

# Key Considerations for Prevention Plan Section IV & V

**Last updated on 4/8/2021**

This document reflects responses gathered from the [State, child welfare leadership staff, other Family First work groups, readiness assessment, stakeholder engagement], to inform planning and decision-making for STATE's implementation of the Prevention provision of the Family First Prevention Services Act.

Section IV: Child-Specific Prevention Plan		
Section Consideration Questions	Content Development	Next Steps for Information Gathering and Decision-Making
Process for developing child-specific prevention plan:		-
Process for assessing service need:		-
Description of processes to ensure appropriate service referral, linkage, and oversight for prevention candidates		-
Integrating the child-specific prevention plans within the SACWIS/CCWIS system		-
How prevention services will be coordinated with other services provided to the child/family under the IV-B plan		-
Section V: Monitoring Child Safety		
Section Consideration Questions	Content Development	Next Steps for Information Gathering and Decision-Making
Description of state's approach to monitoring and overseeing the safety of children receiving title IV-E preventive services throughout the service delivery period		

Staff roles and responsibilities for monitoring risk		
Description of what tools will be used and protocols and timeframes for administering them		

The below pages provide excerpts of other states' submitted prevention plans that detail their approaches to sections IV and V (updates evolving quarterly as new plans are submitted, or submitted plans are revised and approved). For more information contact us at [FamilyFirstChapin@Chapinhall.org](mailto:FamilyFirstChapin@Chapinhall.org).

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# Arkansas

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan:**

### **Child-Specific Prevention Plan: Connecting Candidacy to Appropriate EBP**

Once FFPSA eligibility (either through candidacy or as a pregnant or parenting foster youth) is established, a Prevention Plan will be accessible to complete in CHRIS. While eligibility is determined separately and must be completed on each child, the Prevention Plan will be a family plan that only identifies those children and parents or caregivers who are eligible. While a small timeframe is allowable between identifying someone as eligible and completing the Prevention Plan screen, once the first prevention plan is completed, it will auto-populate a creation date of the date eligibility was approved. The worker will be able to choose each client that is FFSPA eligible and pick a FFSPA-eligible service. At the appropriate time, the worker will put the begin date, the end-date, and whether or not the service was successfully completed. There is also a mandatory text box for the worker to state why this particular intervention was chosen and any pertinent notes. For pregnant and parenting foster youth, the worker will choose a service that will help ensure the youth is prepared or able to parent and describe in the narrative section the foster care prevention strategy for any child born to the youth. This screen can be updated at any time but will be mandatory to update with the case plan, every three months.

As discussed in section c of the Forward, Arkansas is aware that there will be eligible clients where no appropriate FFSPA eligible service is available, either because none of the FFSPA services in the plan are available in that county, or because none of the identified services are appropriate to meet the needs of the family at that time. There is a box on the prevention plan screen for a worker to check that states, "No Family First Eligible Services at this time." The text box will still be mandatory.

This prevention plan will print along with the case plan that address all other services. Workers will not be expected to duplicate services from the prevention plan into the case plan, but rather the services in the prevention plan and the case plan should work in tandem. By allowing prevention plans to be completed on all FFSPA eligible clients even when a FFSPA service is not available, it will allow DCFS to identify what populations are underserved by the Division and where to focus attention when looking for new services or expanding services into other areas.

In addition to candidacy, most of the FFSPA services have specific eligibility requirements. These requirements are detailed in section II Title IV-E Prevention Services. DCFS staff will be trained through in-person and on-line trainings on FFSPA services and eligibility requirements as described in sections VII and VIII of this plan. By the end of the second year of FFSPA implementation, DCFS will have a flow chart available to help workers and supervisors ask the appropriate questions when looking for FFSPA eligible services. This flow chart, which will be updated as new services become available, will be

developed from the established program eligibility guidelines, information gathered from the evaluation, and from input from providers across the FFSPA services spectrum.

## **Section V: Monitoring Child Safety:**

### **Monitoring Child Safety and Risk Pre-Print Section 3**

DCFS policy requires FSWs to assess and address risk and safety concerns for all children receiving services. As part of the root cause analysis completed for the CFSR, it was determined that assessing and addressing risk and safety concerns continues to be an area where Arkansas struggles. Round 3 of the CFSR found that lack of ongoing risk assessments is a greater problem in in-home cases than in foster care; however, steady improvements have been made in SFY 2018 and the first half of SFY2019. Improvements can be attributed to additional staff positions, strategies to decrease staff turnover, and a focus on prevention work.

Arkansas's current risk assessment tool was adapted from SDM and is a double-stream abuse/neglect assessment. This risk assessment tool must be used in an investigation with a true finding. Current DCFS policy reflects that the risk assessment should be used to inform case opening, however, since unsubstantiated investigations do not require a risk assessment be completed, in practice this does not factor into case opening decisions. Cases are currently opened based on either a true finding or a safety factor. Unsubstantiated investigations do not result in a case opening even in families where there is substantial risk for future maltreatment without intervention unless the family voluntarily requests services. In addition, DCFS currently has one risk assessment tool to be used at all stages of involvement with the family. Arkansas is actively addressing this in its work with NCCD.

Efforts are in place to improve training, support, and the tools used for assessing risk and safety. For example, DCFS requested assistance from Casey Family Programs and the NCCD Children's Research Center (CRC) to help in assessing and remedying potential obstacles to effectively assessing and addressing risk and safety. Work began in 2018, with CRC initially focusing on understanding existing practice and tools through two primary activities: an offsite review of policy and key informant interviews. DCFS is using implementation science to implement Safety Organized Practice and Structured Decision Making over a five-year period (see Arkansas's Child and Family Services Review Program Improvement Plan – still pending approval – and 2020-2024 Child and Family Services Plan – also still pending approval – for more details regarding the work with NCCD. Further information regarding the implementation process is in section VIII Child Welfare Workforce Training.

NCCD (CRC) is working with DCFS to create validated assessment tools that are specific to stages of a case. These include an intake assessment, safety assessment, risk assessment, case planning tool, reunification assessment, and risk reassessment as follows:

- 1) Intake assessment – This assessment has two components: screening and response priority. These components are used to help the hotline worker determine if a CPS response is needed, based on local legal and regulatory requirements, and if they should be a Priority 1, Priority 2, or D.R. assignment. At this time, CACD is in agreement with implementing this tool.
- 2) Safety assessment – This assessment provides a structure for assessing the presence of immediate danger to a child. Workers will use this guide as a support in making decisions about whether a child may remain in the home with no intervention, may remain in the home with a protection plan in place, or must be taken into protective custody. Use of this tool will help to provide consistency in decision making across the state. This tool is to be documented with 24 hours of first contact with the victim or

identified children, when there is a change in family conditions, if there is a change in the initial safety decision, and when a recommendation is made to close an in-home case.

- 3) Risk assessment – This is an actuarial assessment that looks at a range of family characteristics including number of prior referrals, children's ages, and caregiver behaviors that demonstrate a strong correlation with subsequent child abuse and neglect referrals to classify families by their likelihood of future involvement with the system. This risk assessment classifies families in low, moderate, high, and intensive risk levels. Workers will use this guide as a support in making decisions about case opening and intensity of services.
- 4) Case planning tool – This was formerly known as the family strengths and needs assessment. This tool provides a reference to ensure that all workers consider each family's strengths and needs in a clear, consistent manner and helps identify priority areas to address in the case plan.
- 5) Reunification assessment – This tool is used when at least one child is in out-of-home care. This tool helps ensure that local and federal policy regarding reunification, permanency planning, and termination of parental rights are effectively translated into practice. The presumptive guidelines behind this tool are based on risk of future maltreatment, demonstrated parenting interest and involvement in their children's lives, and safety of the home environment.
- 6) Risk reassessment – This tool is used for in-home cases and is used at regular intervals (i.e., every 90 days). This tool helps guide a worker in making decisions regarding whether a case should remain open; and if so, at what level or intensity of services.

Due to the transition to a CCWIS system taking several years, CRC is hosting these tools in their data collection system. The current plan is that as the CCWIS system is being built they will be integrated into this new system. These tools will help improve consistency and accuracy in assessing and addressing risk and safety. These tools will be implemented in phases as each tool is customized for Arkansas based on state laws and preferred language. Each tool will be tested for inter-rater reliability. The intake assessment will be the first tool to be implemented in early 2020. In the meantime, DCFS will continue using the current Health and Safety Assessment which is comprised of three parts: The Health and Safety Checklist, Safety Planning, and Risk Assessment.

The Health and Safety Checklist is comprised of 14 safety factors to help the worker determine if a child's health or safety are in immediate danger. The initial Health and Safety Checklist is completed by the DCFS investigator. If the investigation is being conducted by CACD and they identify a safety factor, they request a safety assessment from DCFS. Safety Planning is completed if DCFS identifies a safety factor. Safety planning may include the development of protection plan with the family to mitigate the identified safety factor and enhance the caregiver's protective capacity or removal of the child from the home. The protection plan is monitored by the investigator for the duration of the investigation and must be formally reassessed at 30 days. If substantial risk of harm to the child's health and safety remains at the 30-day reassessment, then DCFS will file a petition of dependency/neglect. Protection plans can be amended as necessary.

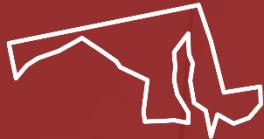
As referenced above, if a suitable protection plan cannot be made, then the DCFS Family Service Worker (FSW) will take a 72 hour hold and petition the court for emergency custody. The identified safety factor and the protection plan or 72-hour hold is documented in CHRIS under the Health and Safety Checklist and Safety Planning screens. When a safety factor is not identified it is also documented on the Health and Safety Checklist and the Safety Planning screen is not completed. DCFS assesses for safety during every interaction with the family. If a safety factor is identified at any point

during a case these same steps are to occur. The third component of the Health and Safety Assessment is the risk assessment. The DCFS FSW completes the first risk assessment which establishes a baseline level of risk for the family.

The current risk assessment is a double-stream abuse/neglect assessment that identifies factors such as previous investigations, the presence of domestic abuse, substance abuse issues, etc. that indicate the child may be at risk of future abuse or neglect. The levels of risk are classified as low, moderate, high, and intensive. Supervisors may override and choose a higher risk level in cases where there is non-accidental physical injury to an infant, death (previous or current) of a sibling as a result of abuse or neglect, serious non-accidental physical injury requiring hospital or medical treatment, and in sexual abuse cases where the perpetrator is likely to have access to the child victim. The level of risk indicates the level of involvement to assure the child's well-being and is used to help inform the case plan in the subsequent case. DCFS assesses for risk during every interaction with the family, but the first formal risk assessment must be documented within thirty days of the receipt of the investigation and approved by the supervisor within forty-five days. This is completed prior to the opening of the supportive or protective services case. Families with a risk-assessment level of high or intensive must be seen on at least a weekly basis. The risk assessment is updated throughout the life of the case as circumstances change. In addition, current policy requires the FSW to make face to face home visits weekly for the first thirty days. These visits can move to biweekly or monthly with a waiver after the first month only if the risk assessment reflects a low to moderate risk. High and intensive risk levels require weekly face to face visits. During these visits, the FSW is to talk privately with each child and caregiver, as well as observe the home and family interaction. In addition to the formal assessments, FSWs are to informally assess for risk and safety during each interaction with a family. With implementation of SDM and SOP, policy will be aligned to ensure required visits match the level and intensity of service recommended by the SDM tools.

DCFS is currently using the FAST as its assessment/case planning tool for in-home cases. Per policy the FAST is updated every three months at which time the case plan is also updated. As the prevention plan is an addendum to the case plan it will also be updated at this time. This provides for a reexamination of the prevention plan and whether or not the risk of the child entering care remains high despite the provision of services or programs. These frequent updates allow for the worker and family to assess if the current services are still appropriate, if additional supports should be put in place to help the family succeed, or if an altogether new strategy is needed. Should DCFS switch tools in the future, they will still be updated every three months per policy.

The Health and Safety Assessment, FAST, Prevention Plan, and Case Plan are all responsibilities of the DCFS FSW and is informed by the family, the family's support system, service providers, and other involved parties. DCFS closes non-court involved cases when both the FSW and the family agree that services are no longer needed and there is low risk of future maltreatment or that the needs of the family are best met by one or more referrals to other service providers outside of DCFS contracted services.



# Maryland

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Developing Child-Specific Prevention Plans and Connecting Families to Services**

Family Service plans will be developed in collaboration with the child, if age and developmentally appropriate, and the child's caregiver(s). Child-specific prevention plans will be subsets to each Family Service Plan within MD CHESSIE. For pregnant and parenting foster youth, these services should be documented in the foster youth's service plan, specifying those services that will ensure the youth is prepared and able to parent successfully. Child Welfare staff will engage individual family members in understanding the needs and strengths of each person in the family and will capture the information using CANS-F assessment for candidates or the CANS for pregnant/parenting youth. The family and/or child in consultation with the applicable caseworker will identify what service needs the family and/or child are willing and able to focus on at any given time to help ensure the child's safety, mitigate risk of future maltreatment and prevent foster care or strengthen parenting capacity. Child welfare staff will offer information about available services to address identified needs that are available taking into account and resolving any barriers that might exist for the family or child to receive an appropriate service. Ongoing Monitoring and Coordination of the Child-Specific Prevention Plan Staff will maintain frequent and regular contact with service providers and the family to support service provision, assess progress made and/or help identify any adjustments needed to services. While in many local

departments' families and pregnant/parenting youth receiving prevention services will be assigned a specialized family preservation worker, there may be times when child protective services are serving in this role, out of home care workers are involved with serving pregnant or parenting youth, or case associates are assigned in addition to ongoing workers to address families who have a higher level of needs. Multiple workers for a family will function as a team. When case transfers need to occur, the agency will ensure a "warm" hand off of the family to the new worker to ensure continuity of relationships, engagement and services.

For more information about staff practices and workforce development see section 7.

## **Section V: Monitoring Child Safety**

### **Monitoring Child Safety and Assessing Risk**

Initial and ongoing assessments of safety and risk are an integral part of the work of Maryland's child welfare staff. As candidates for foster care will be receiving in-home services or be pregnant and parenting youth in foster care, DHS/SSA will use existing practices to ensure child safety and assess risk. Caseworkers (both In-Home and Out-of-Home Placement Services staff) conduct their assessments face-to-face with all children and families while considering information from other sources, such as school and medical staff, therapists, etc. Each assessment requires supervisory approval following at least monthly case consultation between the worker and supervisor.

Caseworkers are required to make, at a minimum, monthly face-to-face visits with a family, including meeting privately with the child. The frequency of visitation and contact is determined by the assessed safety and risk levels. Table 3 outlines the frequency of staff face-to-face contact with families receiving in-home services

Table 3. Guidelines for determining frequency of face-to-face contact

Safety Determination	Risk Rating	Service Intensity Level	Worker Contact with Parents and All Children in Household
Unsafe	High	Level I	<i>Level I</i> cases will maintain a minimum of three hours of face-to-face contact per week
Conditionally Safe	High		
Conditionally Safe	Moderate	Level II	<i>Level II</i> cases will maintain a minimum of three hours of direct face-to-face contact over a two-week period
Safe	High		
Safe	Moderate, Low, or no risk	Level III	<i>Level III</i> cases will maintain a minimum of three hours of direct face-to-face contact over a thirty-day period

Out of home workers visit children at least monthly, with more frequent visits for certain children depending on need and type of placement.

During all family and child contact, caseworkers are continuously assessing:

- New safety issues and unaddressed risk factors;
- Progress toward reducing ongoing safety issues or risk factors;
- Progress toward meeting case objectives and service receipt and progress; and
- Barriers to progress in improving child safety or reducing risk factors upon review of service provision and progress by contracted providers.

