STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section C: Prevention/Protection & In-Home Services Policy

PREVENTION/PROTECTION & IN-HOME SERVICES

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I. OVERVIEW OF PREVENTION AND PROTECTION/IN-HOME SERVICES

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction

The purpose of Prevention and Protection Services is to enable a child to remain safely at home with family. Prevention Services and In-Home Protection Services are services provided to families for whom the determination has been made that a child is unsafe or that an unacceptable level of risk of harm to a child is present within the context of the family.

1. Outcomes of Prevention and Protection Policy

The merit of policy is judged by the degree to which its subjects experience the intended outcomes of that policy, not by the extent to which the requirements of policy are applied. The success of a policy directed toward families and children can only be determined by the impact of that policy felt by the family and the child, which include the achievement of desirable outcomes for the family, but also in the effect on the family and the child by the process, and the means by which those outcomes are achieved.

Family-Centered Practice supports the sanctity of the family unit, while recognizing that every child and every family is unique. Consequently, the application of policy in developing and implementing strategies of Prevention and Protection must be individualized to address the unique needs of each family and child.

Family-Centered Practice policy cannot and will not be effective, and desirable outcomes for children will not be achieved without steadfast faithfulness to the principles and viewpoint that:

- Children belong with their families;
- The family of a child is an integral and essential facet of the child's life and existence upon which the child's well-being, safety and security, permanency and stability, health, and happiness are dependent;
- The child and family are one entity; and
- When abuse, neglect, or maltreatment to a child occurs within a family, the victim is the family unit as a whole.

For Prevention and Protection services to be effective in achieving the desired outcomes, a full and unwavering commitment by the Worker and supervisor to the principles of Family-Centered Practice must be clear and evident in every aspect of service planning and provision.

B. Safety and Risk

In responding to reports of abuse and neglect or intakes concerning the safety of children, DFCS focuses first and foremost on issues of safety of and harm to children within the family unit. When considering intervention in the family, the Worker must also consider the issues of permanency and family well-being.

In the initial investigative/assessment phase of response to reports, as well as in the provision of Prevention and Protection Services as a continuation of the initial response, the purpose of intervention is to assure child safety and reduce the risk of harm to the child.

According to www.dictionary.com definitions:

- *Safe* is "secure from hurt, injury, danger or risk";
- *Risk* is "exposure to the chance of injury…a dangerous chance"

For purpose of child welfare policy, the definitions will mean:

- *Safe* is a condition in which the threat of serious harm is not present or imminent or the protective capacities of the family are sufficient to protect the child;
- *Risk* refers to the likelihood that maltreatment may occur in the future.

The family structure, dynamics, and living environment, will have either positive or negative influences on issues of safety and risk. DFCS intervention aims to reduce or eliminate the factors which cause harm to a child.

Children are kept safe through the prevention of harm. Harm may be caused by abuse, neglect or exploitation and also may be caused by the trauma of removal from the family – by the actual act of separation as well as by the resulting impermanency felt by a child when removal occurs.

1. Safety Planning

Safety planning is initiated at the determination that a child is unsafe or at imminent risk of harm. That determination evolves into individualized service planning in Prevention and Protection cases, drawing from, adding to, and intertwined with the Comprehensive Family Assessment

(CFA). The development of a trusting and honest relationship with the family is of the essence in the provision of services.

The Mississippi Practice Model definition of safety assurance and risk management assumes that children should live in a safe and permanent home with their own families whenever possible, and that any interventions should assist families to care for and nurture their children. Practice, service provision, and intervention from the initial contact with the family must be focused toward that end. Success is dependent on the relationship developed with the family by the Worker and DFCS.

Safety plans are required if there are concerns about a child's safety. Resources and services shall be obtained immediately if there are unmet basic needs.

Child safety is managed through a Safety Plan with In-Home Prevention and Protection cases when there are active safety factors that have been identified. Safety Plans are intended to control safety factors and the service planning process is used to address the changes needed to eliminate identified safety factors. The parent(s) should, to the extent possible, be in agreement with whatever plans are made and whatever options are decided upon. Although the safety of the child remains in the forefront of planning and decision-making, issues of permanency and family well-being must be considered at every juncture of the planning process, and the impact on the child of being removed from the home and separated from parent(s) must remain highly visible when options and alternatives are considered and evaluated.

When removal of a child from the home appears to be imminent in terms of the options available, the FTM becomes indispensable as a methodology for assuring the best interests of the child and family are being served. Only with input from all family members as well as extended family, friends, and other informal supports concerned about the family, can all options and alternatives be identified and considered in making decisions regarding the family.

2. Reasonable Efforts

Federal and state laws require that reasonable efforts be made to prevent removal unless: 1) leaving the child in the home is contrary to the welfare of the child, and 2) removal from the family is in the best interests of the child (42 U.S.C.671 § 471(15)), MISS. Code ANN. § 43-15-13.

Family-Centered Practice provides the DFCS Worker with the guiding principles, the foundation, and the methodology to make reasonable efforts to prevent removal and to keep families intact. Family-Centered Practice further provides the Worker with the institutional and organizational backing and support through the specification in DFCS policy (see Section D) that it is not only proper and appropriate to allow children to remain in families where they have been

mistreated but that it is a violation of law and policy not to make efforts to: 1) address the issues which led to the maltreatment, 2) work with parent(s)/guardian and children to resolve issues, and 3) if the safety of the child can be reasonably assured, to keep families intact despite prior maltreatment.

Through the immediate engagement of family and by means via Family Team Meetings (FTM), family strengths and support systems (including extended family and friends) are identified. These strengths and support systems, coupled with community services which will help parent(s)/guardian to develop and implement strategies and safety plans to safely care for their children and reduce the risk of future maltreatment. This process of engagement, relationship building, and problem solving constitutes child welfare practice in the Family Centered Practice environment of DFCS.

Consequently, in responding to reports of abuse and neglect the Worker will employ reasonable efforts to prevent removal of children from their families. The implementation and execution of the Family-Centered Practice- immediate engagement, relationship building, and problem solving through Family Team Meetings (FTM), and the provision of the most beneficial and least intrusive service to maintain a child's safety constitutes "reasonable efforts."

C. Comprehensive Family Assessment (CFA)

The Comprehensive Family Assessment (CFA) is essential in the effort to achieve desirable outcomes related to safety, permanency, and well-being. CFA is founded in and dependent on critical and analytical thinking applied to the issues identified during the investigation and initial assessment, the information revealed from safety and risk assessments, the identification of the individualized needs of the family, and the identification of the strengths and protective capacities of the family.

The identification of causes of issues and analysis of underlying issues are essential in CFA which is necessary to begin an effective plan of service delivery and continues throughout the life of a case.

The CFA is completed by the Worker in MACWIS and submitted to the ASWS for approval within thirty (30) calendar days of case opening and any time there is a Review, Add/Change, or Final ISP.

D. Case Planning

In order for service planning and the provision of services to be successful in preventing removal and allowing the child to remain safely with the family, effective assessment of safety and risk

factors is essential. Identification of family strengths is essential. Understanding the incident of maltreatment and the causes of such maltreatment is essential.

The future of the case with DFCS including matters of permanency for children and family well-being are hinged on the activities and decisions included in the provision of service to the family at this critical point.

The Family-Centered Practice approach is designed to solve problems enabling children to remain safely with their families.

Initial face-to-face engagement with the family by the Worker committed to the values and philosophy of Family-Centered Practice, respectful and fair, honest and open, understanding and non-judgmental, is the key leading to effective service provision and desirable outcomes.

1. Child and Family Well-Being

Issues of permanency and family well-being must be considered at every juncture of the planning process, and the impact on the child of being removed from the home and separated from parents must remain highly visible when options and alternatives are considered and evaluated.

Child well-being includes the provision of appropriate medical, mental health and educational services to children. Such needs will have been identified through the assessment process and services to address any identified well-being needs will be reflected in the case plan.

2. Permanency

Within the Mississippi DFCS Family-Centered Practice service continuum, Prevention and Protection Services – In-Home Services – provide the arena in which the Worker and DFCS can focus on the family with innovative, flexible, and individualized services in concerted efforts and strategies to achieve outcomes of safety, permanency, and family well-being while keeping the family intact, thereby avoiding the permanent and devastating trauma and damage to the child and to the family of separation and removal.

Although the safety of the child is paramount – that is, safety takes precedence over any and all other factors – some risk will always exist for all children no matter where they are. A condition or state of being and feeling safe for a child must include matters of well-being, permanency, stability, security, the normalcy of growing up at home with family. No loss can be any more damaging emotionally and psychologically to a child than the loss of his or her family.

