



State of South Carolina Department of Social Services

Policies: Child Welfare Services

Subject:	1648: Service Referrals
Authority:	Family First Prevention Services Act (Public Law 115-123); S.C. Code Sections 63-7-10; 63-7-910
Standards:	Guiding Principles and Standards (GPS) Practice Model
Application:	All Child Welfare Staff
Purpose:	To set forth policy guidelines for Child Welfare Staff to complete service referrals based on functional assessments for children and families who come to the attention of the South Carolina Department of Social Services (DSS).
Policy Statement:	Service referrals are informed by functional assessments completed in collaboration with children and families, Child and Family Team Meetings (CFTMs), and supervisory case consultations. Service referrals must be directly related to the individualized strengths and needs of children and families as determined by the functional assessment, CFTMs, and supervisory case consultations. Once the need for a service becomes known, Child Welfare Services staff must complete a service referral for the parent or child as soon as the service need has been identified, as applicable.
Policy Administration:	The Child Welfare Services Office of Family and Community Services is the owner of this policy. The Director, or the Director's designee, shall review this policy at least annually from the date published in the Child Welfare Manual, or as needed due to changes in law or practice.
Policy Guidelines:	
A. Service Referral Overview	1. Services should be individualized, strengths-based, culturally responsive, trauma-informed, family-centered, and informed by the assessment tools. 2. While each assessment tool forms the basis for service planning, each referral is tailored to meet the unique needs, strengths, and circumstances of each individual family.

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B. Service Referrals for FAST or CANS	1. The Case Manager must adhere to the timeframes and requirements as described in DSS Family Advocacy and Support Tool (FAST) Policy or DSS Child Adolescent Needs and Strengths (CANS) Policy 2. Based on the ratings given in each section, the FAST assessment will result in one of four service intensity levels: a. No Service Intensity – services not recommended. The case manager continues to complete the required tasks for case closure. b. Low Service Intensity – the case manager proceeds to case tasks or closure contingent on team leader approval and no new safety or risk concerns. c. Moderate Service Intensity – the case manager initiates referrals for appropriate services that have been identified for any family member's needs. d. High Service Intensity – the case manager initiates immediate referrals for appropriate services that have been identified for any family member's urgent needs. Urgent needs are those rated a '3.' e. Please review the Service Intensity Chart for expanded guidance. 3. Service recommendations identified from the FAST shall be documented on the Family Permanency Plan (FPP) by the case manager, or other CFTM facilitator. a. All qualified service recommendations should be derived from the needs identified from the assessment(s). b. Goals and needs should be developed for each child and family that correlate with a need identified in the assessment(s). c. All goals and services should include timelines to be met to assess progress towards the goal(s).
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C. Teaming to Identify Appropriate Services	1. The team leader reviews and consults with the case manager regarding the assessment results and discusses any identified needs and recommended services throughout the life of the case. For additional information on available evidenced based services, please see the SC Service Array Map. 2. The case manager completes the remaining items on the assessment and continues to meet and collaborate with the family to discuss identified service needs and service referrals to address those needs. 3. Teaming between program areas occurs continually. This promotes alignment between the FAST assessment completed during the investigation and family preservation, as well as the CANS assessment completed during foster care. 4. The CFTM serves as a collaborative forum to: a. Develop or update the Family Permanency Plan; b. Assess the strengths and needs of the child or youth and family; c. Coordinate activities of the family permanency planning team; and d. Engage informal family supports and community services. 5. During the CFTM, the case manager or CFTM facilitator shall: a. Facilitate a discussion about possible services to support the family within their community; b. Solicit input from the family and other team members regarding service needs and preferences; c. Utilize the SC Service Array Map, and other internal resources to identify potential service options; d. Encourage active participation from all team members in the service selection process; e. Provide the family with a completed copy of the Family Permanency Plan within five (5) days; f. Schedule follow-up CFTMs as required (e.g. 90-day status, 6-month permanency) to review and adjust services as needed. 6. The case manager selects services that: a. Address the individualized goals and needs of the family as identified in the FAST or CANS assessment; b. Align with the goals outlined in the Family Permanency Plan; and c. Are accessible and appropriate for the family's circumstances.
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	5. The case manager discusses the service recommendation with the family and acknowledges the discussion in the Family Permanency Plan. 6. The case manager engages the family to request their signature on DSS Form 4003: Disclosure and Authorization to Disclose Protected Information, the Consent for Release of Information for service referrals. 7. The case manager enters all service referrals into CAPSS dictation. Note: Please refer to Work Aid 16.6: How to Complete Service Referrals for additional practice guidance.
D. Referral Process for SCDSS Supported Interventions	1. When completing service referrals, DSS staff may utilize one of two methods. Referrals may be made within CAPSS, or via the Family and Community Services SharePoint site. 2. To determine which method should be used, first decide what service will be recommended. Please remember that all service referrals should be linked directly to the identified needs of the child(ren) and family as identified by the various assessments performed. 3. Service referrals made within CAPSS are as follows: a. Brief Strategic Family Therapy (BFST) b. Homebuilders c. Intercept d. Family Resource Connection and Preservation Services (FRCPS) e. Parents as Teachers (PAT) 4. Service Referrals made via the Family and Community Services SharePoint site are as follows: a. Intensive In-Home Services (IIHS) b. Healthy Families America (HFA) c. Strengthening Families Program (SFP) d. Family Centered Treatment (FCT) e. Thompson Placement Stabilization Unit (TPSU) Youth Partner f. TPSU BMOD Request g. All current referrals for Foster Care lines of service, regardless of the intervention, are made on the SharePoint site. 5. Referral Documentation: a. Include all necessary referral information in both the Family and Community Services SharePoint Site and CAPSS (as applicable); and b. Document services, goals, needs, and frequency in the Family Permanency Plan.

