

Date – October 12, 2016

Manual - Child and Family Services Manual, Chapter C, Child Protective Services (CPS)

Transmittal # 273

The purpose of this transmittal is to provide notice of new and revised guidance for Chapter C. Child Protective Services of the VDSS Child and Family Services Manual. Unless otherwise stated, the provisions included in this transmittal are effective upon release.

Significant changes:

- The Pamunkey tribe is now a federally recognized Indian tribe in Virginia. See Section 1.12.4 in Appendix B of the Introduction section of guidance.
- In response to legislation passed in the 2015 General Assembly (HB1570), effective 7-1-2016 the numbers of children allowed in Family Day Homes has been revised. See Section 5.3.2 in the Out of Family (OOF) section of guidance.
- A new requirement has been added requiring monthly contact on all suspended investigations. See Section 4.5.2.6 in the Investigations section of guidance, Section 5.4.8.6 in the OOF section of guidance and Section 11.3.6 in the Child Deaths section of guidance.
- Guidance has been clarified in Section 6, Services, to reflect timeframes to complete the Family Strengths and Needs Assessment and Risk Reassessment every 90 days and need to complete a Safety Assessment before closing a CPS On-going case.
- Significant additions and revisions have been made in Section 10, Substance Exposed Infants.

This transmittal, manual, and power point training are available on SPARK:
<http://spark.dss.virginia.gov/divisions/dfs/cps/manual.cgi>

Significant changes to the manual are as follows:

Section 1 Introduction to Child Protective Services	
Subsection	Significant Changes
Appendix B: Virginia Tribes 1.12.3 Specific tribes recognized by the Commonwealth of Virginia	Deleted the Pamunkey tribe from list of Virginia recognized tribes.
1.12.4	Deleted information regarding Federal recognition of the Pamunkey tribe being on hold. It is now officially Virginia's first federally recognized Indian tribe.

Section 2 Definitions	
Subsection	Significant Changes
2.3.2.13 Abusive Head Trauma and battered child syndrome	Condensed section heading and added new information regarding a resource produced by the American Academy of Pediatrics on Abusive Head Trauma.
Section 3 Complaints and Reports	
Subsection	Significant Changes
Entire section	No significant changes
Section 4 Family Assessment and Investigation	
Subsection	Significant Changes
4.5.2.6 Contact while investigation is suspended	Added new guidance for documenting monthly updates in OASIS while an investigation is suspended.
Section 5 Out of Family Investigations	
Subsection	Significant Changes
5.3.2 Child care definitions	Revised the number of children allowed in a Family Day Homes and Voluntarily Registered Family Day Homes.
5.4.8.6 Contact while investigation is suspended	Added new guidance for documenting monthly updates in OASIS while an investigation is suspended.
Section 6 Services	
Subsection	Significant Changes
6.8 Strengths and needs assessment in a CPS on-going case	Clarified guidance to complete a Family Strengths and Needs Assessment every 90 days if the case is to remain open.
6.13.1 Risk reassessment	Clarified guidance that requires a risk reassessment to be completed every 90 days until the case is closed.
6.13.2 Update the FSNA	Clarified in guidance that an updated FSNA must be done after the service plan has been renewed.
6.13.3 Update service plan	Clarified guidance to add the steps to be taken when updating the service plan.
6.14 Closing a CPS on-going case	Added new heading. As a result of this, the numbering has changed for the rest of section 6.
6.14.1 Update safety assessment	Clarified guidance to require a safety assessment is completed within 30 days of case closure.
Section 7 Appeals	
Subsection	Significant Changes
Entire section	No changes
Section 8 Judicial Proceedings	
Subsection	Significant Changes
Entire section	No changes
Section 9 Confidentiality	
Subsection	Significant Changes
Entire section	No changes