II. OVERVIEW OF FAMILY CENTERED PRACTICE

A Family Centered Practice approach consists of:

- Keeping families together when possible, focusing on the entire family rather than just the child;
- Promoting family competence and self-direction;
- Providing flexible and convenient services to the family that are home- and community-based;
- Networking with other child and family service providers;
- Offering a comprehensive array of services that meet a range of needs;

A. Scope of Services

The overall purpose of both Prevention and Protection services is to prevent the unnecessary placement of children away from their families by providing In-Home services aimed at restoring families in crisis to an acceptable level of functioning through a Family-Centered Practice approach.

Families eligible for In-Home Prevention or Protection services are those with one or more children ages birth through 17 years who are determined to be at risk for abuse or neglect or have experienced maltreatment in the home.

For the purpose of achieving family unity within a safe environment, In-Home Prevention and Protection services' Worker may provide, coordinate or refer families for any of the following services:

- Counseling (educational, vocational, family planning);
- Medical and psychological evaluations and treatment;
- Skill building in parenting, child development, age appropriate disciplinary practices, child care, advocacy for support and services, conflict resolution, budgeting, housekeeping, and meal preparation;
- Assistance and support to enhance the likelihood of positive family responsibility and self-sufficiency;
- Housing information and assistance;

- Emergency financial assistance through flex funds or other monetary resources available to the local DFCS office or through community partners;
- Parent-aide or in-home aide services, if available;
- Respite care;
- Day care assistance;
- Transportation assistance;
- Assistance with and connection to both formal and informal support systems and resources; and
- Court involvement.

1. Prevention Services

Prevention Services – voluntary services provided to families due to issues of safety and/or risk concerning children which if not addressed could result in the abuse or neglect of children or family disruptions.

Families may request assistance due to lack of resources or some type of family dysfunction. Families are provided services even though there has been no indication or evidence of abuse or neglect of children. The purpose of service provision is to prevent abuse, neglect, or family disruption.

The focus of Prevention Services:

- Promote the safety and well-being of children and their families;
- Preserve family unity where children's safety can be supported;
- Maintain permanency for children; and
- Empower families to achieve or sustain independence and self-sufficiency.

2. Protection Services

Protection Services – services provided to families in which abuse or neglect of children has occurred and a finding of substantiated abuse or neglect has been determined. The purpose of service provision is to protect children within the context of the family from further abuse or neglect.

In the decision to open a case for service provision, the difference between opening a Prevention case or a Protection case, with one exception, lies in the determination of abuse or neglect of children. If the determination is made during the investigation that abuse or neglect has occurred and factors of risk and safety indicate a case should be opened, a Protective Services case should be opened. If no evidence of abuse or neglect is found during an investigation or if no report of abuse or neglect has been made or screened in but factors of safety and risk indicate the need to open a case, a Prevention case will be opened. The exception to this rule are cases in which the court has issued an order that services be provided to a specific child or children within a family. Such cases are always, regardless of a finding of abuse or the absence of such a finding, Protection cases with Protection services being provided to the child or children on whom a court order requires the provision of services.

The overall purpose of both Prevention and Protective services is to prevent the unnecessary placement of children away from their families by providing in-home services aimed at restoring families in crisis to an acceptable level of functioning through a Family-Centered Practice approach.

B. Candidates for Foster Care

Candidacy is defined in the federal Child Welfare Policy Manual 8. 1D2 as "*A candidate for foster care is a child who is at serious risk of removal from home as evidenced by the state agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.*"

If a child is in an open protection service case in which at least one child in the family is at serious risk of removal from home and services are being provided to prevent placement as documented in the Family Service Plan (FSP), the child is considered a candidate for foster care.

C. Mobilizing Services

In providing services to the family or child, the Worker should recommend services that, in collaboration with the family members, and based on assessment information, are determined to be the most beneficial and least intrusive to the family while maintaining the child's safety.

These services should:

- Be family–centered;
- Be culturally competent;
- Include families as partners and leaders;

- Value the cultural and linguistic richness and diversity within communities;
- Include consideration of the ability of family members to access services as needed; and
- Provide needed services in the home and/or community in which the family members live; and utilize providers that can best meet the family members' needs.

Services shall be mobilized at any point in a case when services are needed to maintain a child's safety or reduce risk for abuse or neglect.

The decision to mobilize services should be based on the safety and risk assessments and parental protective capacities.

Cases with active safety concerns that require a safety plan or protective custody must be opened for services.

Cases with no active safety concerns but are assessed to have a moderate or high level of risk may be opened for services.

In those situations, the Worker should:

- Make decisions with the family regarding the identification of services needed, appropriate providers, and location of services;
- Make prompt referrals to service providers;
- Follow up to help ensure prompt service initiation; and
- Initially for all open cases, provide the Parent/Guardian with a copy of the Notice of Parent/Guardian's Rights in a Prevention/Protection case and place a signed copy in the case file. (*See* Appendix A)

If the case is opened for services, the Worker should use the CFA and the FTM to identify needed services.

As service provision is monitored, the Worker should be careful to ensure that on-going service provision matches the referral requests, and continues to address the family's needs. If the case is not opened for service, but the Worker and family determine that services would benefit the family, the Worker may assist the family with referrals to appropriate resources.

Reasonable efforts will be made to maintain the child(ren) in their own home or with family and support services should be made available to the family. However, if safety and risk factors are identified during the investigative phase, or any time during the provision of In-Home services, the Worker should hold a FTM to determine if there are family members or extended family who

can assist the parent/caretaker in making an appropriate safety plan that is in the child(ren)'s best interest.

D. Schedule of Service Delivery

The need for services is determined before the conclusion of the investigation.

- The Worker shall make face-to-face contact with the family within 7 calendar days of case opening.
- Within thirty (30) calendar days of the prevention or protection case opening a CFA will be completed.
- If a safety plan is appropriate it should be a short term plan that is assessed throughout the life of the investigation. At the completion of the investigation an additional risk assessment will be completed and if there are further safety concerns a case should be opened and a new safety plan implemented.
- Continued assessment and evaluation is required and must be documented in MACWIS regarding progress or lack of within ninety (90) calendar days of case opening.
- At the end of 6 months, the Worker will document whether services need to be continued, whether safety concerns are still present, or that outcomes have been met and the case should be prepared for closure.

E. Family Team Meeting (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

1. FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well being of the children and youth. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and

families. A child welfare supervisor's participation in a FTM is an opportunity to assess the Worker's use of Family Centered Practice principles and to observe the interaction of the participants. The Family Centered Practice principles encompass the following components:

- A clear but open-ended purpose;
- An opportunity for the family and child to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

2. FTM Requirements

The family members should be brought in as early as possible and actively engaged throughout the life of the case in the decision making process. Children 6 and over if developmentally appropriate should be involved in the FTM. A FTM is a practice component and methodology designed to facilitate planning, decision–making, and problem solving.

- A FTM is also required during an investigation when safety and risk factors are identified and a safety plan is needed.
- A FTM is required during an investigation when evidence of abuse or neglect is found or if there are safety and risk factors present to warrant opening a case.

In all cases, an Initial FTM shall be completed within thirty (30) calendar days from the opening of the case. The case is considered open when the Area Social Work Supervisor (ASWS) makes the decision, in MACWIS, for continuing services. The ASWS should make a decision within five calendar days of the Worker's recommendation for continuing services. If during the provision of In-Home services removal of the child(ren) becomes imminent, a FTM will be held if possible.

On-going FTMs shall be convened, at a minimum, every time the Family Service Plan (FSP) is updated. FTMs are conducted to identify and initiate needed services and monitor their effectiveness.

All FTMs include, at a minimum, Worker and Worker's supervisor/designee, child (if age and developmentally appropriate) and child's parent/guardian. In an In-Home Prevention or Protection case, service providers should also participate in FTMs.

Contracted service providers must be able and willing to participate in FTMs when invited. Service providers must be engaged in the decision making and service planning processes in order for them to tailor services to meet identified needs and strengths of the child and family. Other participants should include:

- Extended family;
- Family support system;
- Other relevant DFCS staff; and
- Other professionals, such as school personnel, mental health providers, and public health/visiting nurse, if appropriate.

The FTM is documented in detail in MACWIS as a narrative.

In situations where a FTM is not possible or where there is an appropriate reason for not holding one, individualized case planning that builds on strengths and needs of individual family members and tailors services to those needs should still occur and be clearly documented in MACWIS with ASWS approval.

F. Family Engagement and Case Planning

Family engagement is an on-going process of involving the family from the initial investigation throughout the life of the case.

The Worker must engage the family and formal and informal support networks through FTMs to assist them in making a plan for the child(ren) to remain safely in the home. The family should be considered the experts of their situation and should identify the problems and solutions to these problems with the assistance of the Worker and their support systems. The Worker will work with the family to develop an FSP, listing tasks and goals needing achievement.

