement.

23 continue the CPS process, provide services and closely monitor the participation of the family with the terms of the improvement period and family case plan.

24 insure that the service providers of the family case plan provide written reports every 30 days and provide copies of the reports to each treatment team member.

25 prepare the family case plan evaluation of progress.

26 convene the multidisciplinary treatment team to review and provide input for the family case plan evaluation of progress.

27 provide the family case plan evaluation of progress to the court with copies to the multidisciplinary treatment team members within 60 days of the hearing granting the post-adjudicatory improvement period. (*See Exhibit #10.*)

Note: In the WVCPSS process, case evaluation is to occur every 90 days. The case evaluation date can be adjusted to occur prior to the hearing.

The family case plan evaluation of progress will serve as the WVCPSS case evaluation and will comply with the administrative review requirements for children in placement

28 contact the prosecuting attorney 15 days prior to the 60 day or 90 day hearing for review of the parent(s) progress to insure it is scheduled and placed on the court's docket.

29 attend the hearing and request that the family case plan evaluation of progress be made part of the court record and request the court's signature on the signature attachment page.

30 at the 60 or 90 day hearing, request that a hearing be scheduled for a review of progress which must occur every three months following the granting of an improvement period and request that it is placed on the court's docket.

Note: The court may select to schedule a status conference devoted to reviewing the parent's progress instead of a hearing.

31 prepare, in collaboration with the multidisciplinary treatment team, the family case plan evaluation of progress prior to each hearing or status conference.

32 If modifications are made to the family case plan as the casework process continues, file with the court in writing any modifications to the family case plan.

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decide to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement.

33 contact the prosecuting attorney 15 days prior to all hearings or status conferences to insure they are scheduled and placed on the courts docket.

34 prior to each hearing or status conference notify the members of the treatment multidisciplinary team of the date and time of the scheduled hearing or status conference.

35 attend each hearing or status conference and provide a written report to the court of the family's progress with the family case plan and the developments in the case.

Note: In the WVCPSS process, case evaluation is to occur every 90 days. The case evaluation can be adjusted to occur prior to the hearings or status conferences.

The family case plan evaluation of progress will serve as the WV CPS case evaluation and will comply with the administrative review requirements for children in placement. (*See Exhibit # 10.*)

36 request that the family case plan evaluation of progress be made part of the court record and request the court's signature on the signature attachment page.

37 at the conclusion of each hearing or status conference request that the court schedule and place on the docket the next hearing that must occur every 90 days.

Note: The court may elect to schedule a status conference devoted to reviewing the parent's progress instead of a hearing.

In the event that a hearing has not been conducted within the first 12 months or every 12 months thereafter, the worker will request that a hearing be scheduled to review the planning for the child and family instead of a status conference. This serves to meet the statutory requirements of the WV Code 49-6-8(a) and WV Code 49-6-8(b) for judicial review and Title IV-E of the Social Security Act.

38 insure that the multidisciplinary treatment team is notified of each hearing or status conference.

39 prepare and distribute all required reports to the multidisciplinary team.

40 contact the prosecuting attorney 15 days prior to the expiration of the improvement period to insure that the hearing is scheduled and on the courts docket.

Note: The disposition hearing must take place no later than 60 days after the expiration of the improvement period.

41 remind the prosecutor of the court's duty to specify a future date in the order if a motion for continuance of the hearing is received and there are no objections.

Note: If there is difficulty with receiving sufficient notice of a continuance motion, or if there are objections to the continuance, the prosecuting attorney is to be immediately advised. If the Department is requesting a continuance, the prosecuting attorney must be consulted to request the written motion that must specify "good cause" for the continuance.

42 notify the prosecuting attorney if the client is not participating in the terms of the improvement period and request that a motion be filed and a hearing be held to terminate the improvement period.

Note: The worker is responsible for providing the information that supports the request

for the termination of the improvement period.

43 be prepared to answer the assertions if a motion is filed to extend the improvement period for a period up to three months.

Note: The motion filed for an extension of the improvement period must set forth specific assertions: 1) the family has substantially complied with the terms of the improvement period; 2) the continuation of the improvement period will not substantially impair the ability of the department to permanently place the child; and (3) an extension is consistent with the best interest of the child. The burden of proof related to these conditions rests with the family.

However, the worker and multidiciplinary team will closely monitor and evaluate the family case plan which provides the documentation and supportive information to provide the court.

44 prepare, file with the court, and provide copies to the child's attorney and/or guardian ad litem, parent(s), and the parent's attorney, the child's case plan at least five judicial days prior to the dispositional hearing.

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement. (*See Exhibit # 9.*)

Following the hearing, if a post-adjudicatory improvement period is <u>not</u> granted the social worker will:

45 complete the initial assessment and safety evaluation of the WVCPSS process and make arrangements for transferring the case to on-going CPS if this has not occurred.

46 update and educate the family and the members of the multidisciplinary treatment team with the WVCPSS process and the next steps related to the process.

Note: The multidisciplinary team meeting would be an appropriate vehicle to introduce the family to the worker that will be conducting the family assessment and participating in the development of the treatment plan if the case was not active in on-going services.

47 direct the collaborative effort of the multidisciplinary team meeting in the development of the family case plan. (*See Exhibit # 8.*)

Note: If a post-adjudicatory improvement period is not granted, there is no requirement to file the family case plan with the court.

48 if the child is in an out-of-home placement, evaluate reunification efforts and determine if the child can be returned to the family if safety and protection can be maintained with an in-home safety plan.

49 provide the record keeping for the treatment team meeting.

50 provide a report to the Case Oversight Team containing the log with the participant list, the results of the multidisciplinary team and any barriers to service provision to the family. (*See Exhibits # 14 & 25.*)

51 continue the CPS process, provide services and closely monitor the participation of the family with the family case plan.

52 insure that the service providers of the family case plan provide written reports every 30 days and provide copies of the reports to each treatment team members.

53 collect all progress reports from providers to provide the court at the dispositional hearing.

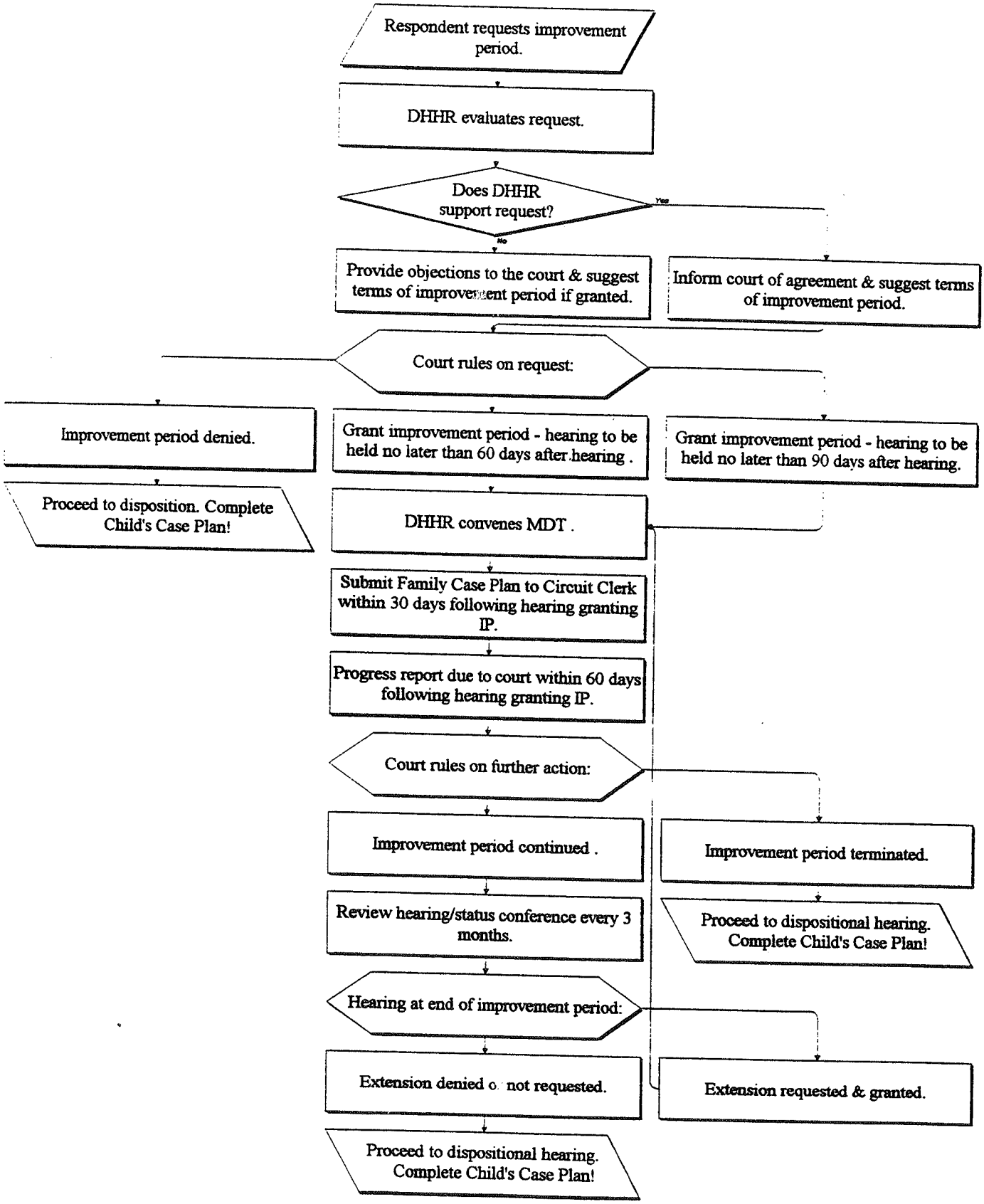
54 contact prosecuting attorney to insure that the disposition hearing is on the court's docket.

Note: The disposition hearing shall occur within 45 days of the entering of the final adjudicatory order.

55 prepare, file with the court, and provide copies to the child's attorney and/or the guardian ad litem, parent(s), the parent's attorney the child's case plan at least five judicial days prior to the dispositional hearing.

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement. (*See Exhibit # 9.*)

ADJUDICATORY IMPROVEMENT PERIOD



9910 C

POLICY RULES FOR DISPOSITIONAL HEARING

Prior to the dispositional hearing the social worker will:

1 prepare and develop general terms or requirements to offer in the event an improvement period is granted as a disposition. Provide the terms in writing to the prosecuting attorney prior to the hearing for presentation at the hearing.

2 notify the prosecuting attorney in writing of any information that would negatively affect the granting of an improvement period.

3 insure that the multidisciplinary treatment team has received notice of the hearing.

4 prepare any releases of information for signature.

