

GENERAL INSTRUCTIONS

Provision of post-investigative services for the family is based on a number of factors, including the category in which the case is classified.

Category V Cases

Category V cases are those cases in which:

- **No** evidence of child abuse and/or neglect (CA/N) is found (see also [CFP 713-1](#), CPS Investigation-General Instructions and Checklist, Abbreviated Investigations section).
- The family cannot be located.
- The Family Division of Circuit Court was asked to order the family to cooperate with the investigation, but the court declines.

Category IV Cases

For Category IV cases, the worker must provide the family with information on available community resources commensurate with the risk to the child (e.g., the safety assessment indicates a need to address safety issues with the family, risk assessment scores high, etc.).

Category III Cases

In Category III cases, the department determined a preponderance of evidence of CA/N exists, and the risk assessment indicates a low or moderate risk of future harm to the child.

Note: If there is a preponderance of evidence of CA/N and the perpetrator is a nonparent adult who resides outside the child's home or a licensed foster parent, the perpetrator must be identified on central registry, regardless of risk.

CPS must refer the child's family to community-based services commensurate with the risk of harm to the child. The perpetrator is **not** listed on central registry. If the family does not voluntarily participate in services, or fails to make progress in reducing the risk of further harm to the child, the department may reclassify the case as Category II if the safety and/or risk reassessments indicate a need for CPS intervention. See [Escalation of Category](#) section below.

Note: Families First referrals are inappropriate for Category III cases. Families First services must only be utilized in cases in which imminent risk of removal is present. CPS must utilize community-based services and resources for Category III cases.

The worker must use one of the following options to service the case according to the individual needs of the case and commensurate with the risk to the child.

Services Not Monitored

OPTION 1: Child is safe and services do not need to be monitored.

The worker must:

Services
Monitored for up
to 90 Days

- Open/close on SWSS CPS.
- Refer family to community-based services with no CPS follow-up. Send DHS-123 to referred community agency.
- Document reasons why the child is safe and services do not need to be monitored.

OPTION 2: Child is safe with services; services need to be monitored.

Select Category III cases may be opened to monitor and obtain feedback from community-based services to which the family has been referred for a period that should not exceed 90 days from the initial date of complaint. (See exception below allowing an extension of the 90 day monitoring period.)

Open a Category III case for monitoring when child safety issues warrant monitoring of the case to ensure that the family is receiving and making progress in community-based services.

Worker must:

- Open on SWSS CPS.
- Refer the family to community-based services. Send DHS-123 to referred community agency.
- Provide direct services and/or monitor referred services for a period that should not exceed 90 days. (See exception below allowing an extension of the 90 day monitoring period.)

During the time the case is monitored, contact standards for low and moderate risk cases must be followed. The worker must follow-up and monitor whether the parent participates in, and benefits from, services. The worker may close the case at anytime during the 90-day period after face-to-face contact has been made with all the appropriate household member(s) to complete the risk and safety reassessments and reassessments of the family assessment of needs and strengths (FANS-CPS) and the child assessment of needs and strengths (CANS-CPS) to ensure the risk remains low or moderate and the child remains safe. When the case is closed, a closing Updated Services Plan (DHS-152, USP) must be completed, including:

- The reasons the case is closing, including the impact of services on safety and risk and needs items scored on prior assessments.
- The progress, or lack of progress made, as a result of the provision of services.

- The necessity of providing follow-up or further services to the family by other agencies, as indicated on the safety reassessment.

(See [CFP 714-4](#), CPS Updated Services Plan and Case Closure for more information on USPs and case closure.)

Exception: The 90 day monitoring period may be extended up to 90 additional days in limited circumstances, such as, the service provider was unable to begin services during the first 90 days. The extension request must be submitted **prior** to the end of the initial 90 day monitoring period. Complete a safety reassessment and then submit the request for supervisory approval of an extension of the 90 day monitoring period by completing the Exception Request in the Utility Menu. The request must document the reasons for the extension. When the request is submitted, the supervisor will automatically be alerted via email of the request. This exception applies only if factors that would cause escalation to a Category II are **not** present.