Paramount to engaging the family is the demonstration of respect and the development of trust among the participants. Full disclosure of goals, timelines, options and legal implications, must be expressed before the case plan is signed so the signers are fully informed about the consequences of their decisions.

1. Family Service Plan (FSP)

The FSP is a goal oriented service focused on behavior outcomes. The FSP should describe, at a minimum: 1) the problems the family is facing; 2) identify risks to the child(ren); 3) describe strengths of the family and child; and 4) present the services and actions needed to achieve desired outcomes.

Through evaluation of information gathered during the investigation, the assessments (including on-going assessments), and safety plan, the Worker and family will identify problems and develop a service plan. Plans are developed based on evaluation of parent/guardians' behavioral, cognitive, and emotional protective capacities.

The FSP will be developed with the family, signed and approved by the Area Social Work Supervisor (ASWS) within thirty (30) calendar days from the date of case opening. In cases where children are placed in DFCS custody, each child is included in the FSP.

The FSP will define both the family and DFCS roles, the role of service providers and coordination of services and plans.

The FSP for the family should address:

- The target problems;
- The goals to be accomplished;
- Tasks by which those goals will be accomplished;
- Who is responsible for each task;
- Matching services to needs;
- Brokering for and obtaining needed services; and
- Monitoring the effectiveness of services, the achievement criteria, and time frames for all parties, including service providers.

2. Components of the FSP

a. Direct and Support Services, which includes a list of what the services are.

b. Reasons for Services: statements about parental/caretaker behaviors or actions that placed the child at risk and necessitated DFCS intervention.

c. Tasks: simple, clear statements that identify specifically what the parent/guardian, the Worker, and/or other service providers will do toward resolving the problems; identifying

the person responsible for each task; and setting a specific realistic time frame for completing each task.

d. The goals to be accomplished.

e. Outcomes: statements or questions that serve as ways to measure when the task has been reached, i.e., that the problems creating risk for the child have been sufficiently overcome.

3. Implementing the FSP

Once the specific issues within the family that are creating risk for the child have been identified, delivery of Family Centered Practice (implementing the plan) begins.

There are five types of FSPs:

- Initial,
- Review,
- Add/Change,
- Custody Change, and
- Final.

Each FSP type must be completed by the Worker and submitted to the ASWS for approval. A copy of the signed Adult FSP must be given to the child's parent(s)/guardian and another filed in the case file. In Protection cases each child will have an FSP which he/she signs.

A copy is given to:

- The child,
- The child's parent/guardian, and
- Filed in the case file.

a) Initial FSP

The goals and tasks in the FSP shall be a direct reflection of the decisions made in the FTMs. The parent(s)/ guardian shall sign this FSP upon agreeing to the listed goals and tasks in it. All efforts to engage parent(s)/guardian in developing the FSP shall be well documented within MACWIS whether successful or not.

b) Review FSP

The Review FSP is an assessment of progress toward the goals identified in the Initial FSP.

The Review FSP is submitted and approved every ninety (90) calendar days. The Worker has eighty-five (85) calendar days to create and submit the Review FSP to the ASWS and the ASWS has five (5) calendar days to approve and sign the Review FSP.

The CFA is updated each time the FSP is reviewed. The goals and tasks may be changed or updated at anytime there are changes in the family's circumstances. The parent(s)/guardian shall sign this FSP upon agreeing to the listed goals and tasks in it. All efforts to engage parent(s)/guardian in developing the FSP shall be well documented in MACWIS whether successful or not.

c) Add/Change FSP

This FSP is used only when there is a change in direct services, such as a change in the County of Service (COS). This FSP shall be updated or revised within 10 calendar days of the change including supervisory approval.

d) Custody Change

If a Prevention/Protection case is changed to a Placement case, due to children being taken into custody, or a placement case is changed to Prevention/Protection the Custody Change type will be used.

e) Final FSP

The Final FSP is selected only when the case is being closed.

Prior to completing the Final FSP, a FTM must be held with the family.

All direct services must be closed and a CFA completed prior to submitting the Final FSP to the ASWS for approval.

If there is an active Safety Plan in place, a Final FSP cannot be completed in MACWIS. Safety Plans must be resolved prior to case closure.

G. Role of Counties

A clear understanding of the distinct differences in the roles of the COS and County of Responsibility (COR), is necessary. The plan set forth by the COR shall be respected by the COS. If the COS disagrees with the COR's plan, the COS may state its opinion in writing to the COR Worker with copies to the appropriate administrative personnel, but it is obligated to carry out the plan set forth by the COR until notified otherwise. The documentation in the case should be professional and factual. Disputes between Workers should not be documented in case records but should go through the formal chain of command.

1. County of Responsibility (COR)

The COR is the county where the family resides when the case is opened and the Youth Court maintains jurisdiction if it is a protection case.

The COR will assume the leadership role in planning for the family, monitoring the implementation of these plans, initiating the decision making processes and keeping the COS, if applicable, informed regarding plans for the family. The COR is responsible for providing all payment services regarding the family.

2. County of Service (COS)

When a family who has an on-going Protection case relocates, the county where they relocate is the COS. The Youth Court of the original county of residence maintains jurisdiction over the case.

The COR Worker will notify the COS ASWS of the service request and will submit the COS direct service transfer electronically. A COS case will be opened on the child/family and a COS Worker assigned.

The COS Worker will maintain twice monthly visits with the child and family and coordinate any tasks and goals in the FSP and will document the family's progress in MACWIS. The COS Worker will be responsible for working with the COR Worker to facilitate any services needed, for maintaining face-to-face contact with the family and communicating with the COR Worker to assure the safety and well being of all children in the home.

The on-going communication and coordination of efforts between the COR Worker and COS Worker for each individual family is essential. The COS' visits, observations during those visits and reports made to the COR of those visits have a direct bearing on the decisions made by the COR.

3. Communication between Counties

It is crucial that communication be maintained between counties when a family moves from the COR. The COR and COS have a responsibility to share all pertinent information, which includes case recordings, case plans, court documents, medical, social, and psychological documents, correspondence, financial records, DFCS forms and any other information pertinent to the case.

4. Transfer of Cases between Counties

If the family relocates to another county before the case is closed and the case is a Protection case, this county is considered the COS. The COR Worker who must: 1) maintain ongoing contact with the family; 2) visit the family every ninety (90) days; and 3) maintain a meaningful relationship and connection with family.

If the case is a Prevention case and the family moves to another county, the COR will complete a CFA on the family and make a determination on the need for further services. If further services are needed, the COS will be contacted and advised that the family moved while receiving services. The MACWIS case will be transferred electronically and the paper case sent to the county where the family now resides.

If it is determined services are no longer needed the case will be closed.

H. Monthly Visits

Every visit with the family must have a purpose.

The assigned Worker must make at least two visits per month with families who have open In-Home Prevention/Protection cases, which include face-to-face contact with all household children. At least one visit with the child(ren) must take place in the home and one of the visits must be conducted privately with each child. Contact with the custodial parent(s)/caretaker must include one face-to-face visit in the home and one contact may occur in another location or by telephone. Exceptions to face-to-face contact must be justified, documented in MACWIS and approved by the ASWS.

There is no standard number of home visits that ensures the safety of the child(ren) or that no safety threats exist. Services and visits should be individualized to the family's needs. At least one of the Worker's monthly contacts should occur in private with each individual child(ren). These visits should include conducting an ongoing safety check of the home to identify any health or safety hazards.

PREVENTION/PROTECTION & IN-HOME SERVICES

A successful, purposeful visit ensures a Worker develops a connection with a parent/guardian/child, identifies the parent/guardian/child's needs and engages each family member in case planning decisions. During contacts with parent(s)/guardian, the Worker should assess, and document progress on case plans, address the safety and well-being of all children involved and problem-solve situations that are identified. During contacts with a child the Worker will address safety, permanency and/or well-being and include the strengths and any unmet needs.

- If at any time during a visit with a family member a Worker identifies a safety threat indicating that a child is in danger of serious harm, the Worker must complete a safety plan and/or consider removal, if necessary, with supervisory consultation. When the Worker identifies unmet basic needs, assistance will be provided to obtain the needed resources or services. DFCS staff, as mandated reporters, are required to formally report any suspicion of maltreatment.

All parent/guardian and/or child contacts must be documented in MACWIS and should include, at a minimum:

- Date of contact;
- Time of contact;
- Type of contact;
- Location of contact;
- Who was present and their names entered into the MACWIS participant box;
- If the contact occurred in private;
- Purpose of the visit as it relates to safety, permanency and well-being;
- Strengths and needs; and
- Any other pertinent facts or circumstances.

Workers will provide necessary information to document progress, or lack of progress, towards the case goals and family outcomes and any necessary follow-up.

Workers will assess the needs of each family member and identify the services necessary to achieve case goals.