5 prepare the multidisciplinary treatment team notices for the next meeting.

6 if the child is in an out-of-home placement, evaluate reunification efforts and determine if the child can be returned to the family as long as protection and safety can be maintained with an in-home safety plan.

During the hearing the social worker will:

7 if an improvement period is requested, provide the suggested terms to the court and request that they be made part of the court record.

Note: In the event that reunification can be effected through an in-home safety plan, the safety services will be included in the terms recommended for the improvement period.

8 request that the family case plan evaluation that was previously provided to the court and all progress reports by providers be made part of the court record.

Note: If a post-adjudicatory improvement period was <u>not</u> granted, provide the family case plan to the court and request that it be entered on the court record.

9 request the order reflect that the parent(s) will participate and cooperate with the terms of the improvement period, will participate with the MDT and will participate in the development of the treatment plan identified through family assessment.

10 obtain signed releases of information from the parent(s) or request that the order reflect the appropriate language to obtain any necessary medical information. (*See Exhibit # 24.*)

11 request that the releases of information be made part of the court record.

12 request that the date for the next hearing be scheduled, placed on the docket and reflected in the court order.

13 schedule and provide written notification to all multidisciplinary treatment team members of the next treatment team meeting.

14 request that the multidisciplinary treatment team notices be made part of the court record.

15 request that the written order reflect the department's financial responsibility for the expenses associated with the services identified in the improvement period terms if the court so orders at the hearing.

Note: If the family demonstrates to the court that they are unable to bear the cost of such expenses the court may order the department to financially support the provision of services.

Following the hearing the social worker will:

16 convene the multidisciplinary treatment team..

17 update and educate the family and the members of the multidisciplinary treatment team with the CPS process and the next steps related to the process.

18 direct the collaborative effort of the multidisciplinary team meeting in the development of the family case plan. (*See Exhibit # 8.*)

19 provide the record keeping for the multidisciplinary treatment team meeting.

20 provide a report to the Case Oversight Team containing the log with the participant list, the results of the multidisciplinary team and any barriers to service provision to the family. (*See Exhibits # 14 & 25.*)

21 file the case plan with the court within 30 days of the hearing granting the improvement period and provide all members of the multidiciplinary team with a copy of the plan.

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement.

22 continue the CPS process, provide services and closely monitor the participation of the family with the terms of the improvement period and family case plan.

23 insure that the service providers of the family case plan provide written reports every 30 days and provide copies of the reports to each treatment team member.

24 prepare the family case plan evaluation of progress. (*See Exhibit # 10.*)

25 convene the multidisciplinary treatment team to review and provide input for the family case plan evaluation of progress.

26 provide the family case plan evaluation of progress to the court with copies to the treatment team members of the family's progress within 60 days of the hearing granting the improvement period. (*See Exhibit # 10.*)

Note: The family case plan evaluation of progress will serve as the WVCPS case evaluation and will comply with the administrative review requirements for children in placement

27 contact the prosecuting attorney 15 days prior to the 60 or 90 day hearing for review of the parent(s) progress to insure that it is scheduled and placed on the court's docket.

28 attend the hearing and request that the family case plan evaluation of progress be made part of the court record and request the court's signature on the signature attachment page.

29 at the 60 or 90 day hearing, request that a hearing be scheduled for a review of progress which must occur every three months following the granting of an improvement period and request that it is placed on the court's docket.

Note: The court may select to schedule a status conference devoted to reviewing the parent's progress instead of a hearing.

30 prepare, in collaboration with the multidisciplinary treatment team, the family case plan

evaluation of progress prior to each status conference or hearing.

31 if modifications to the family case plan occur as the casework process continues, submit to the court in writing any modifications to the family case plan.

Note: The statutes do not define the term "file with the court" nor do they specify a method for transmitting the plan to the court. Therefore, it has been decided to provide the case plan to the Circuit Clerk and to the Prosecuting Attorney to meet this requirement.

32 contact the prosecuting attorney 15 days prior to all hearings or status conferences to insure they are scheduled and placed on the court's docket.

33 prior to each hearing or status conference notify the members of the multidisciplinary treatment team of the date and time scheduled for the hearing.

34 attend each hearing or status conference and provide a written report to the court of the family's progress with the family case plan and the developments in the case.

Note: In the WVCPSS process, case evaluation is to occur every 90 days. The case evaluation can be adjusted to occur simultaneously to the hearings or status conferences.

The family case plan evaluation of progress will serve as the WVCPS case evaluation and will comply with the administrative review requirements for children in placement. (*See Exhibit # 10.*)

35 request that the family case plan evaluation of progress be made part of the court record and request the court's signature on the signature attachment page.

36 at the conclusion of each hearing or status conference request that the court schedule and place on the docket the next hearing that must occur every 90 days.

Note: The court may elect to schedule a status conference devoted to reviewing the parent's progress instead of a hearing.

In the event that a hearing has not been conducted within the first 12 months or every 12 months thereafter, the worker will request that a hearing be scheduled to review the planning for the child and family instead of a status conference. This serves to meet the statutory requirements of the WV Code 49-6-8(a) and WV Code 49-6-8(b) for judicial reviews and Title IV-E of the Social Security Act.

37 insure that the multidisciplinary treatment team is notified of each status conference or hearing.

38 prepare and distribute all required reports for the multidiciplinary team.

39 contact the prosecuting attorney 15 days prior to the expiration of the improvement period to insure that the hearing is scheduled and on the courts docket.

Note: The final disposition hearing must take place no later than 60 days after the expiration of the improvement period at disposition.

40 remind the prosecutor of the court's duty to specify a future date in the order if a motion for continuance of the hearing is received and there are no objections.

Note: If there is difficulty with receiving sufficient notice of a continuance motion or if there are objections to the continuance, the prosecuting attorney is to be immediately advised.

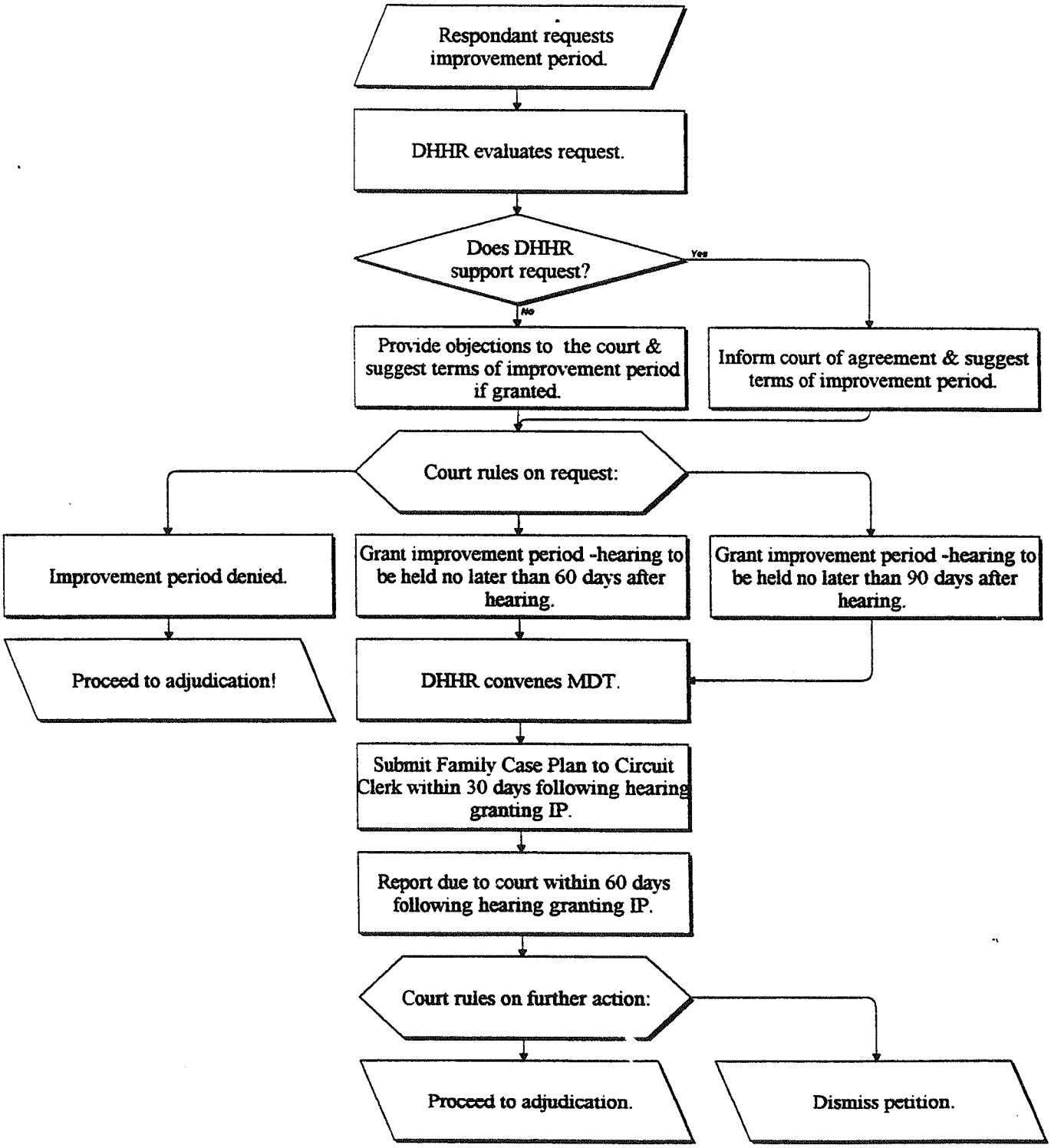
If the Department is requesting a continuance, the prosecuting attorney must be consulted to request the written motion that must specify "good cause" for the continuance.

41 notify the prosecuting attorney if the client is not participating in the terms of the improvement period and request that a motion be filed and a hearing be held to terminate the improvement period.

The social worker is responsible for providing the information that supports the request for the termination of the improvement period.

42 be prepared to answer the assertions if a motion is filed to extend the improvement period for a period up to three months.

PRE-ADJUDICATORY IMPROVEMENT PERIOD



9910 D

POLICY RULES FOR FINAL DISPOSITIONAL HEARING

Prior to the hearing the social worker will:

1 prepare to address the progress of the parent(s) related to the family case plan.

2 collect all progress reports submitted by providers.

3 prepare to address the status of the recommended permanency plan for the child.

4 notify the treatment multidisciplinary team of the date of the hearing.

5 contact the prosecuting attorney to discuss any other preparations necessary for the hearing.

6 if the child(ren) continue to be placed out-of -home, determine if an in-home safety plan can be implemented as long as safety can be assured through the use of the continuing safety analysis and plan of WV CPSS.

During the hearing, the social worker will:

7 provide provider progress reports and request that they be made part of the court record.