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	6. The Referral Acceptance (for more information on the referral acceptance process, please see the Work Aid 16.6: How to Complete Service Referrals) process begins after the service provider accepts the initial referral, and engages the case manager in consultation. 7. A Child Specific Prevention Plan (CSPP) must be created for each identified recipient of an evidenced based service referral within the Family Permanency Plan (FPP). 8. Progress should be monitored by the following: a. Maintain ongoing communication with service providers. b. Assess the family's level of participation in services through regular provider contact; and c. Review the family's progress at each face-to-face contact and during CFTMs. 9. When concluding services coincides with the closure of a case, the case manager or team leader shall hold a Closure CFTM to evaluate outcomes and gather supports for ongoing safety post SCDSS involvement. For additional information, please see the DSS Policy 1642: Child and Family Team Meeting (CFTM). 10. When the conclusion of a service does not coincide with case closure, follow these guidelines: a. Notify the child's parent, custodian, and service providers of the decision to end services. b. Collaborate with the family to develop a transition plan for service changes. 11. Throughout service delivery, the team leader shall: a. Review assessment details and service plans with the case manager in scheduled case consultations b. Promote timely completion of service referrals as required, and c. Verify all actions are accurately documented Note: For additional help identifying and processing referrals, please contact preventionreferrals@dss.sc.gov for support.
E. Referral Process for Other Community-Based Referrals	1. When referring individuals to a community-based organization whose services are not reimbursed by SCDSS and do not fall under the department's oversight, follow these guidelines: a. When referring individuals to a service, make sure the service displays an observed level of fidelity to generally accepted best practices or standards and promotes a commitment to serving the specified need with competency. b. DSS staff shall identify and recommend resources that align with the family's specific goals and needs,

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	effectively communicate the availability of services with the family. It is essential to collaborate with the family in selecting the most appropriate service option to support their well-being and overall success. c. DSS staff shall make reasonable efforts to establish direct communication with the receiving organization to facilitate a warm hand-off for the recipient d. DSS staff shall document all referrals made in CAPSS 2. Monitor progress by: a. Maintaining ongoing communication with service providers. b. Assessing the family's level of participation in services through regular provider contact; and c. Reviewing the family's progress at each face-to-face contact and during CFTMs. d. Documenting the monitoring contacts in CAPSS per agency policy. 3. When concluding services coincides with the closure of a case, the case manager of team leader shall hold a Closure CFTM to evaluate outcomes and gather supports for ongoing safety post SCDSS involvement. For additional information, please see the DSS Policy 1642: Child and Family Team Meeting (CFTM). 4. When the conclusion of a service does not coincide with case closure, follow these guidelines: a. Notify the child's parent, custodian, and service providers of the decision to end services. b. Collaborate with the family to develop a transition plan for service changes. 5. Throughout service delivery, the team leader shall: a. Review assessment details and service plans with the case manager in scheduled case consultations b. Promote timely completion of service referrals as required, and c. Verify all actions are accurately documented
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F. Service Referrals for Case Closure and Unfounded Cases	When closing a service referral line coincides with the closure of the case, the case manager shall: 1. Alert the service provider(s) that the case has been closed or the agency is no longer involved with the family; 2. Notify the family of case closure or case decision; and 3. Document these actions in CAPSS dictation. When closing a service referral line coincides with the closure of the case, the team leader shall:
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	1. Conduct a case consultation as described in Section B of DSS Policy 1644: Team Leader Case Consultation. 2. Document the case consultation on DSS Form 3062: Team Leder Case Consultation. Note: For further guidance on the fourth pathway (service continuation for unfounded cases), please refer to Policy 400: Family Preservation Services.
G. Monitoring Services Re-ferrals	1. All services identified on the Family Permanency Plan shall have their progress monitored and updated at least monthly. 2. For additional guidance on proper monitoring of all Family Permanency Plan related services, please see Section D of the Family Permanency Plan.