I. On-going Comprehensive Family Assessment

Assessment is a process that continues throughout the life of a case, beginning with the initial safety and risk assessments.

The CFA addresses each individual. The CFA is concerned with safety, risk and well-being issues within a family.

The CFA continues to evaluate and address the needs of the particular family/parent/guardian/child. The CFA is based upon information gathered from interviews and a thorough review of the case record and any written materials, reports, evaluation and professional assessments.

Reassessments are used to re-evaluate strengths and needs of family members to determine the appropriateness of goals, activities, time frames and continued services and to assess the responsiveness and relevance of current services in achieving goals and resolving identified needs.

Family members and service providers must be involved in this re-assessment and any resulting changes to plans or services.

1. Timeframe for Completing CFA

The initial CFA will be completed within thirty (30) calendar days of opening a case. Subsequently, the CFA should be updated each time the FSP is reviewed and updated every eighty-five (85) days and submitted to the ASWS who has 5 days to approve.

Other times in which the CFA is updated and used to reevaluate the family's situation is when:

- A change of circumstances occurs;
- A safety threat is identified or a change in risk levels occurs;
- There is a change of direct services;
- At case closure;
- When a new Worker begins working with the family; and
- At anytime the Worker identifies a need to reevaluate progress with the family.

2. Information Gathered During Assessment

The information gathered during the assessment process includes:

- Underlying conditions and environmental and historical factors that may contribute to the concerns identified in the initial screening , investigation and risk and safety assessments;
- Child and family strengths, protective capacity and needs;
- Potential impact of maltreatment on the child;
- Factors and characteristics pertinent to determining appropriate interventions and services;
- Potential family resources for the child(ren) and family; and
- Only information and material pertinent to service provision and meeting objectives.

3. Criteria for Additional Screenings

There are times when a child, parent/guardian or other family member may require a professional screening or assessment for mental health, substance abuse, domestic violence, developmental disabilities, cognitive functioning, a medical condition or some other area that impacts functioning.

The *CFA* is used by the Worker to screen a child's mental health needs and should evaluate the child's needs for intensive and supportive services.

There are 27 questions in Section II "Child Characteristics" that are used as the screening tools. If none of the 27 statements apply to the child, the Worker is not required to refer the child for further evaluation by a mental health professional. However, if any of the 27 statements do apply to the child, the Worker will refer the child for further evaluation by a mental health professional.

When identifying underlying conditions and contributing factors in the strengths and needs assessment process, if additional information from specialized assessments, evaluations, and screenings would add value to the assessment and service planning process, arrangements should be made to obtain them.

J. Criteria for Case Closure/Disposition of Cases

1. When the Family's Whereabouts Become Unknown Before Completion of Services

Some families with whom DFCS is working will move without notification. If a family moves without leaving a forwarding address, and the service task and outcomes have not been achieved which would alleviate harm or imminent danger or harm, the Worker should immediately endeavor to locate them via neighbors, family, schools, law enforcement, courts, mental health facilities, etc. and alert the appropriate DFCS office in the family's new locale. The case in the original county of residence should be terminated upon transmittal of information regarding reasons for DFCS involvement with the family. The new county of residence after locating the family and making an assessment may decide to continue services there in such cases the case will be transferred rather than terminated.

If the family is located in another state and that state's Child Protective Service agency requests information, the information should be sent expeditiously.

2. Decision to Terminate a Case

Terminating services in Protection cases is a difficult decision that must be made jointly with all parties involved, including the Worker, ASWS and **especially** the family/parent/guardian. **The ASWS must approve every case termination/closure. In Protection cases the Youth Court with jurisdiction will make the final determination of case closure.**

The decision to terminate a Prevention/Protection case which has received services should be based on evidence that the original issues causing the abuse or neglect have been resolved to the point that the family can protect the child, if there are no safety concerns presently active.

This requirement emphasizes the need to keep accurate records about all objectives, especially those that relate to the abuse and/or neglect concerns. The records should carefully document that progress has been made in accomplishing those goals and objectives.

Termination is not a sudden separate process but is the last phase of effective case intervention. The contact with the family is intense early in treatment but lessens as the time for termination nears. If issues have been clearly identified from the beginning, and treatment goals and objectives have addressed those problems, when it comes time to close the case everyone should feel comfortable that the child can be reared in a safe environment.

Contracted services providing In-Home Prevention or Protection services may discontinue service provision for non-compliance or when the risk of future abuse has been reduced.

3. Case Termination Process

When tasks and outcomes of the FSP have been met satisfactorily and the safety plan (if applicable) has been resolved, the termination process should begin. Even when the protective service involvement has not been intense, there is sometimes a certain amount of dependence and attachment exhibited by a family. Therefore, do not assume that families are always eager to terminate.

A large majority of parent(s)/guardian see their Worker as a facilitator on whom they can depend indefinitely, but for many reasons this is not possible. The Worker must be cognizant of this and prepare the family for case termination weeks in advance so that the emotions associated with attachment and dependency needs can unfold and be dealt with therapeutically.

In terminating services to the parent/guardian, the Worker should follow these general guidelines:

1. There should be a gradual decrease in Worker/family contact and the family is aware of and in agreement with the beginning of the termination phase. However, the policy requirements of family contact frequency shall continue to be met.
2. There should be a gradual separation of the family's dependence on the Worker in conjunction with the parent/guardian's development of other supports. Supports may include family, friends, neighbors, ministers, other agencies, and, especially, the parent/guardian's own improved capacity to function.
3. There should be discussion between the Worker and family regarding the progress that has been achieved in terms of the specific goals and objectives. Emphasis should be placed on the family's strengths and positive achievements.
4. The family should be informed of available resources to contact if they are in need of outside support to help them maintain the changes that have been made during treatment.
5. Closure should take place within the context of the family's capacity to function without the Worker, but the family should feel that the door is not irrevocably closed, that DFCS' services are available, if needed, in the future.

4. Termination of Long-Term Cases without Achievement

When the Worker has been actively involved in casework services to a family for six months or longer and there has been insufficient progress in the achievement of service task and outcomes, a careful evaluation by Worker and ASWS should be made concerning the continuation of services.

1. Guidelines for this decision should include:
   a. The family's willingness and capacity to be involved in service planning and the development of tasks and services.
   b. Identification of the individual tasks that have been achieved as well as those that have not been achieved, and what services have been provided.
   c. Even if issues continue which concern DFCS staff and for which resolutions do not seem immediate, the primary consideration regarding termination is whether or not the children remain in a harmful or imminently harmful situation.
2. If the children are not suffering harm or are not in imminent danger of harm, the termination process should be carried out with the family as clearly and as positively as possible, and the record should reflect detailed documentation validating this decision.

5. Case Closure Steps

- CFA must be completed and include a statement regarding how risk and safety were assessed and mitigated;
- If it is a Protection case with court ordered supervision, the court must approve closure and the court order will be filed in the case file;
- Closing summary narrative must be documented in MACWIS;
- All direct services must be end-dated; and all support services should be completed and approved;
- A Final FSP should be submitted to the ASWS for approval; and
- All pertinent information, i.e.; medical, educational, Notice of Parent/Guardian's Rights, correspondence, will be filed in the case file.

III. APPENDIX

APPENDIX A

Form DFCS 516
Revised 02/2011

NOTICE OF PARENT/GUARDIAN'S RIGHTS PREVENTION/PROTECTION

You have rights and responsibilities while you are involved with the Division of Family and Children's Services (DFCS) and have an open case. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

1. Participate in decisions affecting your family.
2. Identify and discuss your family's strengths and areas needing improvement with your worker to develop your Individual Service Plan.
3. Have office phone numbers and office addresses for your worker and your worker's supervisor.
4. Participate in any court hearings held in your case.
5. Refuse any service or treatment recommended by DFCS unless court ordered.
6. Know when services are about to end.
7. Have your Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case.
8. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

_____ / _____ _____
Client(s) initials **Worker initials**

YOU HAVE THE RESPONSIBILITY TO:

1. Provide full names, dates of birth, social security numbers for household members and other necessary information requested by your worker.
2. Cooperate with your worker and participate in service decisions.
3. Complete your Individual Service Plan**.** This **may include** paying for the cost or part of the cost of a task.
4. Ask for and be a part of all Family Team Meetings.

5. Give to your worker the names, phone numbers, and addresses of your relatives who may be able to care for your child if necessary.
6. Give your worker all requested medical and educational information about your child.

_____ / _____ _____
Client(s) initials **Worker initials**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

_____ / _____ _____
Client(s) initials **Worker initials**

The court of your county has the authority to modify any of the statements above.