Escalation of Category

If the family does not participate, or does not benefit from the services, the worker must determine whether to escalate the case to a Category II by completing the risk and safety reassessments and/or by using discretionary overrides. The decision to escalate the case to Category II must be based on the current family situation and the risk to the child. Lack of participation in services may not be sufficient reason to escalate the case to a Category II.

Cases escalated must be served with contact standards commensurate with their new risk level (e.g., if a Category III, moderate risk case is escalated to a Category II, high risk case, adhere to the contact standards for high risk cases). **Note:** Cases must be escalated to a Category I any time a petition is filed.

The worker **MUST** document reasons for escalating the case to Category II or I in the USP. The reason must include the child safety issues identified within the safety and risk reassessments and the reassessment of the FANS-CPS and CANS-CPS.

The worker must:

- Complete the safety and risk reassessments at or before 90 days from the date of the initial complaint.
- Escalate the case to Category II or I by completing the Escalate Category tab in the SWSS CPS Ongoing module. The perpetrator's name will automatically be added to central registry. **Note:** If the case is escalated to a Category I, the Legal module in SWSS CPS must be completed. (See [CFP 713-13](#), Child Abuse and Neglect Central Registry (CA/NCR) for information on providing

notice to the perpetrator that their name has been listed on central registry.)

- Provide and/or refer to services.

Continue to monitor and assess the safety of and risk to the child as any other Category II case.

Category II Cases

For Category II cases, the role of the worker may vary depending upon the resources and the other agencies in the community. If resources are limited, the worker may be more directly involved in the provision of services. If more resources and agencies are available, the worker may act as a case manager by coordinating the services provided directly by the worker with the delivery of various services provided by others. Regardless of whether services are provided directly or purchased, the worker must monitor the child's safety.

Category I Cases

For Category I cases, petitions to the Family Division of Circuit Court must be made as required by law or as the threatened harm to the child dictates. Depending on the living arrangement of the child at the time the petition is filed, the family must be transferred to foster care or services continued by CPS and/or community resources/contracted services.

The use of contractual services are intended to support meeting service level and contact standards.

ENGAGEMENT OF SERVICES

When a social work contact with the client/family includes an attempt to engage the client/family in services, the Engagement of Services box must be checked on the CPS Contact Details screen of that contact. Document in the social work contact narrative **how** the family/client engaged in services.

REQUIRED REFERRAL TO EARLY ON®

As a requirement of the Child Abuse Prevention and Treatment Act (CAPTA), 42 USC 5101 et. seq., when a CPS case is classified as a Category I and II CPS must refer all children under age three that are victims to *Early On*® for evaluation and services. This referral must be done at the time of disposition of the CPS case. CPS must notify the family of the referral to *Early On* and must ask the family to sign the Authorization to Release Confidential Information (DHS-1555-CS) form. Completion of the DHS-1555-CS ensures that DHS can receive follow-up information on the *Early On* referral and the evaluation results and any plan for services, if applicable.

SWSS CPS will prompt workers to complete a referral to *Early On* when required (Category II or I case and a child victim is under age three or

when a case is escalated from a Category III to a Category II or I case and a child victim is under age three).

When completing the referral, workers must indicate any developmental and/or medical concerns. If the worker is not aware of any concerns, indicate unknown on the referral. Information provided in the developmental/medical concern sections of the referral should be regarding the child, not the family or family situation. Information regarding the family may be included in the child resides section of the referral. Care must be taken not to release confidential information. (See CFP 717-4, Release of Information, Special Circumstances section.) If more than one referral is being made to *Early On* (there is more than one child in the home under the age of three), provide only information specific to the child on which the referral is being made. When the referral is completed in SWSS CPS, it will automatically be sent to the *Early On* Service Providers for processing. For more information concerning the *Early On*® program, see Early On Manual (EOM) 200.