Maryland's protocols and tools for assessing and monitoring the safety of children are longstanding. For children receiving in-home services or with their families on a trial home visit in preparation for reunification, workers use the Maryland Safety Assessment for Every Child tool (SAFE-C). Maryland's SAFE-C allows workers to assess a child's vulnerabilities as well as any protective factors that may exist to help mitigate safety concerns. Out-of-Home Placement Services staff use the Maryland Safety Assessment for Every Child Out-of-Home-Placement (SAFE-C OHP) to assess the safety of children in active Out-of-Home placement up to their 21st birthday, including pregnant and parenting youth. This tool is used to assess youth in every type of placement or living arrangement (i.e., kinship, regular foster homes, private treatment agency homes, group homes, and residential treatment centers). Figure 2 provides an outline of key timeframes and milestones in which safety is assessed.

Figure 2. Key safety assessment milestones for in-home and out-of-home care

- Candidates for Foster Care (In Home Services)**
  - Immediately following a face to face contact with an alleged victim and contact or attempted contact with the caregiver;
  - Within 7 working days of case acceptance in Family Preservation;
  - Within 10 working days of the assignment or transfer of the case to the caseworker;
  - Within 7 working days prior to completing a case reconsideration or closure;
  - When the caseworker discovers there is a significant change in the composition of the home;
  - When circumstances suggest that the child's safety may be jeopardized; and
  - When a Safety Plan is re-evaluated.
- 
- Pregnant and Parenting Youth (Out of Home)**
  - At initial placement or movement to another placement resource ;
  - Every 180 days as part of the reconsidering the need for care, and
  - When the worker becomes aware of a situation which may place a child's safety in danger.

Child welfare staff are also required to monitor risk of future maltreatment. The Maryland Family Risk Assessment (MFRA) tool helps the worker to formally assess and identify risk factors in the family. Risk assessments are completed prior to the receipt of ongoing services in the home, at least every 3 months during ongoing services and to prepare for the end of services and closing the family's case. If at any time the worker determines the risk of out of home placement remains high, despite the services being provided, the worker will reassess the child's prevention plan including the types of services.



# Washington, DC

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-specific Prevention Plan**

### **How CFSA will assess children and their parents or kin caregivers to determine eligibility for Family First prevention services**

As outlined in the Family First legislation, a Family First Eligibility Screen and Prevention Plan (Prevention Plan) will be completed by CFSA staff for each Family First prevention-eligible child if appropriate to establish that they are eligible to receive prevention services, and to articulate an associated foster care prevention strategy. Only CFSA staff will determine child-specific eligibility for prevention services. To ensure that CFSA workers correctly identify children who are Family First prevention-eligible, there will be an eligibility screen designed to confirm the child's (1) membership in one of the above-noted subgroups, (2) risk level per the SDM, and (3) imminent risk of entering foster care. The technical interface will guide the appropriate CFSA worker through development of a foster care prevention strategy and selection of associated EBP interventions.

### **Process for Establishing Candidacy Date and Inclusion in a Prevention Plan**

CFSA staff responsible for determining eligibility will select from a series of fields that include questions and answers to selectin FACES, CFSA's system of record, to document child-specific eligibility for prevention services. The selection of these fields in FACES will validate eligibility and provide a child-specific candidacy timestamp also known as "candidacy determination date" for the candidate child or youth, and their family. This timestamp will be used to determine the 12-month time limit and will be monitored and tracked electronically in FACES and the CFSA's Community Portal, a web-based interface CFSA's Collaborative partners will use to accept all referrals/cases transferred from CFSA to the Collaboratives for ongoing case management and prevention plan management throughout 12-month period. Collaborative staff will not be responsible for determining eligibility for prevention services but will be responsible for managing prevention plans for prevention-eligible children and their families when candidacy has been established by CFSA. CFSA is currently building the technical solution in FACES and the Community Portal to meet this stated business process.

### **Eligibility for Prevention Services Determination Process**

The Prevention Plan interface will allow workers to view risk and comprehensive assessment results while developing the plan, thus enabling CFSA workers to refer to and draw on assessment results when determining eligibility, developing the foster care prevention strategy, and selecting appropriate services. CFSA workers responsible for completing a child's Prevention Plan will be trained in understanding assessment results to inform an eligibility determination and service selection. The same methodology will be used for redetermination of eligibility should there be a need for services beyond twelve (12) months or if there has been a change in risk level. CFSA will use management reports as well

as the support of staff within CFSA's prevention unit to ensure claiming ceases when a child is determined to no longer be a candidate prior to the 12-month time limit.

### **Prevention Plan Completion and Storage**

The Prevention Plan template will be linked to within the existing in-home services case plans, foster care case plans, intervention plans, and sustainability plans in CFSA's child welfare information system, FACES. Integration within existing technology solutions will allow CFSA to streamline case documentation and ensure that the Prevention Plan aligns with larger case and service planning efforts. If the need for a foster care prevention strategy and associated services becomes necessary in the life of any case that falls within the Family First prevention-eligible population, or when a youth in foster care who is pregnant or parenting is identified, a Prevention Plan will be created to confirm the child's eligibility.

The Prevention Plan will always be completed and (if needed) edited by CFSA staff or CFSA's community-based contracted Collaborative partners. In situations where a child eligible for Family First prevention services has a CFSA in-home or foster care caseworker, that caseworker will complete the Prevention Plan as part of the case planning process. For families referred directly from investigations to the Collaboratives, who don't have CFSA caseworkers, CFSA's Collaborative partners will complete the Prevention Plan.

## **Section V: Monitoring Child Safety**

### **Monitoring Child Safety and Risk Pre-print Section 3**

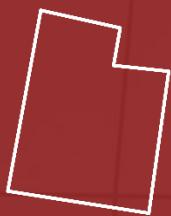
During the 12-month period when EBP services are being delivered to Family First prevention-eligible children and their caregivers , CFSA will ensure that each child receives a thorough and accurate assessment of risk on a regular basis through one or both of the following mechanisms: (1) informal risk assessment on an ongoing basis, for example though conversations and observations of the family dynamics and/or the home, by staff formally trained to assess risk or (2) formal risk assessment through completion of the SDM risk assessment instrument every 90 days. Protocols for both formal and informal risk assessments are outlined in longstanding CFSA in-home services policy, stating that "CFSA in-home and private agency (as applicable) staff shall continually assess for safety and risk factors throughout the family's involvement with the District's child welfare system, starting with the initial contact and ending with a safe case closure."<sup>41</sup>The policy clearly indicates that CFSA staff as well as staff at the Collaboratives and CFSA's foster care provider conduct routine safety and risk assessments for all cases. Furthermore, Collaborative and foster care provider staff are required to carry out periodic risk assessments through their contracts with CFSA.

In addition, starting on October 1, 2019, clinicians delivering EBP services to Family First prevention-eligible children and their caregivers will also be required through Memoranda of Understanding (MOU) between CFSA and sister agencies to complete risk assessments as outlined above for cases where there is no CFSA, Collaborative, or contracted case manager. Through the fulfillment of this requirement, all Family First prevention-eligible children and their caregivers receiving Family First EBP

services will receive periodic risk assessments. The result will be that risk assessments will be conducted by the family worker that is most closely engaged with the family at any point in the case, acknowledging that risk assessments are more accurate when conducted by a worker who routinely engages with the family.

Risk assessment results will be monitored alongside progress toward service goals by the responsible caseworker or clinician. If a child's risk of entering foster care does not improve at a reasonable rate during or following the provision of services, the Prevention Plan will be re-assessed and changed as needed. The reasonable rate at which risk of foster care entry can be expected to diminish will vary among cases due to unique family and case circumstances as well as significant variations in the length of each service, which range from three months to multiple years. Responsible caseworkers or clinicians will be trained through pre-service and in-service training to identify a "reasonable risk reduction" rate and thereby determine whether a Prevention Plan change is needed.

Table 5 below displays the caseworker who will be responsible for initial and ongoing risk and safety assessment for children receiving EBP services, and the individual internal to CFSA responsible for updating the Prevention Plan if warranted (in some cases these are the same person). Note that an update to the Prevention Plan may be required due to a lack of "reasonable risk reduction" or because family circumstances and needs have changed.



# Utah

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-specific Prevention Plan**

### **Prevention Candidate Determination**

Child and family eligibility for the Title IV-E Prevention Program is determined through assessments conducted by caseworkers for the Division of Child and Family Services (DCFS) or the Division of Juvenile Justice Services (DJJS), utilizing designated assessment tools. These assessments (of children identified in a prevention plan) determine if the child is at serious risk of entering foster, but can remain safely in the home or in a kinship placement as long as the title IV-E prevention services that are necessary to prevent the entry of the child into foster care are provided. DCFS caseworkers assess children and families utilizing safety and risk assessment tools and through a functional assessment, which together identify a child's risk of entry into foster care and the child and family's needs related to mental health, substance abuse, and/or parenting skills. Structured Decision Making (SDM) Safety and Risk Assessments are utilized during a child protective services investigation or assessment, and identify if a child can remain safely at home with a safety plan, and if families have needs related to substance use, mental health, and/or parenting skills.

Utah Family and Child Engagement Tool (UFACET) is a functional assessment completed with the family at the beginning of an ongoing case that also informs the prevention candidate determination. UFACET is a CANS/FAST-based assessment developed as part of Utah's Title IV-E waiver project. It has been endorsed by Dr. John Lyons from the Praed Foundation and Chapin Hall.

UFACET is used to create a shared understanding of the reasons for agency involvement and to create plans and strategies to address the concerns assessed. UFACET focuses on the unique dynamics of each family and the role each individual plays in this dynamic. UFACET is comprised of four main sections: (1) Family Together, which focuses on how the family interacts with each other and the family's culture; (2) Household, which focuses on more basic needs such as finances and shelter; (3) Caregiver, in which each caregiver/parent is rated individually on their own strengths and needs related to stress management, parenting skills, mental and physical health, development and trauma; (4) Child, in which each child is rated individually on their own response to stress, social skills, mental health, education, physical health, development, and trauma.

For children placed with a kin caregiver, there is also a Substitute Caregiver section in UFACET with items related to supports the kin caregiver needs in order to maintain the child in the home. The Substitute Caregiver section is completed for each individual kin caregiver.

When needs justify opening a child welfare ongoing in-home services case, the SDM results and UFACET items requiring action are both taken into account to determine if the child is a prevention candidate.

DCFS will develop an individualized Child and Family Plan based on the needs requiring action identified in UFACET and with input of the child and family team. For children that are prevention candidates, evidence-based programming in the areas of substance use, mental health, and parenting skills will be incorporated into the Child and Family Plan, which serves as the child's prevention plan. Candidate status is confirmed through finalization of the child's prevention plan.

DJJS caseworkers assess youth and families utilizing UFACET and a risk assessment tool, which identify a youth's risk of entry into foster care and the youth and family's needs related to mental health, substance abuse, and/or parenting skills.

Title IV-E prevention services tie to DJJS implementation of a statewide Youth Services Model to prevent delinquent behavior through positive youth and family development. All youth are screened to identify immediate needs and areas for future assessment. Youth and parents/guardians that move to the Youth Services assessment phase are administered a Utah Family and Children Engagement Tool (UFACET) Screener if the youth has no delinquency history.

If a youth has a prior delinquency history, the youth and parents/guardians will be administered the Protective and Risk Assessment (PRA) and UFACET-Family Focused.

The PRA is used by Utah's juvenile justice system to determine risk to reoffend, need for supervision, protective factors, and need for services. Separate studies showed that youth scoring "low" on the assessments reoffend at a lower rate than youth scoring "moderate", and youth scoring "moderate" reoffend at a lower rate than youth scoring "high." Differences between risk levels for overall, felony, and misdemeanor reoffending were statistically significant for both assessments. With few exceptions, these findings generalize across demographic categories of gender, age at first assessment, minority status, and geographical location (DeWitt & Lizon, 2008 and DeWitt, Wetherley, & Poulsom, 2016).

A youth is considered a candidate for foster care when a youth scores "moderate" or "high" on the PRA and is assessed as having one or more risk factors that identify the need for mental health, substance abuse, or in-home parenting skills services. A youth is also considered a candidate for foster care when UFACET-Family Focused items are assessed as requiring action.

DJJS will develop an individualized Youth and Family Plan based on screening results, assessments, and collateral information from allied agencies. For youth that are a prevention candidate, evidence-based programming in the areas of substance use, mental health, and parenting skills will be incorporated into the Youth and Family Plan, which serves as the child's prevention plan. Candidate status is confirmed through finalization of the child's prevention plan.

A child may be reassessed for prevention candidate status at the end of each 12-month prevention episode utilizing the processes described above, based on continuing serious risk for entry into foster care and continuing need for evidence-based prevention services to prevent the entry of the child into foster care. Candidate status is confirmed through a new prevention plan.

## **Section V: Monitoring Child Safety**

### **Periodic Risk Assessment**

DCFS will monitor and oversee the safety of children who receive prevention services under Utah's Title IV-E prevention plan. Children's safety is paramount and is central to child well-being. Children must be protected from the trauma of abuse and neglect. When safe to do so, children must also be protected from the compounding trauma of separation from their families by effectively utilizing prevention services. Assessing safety and risk is an ongoing process throughout the entire in-home services case. DCFS uses a variety of tools and practices to assess and monitor the safety of children receiving prevention services. Structured Decision Making (SDM) tools are used to assess and monitor the safety and risk of children and families. The SDM Safety and Risk Assessments are used to:

- Help determine which families are appropriate for prevention services.
- Assist with the development of safety plans.
- Identify the level of intensity needed for intervention with a family, including how frequently the family needs to be seen.
- Determine when it is appropriate to recommend closing an in-home services case.

### **SDM Safety Assessment**

The SDM Safety Assessment is used to identify possible threats to a child's safety and what interventions are necessary to protect a child from threats to their safety. The final outcome of the SDM Safety Assessment helps guide the decision about the need for ongoing intervention with the family. Interventions may include a safety plan that is implemented immediately to control or mitigate the identified threat. The caseworker will complete an SDM Safety Plan for all children in the household when any threat to safety has been identified.

When an in-home services case is opened as a result of a child protective services (CPS) case, the CPS caseworker will complete the initial SDM Safety Assessment prior to referring the case for in-home services. If the in-home services case is not the result of a CPS case, the caseworker will complete the SDM Safety Assessment. The initial SDM Safety Assessment is required during the first face-to-face contact with the children. The SDM Safety Assessment is completed on each household.

Assessing child safety is a critical consideration throughout DCFS involvement with the family. Threats to safety will be evaluated during each contact with the family, and an SDM Safety Assessment will be completed whenever a change in the family's circumstances poses a safety concern, prior to removing from or returning a child home, or prior to an SDM Safety Plan being changed or concluded.

A final SDM Safety Assessment is required prior to closure of an in-home services case at the final face-to-face contact with the family. Resolution of any identified safety threat must be documented in the case record.

## **SDM Risk Assessments**

Initial and ongoing assessment of risk is another key component of prevention services. The SDM Risk Assessment and SDM Risk Reassessment are used to help identify the level of risk of future maltreatment.

When an in-home services case is opened as a result of a CPS case, the CPS caseworker completes the initial SDM Risk Assessment prior to referring the case for in-home services. If the in-home services case is not the result of a CPS case, the caseworker will complete the SDM Risk Assessment.

The initial SDM Risk Assessment is required within 45 days of the case open date and before the creation of the Child and Family Plan. The SDM Risk Assessment rating defaults to "very high" until the SDM Risk Assessment has been completed. The SDM Risk Assessment is completed on each household. The SDM Risk Reassessment is used to determine if the likelihood of future harm has been sufficiently reduced to support case closure or if the family will continue to receive services.

The SDM Risk Reassessment is completed or updated at a minimum of every six months. An SDM Risk Reassessment needs to be completed sooner if there are new circumstances or new information that would affect risk.

## **Client Contacts**

Client contacts are used to help monitor safety and ongoing assessment of risk. Regular and purposeful visiting with the child and family enables the caseworker to assess how well the parents and other caregivers are meeting the children's needs for safety and well-being, as well as the family's progress towards case goal achievement. Private conversations with the children outside the presence of the caregiver are used as part of the ongoing monitoring of the child's safety.

Client contacts and home visiting standards for each case are determined based on the outcome of the SDM Risk Assessments. The SDM Risk Assessment makes the initial determination of the frequency of contact. When a Risk Reassessment is completed, the new risk level guides minimum contact standards that remain in effect until the next reassessment is completed. The contact matrix below specifies the frequency of contacts associated with each risk classification.