Client(s): _____ / _____ **Date:** _____

Worker: _____

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section C: Prevention/Protection & In-Home Services Policy

PREVENTION/PROTECTION & IN-HOME SERVICES

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I. OVERVIEW OF PREVENTION AND PROTECTION/IN-HOME SERVICES

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction

The purpose of Prevention and Protection Services is to enable a child to remain safely at home with family. Prevention Services and In-Home Protection Services are services provided to families for whom the determination has been made that a child is unsafe or that an unacceptable level of risk of harm to a child is present within the context of the family.

1. Outcomes of Prevention and Protection Policy

The merit of policy is judged by the degree to which its subjects experience the intended outcomes of that policy, not by the extent to which the requirements of policy are applied. The success of a policy directed toward families and children can only be determined by the impact of that policy felt by the family and the child, which include the achievement of desirable outcomes for the family, but also in the effect on the family and the child by the process, and the means by which those outcomes are achieved.

Family-Centered Practice supports the sanctity of the family unit, while recognizing that every child and every family is unique. Consequently, the application of policy in developing and implementing strategies of Prevention and Protection must be individualized to address the unique needs of each family and child.

Family-Centered Practice policy cannot and will not be effective, and desirable outcomes for children will not be achieved without steadfast faithfulness to the principles and viewpoint that:

- Children belong with their families;
- The family of a child is an integral and essential facet of the child's life and existence upon which the child's well-being, safety and security, permanency and stability, health, and happiness are dependent;
- The child and family are one entity; and
- When abuse, neglect, or maltreatment to a child occurs within a family, the victim is the family unit as a whole.

For Prevention and Protection services to be effective in achieving the desired outcomes, a full and unwavering commitment by the Worker and supervisor to the principles of Family-Centered Practice must be clear and evident in every aspect of service planning and provision.

B. Safety and Risk

In responding to reports of abuse and neglect or intakes concerning the safety of children, DFCS focuses first and foremost on issues of safety of and harm to children within the family unit. When considering intervention in the family, the Worker must also consider the issues of permanency and family well-being.

In the initial investigative/assessment phase of response to reports, as well as in the provision of Prevention and Protection Services as a continuation of the initial response, the purpose of intervention is to assure child safety and reduce the risk of harm to the child.

According to www.dictionary.com definitions:

- *Safe* is "secure from hurt, injury, danger or risk";
- *Risk* is "exposure to the chance of injury…a dangerous chance"

For purpose of child welfare policy, the definitions will mean:

- *Safe* is a condition in which the threat of serious harm is not present or imminent or the protective capacities of the family are sufficient to protect the child;
- *Risk* refers to the likelihood that maltreatment may occur in the future.

The family structure, dynamics, and living environment, will have either positive or negative influences on issues of safety and risk. DFCS intervention aims to reduce or eliminate the factors which cause harm to a child.

Children are kept safe through the prevention of harm. Harm may be caused by abuse, neglect or exploitation and also may be caused by the trauma of removal from the family – by the actual act of separation as well as by the resulting impermanency felt by a child when removal occurs.

1. Safety Planning

Safety planning is initiated at the determination that a child is unsafe or at imminent risk of harm. That determination evolves into individualized service planning in Prevention and Protection cases, drawing from, adding to, and intertwined with the Comprehensive Family Assessment

(CFA). The development of a trusting and honest relationship with the family is of the essence in the provision of services.

The Mississippi Practice Model definition of safety assurance and risk management assumes that children should live in a safe and permanent home with their own families whenever possible, and that any interventions should assist families to care for and nurture their children. Practice, service provision, and intervention from the initial contact with the family must be focused toward that end. Success is dependent on the relationship developed with the family by the Worker and DFCS.

Safety plans are required if there are concerns about a child's safety. Resources and services shall be obtained immediately if there are unmet basic needs.

Child safety is managed through a Safety Plan with In-Home Prevention and Protection cases when there are active safety factors that have been identified. Safety Plans are intended to control safety factors and the service planning process is used to address the changes needed to eliminate identified safety factors. The parent(s) should, to the extent possible, be in agreement with whatever plans are made and whatever options are decided upon. Although the safety of the child remains in the forefront of planning and decision-making, issues of permanency and family well-being must be considered at every juncture of the planning process, and the impact on the child of being removed from the home and separated from parent(s) must remain highly visible when options and alternatives are considered and evaluated.

When removal of a child from the home appears to be imminent in terms of the options available, the FTM becomes indispensable as a methodology for assuring the best interests of the child and family are being served. Only with input from all family members as well as extended family, friends, and other informal supports concerned about the family, can all options and alternatives be identified and considered in making decisions regarding the family.

2. Reasonable Efforts

Federal and state laws require that reasonable efforts be made to prevent removal unless: 1) leaving the child in the home is contrary to the welfare of the child, and 2) removal from the family is in the best interests of the child (42 U.S.C.671 § 471(15)), MISS. Code ANN. § 43-15-13.

Family-Centered Practice provides the DFCS Worker with the guiding principles, the foundation, and the methodology to make reasonable efforts to prevent removal and to keep families intact. Family-Centered Practice further provides the Worker with the institutional and organizational backing and support through the specification in DFCS policy (see Section D) that it is not only proper and appropriate to allow children to remain in families where they have been

mistreated but that it is a violation of law and policy not to make efforts to: 1) address the issues which led to the maltreatment, 2) work with parent(s)/guardian and children to resolve issues, and 3) if the safety of the child can be reasonably assured, to keep families intact despite prior maltreatment.

Through the immediate engagement of family and by means via Family Team Meetings (FTM), family strengths and support systems (including extended family and friends) are identified. These strengths and support systems, coupled with community services which will help parent(s)/guardian to develop and implement strategies and safety plans to safely care for their children and reduce the risk of future maltreatment. This process of engagement, relationship building, and problem solving constitutes child welfare practice in the Family Centered Practice environment of DFCS.

Consequently, in responding to reports of abuse and neglect the Worker will employ reasonable efforts to prevent removal of children from their families. The implementation and execution of the Family-Centered Practice- immediate engagement, relationship building, and problem solving through Family Team Meetings (FTM), and the provision of the most beneficial and least intrusive service to maintain a child's safety constitutes "reasonable efforts."

C. Comprehensive Family Assessment (CFA)

The Comprehensive Family Assessment (CFA) is essential in the effort to achieve desirable outcomes related to safety, permanency, and well-being. CFA is founded in and dependent on critical and analytical thinking applied to the issues identified during the investigation and initial assessment, the information revealed from safety and risk assessments, the identification of the individualized needs of the family, and the identification of the strengths and protective capacities of the family.

The identification of causes of issues and analysis of underlying issues are essential in CFA which is necessary to begin an effective plan of service delivery and continues throughout the life of a case.

The CFA is completed by the Worker in MACWIS and submitted to the ASWS for approval within thirty (30) calendar days of case opening and any time there is a Review, Add/Change, or Final ISP.

D. Case Planning

In order for service planning and the provision of services to be successful in preventing removal and allowing the child to remain safely with the family, effective assessment of safety and risk

factors is essential. Identification of family strengths is essential. Understanding the incident of maltreatment and the causes of such maltreatment is essential.

The future of the case with DFCS including matters of permanency for children and family well-being are hinged on the activities and decisions included in the provision of service to the family at this critical point.

The Family-Centered Practice approach is designed to solve problems enabling children to remain safely with their families.

Initial face-to-face engagement with the family by the Worker committed to the values and philosophy of Family-Centered Practice, respectful and fair, honest and open, understanding and non-judgmental, is the key leading to effective service provision and desirable outcomes.

1. Child and Family Well-Being

Issues of permanency and family well-being must be considered at every juncture of the planning process, and the impact on the child of being removed from the home and separated from parents must remain highly visible when options and alternatives are considered and evaluated.

Child well-being includes the provision of appropriate medical, mental health and educational services to children. Such needs will have been identified through the assessment process and services to address any identified well-being needs will be reflected in the case plan.

2. Permanency

Within the Mississippi DFCS Family-Centered Practice service continuum, Prevention and Protection Services – In-Home Services – provide the arena in which the Worker and DFCS can focus on the family with innovative, flexible, and individualized services in concerted efforts and strategies to achieve outcomes of safety, permanency, and family well-being while keeping the family intact, thereby avoiding the permanent and devastating trauma and damage to the child and to the family of separation and removal.

Although the safety of the child is paramount – that is, safety takes precedence over any and all other factors – some risk will always exist for all children no matter where they are. A condition or state of being and feeling safe for a child must include matters of well-being, permanency, stability, security, the normalcy of growing up at home with family. No loss can be any more damaging emotionally and psychologically to a child than the loss of his or her family.