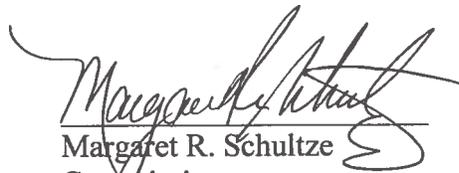
Section 10 Substance-Exposed Infants (SEI)	
<i>Note: Due to additions and deletions of sub-sections within this section, all numbering has changed slightly. Additionally, the term “substance-exposed infant” was replaced throughout the section with the acronym SEI.</i>	
Subsection	Significant Changes
10.1 Introduction	Added additional information on effects of in utero exposure to controlled substances. Added additional resources for information regarding SEI and maternal substance use including link to the e-learning course for substance abuse found in the Knowledge Center, CWSE5501.
10.2 Definitions	Added new section containing definitions for terms associated with SEI, maternal substance use and substance use disorders.
10.3 Healthcare providers required to report SEI	Clarified guidance regarding the use of clinical indicators by healthcare providers in identifying SEI. Separated out the four circumstances that constitute a reason to suspect SEI, by creating new headings: 10.3.1.1 First circumstance- added examples of toxicology studies. 10.3.1.2 Second circumstance- added information specific to dependency and withdrawal, specifically Neonatal Abstinence Syndrome (NAS). 10.3.1.3 Third circumstance 10.3.1.4 Fourth circumstance
10.3.2 Healthcare provider responsibilities	10.3.2.1 Report to CPS- added information about confidentiality of medical records. 10.3.2.2 Report to Community Services Board- added need for discharge plan to involve other parent. 10.3.2.2.1 Hospital discharge plan- Added new section regarding details of what should be included in a hospital discharge plan and need for CPS to obtain a copy.
10.3.3 Multidisciplinary teams	Added new section regarding the need for a coordinated approach to address the needs of the SEI, mother and family.
10.4 Plan of Safe Care	Added new section describing a plan of safe care for substance exposed infants as required by the Child Abuse Prevention and Treatment Act.
10.5 CPS response to SEI referrals	Added guidance to clarify the difference between making a finding, safety and risk for SEI referrals.
10.5.1 Determine the track decision	Clarified making the track decision for SEI referrals. 10.5.1.1 Track decision examples- Added new section which provides examples of when the family assessment or investigation track may be appropriate. Added reminder to document a condition of removal as “substance exposed infant” in OASIS if child is brought into foster care.
10.5.2 Initial assessment	Clarified that all SEI referrals will require a safety plan and the need for screening for substance use. Added clarification regarding the safety factors that must be addressed for all SEI referrals. 10.5.2.1 Substance use screening- added new section recommending that a substance use screening should be done on all SEI referrals.

	<p>Provided sample questions that can be asked to determine need for further evaluation. Provided link to new Appendix C- two screening tools designed specifically for substance use by pregnant and child bearing women. Added link to additional resources provided by the Department of Behavioral Development and Health Services. Added reminder to contact collaterals to confirm information provided by the mother in a SEI referral.</p>
10.5.3 Information to gather when responding to SEI referrals	<p>Added new section with recommended information to gather regarding conditions or behaviors of the mother and the child in a SEI referral.</p>
10.5.4 Exception to completing the investigation of family assessment	<p>Clarified guidance regarding ability to end a CPS response if the mother sought substance abuse counseling while pregnant. Removed ability to not initiate response and added requirement to verify any evidence of seeking treatment that is provided by the mother before ending agency involvement.</p> <p>Removed subsections regarding definitions to determine if exceptions apply as they are now included in the definitions found in section 10.2. Clarified that agencies should continue with a family assessment even if the mother sought treatment while pregnant. If the agency determines no further action is required, referrals should be made for monitoring of the discharge plan from the birthing hospital.</p> <p>Clarified that if there are any other valid allegations of abuse or neglect, the investigation or family assessment shall continue.</p>
10.5.5.1 Collateral contacts in SEI referrals	<p>Added new section heading and clarified collateral contacts include immediate and extended family as well as the birthing hospital.</p> <p>Added recommended information that should be gathered from collaterals.</p> <p>Added specific information that should be gathered from a substance use disorder treatment provider.</p>
10.5.5.2 Dispositions in SEI investigations	<p>Added new heading.</p>
10.5.5.3 Assessing risk in SEI referrals	<p>Added new section regarding assessing risk in SEI referrals as there are specific risk factors that usually apply in these situations.</p>
10.5.5.4 Risk level guides decision to open a case	<p>Added new section regarding the opening of a case based on the assessed risk.</p>
10.5.6 Referrals to early intervention programs for children	<p>Added reminder that regardless of whether a case is opened or not, a referral for Part C Early Intervention shall be made for all SEI referrals.</p>
10.6 CPS on-going services to families with SEI	<p>Added new guidance regarding services for the mother and family of a SEI, starting with a thorough assessment.</p> <p>10.6.1 Substance abuse services considerations- added series of questions to be answered when considering on-going services.</p> <p>10.6.2 Other services- added list of other services typically recommended for mothers and families of a SEI. One particular service that is highly recommended is home visiting. Added information specific to home visiting programs and added a link to the Home Visiting</p>

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	Consortium website.
10.9 Appendix B: Neonatal Abstinence Syndrome (NAS)	Added new appendix which provides detailed information about NAS including the cause, common symptoms, how diagnosed and how it is treated.
10.10 Appendix C: Screening Tools used with Pregnant or Postpartum Mothers	Added new appendix which provides two sample screening tools that can be used with mothers of children born substance exposed.
Section 11 Child Deaths	
Subsection	Significant Changes
11.3.6	Added new guidance for documenting monthly updates in OASIS while an investigation is suspended.

Questions about this transmittal should be directed to Rita Katzman, CPS Program Manager at 804-726-7554 or by email at rita.katzman@dss.virginia.gov


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Commissioner

032-20-0014-03-eng