Ongoing Worker Minimum Contact Guidelines for In-home Services		
Risk Level	Caregiver and Child Contacts	Location
Low	One face-to-face per month with caregiver and child	Must be in caregiver's residence
Moderate	Two face-to-face per month with caregiver and child	One must be in caregiver's residence

High	<b>Three</b> face-to-face per month with caregiver and child	<b>One</b> must be in caregiver's residence
Very High	<b>Four</b> face-to-face per month with caregiver and child	<b>Two</b> must be in caregiver's residence
<b>Additional Considerations</b>		
Contact Definition	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.	
Designated Contacts	The ongoing worker/supervisor/service team may delegate face-to-face contacts to providers with a professional relationship to the agency and/or other agency staff, such as social work aides. However, the ongoing worker must always maintain at least one face-to-face contact per month with the caregiver and child, as well as monthly contact with the service provider designated to replace the ongoing worker's face-to-face contacts.	

DJJS also monitors youth safety on an ongoing basis through caseworker contacts with youth and families. In addition, when family conflict is identified as a need through the UFACET, a safety plan is established with the family to provide for temporary crisis support for the youth away from the residence when needed for youth or parent safety.

### **Prevention Plan Review**

Prevention plans are routinely reexamined to help monitor and track the child and parent or kin caregiver's progress during the provision of services. The written plan is developed with input from the Child and Family Team, and is tracked and adapted throughout the case. All parents and kin caregivers will have the opportunity to participate in the development and reexamination of the written plan. All children listed on the plan who are developmentally appropriate will have the opportunity to participate in the development of the plan to the degree that they are capable of contributing. The Child and Family Team should include the family's formal and informal supports, including service and treatment providers. Updated UFACET and SDM risk assessments may be used to inform the plan review. The written plan will be reviewed as needed, and updated at a minimum of every six months.



# Virginia

**Status: Submitted**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Child Welfare Workforce Support**

As described in detail in the Monitoring Child Safety section of this plan (page 9), Family Services Specialists will develop appropriate prevention plans through the development of a service plan within 30 days of the identification of a candidate for foster care. Family Services Specialists will continuously monitor the plan as well as conduct periodic risk assessments for children receiving prevention services. Family Services Specialists will partner with community based providers who deliver the prevention services in monitoring the service plan and assessing risk.

## **Section V: Monitoring Child Safety**

### **Monitoring Child Safety**

The Prevention Services and Child Protective Services (CPS) programs provide current guidance for LDSS to support prevention services casework. When a candidate for foster care has been identified, the worker must open a child welfare case in the child welfare information system. With the information documented in the CANS, a service plan must be put in place within 30 days identifying the child as a candidate for foster care, identifying the foster care prevention strategy and the list of services or programs provided to or on behalf of the child (CPS Guidance 6.9, Prevention Guidance 2.7 and 2.10).

Monitoring child safety involves multiple strategies. Primarily, monitoring child safety is through contact with the child and family. The frequency of contacts with the child and family should be determined from the safety, risk, and needs that have been assessed, and at a minimum should occur once a month in the home. Monitoring child safety should also be assessed through contacts with collaterals which may include: police, attorneys, teachers, neighbors, relatives and service providers (CPS Guidance 6.3). The Family Services Specialist maintains a focus on child safety at all points of the case including reassessing child safety, developing plans to control threats to child safety and ensuring safety plan participants understand and fulfill their roles. The Family Services Specialist documents efforts to monitor child safety by ensuring the case record in the child welfare information system is accurate and current, that all decisions and the basis for those decisions are well documented, and maintains copies of all court documents and other vital reports in the hard case file or in the child information system (CPS Guidance 6.4).

The process of assessing child safety is ongoing throughout the life of the case (CPS Guidance 6.12). Safety is assessed, both initially and ongoing, through the Structured Decision Making Safety Assessment Tool. The following circumstances must be documented on a new Safety Assessment Tool within three (3) business days:

- A change in family circumstances such that one (1) or more safety factors previously present are no longer present;
- A change in information known about the family in that one (1) or more safety factors not present before are present now;
- A change in ability of safety interventions to mitigate safety factors and require changes to the safety plan; or
- A case is recommended for closure.

When safety is reassessed, the safety plan (if applicable) and service plan should be reviewed and revised accordingly. A family partnership meeting may be considered if safety concerns escalate.

The service plan must be re-evaluated every 90 days or sooner if safety, risk, or family circumstances change (CPS Policy 6.9, 6.13 Prevention Guidance 2.12). The purpose of the service plan review is to:

- Assess and manage child safety;
- Assess objectives to ensure they are helping attain goals;
- Assess family progress toward establishing and maintaining a safe environment;
- Keep all parties involved with the case plan informed and focused on common goals;
- Review performance and appropriateness of services and service providers;
- Determine the need to revise the case plan;
- Determine whether case closure is appropriate; and
- Consider issues related to permanency and well-being as applicable.

In conjunction with the service plan review, the Structured Decision Making Risk Reassessment Tool must be utilized to assess the risk of future maltreatment. The Risk Reassessment Tool informs whether the future likelihood of maltreatment has been reduced, increased or remained the same following the provision of services or changing circumstances within the family. Reassessing risk in a prevention case measures the progress of the family towards meeting the goals and objectives of the service plan.

Reassessing risk guides decisions about case closure. The risk reassessment must be completed every 90 days until the case is closed (CPS Guidance 6.13).



# West Virginia

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Prevention Program Reporting**

The Bureau for Children and Families has developed a new statement of work with Optum, the organization under contract for development of WV PATH, a comprehensive child welfare information system (CCWIS) to add the FFPSA minimum data/reporting requirements into FACTS, West Virginia's SACWIS. The first round of data is due to the U.S. Department of Health and Human Services Administration for Children and Families in 2021. The release date for this provision was October 1, 2019. These data sets are also being imbedded into WV PATH which will replace DHHR's FACTS in 2021. The minimum data requirements are: The specific prevention services provided to the child and family;

- The specific prevention services provided to the child and family;
- The total expenditures for each of the services provided to the child and/or family;
- The duration of the services provided;
- If the child was identified in the prevention plan as a child who is a candidate for foster care:
  - The child's placement status at the beginning, and at the end, of the 12-month period that begins on the date the child was identified as a child who is a candidate for foster care in a prevention plan; and
  - Whether the child entered foster care during the initial 12-month period and during the subsequent 12-month period; and
  - Basic demographic information (e.g., age, sex, race/Hispanic Latino ethnicity).

## **Section V: Monitoring Child Safety**

### **Monitoring Child Safety – In-Home Programs**

All in-home visitation program staff are considered mandated reporters, as per West Virginia Code §49-2-803. The mandated reporter training curricula used was developed by TEAM for West Virginia Children, the West Virginia Chapter of Prevent Child Abuse America. This organization is a grant recipient of DHHR's Bureau for Children and Families, whose statement of work requires conducting statewide stakeholder trainings and events related to child abuse recognition and reporting, as well as maintaining a website for mandated reporter resources. TEAM for West Virginia Children provides mandated reporter training to all in-home visitation program staff statewide to enable them to recognize and respond properly to signs of child abuse and neglect that they may encounter in their work with families. During every home visit, the provider is informally assessing the environment for indicators of child well-being or threats to safety. Formal screenings include: Developmental screenings (ASQ-3 and ASQ:SE2)

- Developmental screenings (ASQ-3 and ASQ:SE2)
- Depression screenings (PHQ-9)
- Intimate Partner Violence screenings (Relationship Assessment Tool or HITS)

- Parent-Child Interaction screenings, such as CHEERS Check-In which was developed by HFA® National

Additional components of the TEAM for West Virginia Children training curriculum focus on safety, stress, anger management, and other topics that are related to abuse/neglect potential.

All DHHR case workers, which include CPS and Youth Services workers, represent the child welfare agency's ultimate responsibility in ensuring the safety for children who remain with their families through the provision of prevention services (See Ensuring Child Safety below).

### **Monitoring Child Safety - Mental Health Programs**

Functional Family Therapy® program staff are considered mandated reporters, as per West Virginia Code §49-2-803. All FFT® staff are trained on child abuse and neglect recognition and how to make a referral to the child abuse/neglect hotline. They are also trained on indicators of self-harm and risks a youth may pose to family or community members. The therapists screen for child and community safety as part of the initial assessment process. If there are any concerns, more specialized assessments, such as those to determine suicide, homicide and/or self-harm, are conducted. An FFT® therapist will implement a crisis plan for a family, if needed. FFT® is contraindicated if the safety issues in the home involve someone who is actively psychotic or whose acuity rate is too high. FFT® would not be put in place, and a referral to another service would be made to stabilize the family before FFT® could be placed in the home.

All DHHR case workers, which include CPS and Youth Services workers, represent the child welfare agency's ultimate responsibility in ensuring the safety for children who remain with their families through the provision of prevention services (See Ensuring Child Safety below).

### **Ensuring Child Safety - Children and Families are Served Safely in the Home**

Over the past two years, a team of Bureau for Children and Families' subject matter experts have been working on a process to streamline and enhance efficiency of decision making and safety planning for Child Protective Services and Youth Services.

### **Youth Services**

The primary goal for youth services was to implement a decision-making model that assessed the family and not just the child. Traditionally, this population of youth have been served in somewhat of a vacuum. Services offered were often only directed toward the youth, isolating him/her from the family unit.

West Virginia's Family Advocacy and Support Tool (FAST) is a product developed in collaboration with Chapin Hall and the Praed Foundation. This tool will allow a Youth Services worker to better understand family dynamics that are impacting not only the youth's behaviors but also factors that influence the safety of the youth and community.

Safety and case planning for Youth Services will take on a much broader perspective, not focusing solely on the isolated behaviors that led the youth to the juvenile justice system. Having a full picture of the needs and strengths of the entire family will allow the worker to develop case plans that address behaviors and influences. Youth Services families will receive holistic services geared to build upon each member's strengths and provide services to mitigate conditions that make children and communities unsafe.

FAST will also be instrumental in assisting Youth Services workers with monitoring outcomes, quickly identifying where a family may be losing ground. FAST and its plans will be revisited with the family every 90 days, at a minimum, to track a family's success. However, re-visitation of a safety plan will be done at any time there is an indication of crisis. Youth Services workers began the process for utilizing FAST on September 13, 2019.

There is a formal safety plan for families accessing the Youth Services system. This plan's purpose is to neutralize identified safety threats using safety resources such as service providers and extended family. This concept will allow Youth Services workers and other stakeholders to reframe how they have historically served youth. It is important for Youth Services workers to understand that many youth who commit status offenses, and other low-risk crimes, achieve better outcomes if served at home. The Youth Services worker will evaluate for safety during each home visit. At any time the youth is unsafe, the Youth Services worker will understand the next course of action to take.

A new case plan was developed to support the information that would be gathered with FAST. Prior Youth Services assessment models focused only on the functioning of the young person who committed the status or criminal offense; there was minimal insight into the family dynamic that may be contributing to the unsafe behaviors of the youth. FAST allows the worker to assess each family member individually and as part of the family until to determine service needs to reduce risk of harm to the youth and/or his community. The Youth Services policy has also been updated to create more guidance to staff about the importance of family engagement.

The process for Youth Services begins with an Immediate Safety Threat Assessment. This assessment is conducted upon initial contact with the family and is continued, informally, at every subsequent visit. During this process, the Youth Services worker verifies that children in the home are safe from Immediate Safety Threats. If Immediate Safety Threats are identified in the home, the Youth Services worker contacts their supervisor to request a Child Protective Services worker respond. The CPS worker is required to review the Youth Services worker's assessment, verify its accuracy, and implement an immediate safety plan. This plan is revisited frequently, and the CPS worker will initiate a full CPS investigation which is required to be completed in seven days. If the Immediate Safety Threats cannot be resolved, and there is no support network to provide for the safety of the child, the CPS worker will pursue custody of the child through the initiation of an abuse and neglect petition. The Youth Services worker will then proceed to complete the FAST assessment. This assessment serves as the initial, ongoing, and Impending Safety Threat assessment throughout the life of the case.

FAST, along with the Progress Evaluation Tool, provide valuable insight into the continued risk of a child to enter foster care. FAST scores items on a scale: 0 – No Need; 1 – Watchful/Waiting; 2 – Action Needed; 3 – Immediate Action Needed. This ranking is based on interviews, observations, child/family specific behaviors, provider reports, medical or clinical assessments, and other relevant documentation. These scores are designed to be modified anytime there is a change in circumstance and indicate the need to conduct a formal case review process. Children and their caregivers can either move up in score indicating a heightened risk of placement or move down in score indicating a lowered risk of placement. Certain FAST items are designed to also determine a safety threat to the child or to the family.

A youth's running behavior, high risk behaviors, or peer influences are just a few of the factors which may indicate the child's safety is in jeopardy. When assessing safety utilizing FAST, the worker has a clear indication when a safety plan must be implemented in conjunction with a prevention case plan. The child's worker is required to obtain information relevant to the child's and caregiver's safety and functioning monthly through provider reports, contacts with the family, or other collaterals.

The Progress Review Tool is designed to evaluate the progress toward an individual's goal achievement. Together, these two measures clearly indicate to a Youth Services worker and the family whether the indicated intervention or Title IV-E prevention service is working, reducing the risk of out-of-home placement, or whether the intervention is not working, increasing the risk of out-of-home placement. FAST categorizes needs in three distinct ways: Considerations, Target Needs, and Anticipated Outcomes.

### Considerations

These needs are items scored 2 or 3 that should inform or guide service delivery. These needs can often be thought of as things that cannot change, such as a developmental disability or being a witness to school, family or community violence. Considerations, also known as background needs, should guide the intervention strategy.

### Target Needs

Target Needs are items scored 2 or 3 which should be the focus of treatment. Effective intervention in these areas create change. Items such as mental health and substance use, if treated, will likely result in improvements in other areas.

### Anticipated Outcome

These are needs that likely do not need treatment because they will change once a Target Need has been met. Organizing needs into these three categories will help focus treatment in the most appropriate areas and help families understand where the priority of treatment lies. If a Title IV E prevention service targets the appropriate treatment need, one of the anticipated outcomes will be a reduction in safety threats.

Likewise, when a youth's scores increase in need across several areas, it is a clear indication the intervention must change. When scores begin to decrease, the Youth Services worker must begin to determine if the youth's and family's continued needs can be met through community services outside of the department involvement and whether the family maintains motivation to continue towards goal achievement.

If the Youth Services worker determines that the youth's or family's needs are increasing and the goals are not being achieved, the worker must explore with the family and provider the changes necessary to meet the youth's needs. Exploration of this topic must include a review of the individual service, the motivation of the youth or family, and the possibility that temporary placement outside of the home may be required. If placement outside of the home is the only feasible resolution, the worker will take the necessary steps to initiate a Multidisciplinary Treatment Team to discuss placement options.

The FAST, safety planning, on-going safety evaluation, prevention and case planning are all responsibilities of DHHR's Youth Services worker. All DHHR case workers, which include Youth Services

workers, represent the child welfare agency's ultimate responsibility in engaging families whose children are at-risk of removal. Active cases are maintained by Youth Services workers until services are no longer needed and there is low risk of harm and/or removal. The Youth Services policy has been provided with this plan as Attachment J.

### **Child Protective Services**

Child Protective Services (CPS) is undergoing changes to terminology and documentation requirements intended to more closely align and simplify the Youth Services and CPS programs, realigning focus on child safety and family needs. CPS workers have identified several barriers to timely completion of assessments, family visits and planning. These barriers mostly center around burdensome documentation requirements, redundant processes and the use of the outdated SACWIS system. As West Virginia continues in its new CCWIS design sessions with implementation still more than a year away, the need to remove these barriers remained imminent. As such, the state underwent months of planning to enable CPS workers to complete their mandates while reducing documentation burdens. These changes will be implemented through a phased-in approach. The phased-in approach will allow the state to ensure adequate oversight of the implementation and provide intensive technical assistance to workers and staff as needed. The first group of counties was targeted for implementation in June, however, due to the global pandemic, the implementation has been delayed until fall, currently targeted for September 2020.