8 recommend the permanency plan for the child(ren) and the steps necessary to achieve the permanent plan.

9 request that the court rule whether the conditions of abuse and/or neglect have been adequately improved.

10 request that the court rule on a dispositional determination consistent with the best interests of the child.

11 if the permanent placement plan is for reunification with the parent(s), request that the court order the parent(s) to continue to participate in the provisions of the family case plan, the treatment multidisciplinary treatment team, and the steps to achieve the permanent plan for the child(ren).

12 request that the court schedule and place on the court's docket the next permanent placement review conference.

Note: A permanent placement review conference will be conducted at least every three months until the child's (children's) permanent placement is achieved. The multi-disciplinary treatment team will be required to attend and report on the progress and developments in the case.

If the permanent plan for the child(ren) is not achieved at disposition or final disposition and parental rights have <u>not</u> been terminated, the social worker will:

13 immediately convene the multidisciplinary treatment team that shall serve as the permanent placement review committee to monitor the implementation of the court ordered permanency plan for the child(ren).

14 contact the prosecuting attorney to insure that the permanent placement review conference is scheduled and placed on the court's docket.

15 notify the multidisciplinary treatment team of each scheduled permanent placement review conference and insure that notices have been received.

Note: Notice of the time and place of the permanent placement review conference must be provided to the multidisciplinary treatment team at least 15 days prior to the conference. (*See Exhibit # 22.*)

16 convene the multidisciplinary treatment team prior to each scheduled permanent placement review conference to evaluate the progress toward achieving the child's permanency plan, to consider any necessary modifications of the child's case plan especially related to the conditions that must change and to obtain updated progress reports from the providers.

17 proceed with the treatment requirements to address the conditions that must change to achieve permanency identified in the child's case plan through the provision of services.

18 prepare with the assistance of the of the multidisciplinary treatment team a progress report describing the efforts in implementing the permanency plan and any obstacles to achieving the permanency plan prior to each permanency placement review conference. (*See Exhibit # 13.*)

19 provide the progress report to the court no later than 10 days prior to each permanency placement review conference with copies provided to the multidisciplinary treatment team.

20 request that the court sign the progress report and enter it on the court record.

21 request that the court schedule and place on the docket the succeeding permanency

placement review conference if the permanency plan is not achieved within three months and every three months thereafter until the permanency plan is achieved.

Note: A permanent placement review conference will be conducted at least once every three months until the child's (children's) permanent placement is achieved. The multidisciplinary treatment team will be required to attend and report on the progress and developments in the case.

22 request that the court schedule a hearing if within the previous 12 months a judicial review was not conducted.

If parental rights of both parents are terminated at disposition or final disposition, the social worker will:

23 request that the court schedule the permanent placement review conferences every three months after the termination of parental rights.

24 prepare and submit to the court, the guardian ad litem and/or the child's attorney and any other remaining parties including the multidisciplinary treatment team the post termination placement plan within 90 days from the date of the hearing that terminated the parental rights.

Note: If parental rights have been terminated, the parent(s) and the parent(s) attorney are no longer members of the treatment multidisciplinary treatment team and will not be involved in these procedures. (*See Exhibit # 12.*)

25 prepare and submit to the court, the guardian ad litem and/or the child's attorney, any other remaining parties and the multidisciplinary treatment team the post-termination placement plan prior to each scheduled permanent placement review conference. (*See Exhibit # 12.*)

26 at the permanent placement review conference request that the court, the attorney's and any other parties sign the permanent placement review signature attachment.

27 request that the court enter an order determining whether the permanent placement has been achieved and request that the order reflect that the hearing meets the requirements of the foster care review petition established by WV Code 49-2-14 and WV Code 49-6-8 if a judicial review has not been conducted within the preceding 12 months.

28 achieve the permanent plan for the child(ren) within 18 months of the final disposition order.

29 if the permanent plan is not achieved within 18 months, present to the court the basis for the delay in achieving the plan and request that the court find on the record that extraordinary reasons were sufficient to justify the delay of the plan achievement.

FINAL DISPOSITIONAL HEARING

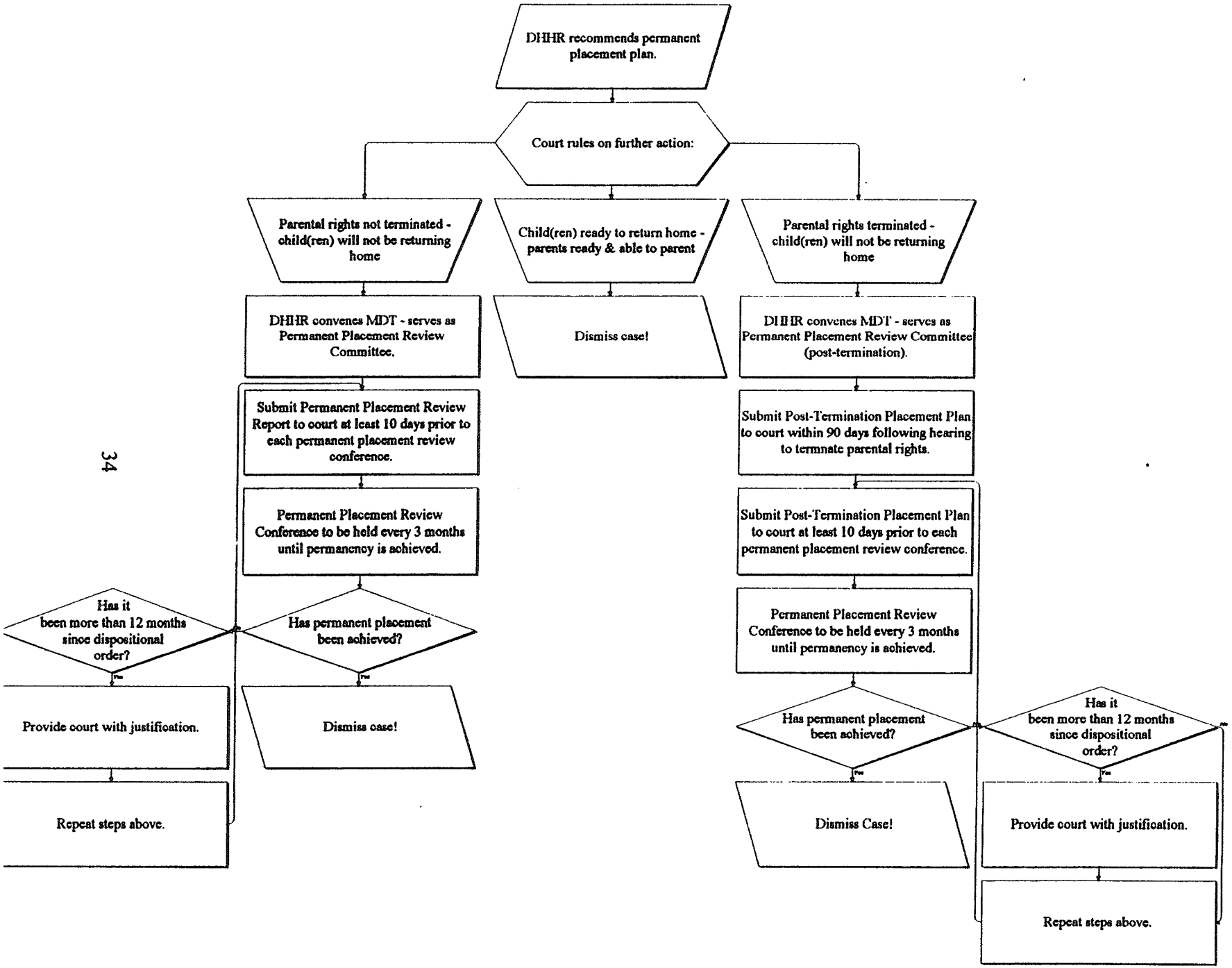


EXHIBIT 8

Family Case Plan

File in Narrative Block

FAMILY CASE PLAN

SECTION I **Identifying Information**

Civil Action Number: *000000*

Case Name: *(parent(s)/guardian(s) name)*
Children: *(name of child(ren) & date of birth)*
Address: *(family's mailing address)*
Telephone: *(parent(s) phone #)*
(other info)

SECTION II **Child(ren) Already Out of Home**

(efforts made to prevent placement/circumstances necessitating removal)

(efforts to reunify, services offered, why reunification not achieved)

(why child can't be protected in the home - safety influences)

(person(s) contacted as potential placements, if no contacts, why)

(recommended or current placement)

(is this most appropriate placement, if no, why)

(closest proximity)

(least restrictive)

(visitation plan)

(conditions of child(ren) & services provided during placement)

(special needs child - list conditions & services provided during placement)

(physical condition and services provided to treat needs)

(emotional condition and services provided)

(developmental condition and services provided)

(educational status/needs & services provided)

(medications and reason for prescription)

(allergies)

The child(ren) was referred to EPSDT on *(date referred)*

(most recent physical, dental & visual exam - date provided/scheduled)

SECTION III **Children not currently placed outside the home**

(is worker recommending placement outside the home? If yes complete the following)

(why can't child be protected in the home - safety influences)

(reasonable efforts provided)

(list person(s) contacted as potential providers, if none, why)

(describe recommended or current placement)

(most appropriate, if no, why)

(closest proximity)

(least restrictive)

(visitation plan)

(conditions of child(ren) & services provided during placement)

(special needs - list conditions & services provided during placement)

(physical condition & services provided)

(emotional condition & services provided)

(developmental condition & services provided)

(educational status/ needs & services provided)

(medications & reason for prescription)

(allergies)

The child(ren) was referred to EPSDT on (date referred)

(most recent physical, dental & visual exam - date completed/scheduled)

(list sibs, locations, date of court order sanctioning separation, plans to maintain contact/reunify)

(changes in placement - dates & reasons)

(parent's ability to contribute to cost of care)

SECTION IV **Conditions that must change:**

(major conditions/outcomes to be addressed to reduce risk & assure safety)

(outcomes/behavioral goals in priority order)

(by goal/objective, completion date, measurable criteria, services, frequency, responsible party/ies)

SECTION V **Other Information**

(other info that doesn't "fit" elsewhere)

Signatures

Worker	**Date**	**Parent, Guardian, Custodian**	**Date**
Supervisor	**Date**	**Child**	**Date**
Prosecuting Attorney	**Date**	**Counsel for Parent, Guardian or Custodian**	**Date**
Counsel for Child	**Date**	**Circuit Judge**	**Date**
Other	**Date**	**Other**	**Date**

EXHIBIT 9

Child's Case Plan

File in Narrative Block

CHILD'S CASE PLAN

SECTION I Identifying Information

Civil Action Number: *000000*

Case Name: *(parent(s)/guardian(s) name)*
Child: *(child(ren) name(s)/date(s) of birth)*
Address: *(family's mailing address)*
Telephone: *(parent(s) phone #)*
(other identifying info)

SECTION II Child(ren) Continues in Out of Home Placement

(reasonable efforts/circumstances requiring out-of-home placement)

(efforts to reunify/services provided/why reunification not achieved)

If Termination of Parental Rights Recommended:

(why children can't be protected in home-safety influences)

(persons contacted as potential placement options or why no contacts made)

(recommended or current placement)

(is this most appropriate placement, if no, why)

(closest proximity?, if no, why)

(least restrictive? if no, why)

(reasonable efforts made)

(visitation plan)

(condition of child(ren)/services provided in placement)

(physical condition/services provided to treat)

(emotional condition/services provided to treat)

(developmental condition/services provided to treat)

(educational status/needs & services provided)

(medications & reason prescribed)

(allergies)

The child(ren) was referred to EPSDT on *(date referred)*

(most recent physical, dental & visual - dates of visits or appt.)