II. OVERVIEW OF FAMILY CENTERED PRACTICE

A Family Centered Practice approach consists of:

- Keeping families together when possible, focusing on the entire family rather than just the child;
- Promoting family competence and self-direction;
- Providing flexible and convenient services to the family that are home- and community-based;
- Networking with other child and family service providers;
- Offering a comprehensive array of services that meet a range of needs;

A. Scope of Services

The overall purpose of both Prevention and Protection services is to prevent the unnecessary placement of children away from their families by providing In-Home services aimed at restoring families in crisis to an acceptable level of functioning through a Family-Centered Practice approach.

Families eligible for In-Home Prevention or Protection services are those with one or more children ages birth through 17 years who are determined to be at risk for abuse or neglect or have experienced maltreatment in the home.

For the purpose of achieving family unity within a safe environment, In-Home Prevention and Protection services' Worker may provide, coordinate or refer families for any of the following services:

- Counseling (educational, vocational, family planning);
- Medical and psychological evaluations and treatment;
- Skill building in parenting, child development, age appropriate disciplinary practices, child care, advocacy for support and services, conflict resolution, budgeting, housekeeping, and meal preparation;
- Assistance and support to enhance the likelihood of positive family responsibility and self-sufficiency;
- Housing information and assistance;

- Emergency financial assistance through flex funds or other monetary resources available to the local DFCS office or through community partners;
- Parent-aide or in-home aide services, if available;
- Respite care;
- Day care assistance;
- Transportation assistance;
- Assistance with and connection to both formal and informal support systems and resources; and
- Court involvement.

1. Prevention Services

Prevention Services – voluntary services provided to families due to issues of safety and/or risk concerning children which if not addressed could result in the abuse or neglect of children or family disruptions.

Families may request assistance due to lack of resources or some type of family dysfunction. Families are provided services even though there has been no indication or evidence of abuse or neglect of children. The purpose of service provision is to prevent abuse, neglect, or family disruption.

The focus of Prevention Services:

- Promote the safety and well-being of children and their families;
- Preserve family unity where children's safety can be supported;
- Maintain permanency for children; and
- Empower families to achieve or sustain independence and self-sufficiency.

2. Protection Services

Protection Services – services provided to families in which abuse or neglect of children has occurred and a finding of substantiated abuse or neglect has been determined. The purpose of service provision is to protect children within the context of the family from further abuse or neglect.

In the decision to open a case for service provision, the difference between opening a Prevention case or a Protection case, with one exception, lies in the determination of abuse or neglect of children. If the determination is made during the investigation that abuse or neglect has occurred and factors of risk and safety indicate a case should be opened, a Protective Services case should be opened. If no evidence of abuse or neglect is found during an investigation or if no report of abuse or neglect has been made or screened in but factors of safety and risk indicate the need to open a case, a Prevention case will be opened. The exception to this rule are cases in which the court has issued an order that services be provided to a specific child or children within a family. Such cases are always, regardless of a finding of abuse or the absence of such a finding, Protection cases with Protection services being provided to the child or children on whom a court order requires the provision of services.

The overall purpose of both Prevention and Protective services is to prevent the unnecessary placement of children away from their families by providing in-home services aimed at restoring families in crisis to an acceptable level of functioning through a Family-Centered Practice approach.

B. Candidates for Foster Care

Candidacy is defined in the federal Child Welfare Policy Manual 8. 1D2 as "*A candidate for foster care is a child who is at serious risk of removal from home as evidenced by the state agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.*"

If a child is in an open protection service case in which at least one child in the family is at serious risk of removal from home and services are being provided to prevent placement as documented in the Family Service Plan (FSP), the child is considered a candidate for foster care.

C. Mobilizing Services

In providing services to the family or child, the Worker should recommend services that, in collaboration with the family members, and based on assessment information, are determined to be the most beneficial and least intrusive to the family while maintaining the child's safety.

These services should:

- Be family–centered;
- Be culturally competent;
- Include families as partners and leaders;

- Value the cultural and linguistic richness and diversity within communities;
- Include consideration of the ability of family members to access services as needed; and
- Provide needed services in the home and/or community in which the family members live; and utilize providers that can best meet the family members' needs.

Services shall be mobilized at any point in a case when services are needed to maintain a child's safety or reduce risk for abuse or neglect.

The decision to mobilize services should be based on the safety and risk assessments and parental protective capacities.

Cases with active safety concerns that require a safety plan or protective custody must be opened for services.

Cases with no active safety concerns but are assessed to have a moderate or high level of risk may be opened for services.

In those situations, the Worker should:

- Make decisions with the family regarding the identification of services needed, appropriate providers, and location of services;
- Make prompt referrals to service providers;
- Follow up to help ensure prompt service initiation; and
- Initially for all open cases, provide the Parent/Guardian with a copy of the Notice of Parent/Guardian's Rights in a Prevention/Protection case and place a signed copy in the case file. (*See* Appendix A)

If the case is opened for services, the Worker should use the CFA and the FTM to identify needed services.

As service provision is monitored, the Worker should be careful to ensure that on-going service provision matches the referral requests, and continues to address the family's needs. If the case is not opened for service, but the Worker and family determine that services would benefit the family, the Worker may assist the family with referrals to appropriate resources.

Reasonable efforts will be made to maintain the child(ren) in their own home or with family and support services should be made available to the family. However, if safety and risk factors are identified during the investigative phase, or any time during the provision of In-Home services, the Worker should hold a FTM to determine if there are family members or extended family who

can assist the parent/caretaker in making an appropriate safety plan that is in the child(ren)'s best interest.

D. Schedule of Service Delivery

The need for services is determined before the conclusion of the investigation.

- The Worker shall make face-to-face contact with the family within 7 calendar days of case opening.
- Within thirty (30) calendar days of the prevention or protection case opening a CFA will be completed.
- If a safety plan is appropriate it should be a short term plan that is assessed throughout the life of the investigation. At the completion of the investigation an additional risk assessment will be completed and if there are further safety concerns a case should be opened and a new safety plan implemented.
- Continued assessment and evaluation is required and must be documented in MACWIS regarding progress or lack of within ninety (90) calendar days of case opening.
- At the end of 6 months, the Worker will document whether services need to be continued, whether safety concerns are still present, or that outcomes have been met and the case should be prepared for closure.

E. Family Team Meeting (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

1. FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well being of the children and youth. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and

families. A child welfare supervisor's participation in a FTM is an opportunity to assess the Worker's use of Family Centered Practice principles and to observe the interaction of the participants. The Family Centered Practice principles encompass the following components:

- A clear but open-ended purpose;
- An opportunity for the family and child to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

2. FTM Requirements

The family members should be brought in as early as possible and actively engaged throughout the life of the case in the decision making process. Children 6 and over if developmentally appropriate should be involved in the FTM. A FTM is a practice component and methodology designed to facilitate planning, decision–making, and problem solving.

- A FTM is also required during an investigation when safety and risk factors are identified and a safety plan is needed.
- A FTM is required during an investigation when evidence of abuse or neglect is found or if there are safety and risk factors present to warrant opening a case.

In all cases, an Initial FTM shall be completed within thirty (30) calendar days from the opening of the case. The case is considered open when the Area Social Work Supervisor (ASWS) makes the decision, in MACWIS, for continuing services. The ASWS should make a decision within five calendar days of the Worker's recommendation for continuing services. If during the provision of In-Home services removal of the child(ren) becomes imminent, a FTM will be held if possible.

On-going FTMs shall be convened, at a minimum, every time the Family Service Plan (FSP) is updated. FTMs are conducted to identify and initiate needed services and monitor their effectiveness.

All FTMs include, at a minimum, Worker and Worker's supervisor/designee, child (if age and developmentally appropriate) and child's parent/guardian. In an In-Home Prevention or Protection case, service providers should also participate in FTMs.

Contracted service providers must be able and willing to participate in FTMs when invited. Service providers must be engaged in the decision making and service planning processes in order for them to tailor services to meet identified needs and strengths of the child and family. Other participants should include:

- Extended family;
- Family support system;
- Other relevant DFCS staff; and
- Other professionals, such as school personnel, mental health providers, and public health/visiting nurse, if appropriate.

The FTM is documented in detail in MACWIS as a narrative.

In situations where a FTM is not possible or where there is an appropriate reason for not holding one, individualized case planning that builds on strengths and needs of individual family members and tailors services to those needs should still occur and be clearly documented in MACWIS with ASWS approval.

F. Family Engagement and Case Planning

Family engagement is an on-going process of involving the family from the initial investigation throughout the life of the case.

The Worker must engage the family and formal and informal support networks through FTMs to assist them in making a plan for the child(ren) to remain safely in the home. The family should be considered the experts of their situation and should identify the problems and solutions to these problems with the assistance of the Worker and their support systems. The Worker will work with the family to develop an FSP, listing tasks and goals needing achievement.

Paramount to engaging the family is the demonstration of respect and the development of trust among the participants. Full disclosure of goals, timelines, options and legal implications, must be expressed before the case plan is signed so the signers are fully informed about the consequences of their decisions.

