

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 18, 1994

ALL-COUNTY LETTER NO. 94-32

TO: COUNTY ADULT PROTECTIVE SERVICES AGENCIES

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

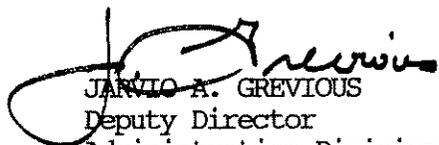
SUBJECT: REVISED INSTRUCTIONS FOR FORM SOC 242 AND ITEM COMMENT SHEET

Enclosed are revised instructions for completing the California Department of Social Services Form SOC 242 (1/89), County Services Block Grant Programs, Monthly Statistical Report. Also enclosed is a one-page "Item Comment Sheet."

These revised instructions are the result of joint efforts by the department and the County Welfare Department Adult Protective Services Sub-Committee to clarify reporting instructions and ensure uniformity in the data reported. The revisions are technical adjustments and rearrangement of information by placing all definitions on separate pages for easier reference. The form SOC 242 remains unchanged.

As you review the revised instructions, you may have further concerns. If so, please complete the enclosed "Item Comment Sheet" and return to us no later than May 27, 1994 at the address noted in the upper right hand corner of the sheet. We will respond to your reporting requirement questions or concerns in a follow-up letter.

If you have questions regarding the above, please contact Mary Clark, Statistical Services Bureau, at (916) 653-4870. If you have Adult Protective Services Program questions, please contact Lucille Toscano, Adult Protective Services, at (916) 657-3788.


 JANVIO A. GREVIOUS
 Deputy Director
 Administration Division


 CAROL R. WIDEMON
 Deputy Director
 Adult Services Division

Enclosures

c: CWDA

Definitions

Dependent Adult/Elder

Any person 18 years of age or older who has physical or mental limitations which restrict his/her ability to carry out normal activities, to protect his/her own resources; including persons who are functionally impaired due to physical, mental, or developmental disabilities or whose physical or mental abilities have diminished because of age.

Emergency Response (ER) Cases

A report of abuse, referral, or request for APS which meets **all** the following conditions:

- (1.) At the point of intake, CWD staff has determined that the initial evaluation of available information indicates that the situation is of a serious nature which warrants/mandates that an IMMEDIATE investigation to establish the facts be initiated.
- (2.) The person is a dependent adult/elder.
- (3.) The person is a victim of physical abuse or is in circumstances or conditions likely to produce great bodily harm or death; and
- (4.) The CWD staff responds within five calendar days.

Information and Referral

Those activities provided by social service staff and/or contracted agencies which enable persons to have accurate and current knowledge about available public and private resources established to help alleviate socio-economic and health problems; and which provide short-term help to enable persons to identify and gain access to resources appropriate to their needs. This service is available to all persons regardless of income.

Non-Emergency Response (Non-ER Cases)

A report of abuse, referral, or request for APS which meets all the following conditions:

- (1.) At the point of intake, CWD staff has determined that the initial evaluation of available information indicates that the situation is **not** of a serious nature which warrants/mandates that an immediate investigation to establish the facts be initiated;
- (2.) The person is a dependent adult/elder; and
- (3.) The person is **not** in circumstances or conditions likely to produce great bodily harm or death.

Optional Services

Social services programs which are not mandated by Federal or State law. Examples include: Special Care for Children in Their Own Homes; Home Management and Other Functional Educational Services; Employment/Education Training; Services for Children with Special Problems; Services to Alleviate or Prevent Family Problems; Sustenance; Housing Referral Services; Legal Referral Services; Diagnostic Treatment Services for Children; Special Services for Blind; Special Services for Adults; Services for Disabled Individuals; and Services to County Jail Inmates.

Reassessments

An activity which reviews all past assessments and examines the current condition of the client and his/her family that results in written documentation in the case record or case file. The activity must be documented in the case record/case file for a reassessment to occur. The reassessment is used to evaluate the effectiveness of the current service plan and to review the progress that has been made towards achieving the objectives identified in the service plan. See MPP Section 30-002(w).