(sibs, locations, date of court order separating, plans to maintain contact)

(changes in placement, dates, reason)

SECTION III Conditions that Must Change

(major conditions & outcomes to reduce risk/assure safety)

(outcomes/behavioral goals in priority order)

(completion date, measurable criteria, services, frequency, responsible party(ies))

SECTION IV Other Information

(other info that doesn't "fit" above)

SECTION V Identification of Permanency Plan

(describe plan - reunification, adoption, perm FC, TL, etc.)

SIGNATURES

Worker	**Date**	**Parent, Guardian, Custodian**	
Date			

Supervisor	**Date**	**Child**	**Date**
Prosecuting Attorney	**Date**	**Counsel for Parent, Guardian, Custodian**	**Date**
Counsel for Child	**Date**	**Circuit Judge**	**Date**
Other	**Date**	**Other**	**Date**

EXHIBIT 10

Family Case Plan Evaluation of Progress

File in Narrative Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(mailing address)
(city, state & zip)
Telephone: (304) *(phone#)* FAX: (304) *(FAX #)*

FAMILY CASE PLAN EVALUATION OF PROGRESS

Completed in collaboration with the Multi disciplinary Team

(Serves as WV CPS case evaluation, progress report for the court in hearings and status conferences and administrative review)

Case Name: ***(case name)***
Civil Action Number: ***000000000***
Date Submitted: ***(date report submitted)***

I. Summarize Progress made in respect to selected measures:

A. **CONDITION:** *(condition addressed - from treatment plan)*

Outcome: *(outcome - from treatment plan)*
For: *(person(s) outcome related to - treatment plan)*
Dimension: *(dimension being addressed - treatment plan)*

(description of progress)

Given progress toward measures described above, behavior is occurring in daily life *(never...usually)*

B. **CONDITION:** *(condition addressed - from treatment plan)*

Outcome: *(outcome)*
For: *(person(s) targeted toward)*
Dimension: *(dimension)*

(progress)

Given progress toward measures described above, behavior is occurring in daily life *(never...usually)*

C. **CONDITION:** *(condition addressed)*

Outcome: *(outcome)*
For: *(person(s) targeted)*

Dimension: *(dimension)*

(progress)

Given progress toward measures described above, behavior is occurring in daily life *(never...usually)*

D. **CONDITION:** *(condition)*

Outcome: *(outcome)*
For: *(targeted toward)*
Dimension: *(dimension)*

(progress)

Given progress toward measures described above, behavior is occurring in daily life *(never...usually)*

(info for additional conditions if applicable)

II. Progress Toward Plan Achievement: *(in each category, select & mark one)*

	Poor	Fair	Good	Excellent
A. Overall Progress Achieved				
B. All Client Response				
C. All Client Awareness				
D. All Goal Appropriateness				
E. Service Implementation For Plan				
F. Risk Reduction in Total Field				

III. In-Home Safety Plan: ***(continues, has been discontinued as of..., revised as of ....not needed.)***
(If discontinued, explain)
(If revised describe changes and reason(s))

Out-of-Home Placement *(is recommended, continues, does not apply)*

IV. Discuss reasons that prevent child(ren) from being reunified with the parent(s):

(reason(s) the prevent reunification)

V. If the child(ren) is placed out of the home:

A. *(permanent plan)*

B. *(current placement/date placed)*

C. *(closest proximity)*

D. *(least restrictive placement)*

E. *(if change(s) in placement, list, note dates and reason)*

F. *(educational program - school & grade level)*

G. *(special educational needs - how met)*

H. *(physical, emotional & developmental health - how needs met)*

I. *(physical, emotional, developmental needs that affect achievement of permanency)*

J. *(treatment/medication and desired outcomes)*

K. The child(ren) was referred to EPSDT on *(date referred)*

L. The most recent medical evaluations were as follows:

	Type of Exam	Date of Exam	Outcome of Exam
1.	Physical examination	*(date)*	*(outcome)*
2.	Dental examination	*(date)*	*(outcome)*
3.	Visual examination	*(date)*	*(outcome)*

V. Summary of case activity:

(case activity during this review period - refer to CPSS evaluation)

VI. Overall Progress:

(describe overall progress, client progress, client awareness)

(describe goal/plan appropriateness, service implementation/provider suitability)

(describe risk reduction)

VII. Adjustments to goals/services:

(describe adjustments to goals/services)

VIII. Relationship with family/individuals:

(describe relationships & impact on goal attainment)

(describe plan to improve relationship with family/individuals)

IX. Implementation Issues:

(describe issues encountered that impacted on plan implementation)

X. Date of next Case Evaluation/Progress Report:

(enter date due)

XI. Worker Case Management Tasks:

(worker's tasks to be completed - refer to treatment plan)

XII. Comments:

(additional comments)

XIII. Signatures:

Worker	**Date**	**Parent, Guardian, Custodian**	**Date**
Supervisor	**Date**	**Child**	**Date**
Prosecuting Attorney	**Date**	**Counsel for Parent, Guardian, Custodian**	**Date**
Counsel for Child	**Date**	**Circuit Judge**	**Date**

Other	**Date**	**Other**	**Date**

***** If child(ren) is IV-E eligible, complete exhibit _____, attach evaluation and submit to IV-E unit.**

EXHIBIT 11

IV-E Eligibility Information Sheet

File in Child's IV-E Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304) *(agency phone #)* FAX: (304) *(Agency FAX #)*

IV-E Eligibility Information Sheet

SECTION I Identifying Information

Case Name: *(case name)*
Case #: *(SSIS #)*
Child Name: *(child(ren) name(s))*
DOB: *(date(s) of birth)*
Address: *(child's current placement - name & mailing address)*
Custody Date: *(date of original custody)*

SECTION I Continuation in Care

(describe why child(ren) needs to continue in out-of-home care)

SECTION II Deprivation *(complete the following only if originally IV-E eligible)*

Parent's absence from the home *(yes/no - name of applicable parent(s))*

Parent' death *(yes/no - name of applicable parent(s))*

Parent's disability *(yes/no - name of applicable parent(s))*

Parent's unemployment *(yes/no - name of applicable parent(s))*

SECTION III Financial Assistance *(complete the following only if originally IV-E eligible)*

(indicate type of resources available to child & amount of each)
VA - $ SSA -
BL - $ RR - $
WC - $ SSI - $
UMW - $ CS - $
Other -

SECTION IV Earned income

Name: *(name of employed person(s))*
Employer: *(name of employer)*
Gross Monthly Income: *(gross monthly income)*

SECTION V **Assets**

Checking Account	$*(amount)*
Savings Account	$*(amount)*
Stocks/Bonds	$*(amount)*
Other Assets	*(specify type and amount)*

SECTION VI **Annual Report to the Court**

If this serves as the annual report to the court in fulfillment of 49-6-9b (children in state guardianship who have not been adopted) please indicate - *(yes/no)*

SECTION VII **Placement history - Previous six months**

Facility	Date Placed	Date Removed

(complete info above for each placement during past 6 months)

EXHIBIT 12

Post-Termination Placement Plan

File in Child's IV-E Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304) *(agency phone #)* FAX: (304) *(agency FAX #)*

POST-TERMINATION PLACEMENT PLAN

SECTION I Identifying Information

Civil Action Number: *(civil action #)*

Case Name: *(name of parent(s), guardian(s))*
Children: *(child(ren) name & dote of birth)*
Address: *(family's mailing address)*
Telephone: *(parent(s) phone #)*
(other relevant identifying info)

SECTION II Child/Placement Information

(describe current placement)

(is this most appropriate placement, if not, why)

(least restrictive? if not, why)

(describe condition(s) of child(ren) and services provided during placement)

(special needs-list conditions & services provided during placement)

(physical condition & services provided to treat identified needs)

(emotional condition & services provided to treat identified needs)

(developmental condition & services provided to treat identified needs)

(educational status/needs & services provided to address needs)

(medications and reason for prescription)

(allergies)

(enrolled in EPSDT? & date)

(most recent physical, dental & visual - date conducted/date scheduled)

(list sibs, location(s), if separated, date of order sanctioning separation & plans to maintain contact/reunify)

(changes in placement, dates and reasons)

SECTION III Progress Toward Permanency

(describe DHHR's progress toward arranging adoptive/perm FC placement)

SECTION IV Timeframes for Permanency

(time frames for completing permanency plan)

SECTION V Barriers

(barriers preventing permanent placement & efforts to overcome)

SECTION VI Adoption Subsidy

(is subsidy being requested, if so type & amount)

SIGNATURES

Worker	**Date**	**Parent, Guardian, Custodian**	**Date**
Supervisor	**Date**	**Child**	**Date**
Prosecuting Attorney	**Date**	**Counsel for Parent, Guardian, Custodian**	**Date**
Counsel for Child	**Date**	**Circuit Judge**	**Date**

Other	**Date**	**Other**	**Date**

EXHIBIT 13

Permanent Placement Review Report

File in Narrative Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304)*(agency phone #)* FAX: (304) *(agency FAX #)*

PERMANENT PLACEMENT REVIEW REPORT

SECTION I Identifying Information

Civil Action Number: *(civil action #)*

Case Name: *(name of parent(s), guardian(s))*
Children: *(Name of child(ren) and date(s) of birth)*
Address: *(family's mailing address)*
Telephone: *(parent(s) phone #)*
(other relevant identifying info)

SECTION II Children continue in out-of-home placement

(efforts to reunify - reasonable efforts)

(why can child(ren) not be protected in the home - safety influences)

(actions family must take to permit return to the home)

(services offered/provided to family since last hearing/permanent placement review)

(services need in future-conditions, outcomes, behavioral goals, frequency, actions, etc.)

