



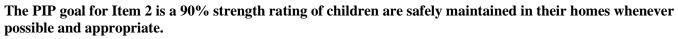
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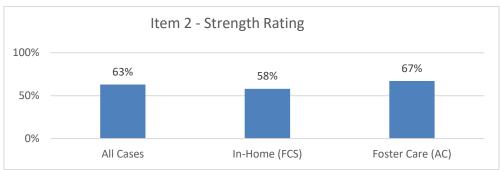
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Provision of Safety-Related Services – CA/N to FCS

The purpose of this Practice Alert is to remind staff of the importance of making timely concerted efforts to provide safety-related services to families to prevent the entry of children into foster care or re-entry after a reunification. Concerted efforts refers to facilitating timely access to services and engaging the family in those services. Safety-related services are appropriate services that are provided to or arranged for the family with the goal of ensuring child safety. For example, if there are safety concerns related to the parent's ability to manage specific child needs, Intensive-In Home Services (IIS) could be an appropriate safety-related service.

In March 2020, Missouri successfully passed five of the ten Child Family Service Review (CFSR) items monitored through Program Improvement Plan (PIP) case reviews. The goal for the remaining five items must be reached to avoid the loss of federal funding. During the most recent PIP case reviews (July 2019 – June 2020), CFSR Item 2, services to protect children in the home and prevent removal remains an area needing improvement for the state.





The most recent PIP case reviews for Item 2 showed an Area Needing Improvement (ANI) in the timeframe of opening a Family Centered Service (FCS) case due to a Child Abuse and Neglect (CA/N) report. The ANI indicated there is often a lapse in time between the hotline report date and the FCS case opening during which the family does not receive services. Further data exploration has revealed that the average length of time between the hotline report date and the FCS case opening date is 26 days.

When staff determine safety-related services are needed during a CA/N report staff should clearly articulate and document the safety concern to include areas of need such as, but not limited to: basic needs, living conditions, the family's support system; health, mental health, educational concerns, and help address the needs through community resources and/or the family's safety network. Staff should strive to address the family's needs during the CA/N report intervention whenever possible and clearly document the service provisions during the CA/N report timeframe.

In situations where a child was determined to be unsafe during a safety assessment, a safety-service related to the safety concern must be documented on the Immediate Safety Intervention Plan (CD-263). The removal/diversion of the

alleged perpetrator or the child from the home is not considered a safety-related service. Safety-related service provisions should be put in place even if the alleged perpetrator does not have access to the child.

When opening an FCS case due to a CA/N report staff should, at a minimum, complete a draft of the Family Risk Assessment Map (CD-220). The FCS case should be opened as soon as the decision is made the family is in need of services to protect child(ren) in the home and prevent removal. Completion of the CD-220 provides clarity for the family and the ongoing case manager as to why the FCS case is being opened.

It is strongly encouraged that the staff who referred the family to FCS and the FCS ongoing case manager complete an initial home visit together, particularly in serious situations. By completing the initial home visit together staff will:

- Ensure the safety of the child(ren);
- Provide a consistent message of the worries and reason for referral to FCS services; and
- Expedite the provision of safety and treatment services.

If the family determines they do not want an FCS case opened at case opening there must be communication between the staff who referred the family to FCS and the FCS ongoing case manager. They must jointly assess the risk and safety to the child(ren) when a family refuses services. If it is determined that the child(ren) are in danger, legal intervention is needed and an immediate referral to the juvenile office is required. If there is not sufficient cause to pursue legal intervention, after supervisory consultation, the case will be closed. Staff must thoroughly document the reasons for closure and any existing concerns in the case record.

Program Development Specialist Contact: Crystal Wilson <u>Crystal.L.Wilson@dss.mo.gov</u>

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