The process for CPS begins with an Immediate Safety Threat assessment. If a Child Protective Services worker identifies an Immediate Safety Threat, the worker implements a safety plan to protect the child. The plan must be a concrete strategy to protect the child prior to leaving the family and situation. Once the worker and family believe they have a plan, the worker will contact their supervisor and ensure the planned actions are sufficient to control child safety. The worker will then immediately begin the Initial Assessment process to determine whether abuse and neglect have occurred and the presence of any Impending Safety Threats. When an Immediate Safety Threat has been identified, the worker will only have seven days to complete the Initial Assessment process and must maintain frequent contact with the family to assure the continued efficacy of the Safety Plan. If the Initial Assessment identifies the need for a case to be open, the case will be transferred to an ongoing caseworker. The ongoing caseworker will immediately revisit the safety plan with the family, make necessary changes, and begin the Ongoing Assessment process. The Ongoing Assessment is informed by interviews with the family, collaterals, medical and clinical assessments, and other records as appropriate. Once the worker has identified the needs and strengths of the family, they will proceed to prevention case planning. The Ongoing Assessment process will require the documentation of the Impending Safety Threats identified, the strengths (Protective Factors) and needs of the caregivers, and the strengths and needs of the children. The presence of an Immediate Safety Threat is directly correlative to the needs and diminished strengths, or diminished Protective Factors, of the caregivers.

When developing the prevention case plan with the family, the worker will indicate the Impending Safety Threats found and pair with the associated needs. These are the treatment targets. The worker will help the family identify goals necessary to enhance their Protective Factors and meet their needs. Protective Factors, when appropriate, are used to develop goals for the prevention plan. This process helps a family understand how to continually utilize their own strengths to meet their needs long after DHHR involvement has ended. Once this is accomplished, the appropriate service will be identified and added to the prevention plan. The Ongoing Assessment is intended to be revisited every 90 days or sooner, as circumstances change. The child's CPS worker is required to obtain information relevant to

the child's and caregiver's safety and functioning monthly through provider reports, contacts with the family, or other collaterals. Through this process, the worker will be able to identify any changes needed to ensure safety and treatment progress. Formally, the case worker reviews the case plan, safety plan, and assessment minimally every 90 days. The worker will utilize the Progress Evaluation Tool to determine the family's progress toward meeting their individualized goals.

If the worker determines that a caregiver's needs are increasing, additional safety threats are identified, or the goals are not being achieved, the worker must explore with the family and provider the changes necessary to meet their needs. Exploration of this topic must include a review of the individual services on the prevention plan, the motivation of the caregivers, and the possibility that temporary placement outside of the home may be required if safety cannot be maintained. If placement outside of the home is the only feasible resolution, the worker will take the necessary steps to adjust the safety plan to identify a placement resource and commence the filing of a petition with the court.

The assessments, safety planning, on-going safety evaluation, prevention and case planning activities are all responsibilities of DHHR's CPS workers. All DHHR case workers, which include CPS workers, represent the child welfare agency's ultimate responsibility in engaging families whose children are at-risk of removal. Active cases are maintained by CPS workers until services are no longer needed and there is low risk of harm and/or removal.

The draft CPS policy, originally set for release on May 1, 2020, has been postponed to September 2020 due to the COVID-19 pandemic, which has diverted valuable human resources to emergency activities.

The draft Child Protective Services policy has been provided with this plan as Attachment L.



# Alaska

**Status: Submitted**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Service Description and Oversight**

#### **Service Categories**

Under Alaska's State Title IV-E Prevention Program, either the Office of Children's Services or Tribes and Tribal organizations with pass-through agreements will provide Prevention Plan development and Prevention Plan case management services to families whose children are identified as candidates for care. Using the Strengthening Families™ Framework, in partnership with the parents, existing and diminished parental protective factors will be assessed. Together with the family, the services needed to enhance protective factors will be explored, identified and incorporated into the Prevention Plan. OCS and Tribal Prevention Caseworkers will offer and promote the utilization of the new Home-based Family Treatment (HBFT) services developed and made available through the 1115 Waiver Project. Homebased Family Treatment is a new service array designed by the Division of Behavioral Health to reduce use of child/youth inpatient hospitalization and residential services by providing wrap-around services in the child/youth's home targeted at stabilizing the family as a unit. HBFT services are available for Medicaid eligible children/youth who are at risk for out-of-home placement, and their caregivers. There are three progressively intensive level of HBFT services See Attachment VII for diagram reflecting the DHSS Mental Health Continuum of Care for At-Risk Children and Youth and Attachment VI for a 1115 Medicaid Services and Title IV-E Services Array and Payment Source Crosswalk. At least one well-supported evidenced based mental health, or substance abuse prevention and treatment service, or in-home parent skilled based program pre-approved by the Title IV-E Clearinghouse will be included in every family's Prevention Plan. For their Tribal citizens and members, Tribal Title IV-E providers may also incorporate cultural family support services into the Prevention Plans.

## **Section V: Monitoring Child Safety**

### **Periodic Risk Assessment**

OCS will monitor the risk and safety of children on an ongoing basis through face to face contact with the family a minimum of one time per month and feedback from regular team meetings with the family and their in-home service providers. Aware of the heightened need for oversight of the in-home case, the case manager for the family will be attentive and vigilant to the assessment of risk and safety throughout the prevention intervention. In the re-training of OCS staff, emphasis will be placed on both formal and informal determinations of risk and safety of children, including the use of newly developed tools used to monitor risk and safety in trial home visits. Prevention providers will also be trained on the practice and use of the tools to assure OCS and all service providers are measuring risk and safety in the same way. Regularly scheduled team meetings will take place with the family and all service partners to openly discuss the family's progress including goal achievement, any risk or safety issues and modifications to the prevention if necessary. The periodic risk and safety assessments will be completed at least monthly throughout the life of the case. If, at any time, it is determined by the team that the risk

and/or safety of the child cannot be maintained with the child in the home, out of home placement will occur.

### **Prevention Plan Review**

During Prevention Services, a prevention plan with specific goals and activities will be developed aimed at enhancing the protective factors that mitigate the safety risks to the child(ren) reducing high risk and/or AK IV-E Prevention Program Plan 29 Final January 10, 2020 remedying the reasons the child was determined to be unsafe. The plan will be informally reviewed with the parent/caregiver monthly and formally reviewed in a face to face team meeting with all plan participants and providers every 90 days using the Progress toward Goal Achievement Guide (See Attachment V). Any needed adjustments to goals and/or activities will be done in the formal review with the consensus of all prevention plan participants

### **Client Contacts**

Once the case has opened to Prevention Services, the frequency of the client contacts will depend on specific prevention plan that is developed. The prevention plan will be developed by the parent/caregiver, youth if appropriate, family supports, prevention service providers, OCS Protective Services Specialist (PSS) and any other participants deemed to be necessary by coming together in a face to face team meeting. After the prevention plan goals, activities and service providers have been established, frequency of contacts and by who will be solidified.

#### **Prevention Caseworker Minimum Contact Guidelines for In-Home Services**

Risk Level	Caregiver and Child Contacts	Location
<b>Low</b>	N/A	N/A
<b>Medium</b>	N/A	N/A
<b>High</b>	Four face-to-face per month with caregiver and child.	Two must be in caregiver's residence

Definitions	Additional Considerations
<b>Contact</b>	Each required contact shall include at least one caregiver and one child. During the course of a month, each caregiver and each child in the household shall be contacted at least once.
<b>Designated Contacts</b>	The Prevention Services PSS may delegate face-to-face contacts to tribal or other providers with professional relationship to the agency and/or other agency staff, such as social services aides. However, the ongoing PSS must always maintain at least one face-to-face contact per month with the caregiver and child, as well as bi-weekly contact with the service provider designated to replace the ongoing PSS's face-to-face contacts.

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# Kansas

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## Section IV: Child-Specific Prevention Plan

### Prevention Service Track: Choosing the right path for families

When families are assessed by a PPS practitioner, there are multiple paths they will review with the family before making a final determination. Starting October 1, 2019, staff will have three main service tracks to access for foster care prevention, which include Family Services, Family First Prevention Services, and Family Preservation Services. Figure 3 illustrates this service track. Please refer to the full diagram in Appendix 4.

DCF believes all services are based on family-centered practice. Referrals to ongoing services will be based on the PPS practitioner family assessments and family choice.

Family Services may be offered in non-crisis situations to families in need. Family Services may include concrete goods, services, and case management to alleviate a specific situation the family is facing. PPS practitioners can offer these through referrals to community agencies. Services can be provided without regard to income and may be voluntary or court ordered. Family Services may help families locate and use additional assistance through community support systems, counseling and treatment services, housing, childcare, job training, and other basic support systems.



Family First Prevention Services adds new programs in the areas of mental health, substance use disorder and treatment services, kinship navigator, and parent skill-based programs. Family First Prevention Services may be provided to families when at least one child in the home is at imminent risk for out of home placement. Providers were selected to suit the unique needs of each community. Staff and families can together craft a personalized Prevention Plan after reviewing the service menu to select programs to fit their individual needs. Services are unique to counties, regions, or catchment areas.

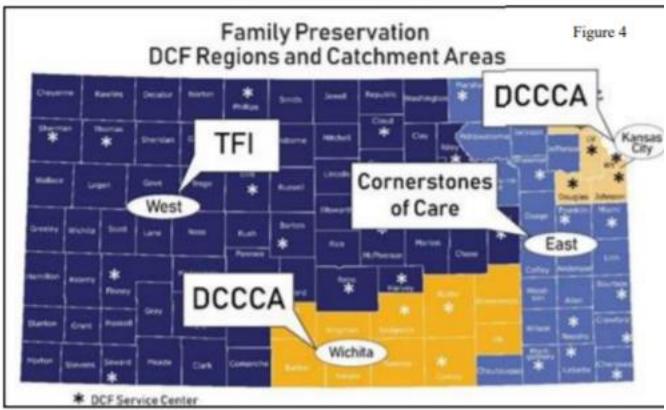
Family Preservation Services has been the state's highly accessed prevention program for families and will remain an option for home-based, intensive, therapeutic and/or case management service offered to families in crisis when children are at high risk of out-of-home placement. Like Family First, the decision to refer a family to the provided services may be made at any point during DCF's assessment and prevention process. A unique aspect to the Family Preservation program is services are accessible in all 105 counties in Kansas and case management crisis services are available 24 hours a day and 7 days a week. Family Preservation may also assist the family with concrete goods and services including exterminator services, head lice treatment supplies, clothes, rent and deposits, bus passes, car repairs and refrigerators.

Family Preservation in Kansas began new contracts on January 1, 2020 (refer to Figure 4 for the map of these contracts). In the request for proposal, child welfare agencies were asked to submit plans for evidence-based Family Preservation models. Kansas will also begin offering two tiers of services; Tier 1, Intensive in-Home Family Preservation and Tier 2, Short Term Case Management. Tier 1 offers Intensive In-Home Family Preservation Services, provided by a master's level practitioner for an intensive and time-limited service period with the intent to mitigate immediate child safety concerns, stabilize family crisis, and assess family's needs. Tier 2 offers Family Preservation Services Case Management, provided by a worker dyad consisting of an assigned Case Manager and a Family Support Worker, assessing for existing risk and emergent safety issues and when identified, initiating services to stabilize and support the family. Please see Appendix 5.

The new Family Preservation contracts have a caseload limit of a maximum of 4 families for Tier 1 and 10 to 12 families for Tier 2. Cornerstones of Care will manage the Family Preservation contract in the East region. Cornerstones of Care provides intensive in-home services in several Missouri counties including the Kansas City area. Cornerstones of Care will use the Solution Based Casework™ model.

DCF awarded TFI Family Services the contract for the West region. TFI previously provided family preservation services in Kansas from 2005 to 2009. The agency also has provided recruitment, training, retention and support of foster families across Kansas since 1996. TFI Family Services will use Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Alternatives for Families as their evidence-based models.

DCF awarded DCCCA the contracts in the Kansas City and Wichita Regions. DCCCA has 12 years of experience providing family preservation services in Kansas. The agency also has more than 30 years as a prevention services provider and more than 43 years as substance use disorder and addiction-provider. DCCCA Tier 1 referrals will use the Family Centered Treatment (FCT) evidence-based practice. For Tier 2, DCCCA will use the Sobriety Treatment and Recovery Teams (S.T.A.R.T) model for families with at least one child under 6 years of age who have a parent whose substance use is determined to be a primary child safety risk factor.



## Section V: Monitoring Child Safety

### Monitoring Child Safety (Section 3 Pre-print)

The foundation of the Kansas child protection system starts with the Protection Report Center. The Kansas Protection Report Center (KPRC) receives information from reporters regarding allegations of abuse, neglect and Family in Need of Assessment (FINA). Reporting hotlines operate 24 hours per day and seven days a week, including holidays. Kansas also manages a website where stakeholders may make an online report<sup>31</sup>. KPRC is centrally managed through administration and staff are physically located in three locations: Topeka, Wichita and Kansas City. KPRC receives reports and completes an assessment to determine if the report meets criteria for further investigation. The KPRC PPS practitioner uses research based Structured Decision Making (SDM) as a tool for assessing each report. If it is determined the report meets criteria for assignment, a response time is designated for the practitioner to meet with the family. Assigned reports are forwarded to the region where the family resides and assigned to a regional PPS practitioner. The practitioner completes face-to-face interviews with the family, contacts collateral witnesses to investigate the alleged abuse and/or neglect and completes risk and safety assessments to assist in identifying service needs.

The regional PPS practitioner uses the report, agency systems and web tools to learn the history of the family. If this information is available, it allows them to understand who the members of the family are, potential collateral contacts and prior services the family may have accessed. The PPS practitioner completes this review to inform the assessment they complete with the family once they make contact.

The regional PPS practitioner contacts the family within the response time at a location where they are most likely located. Based on information from the report, this could mean seeing the child at school or day care. PPS practitioners will meet with adult family members at their residence allowing them to complete an informal home safety and risk assessment and see other children in the home who may or may not be the subject of the report. Depending on the outcome of the assessment, the PPS practitioner may complete a safety plan with the family. PPS practitioners use either the research based Structured Decision Making (SDM) tool, Signs of Safety or formal safety and risk assessment tools in the Kansas Initiative for Decision Support (KIDS) system for assessing safety and risk.

The PPS practitioner and PPS supervisor meet within three days of the initial contact with the family to discuss information gathered from the assessment. The supervisor assists the PPS practitioner with assessment of safety and risk factors, identification of support and protective factors and potential service needs. If the decision is made to offer Family First Prevention Services, the PPS practitioner and family develop a prevention plan. Services are reviewed with the family and decisions added to the prevention plan. A referral is then made for services within 24 hours of the family acceptance for services. Service referrals are not limited to abuse/neglect finding decisions. FINA and Pregnant Woman Using Substances case types are also eligible to receive services.

Once a family has been referred to an evidence-based prevention service provider, they are contacted by the provider within 48 hours to review the prevention plan with the family and begin assessment. The PPS practitioner promotes engagement between the provider and family and may attend the initial meeting. Throughout the service period, the PPS practitioner maintains open communication with the provider. If a subsequent report regarding the family comes to the KPRC while the family is working with the provider, the PPS practitioner shares this information with the provider. The provider reviews the information and incorporates it into the work they are doing with the family. In this circumstance, the provider role is not an investigator. The shared information is to inform their assessment and service decisions. The PPS practitioner will assess the family based on the subsequent report.

Throughout the 12 months a family is eligible for Family First services, the PPS practitioner, the home-based service provider or community family services provider complete formal and informal safety assessments of the child at each critical juncture. The PPS practitioner and the service providers work collaboratively to ensure child safety by completing ongoing assessments of the family, home and individual child. PPS maintains an open case and collaborates with the community services providers as needed to ensure child safety and risk throughout the life of the open case.

At the time a family has achieved completion of the program or service, the PPS practitioner completes an assessment to determine if the child continues at risk for placement out of home. Based on the assessment, the child's prevention plan is updated to reflect service closure with safety and risk mitigated, referral to another service, service extension or lastly petition for out of home.