(compliance with Family Case Plan, prior orders & recommendations of court (family & DHHR)

(recommended changes in court order)

(person(s) contacted as potential placement option for child(ren) or reason no contacts made)

(describe recommended/current placement)

(most appropriate? if no, why & describe efforts to develop appropriate placement)

(closest proximity? if no, why)

(least restrictive? if no, why)

(visitation plan)

(conditions of the child(ren) & services provided during placement)

(special needs-list conditions & services provided during placement)

(physical condition & services provided during placement to treat)

(emotional condition & services provided during placement to treat)

(development needs & services provided during placement to treat)

(educational status/needs & services provided to meet needs)

(medication and reason prescribed)

(allergies)

The child(ren) was referred to EPSDT on *(date referred)*

(identify date most recent physical, dental & visual exam were completed or date scheduled)

(list sibs, location, if separated, date of order sanctioning separation & plans to maintain contact/reunify)

(changes in placement - dates and reason)

SECTION III Permanent Plan Recommendations *(state recommendation regarding placement)*
(if return to parents within 6 months complete the following)

(summarize steps necessary to make return possible)

(summarize steps needed to minimize disruptive effects of return home)

(summarize danger(s) to child(ren after return home)

(list & summarize reunification & safety services needed to minimize danger to child(ren) after return home)

(if return home is not recommended, discuss recommend &adoption as permanent plan & complete the following)

(summarize steps necessary to terminate parental rights)

(time frame for termination of parental rights)

(if neither return home or adoption are recommended, state placement recommendation incl. info about reasonable efforts & complete 1 of the following)

(award guardianship/permanent custody to specific person(s)
(summarize time frame for accomplishing plan)

(recommendations about rights/responsibilities parent(s), guardian(s), custodian(s) should retain)

(permanent FC placement with specific foster parents)
(summarize time frame for accomplishing plan)

(recommended terms of the permanent FC agreement)

(plans to request court order authorizing permanent FC)

(continuing rights & responsibilities of parent(s)

(if continuing FC is recommended state recommendation & complete the following)

(explain why this is most appropriate placement)

(if placement in group home or institution is recommended state recommendation & complete the following)

(why is treatment outside family setting needed - diagnosis & recommendations)

(why is less restrictive setting not appropriate)

(if emancipation or transitional living is recommended for a child over age 16, state this & complete the following)

(why is FC no longer appropriate)

(skills needed by child to prepare for adulthood)

(ongoing support & services to be provided by DHHR)

SECTION IV Other

(other relevant info)

SIGNATURES

Worker	**Date**	**Parent, Guardian, Custodian**	**Date**
Supervisor	**Date**	**Child**	**Date**
Prosecuting Attorney	**Date**	**Counsel for Parent, Guardian, Custodian**	**Date**
Counsel for Child	**Date**	**Circuit Judge**	**Date**
Other	**Date**	**Other**	**Date**

EXHIBIT 14

Monthly Summary of MDT Activity

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(mailing address)
(city, state & zip)
Telephone: (304) *(phone #)* FAX: (304) *(FAX #)*

MEMORANDUM

DATE: September 27, 1996
TO: MDT Case Oversight Team
FROM: *(worker's name)*
SUBJECT: Monthly summary of MDT activity

Month of *(month report covers)*

1. **Case Name:** *(#1 case name)*
   Civil Action Number: *000000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(names of participants or attach list from meeting)*

Results of MDT: *(was MDT held, required participants present/absent, dissenting opinions)*

Barriers to Service Provision or Goal Attainment: *(identify barriers)*

◆◆◆◆◆

2. **Case Name:** *(#2 case name)*
   Civil Action Number: *000000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(see above)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

◆◆◆◆◆

3. **Case Name:** *(#3 case name)*
   Civil Action Number: *00000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(list participants or attach list)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

◆◆◆◆◆

4. **Case Name:** *(#4 case name)*
   Civil Action Number: *00000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(see above)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

◆◆◆◆◆

5. **Case Name:** *(#5 case name)*
   Civil Action Number: *000000000*
   SSIS Number: *(SSIS#)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(see above)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

◆◆◆◆◆

6. **Case Name:** *(#6 case name)*
   Civil Action Number: *000000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(see above)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

◆◆◆◆◆

7. **Case Name:** *(#7 case name)*
   Civil Action Number: *00000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(see above)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

◆◆◆◆◆

8. **Case Name:** *(#8 case name)*
   Civil Action Number: *00000000*
   SSIS Number: *(SSIS #)*
   Date of MDT: *(date of MDT)*

MDT Participants: *(see above)*

Results of MDT: *(see above)*

Barriers to Service Provision or Goal Attainment: *(barriers)*

EXHIBIT 15

Family Case Plan - Cover Letter

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(mailing address)
(city, state & zip)
Telephone: (304) *(phone #)* FAX: (304) *(FAX #)*

September 27, 1996

(name)
(mailing address)
(city, state & zip)

Civil Action Number: *0000000*

Dear *(name)*:

Attached is the Family Case Plan for the above referenced case. As required, this plan was developed through the multi-disciplinary team process and addresses all mandatory areas. Copies of the Family Case Plan are being forwarded to all members of the multi-disciplinary team as well.

The Department of Health and Human Resources hereby requests the court's signature to be included where indicated on the last page of the attached document. We further request that the Family Case Plan be filed with the Circuit Clerk as required. Should you have any questions regarding this matter, please contact me at (304) *(worker's phone #)*.

Sincerely,

(worker's name)

cc: MDT Members

EXHIBIT 16

Child's Case Plan - Cover Letter

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(mailing address)
(city, state & zip)
Telephone: (304) *(phone #)* FAX: (304) *(FAX #)*

September 27, 1996

(name)
(mailing address)
(city, state & zip)

Civil Action Number: ***0000000***

Dear *(name)*:

Attached is the Child's Case Plan for the above referenced case. As required, this plan was developed through the multi-disciplinary team process and addresses all mandatory areas. Copies of the Child's Case Plan are being forwarded to all members of the multi-disciplinary team as well.

The Department of Health and Human Resources hereby requests the courts signature to be included where indicated on the last page of the attached document. We further request that the Child's Case Plan be filed with the Circuit Clerk as required. Should you have any questions regarding this matter, please contact me at (304) *(worker's phone #)*.

Sincerely,

(worker's name)

cc: *(child's Atty../guardian ad litem)*
(parent(s) name)
(parent(s) Atty..)
(others)

EXHIBIT 17

Family Case Plan Evaluation of Progress - Cover Letter

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(mailing address)
(city, state & zip)
Telephone: (304) *(phone#)* FAX: (304) *(FAX #)*

September 27, 1996

(name)
(address)
(city, state & zip)

Case Name: ***(case name)***
Civil Action ***0000000***

Dear *(Name)*:

The improvement period which was granted at the previous hearing in the above referenced case will expire on ***(date improvement period expires).*** In regard to this matter, the Department of Health and Human Resources (DHHR) respectfully submits the attached Family Case Plan Evaluation of Progress for the court's consideration. Additionally, we request that the court's signature be included where indicated on the last page of the attached document

In the event an extension of the improvement period is requested by the parent(s), guardian(s), or custodian(s) at the next scheduled hearing, the DHHR offers the following recommendations regarding such a request at this time.

☐ The Department of Health and Human Resources has no objections to the granting of an extension of the improvement period, if requested, at this time.

☐ The Department of Health and Human Resources has the following objections and/or concerns regarding the granting of an extension of the improvement period, if requested, at this time.

(specific objections/concerns if applicable)
(specific info about modifications to Family Case Plan if applicable)

Finally, it is requested that this document, along with any and all attachments, be entered into evidence during the next scheduled hearing and that it become a part of the court record. Should you have any questions regarding the information contained herein, please contact me by calling (304) *(sender's phone #)*.

Sincerely,

(sender's name)

cc: MDT Members

EXHIBIT 18

Post-Termination Placement Plan/Permanent Placement Review Report - Cover Letter

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304)*(agency phone #)* FAX: (304) *(agency FAX #)*

September 30, 1996

(name)
(mailing address)
(city, state & zip)

Civil Action Number: ***(civil action #)***

Dear *(name)*:

Attached is the Post-Termination Placement Plan and/or Permanent Placement Review Report for the above referenced case. As required, the document(s) was/were developed through the multi-disciplinary team process and address all mandatory areas. Copies of the attached document(s) are being forwarded to all members of the multi-disciplinary team as well.

The Department of Health and Human Resources hereby requests the court's signature to be included where indicated on the last page of the attached document(s). It is further requested that any and all attached documents be entered into evidence during the scheduled proceedings and that it/they become part of the court record.

Should you have any questions regarding the attached material, please contact me at (304) *(worker's phone #)*.

Sincerely,

(worker's name)

cc: MDT Members
(guardian ad litem/child's attorney)

EXHIBIT 19

DHHR Improvement Period Terms
(Form Letter)

File in Legal Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304)*(agency phone #)* FAX: (304)*(agency FAX #)*

September 30, 1996

(name), (title)
(mailing address)
(city, state & zip)

Civil Action Number: ***(civil action #)***

Dear (name):

A hearing is scheduled for the above referenced case on ***(date of scheduled hearing)***. In the event an improvement period is requested by the parent(s), guardian(s), or custodian(s) at that hearing and subsequently granted, the Department of Health and Human Resources respectfully requests the following terms to apply. Further, the Department of Health and Human Resources requests that this document be entered into evidence during the scheduled proceedings and that it become a part of the court record.

☐ The Department of Health and Human Resources has no objections to the granting of an improvement period, if requested, at this time.

☐ The Department of Health and Human Resources has the following objections and/or concerns regarding the granting of an improvement period, if requested, at this time.

(specific objections/concerns)

Individual(s) granted an improvement period shall be required to:

1. Attend and participate in all multi-disciplinary team meetings conducted regarding the case. The responsibility of these teams includes but is not limited to development of the Family Case Plan.

2. Comply with the terms of the Family Case Plan which is developed by the multi-disciplinary team and submitted to the court.

3. Comply with all terms of the in-home safety plan if one is developed and implemented.

4. Sign release(s) of information required to obtain all necessary medical information including but not limited to information provided by medical, mental health and, substance abuse professionals and facilities.

5. Contribute financially toward the support and care of any child(ren) placed in out-of-home care to the extent they are able.

(other terms, if applicable)

In addition to this document, it is requested that other documents referenced above, including but not limited to the Family Case Plan and all release forms, be entered as evidence and become a part of the court record. It is also requested that the court order specifically state any and all financial responsibility assigned by the Court to the Department of Health and Human Resources during these proceedings.

Finally, it is requested that the court order granting the improvement period, should one be granted, reflect the date, within sixty (60) or ninety (90) days of granting the improvement period, on which the hearing will be held to review the matter.