1. Family Service Plan (FSP)

The FSP is a goal oriented service focused on behavior outcomes. The FSP should describe, at a minimum: 1) the problems the family is facing; 2) identify risks to the child(ren); 3) describe strengths of the family and child; and 4) present the services and actions needed to achieve desired outcomes.

Through evaluation of information gathered during the investigation, the assessments (including on-going assessments), and safety plan, the Worker and family will identify problems and develop a service plan. Plans are developed based on evaluation of parent/guardians' behavioral, cognitive, and emotional protective capacities.

The FSP will be developed with the family, signed and approved by the Area Social Work Supervisor (ASWS) within thirty (30) calendar days from the date of case opening. In cases where children are placed in DFCS custody, each child is included in the FSP.

The FSP will define both the family and DFCS roles, the role of service providers and coordination of services and plans.

The FSP for the family should address:

- The target problems;
- The goals to be accomplished;
- Tasks by which those goals will be accomplished;
- Who is responsible for each task;
- Matching services to needs;
- Brokering for and obtaining needed services; and
- Monitoring the effectiveness of services, the achievement criteria, and time frames for all parties, including service providers.

2. Components of the FSP

f. Direct and Support Services, which includes a list of what the services are.

g. Reasons for Services: statements about parental/caretaker behaviors or actions that placed the child at risk and necessitated DFCS intervention.

h. Tasks: simple, clear statements that identify specifically what the parent/guardian, the Worker, and/or other service providers will do toward resolving the problems; identifying

the person responsible for each task; and setting a specific realistic time frame for completing each task.

i. The goals to be accomplished.

j. Outcomes: statements or questions that serve as ways to measure when the task has been reached, i.e., that the problems creating risk for the child have been sufficiently overcome.

3. Implementing the FSP

Once the specific issues within the family that are creating risk for the child have been identified, delivery of Family Centered Practice (implementing the plan) begins.

There are five types of FSPs:

- Initial,
- Review,
- Add/Change,
- Custody Change, and
- Final.

Each ~~ISP~~ FSP type must be completed by the Worker and submitted to the ASWS for approval. A copy of the signed Adult FSP must be given to the child's parent(s)/guardian and another filed in the case file. In Protection cases each child will have an FSP which he/she signs.

A copy is given to:

- The child,
- The child's parent/guardian, and
- Filed in the case file.

a) Initial FSP

The goals and tasks in the FSP shall be a direct reflection of the decisions made in the FTMs. The parent(s)/ guardian shall sign this FSP upon agreeing to the listed goals and tasks in it. All efforts to engage parent(s)/guardian in developing the FSP shall be well documented within MACWIS whether successful or not.

b) Review FSP

The Review FSP is an assessment of progress toward the goals identified in the Initial FSP.

The Review FSP is submitted and approved every ninety (90) calendar days. The Worker has eighty-five (85) calendar days to create and submit the Review FSP to the ASWS and the ASWS has five (5) calendar days to approve and sign the Review FSP.

The CFA is updated each time the FSP is reviewed. The goals and tasks may be changed or updated at anytime there are changes in the family's circumstances. The parent(s)/guardian shall sign this FSP upon agreeing to the listed goals and tasks in it. All efforts to engage parent(s)/guardian in developing the FSP shall be well documented in MACWIS whether successful or not.

c) Add/Change FSP

This FSP is used only when there is a change in direct services, such as a change in the County of Service (COS). This FSP shall be updated or revised within 10 calendar days of the change including supervisory approval.

d) Custody Change

If a Prevention/Protection case is changed to a Placement case, due to children being taken into custody, or a placement case is changed to Prevention/Protection the Custody Change type will be used.

e) Final FSP

The Final FSP is selected only when the case is being closed.

Prior to completing the Final FSP, a FTM must be held with the family.

All direct services must be closed and a CFA completed prior to submitting the Final FSP to the ASWS for approval.

If there is an active Safety Plan in place, a Final FSP cannot be completed in MACWIS. Safety Plans must be resolved prior to case closure.

G. Role of Counties

A clear understanding of the distinct differences in the roles of the COS and County of Responsibility (COR), is necessary. The plan set forth by the COR shall be respected by the COS. If the COS disagrees with the COR's plan, the COS may state its opinion in writing to the COR Worker with copies to the appropriate administrative personnel, but it is obligated to carry out the plan set forth by the COR until notified otherwise. The documentation in the case should be professional and factual. Disputes between Workers should not be documented in case records but should go through the formal chain of command.

1. County of Responsibility (COR)

The COR is the county where the family resides when the case is opened and the Youth Court maintains jurisdiction if it is a protection case.

The COR will assume the leadership role in planning for the family, monitoring the implementation of these plans, initiating the decision making processes and keeping the COS, if applicable, informed regarding plans for the family. The COR is responsible for providing all payment services regarding the family.

2. County of Service (COS)

When a family who has an on-going Protection case relocates, the county where they relocate is the COS. The Youth Court of the original county of residence maintains jurisdiction over the case.

The COR Worker will notify the COS ASWS of the service request and will submit the COS direct service transfer electronically. A COS case will be opened on the child/family and a COS Worker assigned.

The COS Worker will maintain twice monthly visits with the child and family and coordinate any tasks and goals in the FSP and will document the family's progress in MACWIS. The COS Worker will be responsible for working with the COR Worker to facilitate any services needed, for maintaining face-to-face contact with the family and communicating with the COR Worker to assure the safety and well being of all children in the home.

The on-going communication and coordination of efforts between the COR Worker and COS Worker for each individual family is essential. The COS' visits, observations during those visits and reports made to the COR of those visits have a direct bearing on the decisions made by the COR.

3. Communication between Counties

It is crucial that communication be maintained between counties when a family moves from the COR. The COR and COS have a responsibility to share all pertinent information, which includes case recordings, case plans, court documents, medical, social, and psychological documents, correspondence, financial records, DFCS forms and any other information pertinent to the case.

4. Transfer of Cases between Counties

If the family relocates to another county before the case is closed and the case is a Protection case, this county is considered the COS. The COR Worker who must: 1) maintain ongoing contact with the family; 2) visit the family every ninety (90) days; and 3) maintain a meaningful relationship and connection with family.

If the case is a Prevention case and the family moves to another county, the COR will complete a CFA on the family and make a determination on the need for further services. If further services are needed, the COS will be contacted and advised that the family moved while receiving services. The MACWIS case will be transferred electronically and the paper case sent to the county where the family now resides.

If it is determined services are no longer needed the case will be closed.

H. ~~Home~~ Monthly Visits

Every ~~home~~ visit with the family must have a purpose.

The assigned Worker must make at least two visits per month with families who have open In-Home Prevention/Protection cases, ~~home visits~~, which include face-to-face contact with ~~the parent(s)/guardian and~~ all household children. At least one visit with the child(ren) must take place in the home and one of the visits must be conducted privately with each child. Contact with the custodial parent(s)/caretaker must include one face-to-face visit in the home and one contact may occur in another location or by telephone. Exceptions to face-to-face contact must be justified, documented in MACWIS and approved by the ASWS.

There is no standard number of home visits that ensures the safety of the child(ren) or that no safety threats exist. Services and visits should be individualized to the family's needs. At least one of the Worker's monthly contacts should occur in private with each individual ~~the~~ child(ren). These visits should include conducting an ongoing safety check of the home to identify any health or safety hazards.

PREVENTION/PROTECTION & IN-HOME SERVICES

A successful, purposeful visit ensures a Worker develops a connection with a parent/guardian/child, identifies the parent/guardian/child's needs and engages each family member in case planning decisions. During contacts with parent(s)/guardian, the Worker should assess, and document progress on case plans, address the safety and well-being of all children involved and problem-solve situations that are identified. During contacts with a child the Worker will address safety, permanency and/or well-being and include the strengths and any unmet needs.

- If at any time during a visit with a family member a Worker identifies a safety threat indicating that a child is in danger of serious harm, the Worker must complete a safety plan and/or consider removal, if necessary, with supervisory consultation. When the Worker identifies unmet basic needs, assistance will be provided to obtain the needed resources or services. DFCS staff, as mandated reporters, are required to formally report any suspicion of maltreatment.

All parent/guardian and/or child contacts must be documented in MACWIS and should include, at a minimum:

- Date of contact;
- Time of contact;
- Type of contact;
- Location of contact;
- Who was present and their names entered into the MACWIS participant box;
- If the contact occurred in private;
- Purpose of the visit as it relates to safety, permanency and well-being;
- Strengths and needs; and
- Any other pertinent facts or circumstances.

Workers will provide necessary information to document progress, or lack of progress, towards the case goals and family outcomes and any necessary follow-up.

Workers will assess the needs of each family member and identify the services necessary to achieve case goals.