Forms and Re-sources:	DSS Form 4003: Disclosure and Authorization to Disclose Protected Information FAST Reference Guide CANS Reference Guide SC Service Array Map Work Aid 16.6: How to Complete Service Referrals DSS Policy 1642 Child and Family Team Meeting (CFTM) Policy 400: Family Preservation Services DSS Policy 1644: Team Leader Case Consultation DSS Form 3062: Team Leder Case Consultation
Related Management Reports:	NA

Glossary:
Child and Adolescent Needs and Strengths (CANS): a multipurpose information integration tool which best exemplifies strength-based, culturally responsive, and family focused casework practice. The CANS produces the least stigma or label for the children, youth, and families served. It provides a collaborative communication means for understanding the treatment needs of youth and making decisions about care and services. The CANS assesses the needs of children and youth to assist with matching services to needs. Child and Family Team Meeting (CFTM): family centered, culturally responsive, goal-orientated, and problem-solving processes that bring together the Child and Family Team (CFT) to make decisions about the safety, permanency, and well-being of their children or youth through the development of an individualized Family Permanency Plan. CFTMs are planned in advance so meaningful participation by all members is possible. Interpreter services and other accommodations are provided as needed. Child Specific Prevention Plan (CSPP): Child Specific Prevention Plans (CSPP) detail the referred services that directly impact the child. Each entry on the CSPP must be tied to the needs identified in the relevant DSS assessment, and the goals

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listed on the Family Permanency Plan (FPP).

DSS Funded Service Referrals: referrals to services that DSS authorizes for payment when funding is available (e.g., Family First Prevention Services, Social Security Act Title IV-E, Social Security Act Title IV-B, etc.)

Eligible Candidates for Family First Prevention Services: a child meets criteria for candidacy for Family First Prevention Services when they are determined to be at imminent risk for removal if the identified risk and safety issues are not being addressed through the provision of needed specific preventative services. This population is defined as:

1. Children and youth under age 18 years named in a Child Welfare Services Investigation.
2. Children and youth under age 18 years who are receiving Family Preservation Services.
3. Pregnant and parenting youth; and
4. Children and youth under age 18 years exiting Foster Care and entering Family Preservation

Family Advocacy and Support Tool (FAST): the initial intervention assessment tool designed to be utilized with families who are involved in a Child Welfare Services investigation and families who are identified as needing Family Preservation Services

Family Permanency Plan (FPP): the sole plan for a family developed collaboratively to describe the reasons for DSS involvement, the actions, and services required to change behaviors and reduce safety concerns and risks, and promote the safety, permanency, and well-being of the child, youth, or young adult and family

Other Community Based Referrals: referrals to organizations and/or services that are neither financially supported nor programmatically monitored by the Department.

Qualified Services: services that specifically relate to the goals derived from the needs assessment(s) and are “well-supported” evidenced based interventions.

Recommended Service: a paid or unpaid service that addresses needs identified in the FAST/CANS and the Child and Family Team Meeting

SCDSS Supported Interventions: an evidence-based intervention referred by SCDSS, in which the Department provides financial compensation to support the child's and/or family's participation in services and where the Department oversees the service through programmatic monitoring.

Service Referral: a referral that assists families and children in obtaining community services and resources, identifying and leveraging formal and informal supports, and building safety networks as informed by the CANS, FAST, Child and Family Team Meetings (CFTMs), and supervisory case consultations. Referrals or linkages to services may be paid for by DSS or other funding sources.