Background and Purpose

County Services Block Grant Programs Monthly Statistical Report Form SOC 242 (Revised 1/89)

Content

The County Services Block Grant (CSBG) Programs Monthly Statistical Report, Form SOC 242 (1/89), records information from County Welfare Departments (CWDs) in the following areas: Information and Referral (I and R), Out-of-Home Care Adults (OHC-A), Adult Protective Services (APS) which consists of Emergency Response (ER) and Non-Emergency Response (Non-ER) services, and Optional Services.

Purpose

The general purpose of this report is to collect information on the current status and trends in the CSBG Programs to provide a factual basis to County, State, and Federal administrators for budgeting, program planning, and other administrative decisions concerning social services in California. The specific purpose of this report is to collect caseload information and level of activities in each of the CSBG Programs.

Distribution

The information is distributed monthly within the Department of Social Services for program administration. Summaries of this information will be made available to CWDs and other interested agencies and individuals upon request.

Implementation Date

The implementation date for the revised form SOC 242 (1/89) was February 1, 1989. The February 1989 report was the first report on the revised form. The implementation date for the revised instructions is April 1, 1994.

Due Date

The SOC 242 is due in Sacramento on or before the last working day of the month following the end of the report month. For example, the March 1994 report is due no later than April 30, 1994. If the report will be either delayed or incomplete in any way, please contact Statistical Services by telephone at (916) 653-3850.

Send one copy of the report to:

Department of Social Services
Statistical Services
744 P Street, M.S. 12-81
Sacramento, CA 95814

COUNTY SERVICES BLOCK GRANT PROGRAMS MONTHLY STATISTICAL REPORT

SEND ONE COPY TO:
 Department of Social Services
 Statistical Services
 744 P Street, MS 19-81
 Sacramento, CA 95814

COUNTY	CODE	
MONTH ENDING	MONTH /	YEAR /

PART A: INFORMATION AND REFERRAL **Responses**

1. Number of responses to requests for Information and Referral	1	
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PART B: OUT-OF-HOME CARE ADULTS (OHC-A) **Cases**

2. Cases brought forward from last month (same as Item 6 on prior month report)	2	
3. Cases opened during the month	3	
4. Total number of active cases during month (sum of Items 2 and 3)	4	
5. Cases closed during the month	5	
6. Cases carried forward to next month (Item 4 minus Item 5)	6	

PART C: ADULT PROTECTIVE SERVICES (APS) **Contacts**

7. Number of APS reports/referrals/requests received during the month	7	
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Emergency Response (ER) Cases **Cases**

8. Cases brought forward from last month (same as Item 12 on prior month report)	8	
9. Cases opened during the month	9	
10. Total number of active cases during month (sum of Items 8 and 9)	10	
11. Cases closed during the month (sum of Items 11a and 11b)	11	
a. Closed, no further activity	11a	
b. Transferred to non-ER (same as Item 14b below)	11b	

12. Cases carried forward to next month (Item 10 minus Item 11)	12	
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Non-Emergency Response (Non-ER) Cases

13. Cases brought forward from last month (same as Item 17 on prior month report)	13	
14. Cases opened during the month (sum of Items 14a and 14b)	14	
a. From Intake	14a	
b. From Emergency Response (same as Item 11b above)	14b	

15. Total number of active cases during month (sum of Items 13 and 14)	15	
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16. Cases closed during the month	16	
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17. Cases carried forward to next month (Item 15 minus Item 16)	17	
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Case Activities **Activities**

18. Total number of reassessments	18	
19. Total number of Emergency Responses	19	

PART D: OPTIONAL SERVICES **Cases**

20. Number of cases receiving optional services during the month	20	
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PERSON TO CONTACT	TELEPHONE NUMBER	DATE

Instructions for Completing Form SOC 242 (1/89)

Part A: Information and Referral

Item 1. Number of responses to requests for Information and Referral.