I. On-going Comprehensive Family Assessment

Assessment is a process that continues throughout the life of a case, beginning with the initial safety and risk assessments.

The CFA addresses each individual. The CFA is concerned with safety, risk and well-being issues within a family.

The CFA continues to evaluate and address the needs of the particular family/parent/guardian/child. The CFA is based upon information gathered from interviews and a thorough review of the case record and any written materials, reports, evaluation and professional assessments.

Reassessments are used to re-evaluate strengths and needs of family members to determine the appropriateness of goals, activities, time frames and continued services and to assess the responsiveness and relevance of current services in achieving goals and resolving identified needs.

Family members and service providers must be involved in this re-assessment and any resulting changes to plans or services.

4. Timeframe for Completing CFA

The initial CFA will be completed within thirty (30) calendar days of opening a case. Subsequently, the CFA should be updated each time the FSP is reviewed and updated every eighty-five (85) days and submitted to the ASWS who has 5 days to approve.

Other times in which the CFA is updated and used to reevaluate the family's situation is when:

- A change of circumstances occurs;
- A safety threat is identified or a change in risk levels occurs;
- There is a change of direct services;
- At case closure;
- When a new Worker begins working with the family; and
- At anytime the Worker identifies a need to reevaluate progress with the family.

5. Information Gathered During Assessment

The information gathered during the assessment process includes:

- Underlying conditions and environmental and historical factors that may contribute to the concerns identified in the initial screening , investigation and risk and safety assessments;
- Child and family strengths, protective capacity and needs;
- Potential impact of maltreatment on the child;
- Factors and characteristics pertinent to determining appropriate interventions and services;
- Potential family resources for the child(ren) and family; and
- Only information and material pertinent to service provision and meeting objectives.

6. Criteria for Additional Screenings

There are times when a child, parent/guardian or other family member may require a professional screening or assessment for mental health, substance abuse, domestic violence, developmental disabilities, cognitive functioning, a medical condition or some other area that impacts functioning.

The *CFA* is used by the Worker to screen a child's mental health needs and should evaluate the child's needs for intensive and supportive services.

There are 27 questions in Section II "Child Characteristics" that are used as the screening tools. If none of the 27 statements apply to the child, the Worker is not required to refer the child for further evaluation by a mental health professional. However, if any of the 27 statements do apply to the child, the Worker will refer the child for further evaluation by a mental health professional.

When identifying underlying conditions and contributing factors in the strengths and needs assessment process, if additional information from specialized assessments, evaluations, and screenings would add value to the assessment and service planning process, arrangements should be made to obtain them.

J. Criteria for Case Closure/Disposition of Cases

1. When the Family's Whereabouts Become Unknown Before Completion of Services

Some families with whom DFCS is working will move without notification. If a family moves without leaving a forwarding address, and the service task and outcomes have not been achieved which would alleviate harm or imminent danger or harm, the Worker should immediately endeavor to locate them via neighbors, family, schools, law enforcement, courts, mental health facilities, etc. and alert the appropriate DFCS office in the family's new locale. The case in the original county of residence should be terminated upon transmittal of information regarding reasons for DFCS involvement with the family. The new county of residence after locating the family and making an assessment may decide to continue services there in such cases the case will be transferred rather than terminated.

If the family is located in another state and that state's Child Protective Service agency requests information, the information should be sent expeditiously.

2. Decision to Terminate a Case

Terminating services in Protection cases is a difficult decision that must be made jointly with all parties involved, including the Worker, ASWS and **especially** the family/parent/guardian. **The ASWS must approve every case termination/closure. In Protection cases the Youth Court with jurisdiction will make the final determination of case closure.**

The decision to terminate a Prevention/Protection case which has received services should be based on evidence that the original issues causing the abuse or neglect have been resolved to the point that the family can protect the child, if there are no safety concerns presently active.

This requirement emphasizes the need to keep accurate records about all objectives, especially those that relate to the abuse and/or neglect concerns. The records should carefully document that progress has been made in accomplishing those goals and objectives.

Termination is not a sudden separate process but is the last phase of effective case intervention. The contact with the family is intense early in treatment but lessens as the time for termination nears. If issues have been clearly identified from the beginning, and treatment goals and objectives have addressed those problems, when it comes time to close the case everyone should feel comfortable that the child can be reared in a safe environment.

Contracted services providing In-Home Prevention or Protection services may discontinue service provision for non-compliance or when the risk of future abuse has been reduced.

3. Case Termination Process

When tasks and outcomes of the FSP have been met satisfactorily and the safety plan (if applicable) has been resolved, the termination process should begin. Even when the protective service involvement has not been intense, there is sometimes a certain amount of dependence and attachment exhibited by a family. Therefore, do not assume that families are always eager to terminate.

A large majority of parent(s)/guardian see their Worker as a facilitator on whom they can depend indefinitely, but for many reasons this is not possible. The Worker must be cognizant of this and prepare the family for case termination weeks in advance so that the emotions associated with attachment and dependency needs can unfold and be dealt with therapeutically.

In terminating services to the parent/guardian, the Worker should follow these general guidelines:

6. There should be a gradual decrease in Worker/family contact and the family is aware of and in agreement with the beginning of the termination phase. However, the policy requirements of family contact frequency shall continue to be met.
7. There should be a gradual separation of the family's dependence on the Worker in conjunction with the parent/guardian's development of other supports. Supports may include family, friends, neighbors, ministers, other agencies, and, especially, the parent/guardian's own improved capacity to function.
8. There should be discussion between the Worker and family regarding the progress that has been achieved in terms of the specific goals and objectives. Emphasis should be placed on the family's strengths and positive achievements.
9. The family should be informed of available resources to contact if they are in need of outside support to help them maintain the changes that have been made during treatment.
10. Closure should take place within the context of the family's capacity to function without the Worker, but the family should feel that the door is not irrevocably closed, that DFCS' services are available, if needed, in the future.

4. Termination of Long-Term Cases without Achievement

When the Worker has been actively involved in casework services to a family for six months or longer and there has been insufficient progress in the achievement of service task and outcomes, a careful evaluation by Worker and ASWS should be made concerning the continuation of services.

1. Guidelines for this decision should include:
   a. The family's willingness and capacity to be involved in service planning and the development of tasks and services.
   b. Identification of the individual tasks that have been achieved as well as those that have not been achieved, and what services have been provided.
   c. Even if issues continue which concern DFCS staff and for which resolutions do not seem immediate, the primary consideration regarding termination is whether or not the children remain in a harmful or imminently harmful situation.
3. If the children are not suffering harm or are not in imminent danger of harm, the termination process should be carried out with the family as clearly and as positively as possible, and the record should reflect detailed documentation validating this decision.

5. Case Closure Steps

- CFA must be completed and include a statement regarding how risk and safety were assessed and mitigated;
- If it is a Protection case with court ordered supervision, the court must approve closure and the court order will be filed in the case file;
- Closing summary narrative must be documented in MACWIS;
- All direct services must be end-dated; and all support services should be completed and approved;
- A Final FSP should be submitted to the ASWS for approval; and
- All pertinent information, i.e.; medical, educational, Notice of Parent/Guardian's Rights, correspondence, will be filed in the case file.

III. APPENDIX

APPENDIX A

Form DFCS 516
Revised 02/2011

NOTICE OF PARENT/GUARDIAN'S RIGHTS PREVENTION/PROTECTION

You have rights and responsibilities while you are involved with the Division of Family and Children's Services (DFCS) and have an open case. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.

YOU HAVE THE RIGHT TO:

9. Participate in decisions affecting your family.
10. Identify and discuss your family's strengths and areas needing improvement with your worker to develop your Individual Service Plan.
11. Have office phone numbers and office addresses for your worker and your worker's supervisor.
12. Participate in any court hearings held in your case.
13. Refuse any service or treatment recommended by DFCS unless court ordered.
14. Know when services are about to end.
15. Have your Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your case.
16. Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.

_____ / _____ _____
Client(s) initials **Worker initials**

YOU HAVE THE RESPONSIBILITY TO:

7. Provide full names, dates of birth, social security numbers for household members and other necessary information requested by your worker.
8. Cooperate with your worker and participate in service decisions.
9. Complete your Individual Service Plan**.** This **may include** paying for the cost or part of the cost of a task.
10. Ask for and be a part of all Family Team Meetings.

11. Give to your worker the names, phone numbers, and addresses of your relatives who may be able to care for your child if necessary.
12. Give your worker all requested medical and educational information about your child.

_____ / _____ _____
Client(s) initials **Worker initials**

CONFIDENTIALITY:

Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.

Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.

_____ / _____ _____
Client(s) initials **Worker initials**

The court of your county has the authority to modify any of the statements above.

Client(s): _____ / _____ **Date:** _____

Worker: _____