If initially the family refuses to engage with the provider or the family is not making progress, the provider may contact the PPS practitioner to assist with engaging the family in services. After attempts are made to engage the family and they decide to not accept services, the provider requests a referral retraction. The PPS practitioner will assess the current risk and safety concerns and review information from the provider then consult with their supervisor. The supervisor and PPS practitioner decide next steps which may include, reviewing other service options with the family, closing the prevention plan with the family or requesting a Child In Need of Care action from the county or district attorney.



# Kentucky

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Developing the Prevention Plan**

The development of the child specific prevention plan will follow a specified process. First, the SSWs will complete the Preventative Services Referral Form, identifying the date of candidacy determination for each child, the high-risk behaviors or circumstances which could lead to removal and the appropriate EBP intervention(s) needed to mitigate the risk. Upon approval, the referral form will populate the identified risk factors and identified EBP into an in-home case plan within TWIST, Kentucky's child welfare information system. The in-home case plan will include candidates' child specific prevention plans embedded within the broader case planning platform. In addition, the child-specific prevention plans (within the in-home case plan) will include the date that candidacy was established, along with a child specific prevention strategy, known as an objective within DCBS case planning parlance. Each objective will be accompanied by several tasks outlining the identified family strengths and strategies for keeping the foster care candidates in their home. The objective will also reference the risk factors identified and link to the appropriate EBP(s) needed to mitigate the risk factors for maltreatment. This process, together with the expectations for SSWs casework practice, will be clearly outlined in DCBS' standard operating procedures (SOP), issued to the in-home workforce, and incorporated into child welfare policy and training curricula.

### **Prevention plan for pregnant and parenting youth**

Upon identification of a pregnant or parenting youth and assessment of the need, a service referral will be made for prevention services. The services to be provided will be outlined on the youth's foster care case plan. The services will be listed on the case plan and specifically targeted to ensure that the youth is prepared and able to parent successfully. The foster care prevention strategy for any child born to a youth in out of home care will be clearly identified within the youth's case plan. The prevention plan will be developed in partnership with the pregnant or parenting youth, services providers, and natural supports during case planning conferences and/or youth transition planning meetings. The CCWIS and SOP enhancements will ensure identification of parenting fathers as well to be included in these prevention efforts.

### **Assessment and consultation processes**

The process for assessing families' strengths, needs, and the services needed to mitigate risk factors for maltreatment will occur using structures that are already in place. DCBS already uses a collaborative and ongoing assessment model that includes contributions from the investigator, in-home services worker, and the supervisor and is continually revisited during ongoing case consultation. All case types receive monthly consultation between supervisor and worker. Within these consultations, workers and supervisors will consider together at a minimum, safety and risk issues, candidacy status, appropriateness of prevention strategies, and progress toward case plan goals. High-risk investigation

consults occur with the worker, supervisor, and regional staff within 72 hours, with a follow-up within 14 days.

Case planning processes already in place will continue with the implementation of the Title IV-E Prevention Plan. Case plan meetings, and task negotiation and development occur initially when a case is opened and every six months thereafter. A formal review of candidacy and continued eligibility will occur every six months. Candidacy redetermination will occur at 12 months if needed. Case plan modifications will also occur when candidacy ends, due to a candidate completing the course of treatment/service delivery associated with the assigned EBP or due to a candidate's removal from the home.

Children will be assessed on an ongoing basis to determine if risk factors are still present or if they have been reduced and parental capacity has been enhanced, negating the need for prevention services. This will be achieved through ongoing provider consultation utilizing assessment tools, such as the NCFAS, and ongoing frontline worker assessment and periodic case plan assessment.

### **Coordinating Title IV-B and Title IV-E Funded Services**

Kentucky's Title IV-B funded preventative services, Families & Children Together Safely (FACTS) and Family Reunification Services, will be implemented in conjunction with Family First funded preventative services. Both the Families and Children Together Safely (FACTS) and Family Reunification Program are partially funded by IV-B funds and will continue to be. Title IV-B funding accounts for 25.51% of the current Family Preservation budget. Interventions used when programs are funded by IV-B will not be included in the tracking of Kentucky's well supported interventions and will not be claimed to IV-E. SSWs will ensure families' case plans, and the child-specific prevention plans contain the right constellation of services needed to address risk factors for maltreatment and maintain the child safely in their home. This preventive service package in its entirety will likely be funded by a variety of federal, state, and local funding streams, including Title IV-B and Title IV-E. SSWs will ensure that all services for the child and family, regardless of funding stream, are well-coordinated, mutually reinforcing, and appropriate for achieving the case plan goals for the family.

Kentucky has collaborated with many entities in the development of this plan, including the close involvement of the CFSP Stakeholder Continuous Quality Improvement (CQI) group, which is charged with the writing of the CFSP to support IV-B funded services. The CFSP was recently submitted, including CFSP Goal 2, Ensure that appropriate services are available that expand the prevention continuum and are provided to meet the needs of families and children in Kentucky and Objective 2.1, Expand prevention services statewide 12% by 2024, specific to prevention services, to include eligible candidates. The stakeholder's group meets quarterly, with attendance including department staff, frontline staff and supervisors, program staff, and leadership; the Administrative Office of the Courts (AOC); Department of Medicaid Services (DMS); Court Appointed Special Advocates (CASA); Division of Family Support (DFS); Prevent Child Abuse Kentucky (PCA-K); the Department of Juvenile Justice (DJJ); the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHID); Orphan Care Alliance (OCA); the Children's Alliance; Family Resource and Youth Services Centers (FRSYC); parent representatives; Children's Justice Act (CJA); various service providers including those receiving Community-Based Child Abuse Prevention Program (CBCAP) funding; various partners from different universities, including the training resource consortium; Early Childhood Education; and the Department

for Public Health (DPH). During CFSP meetings, DCBS and our partners are reviewing Family First planning and making decisions together regarding actions necessary for implementation. At the last meeting on 10/31/19, implementation strategy development included a working session to identify how DCBS will better support providers and field staff in implementation.

In addition to CFSP specific collaboration, Kentucky has also, DCBS engaged its provider network in a readiness assessment, participated in an agency collaboration survey, held regional forum presentations in each region or the state, and held statewide meetings with providers, gatekeepers, Family First liaisons, and regional leadership on an ongoing basis. Family First is discussed during both KSTEP and START pilot program direct line and workgroup meetings. Kentucky has developed a 7-module web-based training for DCBS frontline and regional staff, which has been shared with our private providers to further support them. Kentucky has also developed an EBP workgroup to address capacity building of well-supported interventions and CQI processes. Every private in-home provider agency in the state is represented in this group.

## **Section V: Monitoring Child Safety**

### **Monitoring Child Safety**

Safety and risk will be assessed on an initial and ongoing basis for all foster care candidates without exception.

The Department trains and provides SOP guidance to field personnel in completing a thorough risk assessment with each case. Workers are required to fully assess a family for high-risk patterns of behavior and needed services with each intake accepted whether the intake is accepted for physical abuse, sexual abuse, neglect, or dependency. This assessment includes face-to-face interviews with all household members, interviews with children's school collaterals if appropriate, and other collateral interviews to assist in fact-finding and assessment of the incident that led to referral. Workers also collect evidence and documentation from photographs, medical records, criminal history, and child abuse and neglect history.

Workers continuously evaluate risk throughout each phase of a case to determine if risk and safety issues require intervention, and consult with supervisors to discuss any concerns or barriers presented. This practice considers the totality of the family's situation, overall safety threats to the child, protective capacity of the parent/caregiver, perpetrator access, and prediction of recurrent maltreatment. Workers provide appropriate service matching to the family's needs in order to mitigate the safety threats and risk at both the initial assessment and throughout the life of the case. This is discussed in SOP 2.11 Investigation Protocol and SOP 2.12 Completing the Assessment and Documentation Tool (ADT) and Making a Finding. Please see Appendix R.

The Department is also currently in the process of negotiating a contract to purchase a national safety model, Structure Decision Making (SDM), for implementation in 2020. SDM will help guide the decision-making process and prioritize the delivery of services to families across the State. The model will be utilized throughout all phases of the case to assist workers in monitoring safety and risk. The tools being evaluated for purchase are the intake screening tool known as the base assessment, the safety

assessment, and risk assessment. The base assessment will assist workers from the start of the case by providing consistency to acceptance determination. The safety assessment will help guide decisions about current danger to the child and acceptable interventions for families. The risk assessment will assist workers in making a determination regarding the appropriate level of care along the prevention and intervention continuum. These tools will be utilized during major case decision points throughout the life of the case from intake to reunification. Title IV-E Prevention Plan updates will be submitted to the Children's Bureau if the implementation of the national safety model influences or changes the information reflected in this initial submission.

Each unique in-home service program, employed during the investigative phase of each case, also implements different levels of familial contact based upon the risk and family's level of need. All in-home service programs require collaboration with DCBS, this may include joint meetings with the family in the home, joint treatment planning meetings with the family, weekly contact between providers for progress updates, etc. All in home services also utilize the North Carolina Family Assessment Scale (NCFAS) consistently. The use of the NCFAS supports the assessment of family functioning during the intervention, through domains, such as safety, environment, and parental capacity. NCFAS use allows the continuity of safety assessment throughout the assessment. Pre and post-scored domains are also provided to the worker to aid in their ongoing safety assessment of the family.

All case types receive monthly consultation between supervisor and worker to assess for safety and necessary case provision/goals. For in-home cases with candidate children, in home case consultation standard operating procedures and the In-Home Services Case Consultation Form have both been updated to capture and prompt discussion regarding what prevention services are being offered to the family, when services began, the date the child(ren) were identified as candidates for foster care, and identifying the EBPs utilized with the family to mitigate high risk behavior. Please see Appendix R for Standards of Practice 1.5 Supervision and consultation.

Additionally, DCBS staff complete at least monthly home visits with all family members, receiving in-home services, unannounced if necessary. Workers also meet with children privately in their home during monthly home visits to assess safety. During home visits the worker:

1. Assesses for new immediate safety issues, high-risk behaviors, or unaddressed risk factors;
2. Evaluates the family's progress toward reducing the immediate safety issues and/or reducing the risks that necessitated case action;
3. Reviews the family's progress toward accomplishment of their case planning tasks;
4. Reviews the tasks of other service providers and progress toward accomplishment of these;
5. Identifies and resolves barriers to completing case objectives; and
6. Prepares for the next ongoing assessment, case planning conference/periodic review and court hearing.

An ongoing case plan and ongoing comprehensive assessment, including assessment for risk, is completed at least every six months, and with greater frequency if there are major changes. A periodic risk assessment is completed along with the ongoing comprehensive assessment every 6 months, in addition to consultations and assessments completed during home visits. During ongoing assessments, the progress for each objective related to high-risk behavior is discussed, with regard to progress made and objective achievement. Safety and risk are also addressed, with regard to identifying if the risk and

safety has been reduced, which prompted the opening of the family's case. Any new incidents are documented and addressed, along with a description of how the family handles daily life situations, stressors, caregiver protective capacity, and methods of behavior management. Please see Appendix R for review of Standards of Practice 3.12 Case Plan Evaluation/Ongoing Assessment.



# Nebraska

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Assessing Children and their Parents for Eligibility**

CFS uses SDM®, a comprehensive case management system for child welfare, to guide decision making. SDM® is rated as a promising practice per the California Evidence-Based Clearinghouse for Child Welfare (CEBC). SDM® assessments are used to guide decision making, including identification of families at high risk of maltreatment, and ensures interventions meet the needs and strengths of families. Families involved in accepted intakes of abuse or neglect receive this initial assessment. A family with a case that does not close after the initial assessment, receives an ongoing services case. Nebraska will offer FFPSA prevention services to families involved with CFS prior to October 1, 2019, as well as new families, who meet the definition of candidacy and are in need of such services (**Attachment A**).

Nebraska provides post-adoption and post-guardianship support and services to families meeting the criteria of: a) having a current adoption/guardianship assistance agreement with CFS for a child who was a state ward, b) a child whose adoption/guardianship arrangement is at risk of disruption or dissolution and would result in a foster care placement, or c) any family who adopted a child or became a guardian of a child and is currently residing in the State of Nebraska.

CFS provides post-adoption services through an external contractor. Currently CFS has issued a Request for Proposal (RFP) for post-adoption and post-guardianship services. The provider awarded this contract will provide intervention services to candidates at risk of an adoption/guardianship disruption. Referrals for these services can come from families, CFS or other sources. The contractor will provide intervention services such as advocacy, intervention, crisis management, mental health referrals, respite care, training and education, support groups for parents and children, and mentoring based on individualized needs of the family.

## **Section V: Monitoring Child Safety**

As previously noted, CFS utilizes SDM® assessments and is in the process of implementing SOP® to assess and monitor the safety and risk of children and families. SOP® uses a variety of strategies to engage children and families by identifying the concerns that brought the family to the attention of CFS. CFS uses SOP® to identify services that address the safety and risk factors and assess the family's perceptions of where they are in relation to mitigating the safety or risk issues.

SDM® Safety Assessments are required in the initial assessment phase of a case and documented within 24 hours of first contact with the victim or identified child. Additionally, SDM® Safety Assessments are required if there is a change in family conditions, the original safety decision changes, all victims or identified children were not initially interviewed and the original safety decision changes or when a recommendation is made to close an ongoing services case.

SDM® Risk Assessment is completed for families where maltreatment has been alleged in the current intake. A SDM® Prevention Assessment is completed for families when there is not a current maltreatment alleged in the intake. These SDM® Assessments evaluate the family's risk or likelihood of future maltreatment.

The SDM® Family Strengths and Needs Assessment (FSNA) is completed for each family throughout the life of the case. The SDM® FSNA assesses areas of strength and need for the caregiver and child. Such areas include coping skills, mental health, resource management, substance use and parenting skills. Regular assessment allows case managers to identify needs of the family that should be prioritized in the family's case plan, will improve child safety, and will reduce risk of maltreatment by utilizing protective factors already existing in the family.

SDM® Risk Re-Assessments are completed every ninety days for families with children in-home and participating in ongoing case services. The Risk Re-Assessment evaluates a family's progress towards meeting case plan goals and guides decision-making related to case closure. When an ongoing case is considered for case closure based on the Risk Re-Assessment, a new safety assessment is completed. The CFS Standard Work Instructions regarding these assessments can be found within **Attachment L** and **Attachment M**.

In addition to regular SDM® assessments, the CFS staff are required to meet with families and children face-to-face monthly. These visits should occur in the family home or home in which the child resides if they are placed out of the home. The case manager must obtain supervisor approval prior to conducting monthly face-to-face visits with a child outside the home.

Visits with children should be private face-to-face visits. These monthly visits provide information about the child's safety, permanency and well-being and allow the child an opportunity to share information about what is working well, what are they worried about and what needs to happen next.

CFS staff have monthly face-to-face visits with all parents of all children involved in the case. These visits should occur in the family home at least every other month. During these visits there should be discussion regarding child safety and risk factors, areas of strengths, family needs, and the effectiveness of services being provided to improve the family's safety. A parent is also provided an opportunity to express concerns or input regarding their case. CFS staff will discuss the SOP danger or harm statements identified by CFS and the family. These statements focus on the areas of concern related to safety and risk. These statements clearly identify what the worry is about, what actions needed to mitigate the worry and how long the action needs to be demonstrated.

The CFS Standard Work Instruction regarding monthly face-to-face contact with families is included as **Attachment K**.



# Washington State

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Prevention Pathway Implementation**

We see the implementation of FFPSA as a multi-year, multi-phased initiative that will focus on building various pathways for prevention. Changes to processes, procedures, policies, as well as technical changes, will be necessary in order to successfully comply with FFPSA requirements.