Report the number of times Information and Referral (I and R) was provided by the CWD during the month. I and R refers to the provision of information on human services resources (adult, family, and children) and a brief assessment of the request, but not diagnosis and evaluation, solely for the purpose of facilitating an appropriate referral to available public and private resources which provide such services. See MPP Section 30-050.

NOTE: When an APS report comes in as an I and R the CWD would count this in both Items 1 and 7 on this form.

Part B: Out-of-Home Care Adults (OHC-A)

When the CWD receives an application for adult out-of-home care services, it is considered a case. A case must have distinguishable and retrievable "case status" within the CWD's central index/registry (i.e., case folder and number), and a case record or case file as required by regulation. See MPP Section 30-600.

Item 2. Cases brought forward from last month (same as Item 6 on prior month report).

Report the number of cases receiving OHC-A on the first day of the report month. This must be the same number as stated in Item 6 (cases carried forward to next month) on the prior month report.

Item 3. Cases opened during the month.

Report the number of OHC-A cases opened during the month.

Item 4. Total number of active cases during the month (sum of Items 2 and 3).
Enter the sum of Items 2 and 3 above.

Item 5. Cases closed during the month.

Report the number of OHC-A cases closed during the month.

Item 6. Cases carried forward to next month (Item 4 minus Item 5).

Enter the remainder of Item 4 minus Item 5.

Part C: Adult Protective Services (APS)

Item 7. Number of APS reports/referrals/requests received during the month.

Enter the number of APS reports/referrals/requests received during the month, including new reports on existing APS cases. Reports include all reports of abuse to the APS population as defined by regulations. (See MPP Section 30-800). If a report comes in as an I and R, the CWD would count this in both Items 1 and 7 on this form. Referrals/requests include all referrals/requests made to the CWD specifically for services to prevent or remedy danger to adults.

Please note that this line item represents a duplicative person count. Two reports made to the CWD by two different individuals on the same incident would be counted as two reports received.

Emergency Response (ER) Cases

A report of abuse, referral, or request for APS is reported as an Emergency Response case when **all** the following conditions are met:

- (1.) At the point of intake, CWD staff has determined that the initial evaluation of available information indicates that the situation is of a serious nature which warrants/mandates that an IMMEDIATE investigation to establish the facts be initiated.
- (2.) The person is a dependent adult/elder.
- (3.) The person is a victim of physical abuse or is in circumstances or conditions likely to produce great bodily harm or death.

Item 8. Cases brought forward from last month (same as Item 12 on prior month report).

Report the number of ER cases receiving services on the first day of the report month. This must be the same number as stated in Item 12 (cases carried forward to next month) on the prior month report.

Item 9. Cases opened during the month.

Report the number of ER cases opened during the month. Do not report the number of emergency responses provided on non-ER cases in this line item. An emergency response on an open non-ER case cannot be counted as a new ER case. This emergency response is to be reported in Case Activities, Item 19 of this form.

Item 10. Total number of active cases during month (sum of Items 8 and 9).

Enter the sum of Item 8 plus Item 9

Item 11. Cases closed during the month (sum of Items 11a and 11b).

Item 11a. Closed, no further activity.

Of the total number of closed ER cases reported in Item 11 above, enter the number of cases for which there were no further APS activities.

Item 11b. Transferred to Non-Emergency Response (same as Item 14b below).

Of the total number of closed ER cases reported in Item 11 above, enter the number of cases that were transferred to non-Emergency Response. An ER case is reclassified as a non-ER case when the CWD staff has determined that:

- The emergency situation no longer exists when the emergency services have been provided;
- Based on a follow-up assessment the client is no longer in jeopardy, his/her situation has been stabilized, and no further emergency protective services are required, and
- There is a need for non-ER services.