Note: Special consideration must be given to children under the age of three that have pre-existing conditions such as toxic exposure, failure to thrive or other known medical conditions such as Cerebral Palsy, Down's Syndrome or others. **These children must be referred to *Early On*, regardless of CPS case status.** See EOM 500, *Early On* Appendices, Appendix A for a complete listing of pre-existing conditions that must be referred. To refer these children, complete an *Early On* referral in the Case Reports Menu module of SWSS CPS.

SERVICE LEVEL AND CONTACT STANDARDS

Monthly service level and contact standards are:

Low family risk level

One face-to-face contact by the CPS worker with the family per month.
One collateral contact by the CPS worker on behalf of the family per month.

Moderate family risk level

Two face-to-face contacts by the CPS worker with the family per month.
Two collateral contacts per month by the CPS worker on behalf of the family.

High family risk level

Three face-to-face contacts by the CPS worker with the family per month.
Three collateral contacts per month by the CPS worker on behalf of the family.

Intensive family risk level

Four face-to-face contacts by the CPS worker with the family per month.

Four collateral contacts per month by the CPS worker on behalf of the family.

Face-to-Face Contact

A face-to-face contact is defined as an in-person contact with the perpetrator, victim or caretaker (parent, guardian or other person responsible) for the purpose of observation, conversation or interview about substantive case issues. Risk reassessment, reassessments of FANS-CPS and CANS-CPS, treatment planning, service agreement development and/or progress review, are examples of substantive case issues. A face-to-face contact must occur in the family's home at least every other month (every 60 days) and in the 30 days prior to case closure.

Note: In the first month of service provision, an attempt must be made to have at least one face-to-face contact that includes all children and all caretakers residing in the home.

When providing services to cases identified as intensive, high or moderate risk level, a minimum of 1 face-to-face contact with all child victim(s) must be conducted each month as part of the required face-to-face contacts with the family. In low risk level cases, the CPS worker must at least verify and document the well-being of the children in the household on a monthly basis.

Note: A face-to-face contact in the home must be made with each child victim on all risk level cases in the 30 days prior to case closure.

(Also see [CFP 713-3](#), Face-to-Face Contact, Entering a Home When a Parent/Adult is Not Present section for restrictions on entering a home.)

Collateral Contact

Collateral contacts refer to all other contacts the worker may need to make, such as contacts with the extended family, a relative, the school, any service providers, other agencies or the foster family. These contacts may be face-to-face, by telephone or email.

Contacts by Contracted Agencies

If a client is referred to services that are contracted for with local purchase of service monies (e.g., CA/N contracts) for the purpose of reducing risk to the child, face-to-face contacts by a contractual worker with the client, may be counted as a face-to-face contact to replace a CPS worker's contact. Contacts the client has with other local agencies which are not under contract with DHS, such as a public health depart-

ment or community mental health, may not be counted as face-to-face contacts to replace the worker's contacts.

| Risk Level | Required Face-to-Face With Family Per Month | Maximum Number to Be Met by a Contracted Agency Per Month |
|------------|---|---|
| Intensive | 4 | 3 |
| High | 3 | 2 |
| Moderate | 2 | 1 |
| Low | 1 | 0 |

Note: If the worker becomes aware that the contracted service providers have not been able to meet the required number of contacts, the CPS worker must ensure the safety of the children by conducting a home visit. In addition, the CPS worker must notify their supervisor so that the supervisor may attempt to resolve the issue with the contracted service provider. Until the issue is resolved, the worker is responsible for meeting all of the face-to-face contact standards.

The initial FANS-CPS and CANS-CPS outcomes and the development of the service agreement must be discussed during the initial planning conference between the CPS worker, contractual agency worker and client family. The contractual agency must obtain the CPS worker's approval of the proposed service plan prior to implementation.