Sincerely,

(sender's name)

cc: MDT Members

EXHIBIT 20

Notification of MDT Meeting
(Form Letter)

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304)*(agency phone #)* FAX: (304) *(agency FAX #)*

September 30, 1996

(name)
(mailing address)
(city, state & zip)

Case Name: ***(case name)***
Civil Action Number: ***(civil action #)***

Dear *(name)*:

This is to advise you that a multi-disciplinary team meeting has been scheduled as follows. Your participation is ☐ required ☐ requested. If you need directions, contact the person indicated below.

Date: *(date of MDT)*
Time: *(time of MDT)*
Location: *(location of MDT)*

This multi-disciplinary team meeting will primarily be for the purpose of :

☐ Development of a Family Case Plan

☐ Review of the Family Case Plan

☐ Status review of implementation of the Family Case Plan

☐ Permanent Placement Review

☐ Other: *(specify other(s))*

If you are unable to attend this meeting, you must notify *(worker's name)* at *(worker's phone #)* at least forty-eight (48) hours prior to the scheduled meeting time. For participants whose attendance is required, you must indicate the reason you will not be able to attend.

Sincerely,

(worker's name)

cc: *(name of person(s) to receive carbon copy)*

EXHIBIT 21

Confirmation of Hearing
(Form Letter)

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304) *(agency phone #)* FAX: (304) (agency FAX #)

September 30, 1996

(name - prosecuting Atty..)
(mailing address)
(city, state & zip)

Case Name: ***(case name)***
Civil Action Number: ***(civil action #)***

Dear *(name)*:

This is to request confirmation that the required hearing to review the above referenced case has been scheduled and is on the court's docket. Please confirm the date and time of the scheduled hearing in writing or by calling *(worker's name)* at (304) *(worker's phone #)* so that members of the multi-disciplinary team may be notified as required.

Should you have any questions regarding this request, please contact me at the telephone number indicated above.

Sincerely,

(worker's name)

cc: *(person(s) receiving carbon copy)*

EXHIBIT 22

Notification of Scheduled Hearing
(Form Letter)

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304) *(agency phone #)* FAX: (304) *(agency FAX #)*

MEMORANDUM

DATE: *September 30, 1996*
TO: MDT Members
FROM: *(worker's name)*
SUBJECT: Scheduled Hearing

Case Name: ***(case name)***
Civil Action Number: ***(civil action #)***

This is to advise you that there is a hearing scheduled to review matters regarding the above referenced case as follows:

Date: *(date of hearing)*
Time: *(time of hearing)*
Location: *(location of hearing)*

The primary purpose of this hearing will be to:

☐ Review of Family Case Plan
☐ Review of Improvement Period
☐ Status review of FCP implementation
☐ Other: (specify others if applicable)
☐ Determine Adjudication
☐ Determine Disposition
☐ Review Permanent Placement Plan

If you are unable to attend this hearing, please notify *(worker's name)* at (304) *(worker's phone #)* at least forty-eight (48) hours prior to the scheduled hearing. Should you have any further questions, please contact me at the telephone number indicated above.

Sincerely,

(worker's name)

cc: *(name of person(s) to receive carbon copy)*

EXHIBIT 23

Hearing/Status Conference Continuance
(Form Letter)

File in Correspondence Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(mailing address)
(city, state & zip)
Telephone: (304) *(phone #)* FAX: (304) *(FAX #)*

September 27, 1996

(PA's name)
(mailing address)
(city, state & zip)

Case Name: ***(case name)***
Civil Action Number: ***0000000***

Dear *(name)*:

Currently, a hearing/status conference is scheduled for *(date)* at *(time)* for the above referenced case. The Department of Health and Human Resources would like to submit the following information to the court regarding a continuance of the scheduled hearing/status conference.

☐ In response to the continuance requested by party/ies other than the Department of Health and Human Resources, the **DHHR has no objections** to granting a continuance at this time.

☐ In response to the continuance requested by party/ies other that the Department of Health and Human Resources, the **DHHR has the following objections** to granting a continuance at this time.

☐ The DHHR hereby requests a continuance in the above referenced case for the following reason(s).

(explanation of reason(s) for objection to/requesting continuance).

I trust that this provides sufficient information to enable you to respond to the request for continuance or proceed with preparation of the necessary written motion for continuance, as appropriate. In the event a continuance is granted in this matter, the Department of Health and Human Resources hereby requests that any order which results include the date on which the subsequent hearing/status conference will be held.

Should you have any questions regarding the information contained herein and/or require additional information, please contact *(worker's name)* at (304) *(worker's phone #)*.

Sincerely,

(worker's name)

cc: MDT members

EXHIBIT 24

Release of Information

File in Legal Block

Bureau for Children and Families
West Virginia Department of Health and Human Resources
(agency mailing address)
(city, state & zip)
Telephone: (304) *(agency phone #)* FAX: (304) *(agency FAX #)*

TO: *(provider name)*
(mailing address)
(city, state & zip)

RE:*(client/patient name)*

AUTHORIZATION TO RELEASE INFORMATION

Pursuant to 49-5D-3, I hereby authorize the above named individual/agency to release the information requested below to the West Virginia Department of Health and Human Resources. Please mail the requested information to the following address:

West Virginia Department of Health and Human Resources
(DHHR mailing address)
(city, state & zip)
Attn.:*(worker's name)*

The following information is being requested:
Current and previous treatment/service(s) provided, current diagnosis, medications prescribed (if any), strengths, barriers to progress, prognosis for improved functioning, impact of condition and/or treatment provided on individual's ability to adequately care for his/her child(ren). *(list other information being requested in addition to that already listed)*

Please provide the requested information to the address indicated above at your earliest convenience. Should you have any questions regarding this request, please contact *(worker's name)* at (304) *(worker's phone #)* .

_____ _____
(Client/Patient's Signature) (Date)

_____ _____
(DHHR Worker Signature) (Date)

EXHIBIT 25

MDT Participant List

File in Narrative Block

List of MDT Participants
MDT Held: ***(date MDT held)***

Case Name: ***(case name)***
SSIS Number: ***(SSIS #)***
Civil Action Number: ***(civil action #)***

We, the undersigned understand that all information presented or discussed during the meeting on this date is confidential and is not to be discussed at anytime with anyone not present during this meeting or not assigned specific service responsibilities by the DHHR or the court, without written consent of: 1) the child or someone authorized to act in the child's behalf, 2) the parent(s), 3) the attorney for the child or parent(s), or 4) pursuant to subpoena or order of the Court.

The undersigned have had the opportunity to fully participate and offer opinions and input in the development of the Family Case Plan, permanency plan, and other documents which result from this meeting and understand the guidelines and responsibilities assigned to them.

	Participant Signature	Date Signed
CHILD	_____	_____
PARENT	_____	_____
PARENT	_____	_____
WORKER	_____	_____
PROVIDER	_____	_____
PROVIDER	_____	_____
PROVIDER	_____	_____
ATTORNEY FOR CHILD	_____	_____
ATTORNEY FOR PARENT	_____	_____
PROSECUTING ATTORNEY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
CIRCUIT JUDGE	_____	_____

New 9/96

STANDARDS

This revision is based upon the following sources:

A. The West Virginia Code, Chapter 49, Article 6A, Section 9, Part (b) (49-6A-9(b) - Establishment of Child Protective Services; general duties and powers; cooperation of other state agencies.

B. West Virginia Child Protection Services System Decision Making Model

RULES

These rules incorporate 49-6A-9(b) into the Child Protective Services policy of the Department. All previous policy regarding case prioritization at intake and the procedures for determining which cases will receive services are hereby rescinded.

COMMENTARY

The Department is acutely aware of the need to use available resources, including staff, to address the safety needs of those children who are most at risk of harm. For a number of years, there were policies which regrettably resulted in services being delayed or not provided in less serious cases. The Legislature, through the passage of S.B. 1005, has directed the Department to develop alternative approaches to decision making at intake and case opening. After discussion with staff and consultation with national experts, our procedures were changed. They are contained in the new policy which is in conformity with state statute and the WVCPSS decision making model.

Purposes

The purposes of the standards are to:

A. Ensure that all referrals are appropriately considered to determine if an initial assessment is required.

B. Require a response for all initial contacts within certain specified time frames depending on the degree of risk.

C. Require that services be offered to all families in which risk is present.

Supervisor's Role

This change in policy reinforces the role of the supervisor as the primary decision maker at key points in the CPS process. This is consistent with other Department policy which recognizes the unique blend of experience, skill and leadership which supervisors possess.

Community Organization

The procedures to be followed at case opening require the use of community resources to meet the needs of the families we serve. In some cases, the appropriate resources may not be available or accessible in a family's county of residence. In these instances, a referral to a provider in another county should be made.

In addition, the information about what is needed but unavailable should be made known to the local FRN, the Regional Summit and other groups with which we are involved. There are many efforts now underway to reshape the service delivery system. We have knowledge about services that will be invaluable in these planning efforts.

POLICY RULES RESCINDED

1 Interim Measures for CPS Case Prioritization included in policy memo dated March 16, 1992.

2. Prioritization of Intake included in policy memo dated October 1992.

3. Social Services Policy - Chapter 9000, Section 9223.

SCOPE

A. Statutory Scope

1. WV Code 49-6A-9(b) - The local child protective service shall investigate all reports of child abuse or neglect: Provided, that under no circumstances shall investigating personnel be relatives of the accused, the child or the families involved. In accordance with the local plan for child protective services to prevent further abuse or neglect of children and provide for or arrange for and coordinate and monitor the provision of those services necessary to ensure the safety of children. The local child protective service shall be organized to maximize the continuity of responsibility, care and service of individual workers for individual children and families: Provided, however, that under no circumstance may the secretary or his or her designee promulgate rules or establish any policy which restricts the scope or types of alleged abuse or neglect of minor children which are to be investigated or the provision of appropriate and available services.

2. WV Code 49-6A-9(b-3) - Upon notification of suspected child abuse or neglect, commence or cause to be commenced a thorough investigation of the report and the child's environment. As part of this response, within fourteen days, there shall be: a face-to-face interview with the child or children, and the development of a protection plan, if necessary for the safety or health of the child, which may involve law-enforcement officers or the court;

3. WV Code 49-6A-9(b-4) - Respond immediately to all allegations of imminent danger to the physical well-being of the child or of serious physical abuse. As a part of this response, within seventy-two hours, there shall be: a face-to-face interview with the child or children; and the development of a protection plan which may involve law enforcement officers or the court;

4. WV Code 49-6A-9(d) - The local child protective service shall be responsible for providing, directing or coordinating the appropriate and timely delivery of services to any child suspected or known to be abused or neglected, including services to the child's family and those responsible for the child's care.