Item 12. Cases carried forward to next month (Item 10 minus Item 11).

Enter the remainder of Item 10 minus Item 11.

Non-Emergency Response (Non-ER Cases)

A report of abuse, referral, or request for APS is reported as a non-Emergency Response case when all the following conditions are met:

- (1.) At the point of intake, CWD staff has determined that the initial evaluation of available information indicates that the situation is **not** of a serious nature which warrants/mandates that an immediate investigation to establish the facts be initiated;
- (2.) The person is a dependent adult/elder, and;
- (3.) The person is **not** in circumstances or conditions likely to produce great bodily harm or death.

Item 13. Cases brought forward from last month (same as Item 17 on prior month report).

Report the number of non-ER cases receiving services on the first day of the report month. This must be the same number as stated in Item 1 (cases carried forward to next month) on the prior month report.

Item 14. Cases opened during the month (sum of Items 14a and 14b).

Report the total number of non-ER cases opened during the month.

Item 14a. From Intake

Of the total number of non-ER cases reported in Item 14 above, enter the number of cases opened from Intake. These cases should be a direct result of a report/ referral/request received by the CWD and not transferred from ER.

Item 14b. From Emergency Response (same as Item 11b above).

Of the total number of cases reported in Item 14 above, enter the number of cases that were reclassified as non-ER from ER status.

Item 15. Total number of active cases during month(sum of Items 13 and 14).

Enter the sum of Item 13 plus Item 14.

Item 16. Cases closed during the month.

Enter the number of non-ER cases closed during the month.

Item 17. Cases carried forward to next month (Item 15 minus Item 16).

Enter the remainder of Item 15 minus Item 16.

Case Activities

Items 18 and 19 represent the number of times a reassessment and emergency response were provided by the CWD staff during the month. Report one count for each time a reassessment or emergency response is provided. The activities of reassessment and providing emergency response could occur at the same time. In this situation, one count would be made in Item 18 and one count in Item 19. This is an activity count and not a case count.

Item 18. Total number of Reassessments

Enter the total number of reassessments performed by CWD staff during the month. A reassessment is the activity which reviews all past assessments and examines the current condition of the client and his/her family that results in written documentation in the case record or case file. The activity must be documented in the case record/case file for a reassessment to occur. The reassessment is used to evaluate the effectiveness of the current service plan and to review the progress that has been made towards achieving the objectives identified in the service plan. See MPP Section 30-002(w).

Item 19. Total number of Emergency Responses.

Enter the total number of emergency responses made by CWD staff during the month. An emergency response is to be reported each time the Social Worker is required to respond to circumstances defined as an ER case on page of these instructions.

Part D: Optional Services

Optional Services are social services programs which are not mandated by Federal or State law.

Examples of Optional Services Programs include: Special Care for Children in Their Own Homes; Home Management and Other Functional Educational Services; Employment/Education Training; Services for Children with Special Problems; Services to Alleviate or Prevent Family Problems; Sustenance; Housing Referral Services; Legal Referral Services; Diagnostic Treatment Services for Children; Special Services for Blind; Special Services for Adults; Services for Disabled Individuals; and Services to County Jail Inmates.

Item 20. Number of cases receiving optional services during the month.

Enter the total number of active cases receiving optional services during the month. An application for optional services becomes a case when received by the CWD. A case must have distinguishable and retrievable "case status" within the county's central index/registry (i.e., case folder and number), and a case record as required by legislation. If an individual meets the definition of a case in more than one optional service program, the individual should be counted for all programs in which he/she is participating. For example, a person receiving services from two programs shall represent a count of two cases in Item 20.

Item Comment Sheet, Form SOC 242

Please use this sheet to submit your questions and/or concerns regarding completion of the form SOC 242.
Thank you.

Return this form to:
State Department of Social Services
Statistical Services Bureau
744 -P- Street, M.S. 12-84
Sacramento, CA 95814

Item Number: _____

Item Number: _____