The CPS worker must make monthly visits with the child victim(s), caretaker(s) and/or perpetrator(s) to measure treatment progress.

The conferences should be utilized to discuss the reassessment outcomes, the revised services agreement and updated services plan. It is recommended that both the CPS worker and contractual services worker meet with the client family for quarterly review of the case plan.

Contracted In-Home Service Provider Meeting All Face-to-Face Contacts

In situations in which a contracted in-home service provider, approved by the county director, meets **all** CPS face-to-face contact standards, the CPS worker is not required to make additional face-to-face contacts in these cases.

It is the responsibility of the local office to review current service contracts with their providers and determine which contractors will be eligible to substitute all of the contacts currently required by the CPS workers. The county director must approve the specific contractor designated to provide all of the CPS contacts. A minimum, once per week face-to-face contact will be required of all contract providers chosen to substitute for all of the CPS contacts. Once a plan has been estab-

lished, language detailing the specific in-home face-to-face contact requirements must be added to contracts as soon as it is feasible.

In cases in which a contractual agency is providing primary care, CPS must provide written approval of the needs assessment, initial service plan, subsequent reassessments and updated services plans, and service agreements completed by the contractual agency.

The CPS worker continues to be responsible for the case and contract service provider monitoring. The CPS worker must also resume face-to-face contacts in the event of new allegations and/or an established need for direct re-involvement. Regardless of the service contractor, the CPS worker must make one face-to-face contact with the caretaker and victim prior to case closing.

Contacts by Families First and Families Together/ Building Solutions

In cases in which the family is referred for Families First or Families Together/Building Solutions services, those two programs are responsible for complying with all the required service standards. The CPS worker must have one contact per month with the Families First or Families Together/Building Solutions worker, either face-to-face or by telephone.

Note: If the worker becomes aware that the Families First or Families Together/Building Solutions service providers have not been able to meet the required number of contacts, the CPS worker must ensure the safety of the children by conducting a home visit. In addition, the CPS worker must notify their supervisor so that the supervisor may attempt to resolve the issue with the service provider. If the local office supervisor is unable to resolve the issue directly with the service provider, the supervisor must notify Community Support Services (located at central office). Until the issue is resolved, the worker is responsible for meeting all of the face-to-face contact standards.

DOMESTIC VIOLENCE CASES

Interventions

Interventions in cases where domestic violence (DV) is a factor should be consistent with the following three principles:

1. Safety of the child and adult victim must be the primary consideration in all phases of the intervention.
2. The perpetrator of DV must be held accountable for acts of DV and child abuse.
3. Safety and service plans should build on the survival strategies of the adult victim to increase his/her likelihood of success in protecting the child.

Workers should assist and support the victim of DV in recognizing and furthering all safety efforts. If the child is at risk of harm by the perpetrator, the adult victim of DV must be informed that child safety is the priority. However, separation from the batterer might place the victim of DV and the child at increased risk of harm.

Information necessary to develop service plans in cases involving DV include the:

- Impact of the DV on the child.
- Perpetrator's assaultive and coercive conduct.
- Impact of the DV on the victim of DV.
- Safety assessment and risk of lethality.
- Protective factors available for use by the victim (e.g. use of protective orders, police involvement, family support, shelters, etc.).

Note: Separate service plans must be developed for the victim of DV and the perpetrator of DV.

As a group, perpetrators of DV may use manipulative tactics to use the CPS system to further abuse and retaliate against the victim of DV or to gain leverage in possible custody disputes. Perpetrators of DV may file false allegations of child abuse and neglect against the victim of DV. This behavior may be a warning sign that the danger to the adult victim and child is increasing.

See also CFP 712-6, CPS Intake-Special Situations, [Domestic Violence section](#) and CFP 713-8, Special Investigative Situations, [Domestic Violence section](#).

Court Involvement

For information concerning court involvement, see [CFP 715-3](#), Family Court: Petitions, Hearings, and Court Orders.