B. Policy Rule Scope

1. Decision Making at Intake: Screening, Danger Loaded Influences, and Response time.

2. Decision Making following Initial Assessment: Case Opening.

DEFINITIONS

IMMINENT DANGER: WV Code 49-1-2(e) - Imminent danger to the physical well-being of the child means an emergency situation in which the welfare or the life of the child is threatened. Such emergency situation exists when there is reasonable cause to believe that any child in the home is or has been sexually abused or sexually exploited, or reasonable cause to believe that the following conditions threaten the health or life of any child in the home:

(1) Non-accidental trauma inflicted by a parent, guardian, custodian, sibling or a babysitter or other caretaker; or

(2) A combination of physical and other signs indicating a pattern of abuse which may be medically diagnosed as battered child syndrome; or

(3) Nutritional deprivation; or

(4) Abandonment by the parent, guardian or custodian; or

(5) Inadequate treatment of serious illness or disease; or

(6) Substantial emotional injury inflicted by a parent, guardian or custodian; or

(7) Sale or attempted sale of the child by the parent, guardian or custodian.

SERIOUS PHYSICAL ABUSE: WV Code 49-1-3(p) - Serious physical abuse means bodily injury which creates a substantial risk of death, which causes serious or prolonged disfigurement, prolonged impairment of health or prolonged loss or impairment of the function of any bodily organ.

RISK: The existence of a negative influence or negative influences that suggest the likelihood of maltreatment.

CHILD ABUSE AND NEGLECT: WV Code 49-1-2(c) - Child abuse and neglect or child abuse or neglect means physical injury, mental or emotional injury, sexual abuse, sexual exploitation, sale or attempted sale or negligent treatment or maltreatment of a child by a parent, guardian or custodian who is responsible for the child's welfare, under circumstances which harm or threaten the health and welfare of the child.

ABUSED CHILD: WV Code 49-1-3(a) - An abused child means a child whose health or welfare is harmed or threatened by:

(1) 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

(2) Sexual abuse or sexual exploitation; or

(3) The sale or attempted sale of a child by a parent, guardian or custodian in violation of section sixteen, article four, chapter forty-eight of the WV Code.

In addition to its broader meaning, physical injury may include an injury to the child as a result of excessive corporal punishment.

NEGLECTED CHILD: WV Code 49-1-3(g) - A neglected child means a child:

(A) 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 the 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

(B) 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 custodian.

CHILD MALTREATMENT: When a child is physically, emotionally, or sexually treated by caretakers in such a manner that the child's emotional, cognitive, and/or physical development is or will be impaired, and the caretakers are unwilling or unable to behave differently.

Policy Rules for Supervisory Decision Making at Intake

The supervisor will:

1 Review the intake worksheet for thoroughness and completeness.

2 Determine if the referral will be accepted for a CPS initial assessment or if the referral is screened out and not accepted for a CPS initial assessment.

In determining whether to accept a CPS referral or screen out the referral, the supervisor must consider:

- the presence of negative influences and information related to the maltreatment, the child(ren), and the parents(s).
- whether the information collected meets the statutory definitions of child abuse and neglect (maltreatment) and/or risk (threat of harm).
- the sufficiency of information in order to locate the family.
- the motives and veracity of the reporter.

3 Accept all referrals for a CPS initial assessment that meet the statutory definition of abuse and/or neglect (maltreatment), and/or meets the definition of risk (threat of harm) and the purview of child protective services as defined by statute and policy.

4 Document on the intake worksheet the decision regarding screening.

5 If the screening decision is "screened out", document the basis for that decision on the intake worksheet.

6 Proceed to the next step of insuring that the appropriate danger loaded influences have been identified and selected based on the information collected on the intake worksheet in the maltreatment force, child force, parent force and family force.

7 Determine the appropriate response time for the referral based on the definition of imminent danger and/or the identified danger loaded influences.

The selected response times are as follows:

Immediate Response 0 to 2 Hours		*Face-to-face contact with the child or children within that time frame*
Response - Within 72 Hours	-	*Face-to-face contact with the child or children within that time frame*
Response - Within 14 Days	-	*Face-to-face contact with the child or children within that time frame*

To assist with this determination consider the following criteria:

- the maltreatment element contains an allegation that fits the definition of imminent danger or serious physical injury. Based on the information contained in the intake does the response require an immediate response or a response within 72 hours?
- the presence or absence of danger loaded influences and the interacting nature of the danger loaded influences.
- the location of the child at the time the intake is received.
- the effects CPS intervention might have in escalating circumstances in the family and the capacity CPS has to remain with the situation.
- whether the nature of the maltreatment indicates premeditation, bizarre behavior or circumstances and/or serious injury.
- whether the maltreatment is alleged to be occurring at this moment.
- whether the alleged condition which presently exists could change rapidly.
- whether the parent's behavior is bizarre, out of control or dangerous.
- whether the parent's viewpoint of the child is described as bizarre.
- whether the family will flee.
- whether the family is hiding the child.
- whether the living arrangements are life threatening.

- whether the child needs medical attention.
- whether the child is fearful or anxious.
- whether the parent is gone and the child is unsupervised.
- whether the child is of an age and capacity to protect himself or herself.
- whether the alleged maltreater has access to the child.
- whether the parent is currently under the influence of drugs or alcohol.
- whether the family is isolated socially or geographically.
- whether there are indications of family violence or bizarre family interaction.
- whether the family is transient or new to the community.
- whether the family is presently connected in any way to formal help.
- whether there are any extended family or friends available for support.
- whether the caretakers are physically, cognitively and emotionally able to perform parental responsibilities.
- whether services are available to the family in terms of proximity.
- whether there is a history of past referrals.
- whether there are multiple injuries.
- whether the location of the injuries suggest more serious harm.

8 Document the selected response and the date of the decision on the intake worksheet.

9 Document the date assigned to initial assessment, supervisory signature and the worker assigned to conduct the initial assessment.

10 Follow-up and insure that the worker assigned to conduct the initial assessment adhered to the designated response time.

11 In the event that circumstances prevented the worker from meeting the response time, document in the record the efforts made and the reasons. Sign and date the record entry.

Policy Rules for Supervisory Decision Making: Case Opening

The supervisor will:

1 Review each completed initial assessment to determine sufficiency of information, accuracy of decision making within the maltreatment force, accuracy in anchoring the elements based on the information contained in the elements, accuracy in the identification of safety influences based on the information contained in the elements, and accuracy with the conclusion related to maltreatment, risk, safety and the risk rating.

Note: The WVCPSS supervisory review form would be the appropriate format to utilize for this purpose.

2 Based on the conclusions from the initial assessment, insure that CPS is responsible to provide, direct or coordinate services to children and families.

The following designations serve as the basis to determine CPS responsibilities:

Risk based family problems are High Risk Rating 20-28 Safety Influences are present (Two B influences or One A Influence)	Service Provision by CPS Case Opened for On-Going CPS

Risk based family problems are High Risk Rating 20-28 No Safety Influences present or Only One B Influence present	Service Provision by CPS Case Opened for On-Going CPS

Risk based family problems are Significant Risk Rating 14-19.9 Safety Influences are present (Two B Influences or One A Influence)	Service Provision by CPS Case Opened for On-Going CPS

Risk based family problems are Significant Risk Rating 14-19.9 No Safety Influences present or Only One B Influence present	Service Provision by CPS Case Opened for On-Going CPS

Risk Based family problems are Moderate Risk Rating 7-13.9 Safety Influences are present (Two B Influences or One A Influence)	Service Provision by CPS Case Opened for On-Going CPS

Risk Based family problems are Moderate Risk Rating 7-13.9 No Safety Influences Present or One B Influence Present	Coordinate the Delivery of Services through community agencies. Services will be offered and providers determined based on the identification of the family's most significant needs.

Risk Based family problems are Minimal to Low Risk Rating .5-6.9 Safety Influences are Present (Two B Influences or One A Influence)	Service Provision by CPS Case Opened for On-Going CPS

Risk Based family problems are Minimal to Low Risk Rating .5-6.9 No Safety Influences Present or One B Influence Present	Coordinate the Delivery of Services through community agencies. Services will be offered and providers determined based on the identification of the family's most significant needs.

Risk Based family problems are Minimal to Low Risk Rating 0.0 No Safety Influences Present or One B Influence Present	No CPS service need present No community coordination necessary unless the family has identified a need and requested a referral to a community service

3 Document the case decision on the initial assessment.

4 In the event CPS will be providing the direct services to the family, initiate arrangements to transfer the case for on-going CPS services.

5 In the event a community service is being coordinated by CPS, insure that services are offered to the family by proceeding through the following steps:

- discuss the initial assessment with the social worker to identify the family's most significant needs based on the elements that are rated the highest.
- identify the most appropriate community resource or resources to provide the services necessary to treat the family's most significant needs.
- require the social worker to meet with the family;
  - (1) to discuss the findings from the initial assessment,
  - (2) to offer help to the family,
  - (3) to identify with the family the resources/services available in the community,
  - (3) to identify the family's willingness and interest to participate with the community services,
  - (4) to offer assistance in arranging for the services,
  - (5) to obtain in writing from the family their decision related to their involvement in services, and
  - (6) to inform the family of the circumstances that would necessitate future involvement of CPS.
- document on the initial assessment in section D the reasons the case is not opened for on-going CPS services (i.e. community services will be offered, CPS has no jurisdiction), the date of the conference with the social worker and the results of the discussion.

6 Follow-up with the social worker to:

- insure that the meeting was held with the family,

- determine the family's decision regarding the offering of services (the family accepts the services or the family refuses the services and there is no CPS jurisdiction),

- insure that the referral to the community service or services was completed, and

- insure that the documentation of the meeting with the family and the family's decision is completed and filed in the family's case record utilizing the WV CPSS service documentation form and Exhibit # 26 and Exhibit # 27.

EXHIBIT 26

1005 Referral Plan

File in Narrative Block

Referring Agency: **West Virginia Department of Health and Human Resources** Date of Referral: _____

Family Members	Name	DOB		Date(s) of Assessment:
Parent(s)/Guardian(s):			Phone #: (h) (w) (other)	
			Mailing Address:	
Child(ren):			Street Address:	
			Nature of CPS Referral:	
			CPS Findings:	
			CPS Decision: _____ Moderate Risk/No Safety _____ Low Risk/No Safety	

Family Needs:	Service:	Provider(s):	Phone #
1.			
2.			
3.			
4.			
5.			
6.			