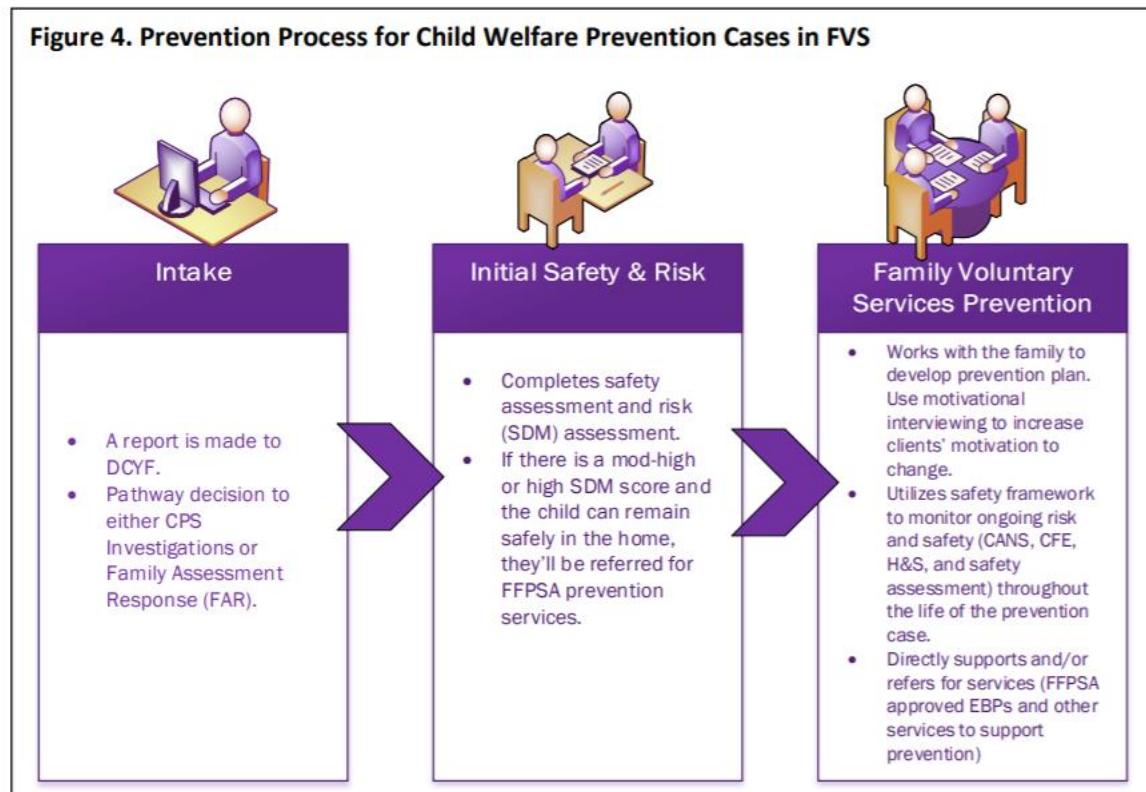
FFPSA has several requirements that prevention cases must implement, regardless of the pathway. FFPSA requires that a child who is eligible for prevention services must have a written prevention plan. The written prevention plan must identify the foster care prevention strategy for the child so that the child may remain safely at home. Additionally, the prevention plan must list the services to be provided to or on behalf of the child to ensure the success of that prevention strategy. The prevention plan for pregnant or parenting foster youth must also be included in their care case-plan and describe the foster care prevention strategy for any child born to the youth. In addition to the written prevention plan, prevention cases must monitor and oversee safety, and conduct periodic risk assessments for each child with a prevention plan. There is also required data to be tracked and submitted to the federal government on a six-month basis. The section "Monitoring Child Safety and Risk" details how safety and risk are monitored throughout the life of the prevention case.

Family Assessment Response (FAR) is a Child Protective Services (CPS) alternative response to an investigation of a screened-in allegation of child abuse or neglect. FAR focuses on child safety along with the integrity and preservation of the family when lower risk allegations of child maltreatment have been screened in for intervention. FAR works with families to support them when they are in crisis and help them connect with their communities without finding parents responsible for child abuse or neglect.

Currently, FAR cases that provide services remain open no more than 120-days. An FFPSA Prevention case can remain open for up to 12 months and require additional monitoring and case management than what is currently required by caseworkers. In order to better understand the workload impacts of adding additional tasks in order to meet the FFPSA requirements (i.e. development of a prevention plan, offering and tracking services for up to 12 months, monthly health and safety, periodic risk assessments) on FAR caseloads, DCYF is interested in conducting FFPSA pilots with several FAR units throughout Washington State. The pilot information will be critical to understanding the impact on caseloads and to identifying strategies needed to align with FFPSA.

Family Voluntary Services (FVS) allows parents to choose to participate in services to meet their children's safety, health and well-being needs. The goal of FVS is to keep children safe and meet their needs while strengthening and keeping families together. A family is referred to FVS if, after the CPS investigation: (1) the family is identified as being moderately-high or high risk (based on the Structured Decision Making risk score) for future abuse or neglect and (2) the child(ren) can remain safely in the home with a safety plan.

**Figure 4. Prevention Process for Child Welfare Prevention Cases in FVS**



Changes to the FVS program will be required in order to implement FFPSA requirements for Prevention cases. As part of the initial implementation to meet FFPSA requirements, DCYF's FVS workers will work with families to develop a prevention plan, which will identify prevention strategies to keep children safe and make sure children, youth and families have the services they need.

The prevention plan is developed with input from the assessments, risk and needs screening and Family Team Decision Making (FTDM) meeting. Updated risk/needs assessments may be used to inform the plan review. FVS teams will routinely reexamine prevention plans to help monitor and track the child and parent or guardian progress during the provision of services. If a child's risk of entering foster care does not improve at a reasonable rate during or following the provision of services, the prevention plan will be re-assessed and changed as needed.

Washington is including two groups of adolescents on its candidacy list – those engaged with the agency's Family Reconciliation Services and youth exiting the state's Juvenile Rehabilitation system. High-risk adolescents in these categories are at risk of entering or reentering the foster care system and present similar needs for behavioral health and parent engagement supports. Many of these youth

would benefit from the evidence-based practices on the Washington list to prevent entry/re-entry into foster care such as Family Functional Therapy (FFT), Multi-Systemic Therapy (MST) and others. In April 2019, DCYF released a policy report entitled Families and Youth in Crisis, in response to legislative concern about these highneed youth. In that report, the agency identified best practices for service delivery to similar youth and their families in Washington, in other states and internationally.

A pathway for substance-abusing pregnant women, Washington's Plan of Safe Care Initiative involves an interdisciplinary approach to providing support during and after pregnancy to mothers and their infants who are at risk of substance use and substance exposure. This initiative is sponsored by DCYF in collaboration with the Washington State Department of Health, the Washington Health Care Authority and the National Center on Substance Abuse and Child Welfare. The Plan of Safe Care is designed to take a highly collaborative, proactive and preventive approach to help keep families together, safe and healthy.

In early December 2019, the sponsors of Plan of Safe Care held an event to discuss strategy for implementing Plans of Safe Care in Washington. Participants included stakeholders involved with families in pregnancy, birth and early childhood to inform efforts including medical and public health, substance use treatment, medication assisted treatment, early intervention, child welfare and court professionals. As part of this work, collaborating agencies will plan prevention services to the FFPSA candidacy group: screened out pregnant women with substance use disorder.

A future community pathway is through Washington's Kinship Navigator (KN) program, managed by the Department of Social and Health Services Aging and Long Term Support Administration (ALTSA). The Kinship Navigator program currently serves 30 of 39 counties, seven tribes and supports kinship navigators in connecting relatives and unrelated kin raising children with federal, state and community resources. Kinship navigators provide information and referral services, which address specific needs and support greater stability, self-sufficiency and permanency. The KN program connects to a legislatively-mandated committee, the Kinship Care Oversight Committee (KCOC). KCOC links state agencies that serve kin with local groups and agencies that assist the same population, promoting coordination and seamless services for families. These collaborative working relationships enhance service delivery for kinship care families.

In order to access Title IV-E funds, the programs must meet the minimum evidence-based standards defined by the Title IV-E Prevention Services Clearinghouse. Currently, there are no Kinship Navigator programs that meet the required evidence-based standards. Washington State's KN program is uniquely situated for evaluation and DCYF partnered with ALTSA to hire the University of Washington's Partners for Our Children (POC) to complete the program evaluation.

## **Section V: Monitoring Child Safety**

### **Monitoring Child Safety and Risk Pre-print Section on 3**

During the time period that prevention services are being offered to Family First prevention eligible children and their caregivers, DCYF will ensure that each child receives a thorough and accurate assessment of safety and risk on a regular basis utilizing multiple safety and risk mechanisms.

Providing for child safety is part of DCYF's core mission. Decisions on child safety are based on comprehensive information, logical reasoning and analysis (not incident-based or reactionary). A focus on safety and risk must be maintained from the initial assessment through case closure using the required tools to assess, control and manage safety threats. Every caseworker will assess the safety of the child for present or impending danger at all contacts. If present danger exists the worker will take immediate protective action. A decision that a child is unsafe does not mean the child must be removed. This level of intervention is only justified when it is clear that child safety cannot be controlled and managed in the home.

For all families, regardless of prevention pathway, DCYF will assess safety and risk at intake. In addition, assigned case workers will assess safety and risk at designated intervals throughout the life of the case utilizing a variety of tools and practices. Tool-based assessment of safety and risk occurs through the use of the Safety Assessment, Structured Decision Making Risk Assessment and Child and Adolescent Needs & Strengths Screening.

A Safety Assessment is based on comprehensive information gathering and is used to identify safety threats and determine when a child is safe or unsafe throughout the life of a case. Child safety will be determined by gathering and assessing comprehensive information about a family's behaviors, functioning and conditions. A Safety Assessment will be completed at key decision points in a case to determine if safety threats exist and whether a safety plan can be developed with families to control or manage the identified threats. These key points for prevention cases include:

- All screened in Child Protective Services (Investigation and FAR) intakes (including new intakes on active cases) no later than 30 calendar days from date of intake.
- Every 90 days from the initial safety assessment on FAR cases that are left open on a Prevention Plan.
- During the completion of the Comprehensive Family Evaluation (Within 45 days of transfer to FVS and every 90 days).
- When there is a change in household members.
- A visitor resides on the premises more than five calendar days and a child is in the home.
- When considering case closure and new safety and/or risk factors have been identified since the most recent safety assessment was completed

The Structured Decision Making Risk Assessment (SDMRA) is a household-based assessment focused on the characteristics of the caregivers and children living in that household. By completing the SDMRA and following the Safety Assessment, the worker obtains an objective appraisal of the potential future risk to a child. The SDMRA informs when services may or must be offered.

The DCYF caseworker and community-based service providers also utilize the Child and Adolescent Needs & Strengths – Family Screener (CANS-F Screener) and Child and Adolescent Needs & Strengths – Family (CANS-F) respectively. These are trauma-informed tools that are based on a collaborative approach toward personal change.

The CANS-F Screener identifies global areas where caregiver and family support and services can increase child safety and reduce risk of abuse or neglect. The CANS-F Screener items align with the DCYF Safety Framework and the SDMRA supporting a unified approach to child safety management. The CANS-F Screener results will directly inform case planning and support case closure decisions.

The CANS-F is a comprehensive treatment planning assessment that identifies caregivers or child barriers to engaging in services and areas of focus for clinical interventions. The CANS-F includes all CANS-F Screener items, increasing alignment of work between the communitybased service provider and caseworker. The CANS-F is formally assessed three times across the duration of the Family First Prevention Service: initial treatment planning, transition planning (mid-way through intervention) and end of service.

Tool-based safety and risk assessment occurs periodically throughout the life of a case and is supplemented by other ongoing assessment activities, including monthly Health and Safety Visits with Children and Caregivers and Family Team Decision Making Meetings.

Face-to-face Health and Safety Visits with Children and Caregivers, who have an open prevention case, provide opportunities for ongoing assessments of the health, safety, risk and well-being of those children. Regular visits increase opportunities to monitor child safety, progress with services and prevention goals. Children that are part of prevention cases will receive private, individual face-to-face health and safety visits every calendar month. For children age five or younger and residing in the home, two in-home health and safety visits must occur every calendar month. One of the two visits may be conducted by qualified case worker or contracted providers. The health and safety visits must occur in the home where the child resides and all parents or legal guardians must receive face-to-face monthly visits with the majority of these visits occurring in the parent's home.

The following activities must be completed during the health and safety visit:

1. . Assess for present danger per the Child Safety policy.
2. Observe all of the following:
  - a. How the child or youth appears developmentally, physically, and emotionally.
  - b. How the parents or caregivers and the child respond to each other.
  - c. The child or youth's attachment to their parents or caregivers.
  - d. The home environment, when the visit occurs in the home where the child or youth lives.
  - e. The infant's sleeping environment to verify it meets the safe sleep guidelines, per the Infant Safety Education and Intervention policy.

3. Meet with the verbal child or youth in private, separate from the parents or guardians, either in the home or another location where the child or youth is comfortable. For children or youth who:
  - a. Are developmentally disabled and able to communicate, but are nonverbal, refer to the DSHS 7.02 Equal Access to Services for Individuals with Disabilities administrative policy.
  - b. Speak a language other than English, refer to the Limited English Proficiency policy.
4. Discuss the following:
  - a. Whether the child or youth feels safe in the home or placement.
  - b. The child or youth's needs, wants, and progress.
  - c. How family time and visits with siblings are going.
  - d. The child or youth's connection with siblings and other relatives.
  - e. For youth 16 and above, this includes discussing skills and strategies to:
    - i. Safely reconnect with any identified family members.
    - ii. Provide guidance and services to assist the youth.
    - iii. Maintain community and cultural connections.
  - f. Services and activities needed to support transitioning youth for successful adulthood.
5. Confirm each child or youth is capable of reading, writing, using the telephone, and has a business card with the assigned caseworker's name, office address, and phone number.

A Family Team Decision Making (FTDM) meeting brings families and communities together with the people involved in their lives to make decisions about the placement of the child. Family Team Decision Making meetings follow the Shared Planning Meeting model of engaging the family and others who are involved with the family to participate in critical decisions regarding prevention (DCYF Policy 1720 will be updated to reflect Prevention cases). These meetings provide additional opportunities to assess and plan around safety and risk, that are inclusive of the family's support system and the family's own expertise in what will work for their family, thus making success more likely.

The DCYF case worker will reassess, document, and make updates to the Prevention plan through-out the life of the Prevention case. The Prevention plan is a tool that the case worker to manage the ongoing case. This plan will be reviewed, at a minimum, once a month but could be more frequent given changes in the case. If at any point in time the safety or risk increases to a level where the child is no longer safe in the home, the case worker will take appropriate action to remove the child. As part of closing the Prevention case or requesting an extension, there will be a process for the DCYF field and headquarters leadership to review the case for closure or extension decisions.



# North Dakota

**Status: Approved**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

The prevention plan as part of the child and caregiver's case plan will be routinely examined to help monitor and track progress during the provision of prevention services. Parents and caregivers will have the opportunity to participate in the development and reexamination of the written plan. Children listed on the plan who are developmentally appropriate will have the opportunity to participate in the development of the plan to the degree that they can contribute. Updated safety and risk assessments may be used to inform the plan review.

**Case Plan:** The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well-being. The child and/or caregiver's prevention plan will be a part of the case plan.

DHS will require a Memorandum of Understanding (MOU) with all providers approved under the Title IV-E Prevention Plan. This MOU will require the approved provider to train their employees and certify that their staff have received training and/or are qualified to conduct risk assessments to ensure ongoing child safety and the development of prevention plans (treatment plans) to include goals/strategies to keep the child safely in the home and list the services being provided to ensure success of the goals/strategies. As part of the utilization review DHS may request employee training record to verify training. The provider will evaluate through the identified prevention plan whether the service is functioning as intended, addressing the needs that have been identified, and working toward the achievement of the prevention plan.

## **Section V: Monitoring Child Safety**

The core mission of the child welfare system in North Dakota is child safety. North Dakota is currently going through a social service redesign and working towards implementing a more comprehensive safety practice model. Decisions about safety will not be reactionary, but based on information observed, gathered and analyzed. The information determines if threats, protective capacities and child vulnerability exist.