HOME VISITS - SERVICES CASES

There are certain circumstances when providing services to a family that either a scheduled or an unscheduled home visit is appropriate. The following guidelines give examples of when to use these types of home visits most effectively. CPS should use unscheduled home visits with the family as much as possible and when appropriate.

Scheduled Home Visits

Use announced home visits when:

- Several attempts to make contact have been unsuccessful.
- The worker and family have agreed upon a time frame for completion of a specific goal.

Unscheduled Home Visits

Use unscheduled home visits to:

- Determine actual home conditions and monitor child safety.

- Assess risks to the child when caretakers are allegedly allowing the child to be exposed to harmful or undesirable situations or persons, e.g., sex offenders, substance abusers, [known perpetrators](#) of child abuse and neglect or DV.
- Monitor child safety if there are concerns that the parent may not be following through on mutually agreed upon actions which would ensure child safety.

ONGOING PROTECTIVE SERVICE RESPONSIBILITIES

Ongoing protective service responsibilities for Category II and I families include:

1. Developing the service agreement by using the risk assessment/reassessment and the FANS-CPS and CANS-CPS to negotiate a plan that may help to reduce future risk of abuse/neglect. Services should be relevant, sufficient in frequency and duration and should address, at a minimum, the top three needs (identified by the FANS-CPS) that contributed most to the child's maltreatment.

See [CFP 714-2](#), CPS Supportive Services for information on services purchased for child abuse and/or neglect cases.

See [CFP 714-2](#), CPS Supportive Services, Confirmed Sexual Abuse Cases section if the case is open due to sexual abuse.

See [CFP 714-2](#), CPS Supportive Services, Substance Abuse Treatment Services section; [CFP 713-7](#), Substance Abuse-Lab Screens; CFP 716-7, Substance Abuse Cases; and SRM 131, Confidentiality, Substance Abuse Records section for cases involving substance use/abuse.

2. Helping the parents identify goals for reducing risk to the child and enhancing their ability to provide adequate care of their child.
3. Assisting parents to identify resources within their extended family support system and, if necessary, facilitate access to and use of those resources. Ensure that extended family clearly understands the need to provide appropriate services identified in the service agreement.
4. Supporting the caretaker's efforts. Help the caretakers assess and be responsive to the needs of their child. Support and encourage the caregivers by helping them to recognize their own strengths and encouraging them to apply these strengths to reach identified goals.

5. Working with the caretakers to assist them in learning new skills in the following areas: home management, child care, parenting skills, household budgeting, preparation of nutritious meals, household organization, child development, discipline, etc. In addition to the worker's direct services in this area, these services may be effectively provided by homemakers, family life education programs, schools, voluntary agencies, etc.
6. Improving the environment. Environmental problems may exist which require the use of other resources such as financial assistance, medical assistance, family planning services, housing, legal aid, employment, etc. The worker should facilitate locating such resources by making appropriate referrals and helping the family make use of community resources.
7. Evaluating the need for continued ongoing protective services. Conduct an ongoing evaluation of the service agreement and services objectives and determine whether the child is safe and persons responsible for their health and welfare are benefiting from the service agreement. Include the use of extended family members for respite and ongoing family support.

If a petition for removal or substitute setting becomes necessary, work with the parent(s) to identify relatives as a priority for placement and as an alternative to licensed foster care, whenever possible. Attention should be given to a non-custodial parent as a possible placement option. (See [CFP-715-2](#), Removal and Placement of Children for more information on placement with relatives and non-custodial parents.)

8. Involving the Family Division of Circuit Court and/or law enforcement agencies whenever services fail to adequately protect the child.
 - If court action is necessary for removal, the department must document the reason(s) why services did not prevent removal. (See CFP 714-2, CPS Supportive Services, [Reasonable Efforts](#) section and CFP 715-2, Removal and Placement of Children, [Reasonable Efforts](#) section.)
 - The petition must give facts to document that custody with the parent presents a substantial risk of harm to the child.
 - Case documentation must indicate:
 - a. Efforts made to identify, develop and utilize the family's support relationships. If no efforts were made, document why not.