Family Response: (mark one) _____ Accept Recommendations _____ DO NOT Accept Recommendations

Explanation: _____

_____

_____ _____

Caretaker Signature Date Worker Signature Date

_____ _____

Caretaker Signature Date Supervisor Signature Date

EXHIBIT 27

Referral Cover Letter
(Form Letter)

File in Correspondence Block

West Virginia Department of Health and Human Resources
Bureau for Children and Families
(enter DHHR office street address)
(enter city, state and zip)
Telephone: (304) *(enter DHHR phone #)* FAX: (304) *(enter DHHR FAX #)*

November 21, 1996

(Enter Provider Name)
(Enter Provider mailing address)
(Enter City), (Enter State) (Enter Zip)

RE: *(Enter Family Name)*

Dear *(Enter Name for Salutation)*:

The Department of Health and Human Resources recently became involved with the above named family in response to a child protective services referral. We have completed our assessment and investigation of the referral received and have determined that circumstances do not warrant DHHR intervention at this time. Our assessment, however, does indicate that there are some areas of need which could benefit from services provided by your agency.

The identified needs and recommended services have been discussed with the family and they have been advised that a referral is being made to your agency. A referral plan is attached for your information. The family has been informed that they should contact you as well in order to be further evaluated and arrange for services.

If you have any questions regarding this referral, please call. Should you need additional information regarding the family and their needs, please secure the appropriate authorization to release information and contact me. Finally, should anything come to your attention which would indicate that intervention by child protective services may be appropriate, please advise me promptly. You can reach me by calling (304) *(Enter Social Worker's phone #)*.

Sincerely,

(Enter Social Worker's Name)
(Enter Social Worker's Title)

cc: *(Enter name(s) of others receiving copy)*

EXHIBIT 28

Referral Cover Letter
(Fill-in-the-blank)

File in Correspondence Block

Date_____

_____

_____

_____

Re:_____

Dear _____:

The Department of Health and Human Resources recently became involved with the above named family in response to a child protective services referral. We have completed our assessment and investigation of the referral received and have determined that circumstances do not warrant DHHR intervention at this time. Our assessment, however, does indicate that there are some areas of need which could benefit from services provided by your agency.

The identified needs and recommended services have been discussed with the family and they have been advised that a referral is being made to your agency. A referral plan is attached for your information. The family has been informed that they should contact you as well in order to be further evaluated and arrange for services.

If you have any questions regarding this referral, please call. Should you need additional information regarding the family and their needs, please secure the appropriate authorization to release information and contact me. Finally, should anything come to your attention which would indicate that intervention by child protective services may be appropriate, please advise me promptly. You can reach me by calling (304) _____.

Sincerely,

_____
(Social Worker's Signature)

_____
(Title)

cc:_____

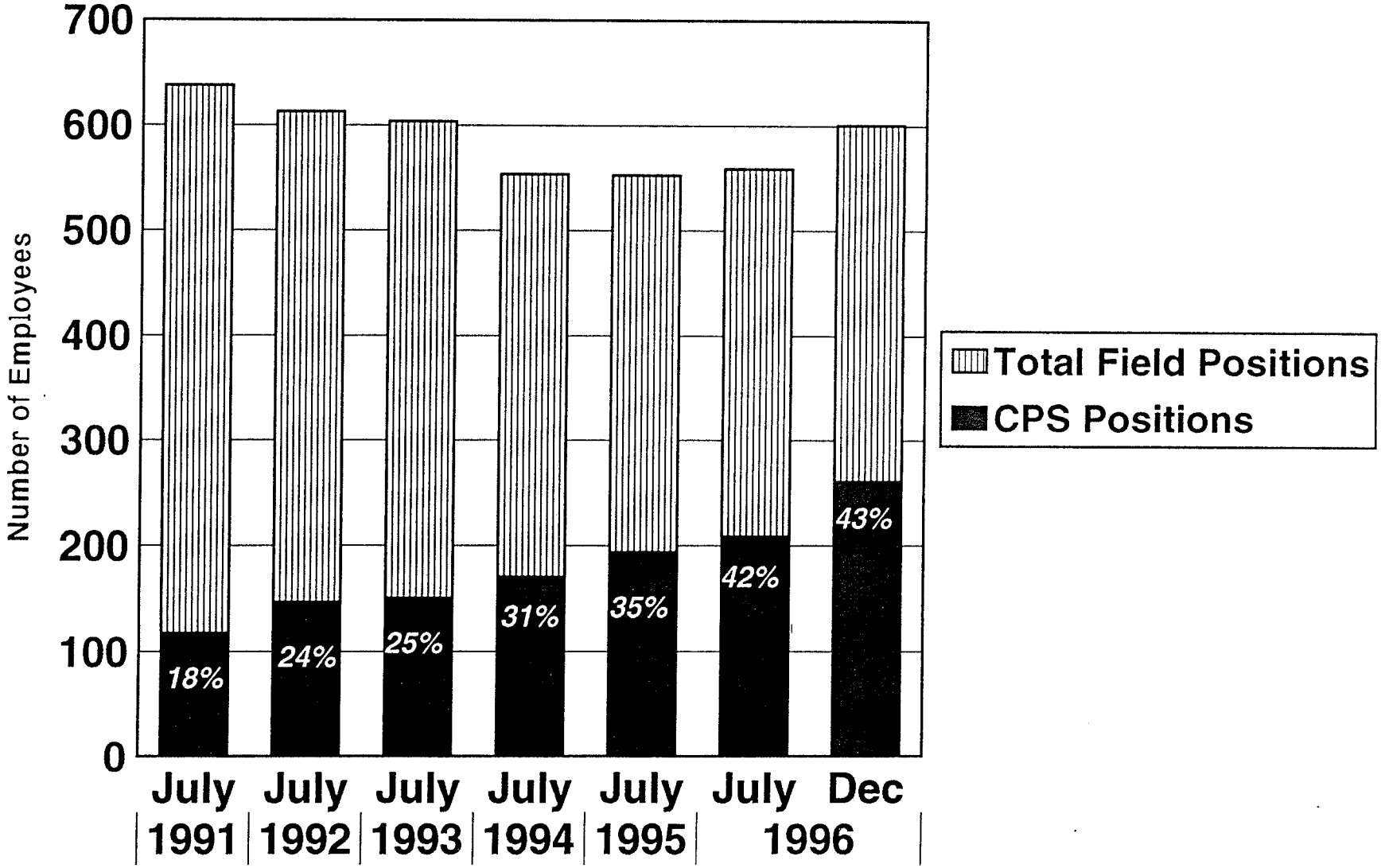
_____

New 11/96

EXHIBIT II

Office of Social Services Staffing

CPS Positions -vs.- Total Field Positions



NOTE: 1991 - 1993 figures are estimated.

WV Dept. of Health and Human Resources

EXHIBIT III

Below are salary comparisons for Protective Investigator from the1996 Southeastern States Salary Survey. States included in this survey are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Missouri, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Virginia and West Virginia. The Protective Investigator is comparable to West Virginia's Protective Service Worker\Trainee classifications.

	Survey	West Virginia	
Minimum Average Salary	$21,590	PSWT	$17,256
		PSW	$19,764
Average Salary	$25,732	PSWT	$17,477
		PSW	$20,896

EXHIBIT IV

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
CHILD PROTECTIVE SERVICES
JULY - DECEMBER 1996

Referrals Received

	Region 1	Region 2	Region 3	Region 4	Total
Jul	474	740	220	505	**1,939**
Aug	467	675	265	495	**1,902**
Sep	441	720	236	547	**1,944**
Oct	512	839	256	511	**2,118**
Nov	372	572	221	396	**1,561**
Dec	427	535	213	389	**1,564**

Monthly Average	**1,838**

Referrals Accepted

	Region 1	Region 2	Region 3	Region 4	Total
Jul	380	573	161	361	**1,475**
Aug	361	510	184	340	**1,395**
Sep	352	573	166	377	**1,468**
Oct	413	665	154	367	**1,599**
Nov	293	440	164	313	**1,210**
Dec	336	441	149	298	**1,224**

Monthly Average	**1,395**
Total Annual Projection	**16,740**

Referral Acceptance Rate

	Region 1	Region 2	Region 3	Region 4	Average
Jul	80.2%	77.4%	73.2%	71.5%	**75.6%**
Aug	77.3%	75.6%	69.4%	68.7%	**72.7%**
Sep	79.8%	79.6%	70.3%	68.9%	**74.7%**
Oct	80.7%	79.3%	60.2%	71.8%	**73.0%**
Nov	78.8%	76.9%	74.2%	79.0%	**77.2%**
Dec	78.7%	82.4%	70.0%	76.6%	**76.9%**

Monthly Average	**75.0%**

Referrals without Face to Face Contact within 14 days

	Region 1	Region 2	Region 3	Region 4	Total	% of Referrals Without Contact
Jul	17	6	30	105	**158**	**10.7%**
Aug	14	16	46	105	**181**	**13.0%**
Sep	10	60	39	76	**185**	**12.6%**
Oct	14	53	33	56	**156**	**9.8%**
Nov	11	55	32	94	**192**	**15.9%**
Dec	13	50	24	63	**150**	**12.3%**

Monthly Average	**170**

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23-Jan-97

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
CHILD PROTECTIVE SERVICES
JULY - DECEMBER 1996

Referrals Pending 30+ Days

	Region 1	Region 2	Region 3	Region 4	Total
Jul	12	0	29	114	**155**
Aug	9	5	35	79	**128**
Sep	14	31	77	58	**180**
Oct	4	56	76	70	**206**
Nov	24	108	69	73	**274**
Dec	21	168	105	43	**337**

Monthly Average	**213**

Total Referrals Pending

	Region 1	Region 2	Region 3	Region 4	Total
Jul	250	269	91	312	**922**
Aug	218	248	121	273	**860**
Sep	239	377	171	248	**1,035**
Oct	244	406	153	276	**1,079**
Nov	203	370	150	270	**993**
Dec	230	416	197	227	**1,070**

Monthly Average	**993**

Active Caseload

	Region 1	Region 2	Region 3	Region 4	Total
Jul	565	683	277	595	**2,120**
Aug	552	699	306	625	**2,182**
Sep	570	731	321	634	**2,256**
Oct	589	768	303	653	**2,313**
Nov	527	761	313	540	**2,141**
Dec	537	773	326	660	**2,296**

Monthly Average	**2,218**
Total Annual Projection	**26,616**

Positions

	Region 1	Region 2	Region 3	Region 4	Total	% of Caseload Standard
Jul	67	74	39	75	**255**	**78.4%**
Aug	64	74	39	75	**252**	**77.4%**
Sep	63	74	39	75	**251**	**74.1%**
Oct	65	75	38	72	**250**	**70.6%**
Nov	68	76	43	74	**261**	**85.0%**
Dec	68	76	43	74	**261**	**80.6%**

Projected Annual Average	**79.3%**

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23-Jan-97