DHS and the family's child welfare worker from the human service zone will monitor and oversee the safety of children and their caregivers who are involved with the child welfare system and are receiving evidence-based prevention services under North Dakota's Title IV-E Prevention Plan. Child welfare staff will be trained to conduct safety and risk assessments. Assessing safety and risk is an ongoing process continued throughout the family's involvement with the child welfare system, starting with the initial contact and ending with a safe case closure. Assessments will be conducted by the child welfare worker that is most closely engaged with the family at any point in the case, acknowledging that assessments

are more accurate when conducted by a worker who routinely engages with the family. If it is determined that the risk of foster care entry remains based on the assessments, the child's prevention plan and eligibility for prevention services will be re-examined at a minimum of every six months.

The prevention plan as part of the child and caregiver's case plan will be routinely examined to help monitor and track progress during the provision of prevention services. Parents and caregivers will have the opportunity to participate in the development and reexamination of the written plan. Children listed on the plan who are developmentally appropriate will have the opportunity to participate in the development of the plan to the degree that they can contribute. Updated safety and risk assessments may be used to inform the plan review.

A variety of tools and practices will be used to assess and monitor the safety of children who are involved with the child welfare system and receiving prevention services, including:

- Determining which families to refer for prevention services.
- Developing appropriate safety plans.
- Identifying the level of intensity needed for intervention with a family, including how frequently the family needs to be seen.
- Determining when it is appropriate to close an in-home services case.

**Present Danger Assessment and Present Danger Plan:** When the family enters the child welfare system through child protective services (CPS) a Present Danger Assessment will be completed by the CPS worker to assess if any present danger exists or not. If present danger exists, a Present Danger Plan will be completed with the family to address and control the immediate danger or safety threats to the child.

**CPS Assessment and Safety Plan Determination:** The CPS Assessment is used to identify possible threats to a child's safety and guides the worker on what interventions are necessary to protect a child from dangerous family conditions. When an in-home services case is opened as a result of a CPS case, the CPS worker will complete the initial Safety Assessment and Safety Plan Determination prior to referring the case for in-home services. If the in-home services case is not the result of a CPS case, the in-home caseworker will complete the initial Safety Assessment.

Each family will receive a CPS Assessment and Safety Determination within 62 days of the case opening and will be completed or updated at minimum of every 90 days or sooner if there are new circumstances or new information that would affect risk. A final Safety Assessment is required prior to closure of an inhome services case. Resolution of any identified safety threats must be documented in the case record.

**Safety Plan:** A safety plan is required when impending danger is identified. In every case where danger is identified, a written safety plan will exist identifying safety actions to be implemented to ensure child safety. Safety and risk assessment results will be monitored alongside progress towards service goals by the responsible caseworker.

**Protective Capacity Family Assessment:** The Protective Capacity Assessment (PCFA) is a collaborative process between the caseworker and the parent/caregiver to examine and understand the behaviors, conditions or circumstances that resulted in a child being unsafe. The collaborative process identifies

enhanced protective capacities that can be employed to promote and reinforce change, and diminished protective capacities that must change in order for the parent/caregiver to regain full responsibility for the safety of the child. The case plan is developed based on information gathered in this assessment.

**Case Plan:** The Case Plan specifies what must change to reduce or eliminate safety threats and increase the parent or caregiver's protective capacities to assure the child's safety and well-being. The child and/or caregiver's prevention plan will be a part of the case plan.

**Protective Capacity Progress Assessment:** The Protective Capacity Progress Assessment (PCPA) measures progress toward achievement of goals in a case plan. It focuses on progress and change related to enhancing diminished caregiver protective capacities. The assessment also evaluates the status of impending danger and the effectiveness of safety plans. During this assessment, adjustments to a case plan are considered as well as caregiver participation and service provision effectiveness. With respect to safety management, it is during the assessment event that reunification is considered when the safety plan is out-of-home placement. The assessment occurs as an evaluation event at least every 90 days following the implementation of a case plan for out of home cases, at least every 30 days for inhome cases.

**Provider Responsibility:** The approved provider is responsible for conducting a thorough and accurate assessment of the child and family to determine the most appropriate services. An assessment for safety and risk is also conducted on a regular basis. The approved provider must complete all tracking and reporting requirements as deemed necessary by the Department of Human Services for reimbursement. The approved provider will be required to also review the child's prevention plan with the parents, caregivers, and child if developmentally appropriate and complete an eligibility determination for prevention services a minimum of every 6 months.



# Colorado

**Status: Submitted**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

### **Child-Specific Prevention Plans & Monitoring Child Safety**

As required in Family First, a child-specific prevention plan will be developed to establish that each child/youth is eligible to receive Title IV-E prevention services and to articulate an associated foster care prevention strategy. For open child welfare cases, the child-specific prevention plan will be one piece of the broader Family Services Plan (FSP). An FSP is developed in any open case when services are warranted. Under Family First, the FSP will include a prevention plan section that details placement prevention strategies to allow the child/youth to remain safely at home or with kin. Prevention plan documentation must be completed within 60 calendar days of the referral date in Trails. Safety and risk assessments completed in the assessment portion of Trails will automatically become a part of the case if a case is opened. This will allow the caseworker to refer to assessment results when determining eligibility, developing the foster care prevention strategy, selecting appropriate services, and developing the prevention plan objectives. Since the child-specific prevention plan will be integrated within the larger FSP, it will also link to other levels of case plans. This will allow caseworkers to ensure that the prevention plan aligns with broader case and service planning efforts. For candidates who do not have an open child welfare case, a mechanism will be created to allow for the development of prevention plans within Trails using a similar FSP template.

## **Section V: Monitoring Child Safety**

### **Plan Review and Monitoring Safety**

Continuing reassessment of the prevention plan and progress toward meeting the child, youth, and families' stated goals will be completed every 90 days using information gathered from the family, their supports, collaterals, and involved service providers. If there is a significant change in need, a redetermination of eligibility and/or a reassessment of services will occur and the plan will be amended, if applicable.

The prevention plan will be reviewed in conference with the caseworker and the supervisor to address several items, including but not limited to the following:

- The safety needs of the child/youth, including if a new referral was received or a new assessment was completed;
- The appropriateness of the child/youth's current residence and how it meets the child/youth's needs;
- The stated needs/goals of the child, youth, and/or family;
- Whether the child/youth and family members are receiving the specific services included in the prevention plan, services are appropriate, time frames are current, and progress is being made toward the specific objectives identified in the plan; and,
- Identification of the barriers hindering progress and how they are being addressed.

For any open cases, monthly case contacts will also help ensure child/youth safety and well-being and move the case toward achieving stated goals. The county department will have face-to-face contact with the children/youth, parents, and relevant collateral contacts as often as needed (while meeting the minimum monthly expectation) to reasonably attempt to ensure the safety, permanency and well-being of the child/youth.

For candidates that do not have an open child welfare case, detailed processes will be developed to facilitate the appropriate and timely review and monitoring of safety for children/youth with a prevention plan. Colorado is partnering with relevant agencies and community service providers to ensure robust monitoring processes and reporting are in place.



# Maine

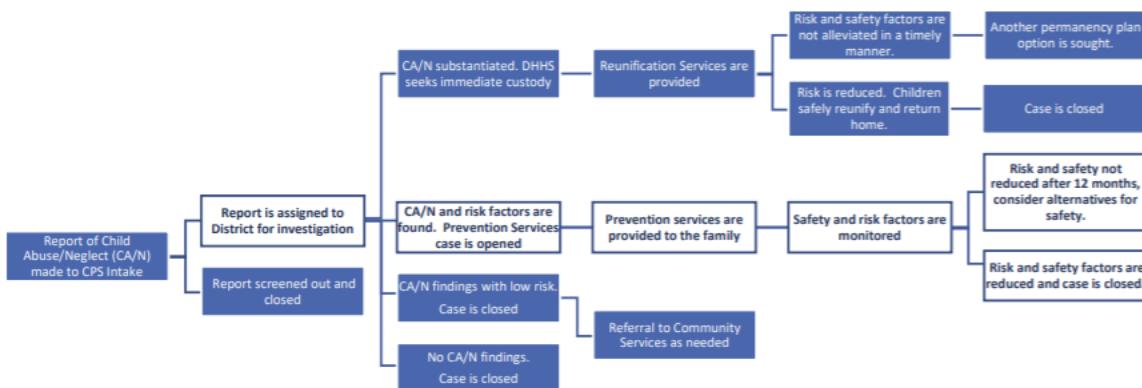
**Status: Submitted**

## **Section IV: Child-Specific Prevention Plan**

### **Section V: Monitoring Child Safety**

## **Section IV: Child-Specific Prevention Plan**

In alignment with determining candidacy in Section 2 of this plan, below is a graphic depicting the case flow process for how a case moves through the child welfare system from intake to closure. The boxes in white, demonstrate the case flow process for a Prevention Services case which is the foundation for how the child specific prevention plan will be completed.



## **Prevention Service Case & Prevention Planning**

As indicated in Section 2 of this plan, once a child is determined to be a candidate for prevention services, the OCFS investigations caseworker completes the Structured Decision Making (SDM) Case Plan tool. At this time, the investigation caseworker convenes a Family Team Meeting (FTM) which informs the creation of a Prevention Services Family Plan.

**Family Team Meeting (FTM):** The initial FTM is a convening by the OCFS investigations caseworker of family members and supports as well as any existing or newly referred service providers that is designed to identify the family strengths and needs in order to keep the child(ren) safe. Family engagement, including youth when age and developmentally appropriate, is required and necessary in the determination of service needs and delivery. Prior to the meeting, the assigned OCFS caseworker will:

- Talk with the family and prepare them for the meeting prior to all FTM's.
- Discuss with the family the harm, danger, complicating factors, and their protective strengths as they relate to the case.
- Work with the family to identify the best location for the FTM, preferably in the family's home or other agreed upon setting.
- Develop the agenda with the family once the purpose of the meeting is clear.
- Help the family to identify prospective family team members, explain to them why this meeting is taking place, and what is hoped each member can do to help build child safety.
- Speak with family team members and share the purpose of the meeting.

- Assess for possible domestic violence within the family; if domestic violence is a concern the caseworker will:
  - Work with the domestic violence advocate to address safety concerns for the youth and the non-offending caregiver.
  - Ensure in cases where domestic violence is a concern that there will be separate meetings for the offending and non-offending caregivers.
  - Ensure that if there is a no-contact court order in place, OCFS staff will not have those participants together in the same FTM.

During the FTM, the family members are invited to share their perceptions of what happened to cause the family to be involved with child welfare services and for subsequent meetings, update the family team members as to what progress the family has made towards reaching family plan goals. The family team, with the assistance of the caseworker/facilitator, will review the harm, danger, and complicating factors as they apply to the case at the time of the meeting. The caseworker/facilitator asks the family team to identify protective strengths of the family and how strengths can support goals that will keep the child(ren) safe. The team develops safety goals and identifies elements of the Prevention Services Family Plan that will ensure child safety.

Included in the FTM at this phase is an OCFS permanency caseworker whom, following the FTM, will become the new caseworker for the family. The original investigation would close, and a Prevention Service case would open. At this time the permanency caseworker will provide support to the family, referrals for services, and oversight of prevention services while the family works with OCFS to reduce risk and increase safety in the home. FTM's will continue throughout the case per OCFS policy including but not limited to:

- At the request of the family or others connected to the case.
- Development and/or review of subsequent Prevention Services Family Plans (including Rehabilitation and Reunification Plans if entering into state custody.)
- Recommendation of any change of case
- When a case is ready for closure and/or prior to a case transfer between districts.
- Any decision or transition time is a valid reason to hold an FTM

**Prevention Services Family Plan:** The Prevention Services Family Plan developed during the FTM is a newly created tool that was adapted from the original OCFS Family Plan in an effort to streamline the planning processes and documents to reduce the burden on families and staff. This plan was introduced to child welfare staff in late October 2020 with staff implementation of this new tool in November 2020.

This comprehensive prevention plan includes:

- The names of the child(ren) and parents,
- The reasons why the family is involved in a prevention services case,
- The behavioral changes necessary by each parent to address the reasons why the Department is remaining involved with the family,
- The prevention services needed in order to increase child safety to keep the child(ren) in the care and custody of a parent/caregiver,

- The services the Department will provide,
- The progress by the parent/caregiver and how it will be measured,
- Kinship supports, and
- The proposed schedule for the Prevention Service case.

The Prevention Services Family Plan is finalized after the initial FTM, is signed by the parents, and will serve as the individual prevention plan for each child identified in the plan. A copy of the Prevention Services Family Plan can be found in Appendix 2. The prevention services to be provided to the family must be captured in the Prevention Services Family Plan as well as a start date for services. All options for services available to the family must be reviewed and explored with the family prior to the FTM and during the FTM using the Family Services Resource Guide that outlines the services and supports that might be available to families to keep their children safe. This guide will be created in conjunction with the State Agency Partnership for Prevention to ensure all Primary, Secondary, and Tertiary Prevention Services available to families are listed. If it is identified that services are needed more immediately, referrals for prevention services could be made prior to the FTM with the documentation of the date of referral to be entered into the Comprehensive Child Welfare Information System (CCWIS). Referrals to Prevention services will be completed using a newly designed referral form to ensure information about family needs and risk are communicated at the time of referral.

**Prevention Plan Review:** Prevention Services Family Plans will be reviewed by the permanency caseworker with the family every 90 days through the FTM and SDM processes. FTM's will be held every 90 days in conjunction with the Prevention Services Family Plan review to formally engage with families, existing or new service providers, informal family supports, and any other critical case members to determine the appropriateness of and progress in services. With this, existing SDM policy implementation will provide a roadmap for ongoing monitoring of risk and safety which will be described further in Section 5.

Throughout the life of the case, caseworkers will continue to collaborate with families and collateral contacts to determine service needs and make referrals. Caseworker and Supervisory staff will be provided (through the Family Services Resource Guide) with a menu of prevention services available as well as resources for referrals to other services in order to best select the services that can meet the client's individualized needs. Casework staff will make referrals directly to programs for these services which will be unique to each program. Caseworkers will utilize strengths-based strategies, including motivational interviewing, to connect with families and increase the quality of the working relationship.

**Case Closure:** Prevention Service cases are recommended by OCFS to be open for a maximum timeframe of 6 months although there is recognition that some families may need more time to address risk and safety factors resulting in cases being open for longer. The Family First Prevention Services Act outlines a 12-month limit for prevention services per candidate episode, and the monitoring of these timeframes will be conducted. The 12-month timeframe begins at the time the child is determined to be a candidate for prevention services. If it is determined that there is a need to extend prevention services beyond the 12 months, approval from the casework supervisor and district

Program Administrator will need to be given after review of case documentation that provides justification for a second candidacy episode. SDM tools will assist with decision making for when risk is reduced, and case closure is appropriate. If continuation of specific services is recommended to support the family beyond case closure, referrals to community-based programs may be made.

**Integration with Information Systems:** The Family Services Prevention Plan will be a document available to caseworkers to complete in Word format and will be required to be uploaded into the CCWIS data system once completed. The CCWIS system will set up a new plan every 90 days and caseworkers would be alerted to the need for the plan to be reviewed. CCWIS will include options to select from a list of prevention services to be provided to the family as well as service start and end dates in order to track the timeframes required under FFPSA. The menu of services will include those identified in Section 3 of this plan as well as other community services that may be available including those not funded through FFPSA or OCFS. OCFS is working closely with the developers of the new CCWIS system in Maine to ensure that data collection resources exist to meet all FFPSA reporting requirements.

**Prevention Services and Coordination with IV-B:** Title IV-B of the Social Security Act allocates funding to states to support the prevention of out of home placements and keeping families together. Maine has utilized this funding to support a long-term initiative with the Maine Coalition to End Domestic Violence to house domestic violence liaisons in each OCFS district office to assist casework staff in navigating domestic violence-related issues in child welfare matters. This will assist caseworkers in Prevention Services cases that involve domestic violence as an added means to locate services and supports for the family. Title IV-B funding has also supported training and professional development of child welfare staff on various topics which are outlined in Section 7. Title IV-B funding has also supported services directly for families such as transportation and kinship support services. These services and supports funded by Title IV-B directly relate to the OCFS and FFPSA mission to support families in an effort to prevent the need for out of home placement. OCFS will continue to explore ways that IV-B funding and services can support the work of the FFPSA in Maine.