- b. Reasons a relative caregiver placement is not in the best interest of the child, if applicable.
- c. The likely harm to the child if removed from the extended family system.

Service Agreement The service agreement must be completed for all cases which are **Category I or II**.

Exception: If all the children are in court ordered out-of-home placement, a service agreement does not need to be completed.

With family input, develop a strength-based service agreement which focuses on the issues identified on the risk and needs and strengths assessments. The plan must be structured to reduce the risk to the child and to meet service agreement goals that will lead to case closure. Specific goals and activities for the parents, child and worker must be identified in the service agreement.

After completing the FANS-CPS and CANS-CPS, up to three prioritized needs will automatically be identified by SWSS CPS. For each prioritized need identified, enter a service for that need. Once the service is selected, complete the Goals/Outcomes box for each service, by identifying a goal and outcomes for the goal. Be specific and state goals clearly. Goals must be realistic and achievable within a reasonable amount of time.

List the necessary steps and activities parents, other persons responsible, child and worker must take to achieve the defined goals, including time frames.

In most cases, the purpose is to help the parent change a practice that has resulted in neglect or abuse. Express activities in behaviorally specific terms to keep the focus on the changes necessary to reduce future risk of CA/N. Include the frequency of worker contact with the child and family.

State expected and measurable outcomes. Use descriptive language to explain what the results from positive goal achievement will be when the identified problems are successfully resolved.

The service agreement must be printed and a copy provided to the family. The family should be asked to sign a copy of the service agreement to document that they received a copy of the service agreement. In open cases in which contractual services are actively involved in assisting the family, the contractual services service agreement or family plan may be used in place of the CPS service agreement. If the contractual services plan/agreement is used, the services plan/agreement must meet the needs identified by CPS assessment tools (risk, FANS-CPS,

CANS-CPS and safety assessments) and should be documented. If the contractual services plan does not address needs identified by CPS assessment tools, the CPS worker must address the needs in a separate CPS service agreement or incorporate the issues into the contractual services plan/agreement. The family should be actively involved in the identification of needs, as well as the development and implementation of any service plan/agreement.

FAMILY SELF SUFFICIENCY PLAN

Every adult recipient of the Family Independence Program (FIP) is required to have a Family Self Sufficiency Plan (FSSP) The goal of the FSSP is to strengthen families and enhance independence. Involvement in the CPS program meets the contract obligation of these clients.

CASES INVOLVING MULTIPLE COUNTIES

In cases involving multiple counties, the county of residence may request that another county make a service referral, supervise services, etc. in the other county (e.g., the custodial parent resides in County A and the non-custodial parent lives in County B and both parents are receiving services). Requests for courtesy supervision, service referrals, etc., must be honored. The worker requesting the courtesy supervision or other activity on the case, should document what they want done by the other county as a social work contact. The supervisor will request the assignment of a courtesy worker by contacting the appropriate county and processing the request in SWSS CPS through the Case Listing module. Courtesy services must be agreed upon by the county of residence and the county providing courtesy services. All activities done by the courtesy worker must be documented in SWSS CPS by entering any contacts in the Social Work Contacts module, completing any safety and/or risk reassessments or reassessments of the FANS-CPS and CANS-CPS, etc., as necessary. Any contacts between the workers/supervisors of different counties should also be documented in social work contacts by the worker/supervisor initiating contact.

When a family with an ongoing protective services case is absent from the county for a period of thirty days or more, moves, or is temporarily visiting out of the county, see [CFP 716-2](#), When Families In CPS Cases Move Or Visit Out Of County.

Disputes between counties must be immediately referred for resolution to:

- Area Office.
- Outstate operations for urban counties.
- Wayne County Children and Family Services Administration for Wayne County.