## **Section V: Monitoring Child Safety**

Maine OCFS takes the monitoring of child safety very seriously. While the aforementioned processes are designed to collaborate with families on the development of a plan for preventing entry of children into foster care through the provision of services and supports, a solid plan for monitoring safety is critical to success of prevention services and involves the roles of both casework and supervisory staff.

**Prevention Case Monitoring: The Caseworker Role:** OCFS casework staff is responsible for ensuring that children are safe and that any identified special needs are met through the provision of case management services. Per OCFS Child and Family Services Policy, case management services assist eligible individuals in gaining access to needed medical, social, educational, and other services. "Eligible individuals" refers to vulnerable populations, such as children and families in the child welfare system or children with behavioral health needs. Case management services includes:

- Assessing the child's needs;
- Coordinating the delivery of appropriate services as defined in the assessment;
- Assisting the child and family in accessing appropriate services;
- Monitoring the child and family's progress by making referrals, tracking appointments, following up on services rendered, and reassessing the child and family's needs;
- Advocating on behalf of the child and family;
- Consulting with service providers or collateral contacts to determine the status or progress of the child and family's plan;
- Arranging for crisis assistance, such as coordinating needed emergency services; and
- Continually assessing for safety, risk & danger.

Caseworkers monitor child and family behavioral and developmental health needs throughout the progression of a case via regular case contacts, family team meetings, treatment team meetings, case plan reviews, and collateral contacts. For Prevention Services cases, at a minimum, one (1) face to face contact with family members per month is required by the permanency caseworker. In addition, the caseworker must make an individualized contact plan depending on the level of risk for the case and family need resulting in high risk cases receiving more contact. Additional monitoring strategies include case progress check ins by reaching collateral contacts via phone, face to face, or virtual meeting including but not limited to schools, counselors/therapists, in-home service providers, medical providers, childcare providers, parents/caregivers, other critical case members

**The Role of Structured Decision Making in Monitoring Safety:** As indicated in Section 2 of this plan, the use of Structured Decision Making (SDM) is a critical component in child welfare practice in Maine. Not only is SDM used during the investigation phase of a case and will be used to assist with candidacy determination, but other key case points warrant SDM use in conjunction with FTM's as well. In Prevention Service cases, the SDM tools will be used for any new investigation that may be warranted from a new Child Protective Services report, but it will also be used for ongoing case management and safety monitoring as identified below:

Safety Assessment Tool	<b>Used during the initial child welfare investigation.</b> Used during Prevention case when contemplating closure.
Case Plan Tool	<b>Used in every open case and is focused on family strengths and needs.</b> Completed prior to first Prevention Services Family Plan. Developed with the family every 90 days.
Risk Reassessment Tool	<b>Used in all in-home cases and when children have been returned to the home.</b> Completed every 90 days.

OCFS will continue to partner with Evident Change (formerly known as the National Council on Crime and Delinquency (NCCD)) to implement SDM tools throughout child welfare case continuum. Staff have received training regarding the safety and risk tool and the OCFS' Quality Assurance Team has

assisted in monitoring the use of these tools to ensure fidelity to the model. Their review has provided valuable feedback on areas where additional training is needed and OCFS has been able to partner with Evident Change in the past to target training appropriately. In September 2020, OCFS implemented new SDM tools to guide staff as they make permanency decisions in child welfare cases. Permanency staff were trained on the tools in the fall of 2020 and the Quality Assurance Team and supervisors have been trained to conduct quality reviews to ensure fidelity to the tools. They will be conducting regular reviews of the use of SDM tools in order to provide child welfare leadership with insight into opportunities for additional training, support, and refinement of implementation.

In conjunction with SDM tools, all OCFS caseworkers receive training in Motivational Interviewing during the initial hiring period. While more information on staff training will be provided in Section 7, it is important to note that motivational interviewing is a skill that is helpful in the monitoring and management of child welfare cases in supporting families with meeting their goals. Additionally, in the fall of 2020, child welfare staff were provided "Goals and Action steps" training. This training provided tools for how to create clear and concise goals during the case planning process including skills to create goals that are specific, measurable, attainable, relevant and time based (SMART).

**Prevention Case Monitoring: The Supervisor Role** The key role of the OCFS child welfare casework supervisor is to ensure that the agency's policies and practices are implemented. Maine child welfare services supervisors must implement, teach and support the Child Welfare Practice Model, joining with families and the community to promote long-term safety, wellbeing and permanent families for children. Effective supervision supports a collaborative team approach that builds on clients' strengths that meet their needs, resulting in better outcomes for children and families. Effective supervision is based on a supervisor / caseworker relationship that promotes continuous learning and facilitates professional growth and development through self-reflection and identification of strengths and challenges. Supervisors are responsible for creating and maintaining a supportive working and learning environment through open communication, teaming and accountability at all levels - both internally and externally. These standards represent OCFS' expectations of casework supervision. All levels of supervision must reflect the spirit of these standards. The activities of the supervisor are directed toward implementing the organizational objectives and helping to ensure that the quantity and quality of work achieves outcomes articulated by the agency. The administrative function involves planning, executing, monitoring, and evaluating activities to accomplish the work of the agency through the staff. Supervisors must approve the payment for client services; these are either approved within MaineCare rates or within established contract rates. Supervisors provide consultation and oversee the case decisions made by the caseworker including reviewing SDM scoring all the while monitoring case documentation, attendance at Family Team Meetings, and participating in other child and family meetings as needed.

**Child Welfare Initiatives Supporting Safety & Prevention:** Child welfare has a number of initiatives being implemented in an effort to support monitoring child safety and prevention.

This includes strengthening the Quality Assurance team to be discussed in Section 6 as well as enhanced supervisory training including supervisory coaching. OCFS is working with Evident Change to provide a leadership coaching overview for all supervisors and managers as well as a coaching institute and district coaching sessions. Coaching practices will be integrated into the overall strategies for child welfare supervision. Supervisors will be expected to utilize coaching during monthly individual and group supervisions. The OCFS Training Team is participating in these activities as a train-the-trainer and will provide this training to new supervisors as part of a Supervisory Academy.

The Quality Assurance team within OCFS will play a key role in assisting child welfare with monitoring child safety through their data collection and quality improvement activities which will be described in below.



# Oregon

**Status: Submitted**

**Section IV: Child-Specific Prevention Plan**

**Section V: Monitoring Child Safety**

## **Section 4: Child Specific Prevention**

### **Plan Prevention Case Management**

Case management of families receiving prevention services will be provided initially by Oregon Child Welfare family preservation workers. To ensure family needs are appropriately met, Oregon will install a specialized unit of family preservation workers at the local district level who will have primary responsibility for developing and overseeing child-specific prevention plans and working in collaboration with other workers serving such families. Although all Child Welfare workers are trained in and expected to provide trauma-informed family engagement, it will be critical for families to receive services from specialized prevention workers and supervisors who are committed to family-centered practice and who have the necessary engagement skills to help families co-design and participate in services.

Family preservation workers will develop and oversee the child-specific prevention plan in collaboration with the child, family, Tribes, community partners and service providers. During future phases of implementation, Oregon will seek opportunities to collaborate and share case management responsibilities with community partners and sister agencies including other divisions within ODHS, such as the Self Sufficiency Program and Developmental Disability Services, that may be better suited to meet specific child and/or family needs through prevention services that do not require Child Welfare intervention.

To enhance family engagement and partnership in the delivery of prevention services, Oregon will embed the values of the LIFE practice model (strengths-based, trauma-informed, culturally responsive, parent-directed and youth-guided) as well as the child and family teaming approach, within the existing casework practice for developing and overseeing child-specific prevention plans. Because LIFE is currently provided in only seven Child Welfare branches in Oregon, the practice model will need to be progressively scaled up. For the initial phase, all Child Welfare staff and specific community partners will be trained and coached in valuesbased engagement and values-based child and family team meetings. Additional aspects of the practice model, including providing all families with access to a parent peer mentor, are planned for future iterations of Oregon's transformation.

### **Process for Assessing Need and Developing the Child-Specific Prevention Plan**

After eligibility is determined, the family preservation worker will facilitate the development of the child-specific prevention plan using components from the LIFE model. Although a child and family may become eligible to receive prevention services anytime during the life of a case, the child-specific prevention plan will typically be initiated:

- During the course of either a CPS or FSS assessment,
- During the course of case planning for a child or young adult who is pregnant or parenting while in foster care, or
- At the time of exiting foster care.

The child-specific prevention plan will be entered by family preservation workers into OR-Kids, Oregon's Child Welfare SACWIS system, establishing the candidacy determination date necessary to monitor the 12-month service time limit and re-determine candidacy as needed.

For candidates who are determined "unsafe" following a CPS assessment, the child-specific prevention plan will be developed or, if developed earlier in partnership with the family, reviewed during a child and family team meeting referred to as the Family Engagement Meeting (FEM). The FEM occurs within 30 to 50 days following the identification of a safety threat or the filing of a court petition. Meetings will incorporate the components of LIFE child and family teaming model to be a collaborative, family-led discussion that may include Tribal partners, representatives from Self-Sufficiency, community partners, and any other advocates or chosen supports that the family identifies. The child-specific plan itself will employ plain language to ensure it is a useful tool for families and community partners. Initially, family preservation workers will facilitate the Family Engagement Meetings if a designated meeting facilitator is not available. In the future, Oregon will explore the possibility of using Family Engagement Facilitators for prevention planning.

A family preservation unit worker may be assigned to a family at any point during the CPS or FSS assessment to begin the process. If there is a Child Welfare permanency caseworker already assigned at the time of eligibility, the preference will be for the child's caseworker to continue their relationship with the child and family and develop the child-specific prevention plan in order to ensure continuity for the family.

As Oregon transitions to a more prevention-oriented system, it recognizes that strengthening its ability to assess family need is an essential step in moving towards a system of well-being. Furthermore, evidence-based programs are most effective with their specific target population, making need-identification an important prerequisite to an effective prevention program. Therefore, Oregon plans to strengthen existing need assessment tools for its initial implementation and will explore the adoption of a functional assessment tool in the future. Currently, Oregon Child Welfare primarily uses two tools to assess child and family needs:

1. Comprehensive CPS Assessment: In addition to investigating an alleged incident of abuse or neglect, a CPS worker comprehensively assesses how a family functions by gathering and assessing information that includes child functioning, adult functioning, parenting practices and disciplinary practices. The needs identified during this process will be used to develop the child-specific prevention plan and to select appropriate services to address child or family needs.
2. Protective Capacity Assessment (PCA): Permanency workers complete a PCA to assess a parent's protective capacity, inform case plan goals and determine which services will best meet parental needs.

Oregon will engage families, agency and provider partners to assess child and family needs. All child and family team members involved in developing the child-specific prevention plan, but specifically the family, will be asked to share information and observations about needs, including assessment results.

## **Description of Processes to Ensure Appropriate Service Referral, Linkage and Oversight**

Families will be empowered to choose and participate in evaluating the effectiveness of the services they receive. To this end, child and family team meetings will be the ongoing venue to facilitate discussions to determine the appropriate service referral, to evaluate service effectiveness and to recommend service modification if necessary.

For the initial phase of implementation, the Child Welfare family preservation worker, with guidance and support from the child and family team, will ensure that appropriate and timely referrals for EBP and other prevention services are made. The family preservation worker will be responsible for overseeing the effectiveness of service delivery, addressing any concerns with the family and service providers as they arise and adjusting service delivery as needed. Child and family team meetings will occur on a monthly basis for CPS cases and every 90 days for FSS cases. The family preservation worker will also have regular contact with the family, service providers and other child and family team members to assess and monitor the effectiveness of services and the prevention strategy overall.

Child Welfare supervisors will provide regular support and supervision to family preservation workers including monthly scheduled times for clinical supervision and case consultation. As current practice requires, the family preservation worker and supervisor will meet to conduct 90-day case plan reviews. A review of candidacy and continued eligibility will occur at the time of each child and family team meeting and redetermination of eligibility will occur every 12 months. As the family preservation worker continues to assess the family's needs, the supervisor will provide additional oversight to ensure the prevention strategies and EBP services in child-specific prevention plans continue to be appropriate and effective.

## **Coordinated with Other Services Provided to Children and Families under Oregon's Title IV-B Plan**

Oregon's Prevention Plan is just one tool in addressing the varying needs of children at risk of foster care placement, pregnant and parenting youth in foster care and their families. Oregon will ensure that the partnership between programs and organizations that receive title IV-B funds, which is another source of federal funding for prevention and child welfare services, continues in support of coordinated services for children and families.

Oregon uses title IV-B subpart 1 funding to meet the basic needs of families, such as housing, clothing, food, supplies and transportation. The family preservation worker will assist families with these services to allow them to participate in prevention related services. Oregon also supports Addiction Recovery Teams (ART) throughout the state with title IV-B, subpart 1 funding. These team-based services include substance use disorder professionals located in Child Welfare office buildings for the primary purpose of providing parent support, facilitating rapid access to treatment and removing any barriers to beginning treatment. Where substance use disorder is an issue for families at risk and served via the Prevention Plan, ART professionals will join the child and family team and will coordinate with family preservation workers to assess the needs of parents, assist with the development of the child- specific prevention plan and provide referrals to appropriate EBPs or other services.

As part of Oregon's prevention continuum, the Oregon Early Learning Division (ELD) uses title IV-E subpart 2 funding to offer families community-based Family Preservation and Support Services in four goal areas:

- Early Childhood Development/Early Learning

- Child Abuse and Neglect Prevention
- Adolescent Risk Factors, and
- Child Poverty.

The Oregon ELD funds "Early Learning Hubs" and other programming throughout the state including classes and home visiting programs, specifically Healthy Families Oregon (HFO), to strengthen parent-child relationships and promote healthy child growth and development. Oregon will engage these hubs and service providers through the child and family teaming process, when available, to ensure families with young children have the appropriate continuum of support.

Oregon Tribes also use title IV-B funds to serve the needs of their communities by investing in services, systems change, community development and capacity building that targets child maltreatment, adult substance abuse, poverty, kindergarten readiness, parent engagement and foster care reduction. Tribes also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills. This funding assists Oregon Tribes as they build their own effective and integrated prevention systems. Oregon will include Tribal partners in all ICWA cases to ensure tribal children and families have access to the wide array of prevention services funded by title IV-E and title IV-B, as well as by state funding.

### **Section 5: Monitoring Child Safety Approach to Monitoring and Overseeing Child Safety**

In order to ensure safety and appropriate case progress, Oregon Child Welfare's Safety Model incorporates monitoring protocols that include regular face-to-face contact with the child, parents and foster parents if the child is in foster care. Oregon Child Welfare also requires regular contact with safety service providers and treatment service providers to facilitate collaboration on a family's case and to enable regular monitoring in case safety concerns arise.

Initial and ongoing child and family team meetings will assist in monitoring and overseeing child safety and the effectiveness of child-specific prevention plans in mitigating risk. Further, current rules and procedures for CPS and FSS cases will be used to monitor children and families receiving prevention services for any safety issues that may arise.

For foster care cases and in-home cases with safety threats, an ongoing safety plan is reviewed every 30 days and the family preservation worker will make changes to the family's safety plan based on emergent needs or safety concerns. This review will be updated or documented in case notes in OR-Kids. Oregon Child Welfare staff are trained to identify safety threats and understand the appropriate conditions needed for in-home services; this will guide safety monitoring throughout the course of the case.

For Family Support Services (FSS) cases, where there is not a present safety threat, Oregon family preservation workers will maintain regular face-to-face contact with the child, family, and child and family team. While the emphasis of this engagement will be ongoing need assessment and family support, regular contact and monitoring will ensure Oregon Child Welfare can identify and respond to safety concerns if they emerge.

For future transformation, Oregon is exploring designated expert facilitators of child and family meetings and the family's natural supports assuming some role for monitoring safety and risk for families who have no identified safety threats.